# Women's Health Towards Emp☼werment...

**Dear Readers,**

We hope you enjoyed reading our second newsletter and found the information on Tobacco Consumption and its ill effects on Women's Health to be useful and interesting.

In a region where women continue to be valued less than men, older women's health reflects their life-long experience of discrimination, deprivation, and neglect. In today's context, older women face situations of poverty, malnutrition, poor health care, over burden of work and unhealthy work environments similar to that of their younger years. Along with high infant mortality rates, they also have a greater risk of higher maternal mortality and morbidity and reproductive tract infections. To add to all these, few of them received immunization as children or benefited from the public health interventions, that have developed since.

In an effort to voice the concerns of marginalisation of older persons, which includes older women, the United Nations declared the year 1999 as the International Year of Older Persons, with the theme, **"Towards a Society for All Ages".**

Keeping this in view, the focus of this newsletter is on **Wiser Older Women's Health.** The newsletter will highlight critical issues regarding older women that we hope will make a difference in the attitude and practices of people towards their older family members.

We thank all organisations that have contributed their rich field experiences. We also look forward to further sharing of experiences, case studies and photographs. A module on Wiser Old Women's Health at the State, District and Village level is available in English, Gujarati and Hindi languages at CHETNA. If you are interested in receiving it, please write to us. You will be charged the cost of photocopying the material alone.

## "Annoucement" 2nd World conference on Older Persons

Twenty years later, the United Nations is sponsoring the 2nd World Conference on older Persons, which will be held in the year 2002 in Madrid, Spain. The 1st World Conference on Older persons was held in Vienna in 1982. According to the Coalition of services of elderly (COSE) the 1st World Conference surfaced broad issues relating to the 'ageing population'. The 2nd World Conference will look at particular strategies of developing countries-such as community-based programmes and alternative livelihood-that will allow older people to help themselves.

Source: Women in Action, Older Women, No. 3, 2000; Isis International-Manila; Website: http://www.isiswomen.org

# Why Focus on Elderly Women

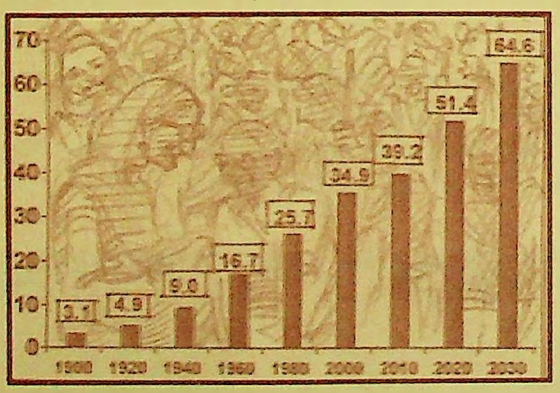
The period of senior citizenship should be a golden time, when one rests from a lifetime of labour, basking in the warmth of familial affection and social adulation. But it is rarely the idyll that philosophers visualised, quite the contrary if one happens to be an elderly female in India. Elderly females are increasing rapidly in numbers through out the world and this trend is magnified manifold in India. Today, India has about 65 million elderly and in about 20 years, the number will increase to 150 million or even more. The population of elderly females is set to explode and the need to improve their condition will soon assume greater urgency in the future.

All through the life cycle, elderly women are subject to various kinds of discrimination, oppression and exploitation, despite being central to the family and society. Despite their numerical strength in the population and their crucial role in the domain of the family, their contributions to family support in various forms – social, economic, emotional and psychological – have mostly been either taken for granted or ignored. As females continue to age, their contribution either as producers or reproducers to society is slowly marginalised. As a result society has tended to neglect them.

For the majority of older people, who live on or below the poverty line, the future also carries great uncertainties. Far too many older people remain on the margins of their societies. Too many older people spend the last years of their lives in poverty, beyond the reach of even the most basic provision for social well-being and health. The majority of older people are women, often widows who suffer multiple disadvantages on the basis of their gender ranging from abandonment; to failing health.

