

The feminization of aging: how will this impact on health outcomes and services?

Patricia M Davidson

RN BA MEd PhD

Professor & Director

Centre for Cardiovascular and Chronic Care

Curtin Health Innovation Research Institute

Institute for Palliative and Supportive Care Research Australia

Curtin University of Technology |Faculty of Health Sciences

39-47 Regent Street, Chippendale, NSW, 2008

P.Davidson@curtin.edu.au

Michelle DiGiacomo

BA MHSc (Hons) PhD

Post-Doctoral Fellow

Centre for Cardiovascular and Chronic Care

Curtin Health Innovation Research Institute

Institute for Palliative and Supportive Care Research Australia

Curtin University of Technology |Faculty of Health Sciences

39-47 Regent Street, Chippendale, NSW, 2008

M.DiGiacomo@curtin.edu.au

Sarah J McGrath

BA LLB

Research Assistant

Centre for Cardiovascular and Chronic Care

Curtin Health Innovation Research Institute

Institute for Palliative and Supportive Care Research Australia

Curtin University of Technology |Faculty of Health Sciences

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S.McGrath@curtin.edu.au

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Abstract

An integrative review was conducted to identify issues and challenges that face aging women and to distinguish areas for future research. The review showed that many older women continue to face inequities related to health and are often invisible within the discourse of aging policy. The paper argues for a greater focus on the unique needs of women, a gendered approach to policy and intervention development, and promotion of the health of women across the life-span. Policy makers, healthcare workers and researchers need to consider the perspective of *gender* as well as *age* when implementing and evaluating effective interventions.

Key words: gender, women, aging, policy

Introduction

Population aging is emerging as a pressing issue for health and social services globally (Kasl 1997; World Health Organization 2003). Gender is a dynamic and socially defined construct comprising role enactment, values and beliefs of both men and women (Frye, Putnam et al. 2008). Gender-based roles, enactment and health outcomes are shaped by social, economic, political and cultural factors, rather than by biology alone (Raymond, Greenberg et al. 2005). Social determinants of health are the economic and social conditions under which people live which determine their health and well-being. Social determinants of health, such as low levels of education and poverty, can set a course for a lifetime of hardship and disability (Marmot and Bell 2010). These factors have a significant impact on how people view the world and how they enact health seeking behaviors. In addition to social and economic roles, the capacity of women to actively engage in decision-making and access to resources can impact on their health and well-being.

Women continue to experience inferior health outcomes across a number of conditions, despite human rights advances and average longevity in many developed countries as surpassing men by several years (Raymond, Greenberg et al. 2005; Beaglehole, Reddy et al. 2007). Although women are generally more represented in older populations, in many parts of the world, factors such as gender-based violence amplify the vulnerability of women to increased social inequality. In some areas, high maternal mortality, discrimination and violence against women, the killing or neglect of girl babies and mistreatment of the girl child means that the life expectancy of women is similar to that of men (Krantz and Garcia-Moreno 2005; Ellsberg, Jansen et al. 2008; Hogan, Foreman et al. 2010; Garcia-Moreno and Watts 2011). Although policy makers globally are attuned to the needs of the aging population, the focus on the needs of women specifically is more confined to non-

government organizations, rather than peak government bodies, and as a consequence the unique needs of women are less visible in population planning and policy (World Health Organization 2005). It can be argued that the increasing numbers of women in the aging population requires a reframing of the way we view the planning and delivery of health care services to reflect a gendered approach (Frye, Putnam et al. 2008). Globally, the need to address the health outcomes of women has been recognised. The launch of UN Women on February 24th 2011 is an important signal of the need to focus on the unique needs of women and the influence this has on societal outcomes (UN Women 2011).

Population aging is defined as the increasing proportion of older people within the total population (World Health Organization. 2003; Richmond 2008). Longevity is a feature of many countries due to the improved management of malignant and non-malignant conditions, declining infant mortality and fertility rates (Raymond, Greenberg et al. 2005). Attributed to the timing and rapidity of their fertility declines, some countries will age faster than others. Although the aging of the global population is well recognized, a looming, yet less acknowledged factor is the feminization of aging. This phenomenon is a two-edged sword - on the one hand it is a victory for women in overcoming mortality from both reproductive, communicable and chronic conditions, yet on the other hand, for many women older age signals a period of social isolation and frequently, economic adversity. Increased longevity is often not always matched by a healthy life expectancy, although there is some suggestion that the older you become, the healthier you have been. Given their increased longevity and morbidity and decreased access to health care as compared to men, the health of women will become a critically important issue in the coming years. The increased longevity of women has significant implications for women living alone for extended periods – potentially with less resources and support. In some health care sectors, such as residential aged care, there

are higher numbers of women than men and often they have unique issues and concerns (MacDonald and Butler 2007; Phillips, Davidson et al. 2008). This article seeks to discuss the impact of population aging on the health and wellbeing of women.

