

Voices Project: Senior Women's Resource

Health Trends:

Over the past 20 years, as a result of improvements in living conditions as well as innovations in drug therapies and medical interventions, the life expectancy of Canadian women has increased to 81 years. In fact, the majority of women enjoy relatively good health well into their old age. In a 1996 publication, Health Canada reported that 95% of women over the age of 65, perceive themselves to be in good health.

Unfortunately, aging still represents a significant risk for potentially life threatening conditions. The five leading causes of death among women over 65 are heart disease, stroke, lung cancer, pneumonia and breast cancer, respectively. Other health concerns for women in this age group include: arthritis/rheumatism, hypertension, accidental falls, complications related to medical procedures, prescription drug abuse and dementia.

In many respects, the health trends of senior women are a consequence of changes in their reproductive system. Although most researchers and practitioners agree that menopause represents a natural process of reproductive change, traversing this process can lead to health problems for some women. Physical experiences related to declining levels of estrogen include: hot flashes, sweats, insomnia with secondary fatigue, urogenital atrophy as well as urethral and bladder changes. The two most serious health consequences of decreased estrogen are heart disease and osteoporosis.

The most serious conditions affecting women over 50 are related to cardiovascular health. In fact, heart disease is responsible for 41-46% of deaths among Canadian women, more than all cancers combined. The risk of heart disease increases dramatically for women approximately 10 years after menopause.

Other risk factors appear to be related to diet, exercise, stress and, to some extent, ethnicity.

Osteoporosis, the demineralization of bone tissue, affects approximately 800,000 postmenopausal women in Canada every year. An estimated 2.5 million women are at risk of osteoporotic vertebral, hip and distal fractures during their lifetime. Of particular concern is the mortality rate among the 20,000 women who suffer hip fractures annually; contributing to 12-20% more deaths than other fractures.

In an effort to manage some of the uncomfortable or distressing experiences associated with menopause, approximately 10% of North American women begin hormone replacement therapy (HRT) regimens. However, long term studies indicate that the use of HRT is not without risk. Complications associated with HRT.

Use include breast cancer, vascular thrombosis and decreased liver function or disease. Furthermore, the use of unopposed estrogen substantially increases *women's risk of endometrial cancer*.

Health Determinants:

North America is in the midst of what has been referred to as a "menoboom". In 1995, Canadian women over the age of 65 outnumbered men two-to-one. Moreover, statisticians predict that, by the year 2000, the worldwide population of women over the age of 45 will exceed 700 million.

In addition to representing the fastest growing segment of our population, older women are one of the poorest subgroups, representing 72% of persons living in conditions of poverty. Consequently, these women are vulnerable to what may be the most critical determinant of health. The health consequences of poverty are especially salient to

women of ethnic minority status or to those living with disabilities, who encounter additional obstacles to health related to discrimination, social marginality and barriers to accessing health services.

The constituents that contribute to poverty among senior women include: life-long experience of low paying jobs, higher levels of unemployment and under-employment, insufficient time in the labor force, as well as insufficient pension coverage and limited savings. Poverty among older women is also associated with widowhood as well as within traditional sex role patterns of economic dependence on men.

The mental health issues facing senior women are often determined by conditions within their social and work lives. Recently, there has been a growing awareness of the impact of retirement on the mental health of older women, particularly in relation to reduced social status and the loss of meaningful activity. Historically, retirement was thought to create more stress in men than in women. However, recent studies indicate that women experience more mental health problems related to retirement than men. This may be due, in part, to the fact that retirement is a major determinant of poverty among older women.

Care-giving responsibilities for a spouse or relative represent an important determinant of the health of senior women. According to Health Canada, "women continue their care giving roles in their senior years. For example, two thirds of disabled or bedfast men not in institutions are cared for by their wives."

Family status and living arrangements also contribute to the overall health and well-being of senior women. Internationally, the percentage of older women living alone has increased rapidly. Studies indicate that feelings of loneliness are linked to perceptions of poor health as well as associated with age, ethnicity, education, marital status and poverty. Other determinants of older women's well-being include living with amiable family

members, the presence of social supports as well as an opportunity to contribute to the community.

Sixty two percent of victims of elder abuse are women; more than half are abused by family members or a spouse. In many cases, the consequence of reporting abuse is separation, divorce or placement in a nursing home. These factors, in addition to increased economic vulnerability, mean that older women are less likely to report incidents of abuse, with potential life threatening outcomes.

Research:

The study of women and aging is relatively new and the majority of mainstream research on the health of older women is found among medical literature. By and large, these studies use quantitative methods to measure specific aspects of older women's health as it relates to cardiovascular efficacy and skeletal integrity. Given that the general thrust of inquiry has been the sexual and reproductive health of women, it is not surprising that older women have been marginalized in mainstream research. In addition, the prevalence of ageist research agendas is likely a byproduct of sexism in that, the majority of older people are women.

Although a considerable amount of research has been done on the health of older women, the portion originating from Canada is quite small. Nevertheless, volume alone does not guarantee a thorough or well synthesized body of research. Three areas of concern emerge with respect to substantive content as well as theoretical and methodological issues.

The current body of literature fails to take into account the entire spectrum and dimensions of women's health as they age. Little is known about the perceptions and impact of poverty, employment, gender-roles, social supports and the quality of older women's sexual lives.

Most studies employ a cross-sectional design in which varying responses to standardized questions are often attributed to age differences rather than cohort differences related to changes in the way women are socialized to perceive their health.

Currently, much of the research on aging and women's health is descriptive, rather than inclusive. Additionally, most inquiries explore variations in the aging of men and women, rather than the diverse experiences of aging among women.

The majority of studies on senior women's health have treated "older women" as if they were a homogenous group. In fact, there is a substantial paucity of research focusing on the diversity of older women with respect to trends in their health. The largest gap exists in research that is comparative rather than descriptive. Of particular note is the lack of information on class and ethnic differences in the experience of aging and women's health. Given the cultural diversity of the Canadian population, studies that focus on ethnic differences in aging women's health are especially meaningful.