## Statistics on the Growth of the Elderly population

(The number of individuals (in millions) Aged 65 and above from 1900 to 2030)




The ageing of the global population is a triumph of the 20th century and presents unprecedented opportunities. But for the majority of the older people, who live on or below the poverty line, the future also carries great uncertainties.

## Did you know that...

➲ The proportion of the world's population over 60 years is increasing more rapidly than in any previous era.

➲ In 1950, there were about 200 million people over 60 throughout the world. In the year 2000, there will be about 550 million, and about 2025 there will be about 1.2 billion.

➲ The 20th century is witnessing a rapid demographic transition from high birth to low fertility and mortality.

➲ Presently, sixty percent of the global population of people over 60 live in developing countries, this will be 70 percent by 2025.

➲ The number of older people in developing countries will more than double over the next quarter century, reaching 850 million by 2025.

➲ The total number of older women in Asia currently exceeds the total for all older women in developed countries and will increase from 144 million today to 355 million by 2025.

➲ Older women often suffer multiple disadvantages arising from biases of gender, widowhood and old age.

# Feminisation of Ageing in Asia: Health Implications

As life expectancy increases in most countries, it is estimated that the number of women over the age of 65 will increase from 330 million in 1990; to 600 million in 2015. In most Asian countries, this trend of women outliving men which is called the feminisation of ageing, is becoming more pronounced with women living on an average of one to seven years longer then men. Women aged above 60 comprise up to nine per cent more than their female counterparts in the region. Part of the reason why women outlive men is biological. Even as infants, they are more resilient than men. In adulthood too, women may have a biological advantage at least until menopause, as hormones protect them from diseases. However, though women's longer life expectancy means they live more disability free years, the proportion of their remaining years that are disability free is lesser than for older men. They are more susceptible to chronic diseases such as arthritis, osteoporosis, diabetes, hypertension, urinary incontinence and Alzheimer's disease. Some of these diseases are due to years of neglect, discrimination and the hardship of their childbearing years. Thus, their biological advantage is often undermined by their social disadvantage.

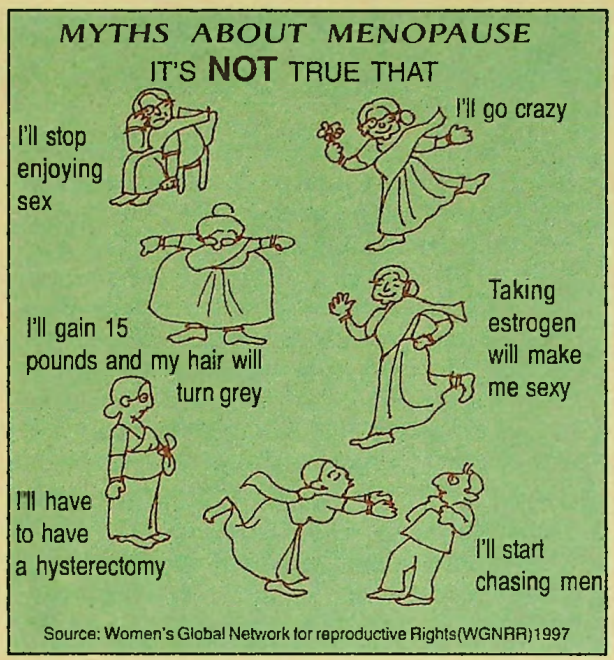
Please do not despise me if I am too old in the head and shoulders too inadequately schooled in the ins and outs of today

but since I've lived three score years and am not high or low, wise and wealthy,

I would be grateful if

I am accepted.

Source: 1&2 Asian and Pacific Women's Resource and Action Series: Health




Source: Women's Global Network for reproductive Rights(WGNRR)1997

# Health Issues of Older Women

Health problems are supposed to be the major concern of older women, as they are more prone to suffer from ill health than the younger ones. It is often claimed that ageing is accompanied with multiple illnesses and physical ailments. Besides physical illnesses, the older women are more likely to be victims of poor mental health, which arises from senility and neurosis. In most of the primary surveys, the Indian elderly are stated to be having some kind of health problems. A majority of the older women suffer from diseases like cough, poor eyesight, anaemia, dental problems, arthritis and loss of memory. The proportion that is ill among the elderly is found to be increasing with advancing age and the major physical disability is found to be blindness and deafness.