Methodology

An integrative review was undertaken based on the methodology of Whittemore and Knafl (2005). An integrative literature review seeks to provide a comprehensive understanding of a topic and produce new knowledge through the synthesis of existing information. Literature on the feminization of aging was sought via electronic database searches and journal hand searching for the period of January 1990 to February 2011. The Mesh terms and keywords used included: women, gender, aging (ageing), health and policy. The databases used were Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, Embase, PsychInfo and Google Scholar. The search was limited to articles published in English. Articles retrieved included diverse methodologies, including both experimental and non-experimental studies. The review targeted articles using a gender based approach to analysis and articles that had a biomedical focus on sex based differences for clinical conditions were excluded from the analysis. In addition to journal searches, websites of international organizations were manually searched to obtain research or policy documents.

Following the review of articles, themes were derived based initially on frequency of topics discussed in the article to address the research questions: *What are the factors influencing the health and well-being as women age? How does gender impact upon the aging of women?* and *What are the factors that need to be addressed to promote the health and well-being of women?* These topics were then grouped according to issues and thematic analysis

undertaken to group key issues to focus the discussion on older women and their health and well-being.

Results

A total number of 79 articles and policy documents were reviewed using the search strategy. The integrative review showed that there is limited information to assist in tailoring care for older adults, particularly women (Kosiak, Sangl et al. 2006). This is reflected by the fact that women, particularly in older ages, are often under-represented in clinical trials and research. This underrepresentation has hindered the development of sex-specific treatment and policy guidelines (Parrott 2002; World Health Organization 2009). Whilst there is minimal data globally on poverty levels by age and sex, there is evidence to suggest that older women are more likely than older men to be poor (World Health Organization 2009).

The retrieved articles were critically reviewed and the following themes were identified: population aging and poverty; factors impacting on health and well-being of women; the impact of aging on health outcomes; the needs of older women; and a life course approach to health and well-being.

Aging women and poverty

The average life expectancy for women exceeds 80 years in at least 35 countries. This contrasts with just over 50 years in the least developed countries (World Health Organization 2005). Declining fertility rates in many developed countries, together with the ravages of HIV/Aids in younger populations in developing countries, has led to a change in the age structure of many populations. There are entrenched economic, social, political and cultural determinants influencing the experiences of older women. Being poor earlier in life is a powerful determinant of health and functional capacity later in life (Kasper, Ensminger et al.

2008). Older women are faced with the ultimate challenge, as older people are more likely to be poor than other demographic groups and women are more likely to be poor than men (Brady and Kall 2008; Bastos, Casaca et al. 2009). Poverty is an issue for women in both the developed and developing world (Brady and Kall 2008). However the majority of older women live in developing countries, in 2007, there were 270 million women aged 60 years and over living in low and middle income countries compared to 115 million in high-income countries (World Health Organization 2009). This proportion is growing over time (Buvinic, Das Gupta et al. 2009) as many women currently aged 40-50 will quickly transition to older age.

These women living in developing regions face endemic issues relating to social inequity and as a consequence often experience inferior health outcomes (World Health Organization 2005). Furthermore in many developing countries, there is an increased reliance on the family for health and social services (World Health Organization. 2003). Many of these women not only have the cultural and social affiliation with family based care, but also have limited economic capacity to buffer the financial costs associated with older age (Yee and Capitman 2010). Compounding these issues is the fact that many women in developing countries are illiterate, have limited education and as a result work in unregulated settings where there is limited provision for retirement (Altschuler 2004; United Nations Department of Economic and Social Affairs 2007). The outcome for many older women means that they will not have income security in their retirement, this is particularly detrimental at a time of their life when their health care expenses tend to be greater (Williams and Kurina 2002; World Health Organization 2005; World Health Organization 2009).

Cultural and religion in addition to poverty can shape health care access and health outcomes. A study conducted in Bangladesh found that the older women's health is treated as the least important in the family as needs of other household members come first and often decisions regarding health of older women are made with little consultation with the women themselves (Hossen and Westhues 2010). For many in developing countries the traditional safety net of the extended family has become unreliable due to the effects of the HIV/Aids epidemic (Kakwani and Subbarao 2005) and the effects of urbanization, whereby children and other family are moving from rural to urban areas (World Health Organization 2009).