Besides physical ailments, psychiatric morbidity is also prevalent among a significant proportion of the older women. Mental illnesses start beyond the age of sixty years and while distinguishing between the functional disorders (form of disorders where there are no detectable abnormalities in the body) and organic disorders (symptoms are the result of disturbances in the body), functional disorders are more common compared to organic disorders which occur beyond seventy years of age. A major killer among the older women is respiratory disorders and disorders of the circulatory system. The sick elderly lack proper familial care and at the same time public health services are insufficient to meet their health needs.

# CHETNA conducts a study...

2000 - 2001

CHETNA conducted an action research study titled **"To assess, understand, and improve the status of ageing women (AW)"**. The Mahilla Samakhya Society (MSS), Gujarat and Consumer Unity and Trust Society (CUTS), Rajasthan were the partner organisations along with the Canadian International development Agency (CIDA). The results of the study indicate general trends about the status of AW in Sabarkantha district of Gujarat and Chittorgarh district of Rajasthan. About 150 AW and 150 young adults were interviewed.

The findings of the study indicate that food restrictions were imposed upon the AW by either their families or themselves and were due to the belief that some food items could cause health problems. All the AW (except about 10 %) in both districts showed signs of anaemia and 30 % had ulcers in their mouths, which is a manifestation of vitamin B deficiency. About 20% of AW suffered gynaecological problems and mental health problems. A much smaller number suffered from Tuberculosis (TB), Leprosy and Parkinson's disease.

It was reconfirmed that the rural population neglects their own health concerns because of their life time struggle to meet basic needs such as food, water, clothes and shelter. Another disturbing reality was that only less than half of the AW suffering from a particular health problem, actually received proper medical treatment. This was mainly due to the long distance from their village to the nearest Primary Health Care Centres (PHCs) and their inability to pay for treatment at private clinics.

About 60 % of AW in both districts were pregnant for **six to thirteen times**. However, large majority of AW were in favour of young couples adopting family planning methods. Only one-fifth of the AW interviewed had adopted family planning methods themselves.

A majority of the AW in both districts considered it necessary for widows and divorcees to **remarry** especially if they were young since it enabled women to legitimately satisfy their sexual needs. In conclusion, it appears that the AWs from rural areas are much more disadvantaged than their counterparts from urban areas on parameters of health, health care and nutrition status

**For more details contact:** Dr. Gahver Kapadia, CHETNA.

# Older Women as a Valuable Resource

Older women are reservoirs of experience and wisdom of life. They continue to provide guidance, moral and emotional support to the younger generation at the family and community level. Some roles, such as those related to occupation or parenting may cease or reduce in importance due to ageing but these should be substituted or modified by new social and economic activities. As educators, they play a major role in providing education useful through one's life.

Some of the new and continuing roles that require renewed emphasis include assisting in household work, socialisation, informal education and childcare. They also comprise inculcating values, acquainting children and young people with the local history and socio-cultural traditions, resolving interfamily tensions and engaging in various social and economic activities.

As health educators and caretakers, they play a major role in dealing with common ailments and primary health concerns of the family. They guide the family in terms of diet, activities and thought processes on preventive and promotive health care. They also give attention, care and provide support to younger women during pregnancy, childbirth and post childbirth. In India, dais (traditional birth attendants) attend to about 80-90 percent child births, particularly in far flung rural/tribal areas of the country.

## What can be done to improve the Health Status of Older Women?

- Geriatrics should be introduced in a separate discipline along the lines of Pediatrics and neonatology in medical colleges to prepare physicians with a specialisation to serve the elderly more effectively.

- Doctors and nurses in the existing primary health centres should go through orientation courses on Geriatrics, Geriatric Nursing and Health care of the Elderly.

- Due to non-availability of PHCs in every village, bad roads and poor transport service, many elderly persons especially AW are not taken to the doctor/hospital on time and they suffer in silence. A van equipped with medicines, accompanied by a physician and trained nurse should visit the elderly once or twice a week in every village and give them necessary medicines or refer them to another physician or a hospital.