Factors impacting on health and well-being of women

An older women's health is burdened by a number of factors. Traditionally the focus on women's health has been reproductive health or maternal health, with a lack of focus on emphasis on chronic conditions (Raymond, Greenberg et al. 2005). This means that chronic care facilities may not be gender appropriate for women or may not be trained in the specific needs of older women and their unique presentation of symptoms (Day 2003). Entrenched social and health inequalities, particularly related to employment and salary, can also impact upon older women (Beaglehole, Reddy et al. 2007). The caregiving role of women often limits workforce participation contributing to poorer health in older age (Byles, Feldman et al. 1999; Navaie-Waliser, Spriggs et al. 2002; Parrott 2002; Lowe, Young et al. 2008). Furthermore, older women may not have been in the workforce long enough to accrue adequate support in the form of retirement or superannuation savings.

Disability increases with age, and increasing numbers of disabled women comprise older populations. Older spouses represent 43% of primary carers of older people with a disability or poor health in Australia (Australian Institute of Health & Welfare. 2007) and women are

an important source of caregiving within this group. As women age they frequently experience multiple chronic and complex health conditions, such as heart disease and arthritis, which influence their health and well-being (Davidson, Daly et al. 2003).

In addition to physiological factors and social roles, higher rates of poverty, disadvantage and higher exposure to violence impact on the health and wellbeing of women (World Health Organization 2009). Whilst older women are less likely to be victims of gender-based violence compared to younger women (Morrison, Ellsberg et al. 2007), the long term effects of gender based violence will affect a women's health as she ages.

For many women widowhood can signal an unwanted and unplanned change in social and economic circumstances and in some cultures is associated with social stigma (Iwashyna and Christakis 2003). Longer life expectancies for women and their propensity to marry older men means that the majority of older people are widows (Byles, Feldman et al. 1999; World Health Organization 2009). Widowhood can adversely affect a women's physical and mental health in addition to health behaviors (Laditka and Laditka 2003; Wilcox, Evenson et al. 2003). Adjustment to widowhood is impacted by a multitude of social, economic, cultural, and political factors. Many women are able to transition into this new life stage with a renewed sense of self, independence, and purpose, however, this life event represents a time of great vulnerability to various perils. In addition to the emotional toll of bereavement, widows often face decreased financial status due to loss of spousal income and medical and caregiving costs at end of life if their spouse was ill (Feldman, Byles et al. 2000; Feldman, Byles et al. 2002; Gillen and Kim 2009). The ramifications of these losses can escalate for a significant period of time and may force the widow to make major changes to her lifestyle including living arrangements (Byles, Feldman et al. 1999; Feldman, Byles et al. 2002).

Older women living alone are more likely to be at risk of experiencing loneliness, social isolation and a lack of instrumental and social support (Laditka and Laditka 2003; Beal 2006). Loneliness in older women can lead to increased depression and anxiety and can be detrimental to her quality of life (Lim and Ng 2010). Widows' eating and socializing habits may decline with the loss of a husband, thereby increasing risk of physical and psychological illness (Shaharv, Schultz et al. 2001; Laditka and Laditka 2003). Recent bereavement is also associated with higher health care utilization, hospitalization, incidence of depression, and consumption of pharmaceuticals (Byles, Feldman et al. 1999). Despite increased use of health services, there is evidence that health professionals do not necessarily meet all of the needs of widows, although it is unclear what these needs are and how best to address them in a variety of contexts (Woof and Carter 1997).

These factors underscore the importance and need to address gendered based issues and how these impact on health and well-being. Social determinants of health can have an impact on well-being independent of physical and biological factors (Marmot and Bell 2010).

Impact of aging on health outcomes

The impact of aging on the individual and the broader society, particularly in relation to health utilization are considerable and challenge traditional approaches to care (Hickman, Newton et al. 2007). The emergence of diastolic heart failure is just one example where the impact of gender is evident (Stromberg and Martensson 2003). Falls, fractures, and continence issues are likely to be more prevalent among older women. Van der Sluis and colleagues (1997) concluded that long-term survival following a hip fracture is determined mainly by factors, such as age, sex and co-morbidities rather than injury severity. Other

disabilities faced by older women include poor vision (including cataracts), hearing loss, arthritis, depression and dementia (Sarto 2004; World Health Organization 2009). These disabilities and other chronic conditions restrict the individual's independence and enhance their experience of loneliness (Beal 2006), in addition to creating an added burden of expenses for caring, medications and other necessities such as hearing aids.

The needs of older women

Many older women, even those in generally good health, will require both an increase in instrumental and social support. Health professionals must understand the broader considerations of widowhood and recognize that their needs go beyond a traditional medical response and include issues around support, networks and resources (Feldman, Byles et al. 2002). Providing care that enables independence and dignity is an important consideration (Byles 1998). Enabling equitable access and minimizing the potential for exploitation in the vulnerable elderly is of critical importance. In order to meet the needs of consumers, health and social service interventions must take account of gender realities from both economic and social perspectives. The many restrictions on autonomy, social, and economic circumstances often mean that older women will sometimes have more difficulty in accessing healthcare and social services. Globally, institutional structures need to systematically eliminate inequities based on gender, age, ethnicity, religion, disability and socioeconomic status (United Nations' 2005). These challenges will require collaboration and cooperation across many disciplines as well as policy makers and funding bodies. Further, evidence-based guidelines should consider social determinants (Aldrich, Kemp et al. 2003).

A life course approach to health and well-being

Issues relating to social status, health care status and economic well-being are increasing in importance among older women. The foundations of health and well-being in older age are laid early in life and are largely influenced by socioeconomic determinants (Beaglehole, Ebrahim et al. 2007; Beaglehole, Reddy et al. 2007). Preventable causes of morbidity and mortality all take effect over the life course (Reddy and Yusuf 1998). Smoking cessation, increased physical activity and improved diet are important strategies in minimizing disability for many chronic conditions that impact on older age. These strategies are most effective when started early and maintained. Cardiovascular disease, including heart disease and stroke, are the major causes of death and disability in aging women, accounting for close to 60% of their deaths. The view of heart disease and stroke as primarily men's health issues has diminished the recognition of their significance for aging women's health (Mosca, Mochari et al. 2006). Further, the complex interplay of gender, social and economic marginalization contributes to adverse health outcomes. Potentially, gender is one of the most critical social determinants of health outcomes (Frye, Putnam et al. 2008). Engaging in strategies to increase educational attainment in women and policies that address violence against women are important in redressing the social and economic inequities that contribute to adverse health outcomes (Davidson, Daly et al. 2003).

In many countries, access to health care is tied to coverage by national social security and health. Health care agencies need to respond on two fronts; in preventive strategies to decrease poverty and adverse health outcomes in older women and by providing access to interventions for older women to promote healthy aging and prevent disability. The foundations of a woman's potential for a long, healthy life are laid before birth (Ben-Shlomo and Kuh 2002). The prenatal and early years of life are the foundations of health and development, significantly impacting on a person's physical and mental health throughout

life (McMunn, Bartley et al. 2006). For example, babies with a lower birth weight have an increased lifetime risk of cardiovascular disease and diabetes. Further, unaddressed psychological and social problems in early life fester and compound resulting in adverse health behaviors and outcomes, such as substance abuse. Access to good primary health care and community services across the life-span is critical in ensuring the health of women in older age. This is often not achieved due to a range of factors relating to the individuals and health care systems (Yee and Capitman 2010). In some settings, good primary health care and community services are not accessible and affordable. However, in some situations, women do not avail themselves of existing services because they do not perceive the need, do not consider them to be relevant or appropriate, or because they neglect their own health needs in deference to the needs of their family members (World Health Organization 2009).

A life-course perspective calls upon policymakers, civil society and health professionals to invest in the various stages of a woman's life, particularly during phases when risks to well-being and health are greatest (World Health Organization 2007). This approach should reduce many of the problems faced by older women as a result of poverty and disadvantage.

Discussion

How should health services respond to improve health outcomes for older women?

Tailored and targeted care for older women should be a priority. In order to meet the needs of older women, firstly we need to clearly understand their needs and also have evidence of interventions and policies that are going to enable and maximize their capacity to live independently. This means that increased research and data attainment needs to occur in order to obtain a complete picture of older women's health. The evidence obtained will then

show the areas of change needed in policy, as well as improve the gender-sensitivity of policies (World Health Organization 2001).

Health professionals must be educated about the gender differences of an aging population in the clinical setting and the particular risk factors older women are exposed to (World Health Organization 2007). A gender based perspective means going beyond physical symptoms to explore the socio-cultural and biological underlying factors. To better understand the unique situation faced by older women health professionals must actively work to ensure women are represented and included in both qualitative and quantitative studies (World Health Organization 2007) and where they are included in a more inclusive study the data must be disaggregated.