- Existing models of Health Care Delivery System for the Elderly should be examined and a suitable model should be developed to suit healthcare of the elderly.

- Under the existing RCH programme, health concerns of AW need to be urgentlyaddressed .

- Counselling services should be facilitated to help the elderly, to better cope with their health problems and, to make new adjustments in the changing family scenario.

## Privileges and Benefits-Old Age Pension for the General Public

### National Old Age Pension Scheme (NOAP)

Under the Old Age Pension scheme, Central Assistance is available on fulfillment of the following criteria.

- The age of the applicant should be 65 years or more

- The applicant must be a destitute meaning that he/she has no regular means of subsistence for his/her own source of income or through financial support from family members or other sources. The amount of the old age pension is Rs. 75/- per month.

### Old Age and Widow Pension

An individual (female 60 years or above and male 65 years or above, there is a slight variation in this age as per state) can get certain amount per month if he/she has no source of income. If a woman is a widow, or has one or more children below 18 years, then she is eligible for pension. The amount given as pension varies from state to state. It varies from Rs.75/- to 300/-

### Annapurna

The Government of India (GOI) has recently initiated a new scheme called Annapurna. Under this scheme, food grains up to 10 kg. per month will be provided to such destitute older persons who are other wise eligible for pension under the National Old Age Pension Scheme but are not receiving it and whose sons are not residing with them. However, this scheme is yet to be implemented.

## Our Role to Ensure the Health and Wellbeing of Elderly Women

**As a family member...**

- Do not neglect the social, economic and health needs of the elderly women

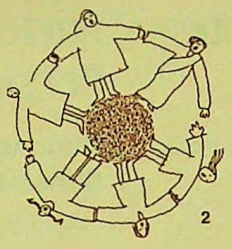
- Try to utilise the rich potential of older women in your family. They may possess a rich knowledge regarding how to treat minor ailments, know about the importance of food during pregnancy and lactation etc.

- Involve them in different family activities such as childcare and actively seek their opinion while making decisions. They have a rich experience of life.

- They need to remain physically active; but do not overburden them with work.

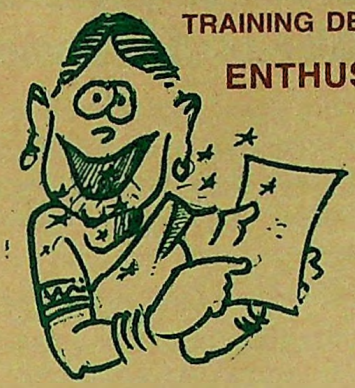
- Let them enjoy life. They are human beings, not saints.

# *Relevance of Small Groups in Participatory Training*




In context of Participatory Training, groups have special relevance. A small group is a powerful **Vehicle for Learning**. The experiential nature of participatory training makes it imperative that learners work as part of a group. A group is able to share experiences, to provide feedback, to contribute ideas, to generate insights, and enable reflection for analysis of experiences. Group discussion is a very effective learning method. Learning is viewed as leading to change in behaviour, attitudes, self-concept and so on. An individual needs to try out the learning and experiment with changed behaviour in a secure environment before applying the learning to the outside world. The group provides a measure of support and reassurance. Moreover, as a group, learners may also plan collectively for changing action.

A small group is a building block of people's organisations. When working towards social change, every one is involved in organising and strengthening of groups. The village 'sanghams', Mahila Dals, Panchayat Samitis are all small groups. In larger units, the decision-making bodies are also small groups like the executive committee. By reinforcing a base of small local groups, people's organisations can become more effective.




We at CHETNA believe that...