As discussed above, prevention and effective primary health care should be the foundation of our health care system. Many chronic conditions are preventable and share common risk factors (Yach, Leeder et al. 2005; World Health Organization 2009). Action needs to be taken to improve life circumstances that will advance health status, reduce health inequalities and reduce people's need for health care. Strategies such as providing safe living environments, adequate housing, education and access to preventive health are fundamental. This requires health care policy to prioritize interventions and plans that have longer term goals rather than expedient short term gains.

It is possible that women and men may experience older age differently, thus, a gendered perspective of aging is appropriate. Old age is a period of vulnerability that can be accentuated by poverty, isolation, ill-health and marginalization. Carefully describing the issues impacting on older women using a life course approach is necessary to plan for the

increasing numbers of older women who will need specific and tailored health services.

Healthy aging is not solely reliant on medical services. Research has shown that self-respect, autonomy, financial independence, social interaction and purposeful living are also key to the health of the elderly (Sarto 2004). Health services should therefore operate with these goals in mind.

Greater emphasis needs to be placed upon education as older women may lack knowledge regarding women's risk of major diseases (Wilcox and Stefanick 1999), particularly those of ethnic or racial minorities (Mosca, Mochari et al. 2006). Education at the broader level must also occur, in particular targeting and informing girl's early on healthy life style decision making. Health systems must also empower women in order to facilitate informed decision making and ensure that women of all cultural backgrounds feel comfortable within the health setting.

Policy Implications

Policymakers have a large role to play within the feminization of aging. Targeted aging and aged care policies are needed in relation to health financing, pension and tax reform, access to formal employment and associated pension and social protection and the provision of residential and community care (World Health Organization 2009). Age must not be the only consideration taken by policymakers and the health system, a gendered approach must be adopted that considers the unique position of older women and not only acknowledges biological differences but the social, political and cultural constructs and roles given to women. This approach is necessary in improving the health of older women in that gender neutral policies often still create harm or bias against women (Parrott 2002).

Increasingly, data relating to aging shows the increased representation of women, yet social policy is not responding as rapidly as possible to develop, implement and evaluate policy initiatives that address the increasing need for instrumental and social support, financial assistance as well as interventions that target their unique health needs (Correa-de-Araujo 2006). This response is potentially limited by the gender specific research to inform these issues. An aging population has grave implications for health care, other domestic services and the economy. The increasing proportion of women among the oldest old therefore confers some degree of urgency in scoping and planning health care services of the future (Richmond 2008) . The costs associated with aging needs to be taken into serious consideration by policy makers.

International goals and strategies must now be translated into domestic policies. Countries need to develop and invest in educational training programmes for policymakers to ensure that they are knowledgeable in regards to gender differences in health care needs and utilization to inform development of new policies concerning both men and women (Correa-de-Araujo, McDermott et al. 2006; Correa-de-Araujo, Stevens et al. 2006). As the majority of the worlds older women are in developing countries, developed countries must assist developing countries through capacity building and strengthening of health systems.

Effective and sustainable change can only occur with women in positions of authority at all levels of the health system. Whilst there have been some improvements in female representation in positions of authority and influence, women remain underrepresented in the top areas of healthcare leadership. In addition, gender differences exist in the types of leadership roles women do attain (Lantz 2008). The needs of older women will not be

addressed until women play a more significant and authoritative role in the administration and governance of health.

The limitations of an integrative, narrative review must be acknowledged. Nevertheless this review has provided important information in framing discussion and debate on the aging of women.

Conclusion

The term feminization of aging has been coined to describe the increasing numbers of women in the older population (Mujahid 2008). Currently, it appears that neither older women nor health and social health care systems have embraced the importance of dealing with population aging from the unique perspective of gender, particularly as it pertains to women. It is important that the so-called survival advantage of women does not result in the disadvantage of living longer in deprived social circumstances, experiencing adverse health outcomes. Keeping older women fit and healthy not only benefits that particular individual but also makes both sound economic and social sense; therefore preventive interventions should be implemented in order to help reduce the costs of long-term care for chronic conditions (World Health Organization 2009). This is required so that the feminization of aging is a productive and enriching experience for women and does not have an adverse impact on health outcomes and create unprecedented demands for services. Closer links between consumers, clinicians, researchers and policy makers are crucial in creating a health and social health care system that is responsive to increasing numbers of older women. Health care policy and system design that solely addressing the sex based differences between men and women is likely to fuel health care disparities and a gendered approach should be applied to discussing the vulnerable phase of aging.

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