- If you are not enthusiastic about your subject, how can you expect the trainees to be!
- Consciously use your eyes and eyebrows to communicate your enthusiasm
- Always keep a sparkle in your voice
- Fight the boredom of repetitive sessions by introducing new anecdotes, examples or by changing lesson structure

Source: The Trainer's Pocketbook: John Townsend

## Case study from the State of Kerala

"I am a poor illiterate woman and have four children. My husband is an agricultural labourer. He picked up the habit of drinking during the second year of our marriage. He started giving company to a friend and promised it would not continue. Initially he played with the children and was affectionate towards his parents and me. But later he started spending more money, came home late, stopped playing with the children and also ignored his parents. He started abusing me and was not regular at his work. To make ends meet, I was forced to work as a casual labourer in a nearby quarry. I often fell sick. One day due to his carelessness, our thatched hut partially burnt down. The next day, two neighbours came to meet me. They invited me to join their Neighbourhood Self-Help Groups (NHG). In the beginning I was reluctant, fearing that they might make fun of me. Instead they consoled me and promised to help me financially. I became a member and became aware of the terrible malady, alcoholism. Once when my husband became violent, we took shelter with the neighbours. The next day they met my husband and threatened to take action against him. I am happy now. My husband has stopped drinking and is undergoing de-addiction treatment. The NHG has also helped me financially as well as emotionally. Several other women are also troubled with the problem of alcoholism in their family. We are planning to persuade the ward members to do something about this".

**-A woman from Madakkathara, Kerala**

# Experiences of Master Trainers and Village Leaders

"I have conducted the Women's Health towards Empowerment training and also compiled a nice report. I would like to share with you my personal experience. Recently a woman in the village was beaten and thrown out of her home by her husband and sister-in-law. With my effort I was able to take her back to her home and solve the problem. I was successful in doing that only because I had gained a lot of confidence in dealing with such issues during the training.

-Experience from Gujarat State

"We are proud to say that the village level women leaders have taken up the project seriously and they are doing tremendous work in the area of women and health. They prefer action-oriented activities. They organise classes and discussions on their own. They have shed their inhibitions and they actively involve themselves in many of the local problems. In one or two occasions, their success was instantaneous and this has boosted up their self confidence and group cohesiveness".

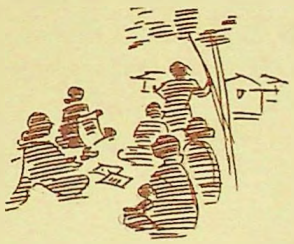
-Experience from Kerala State

"We have started using various activities during training. Sometimes, instead of role-play, examples are depicted through posters, flash cards and sharing of experiences. We also carry out some mental and physical exercises. We use these activities to make the training more interesting and to break the monotony".

-Experience from Madhya Pradesh State

"The layout of the format of the module was excellent. Each topic was explained with clear objectives; lot of information and participatory exercises. Group discussions, role-plays and stimulation games gave value to the training. Certainly, women's empowerment can be achieved if the trainees participate whole heartedly in the training".

-Experience from Tamilnadu State



## References:


**Books**

Elderly Females in India: Their Status and Suffering

The Ageing and Development Report: Poverty, Independence and the World's Older People: Helpage India

Ourselves Growing Older: Women Ageing with Knowledge and Power

Ageing: Genetic and Environmental Influences

**Articles**

Action Research to Assess, Understand and Improve the Status of Ageing Women: A Study Conducted by CHETNA

A Survey of Elderly in India: A Study for Assistance in the Development of Comprehensive National Policies on Ageing

ARROWS for Change: Women and Gender Perspective in Health Policies and Programmes: Older Women's Health: Facing The Challenges.

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CHETNA
Centre for Health Education Training and Nutrition Awareness
Lilavatiben Lalbhai's Bungalow, Civil Camp Road, Shahibaug, Ahmedabad - 380 004, Gujarat, India.
Ph. :+91(79) 2868856, 2866695 Fax :+91 (79) 2866513, 2113005 E-mail:chetna@icenet.net Website:www.chetnaindia.org

## Partner NGOs in this Initiative:

**Andhra Pradesh-** Andhra Pradesh Mahila Samakhya Society(MSS)-Hyderabad, UNDP-Kurnool.

**Gujarat -** CHETNA-Ahmedabad, SEWA Ahmedabad, Mahila Samakhya Society (MSS)-Rajkot and Vadodara

**Himachal Pradesh-** SUTRA-Solan

**Karnataka -** Community Health Cell (CHC)-Bangalore

**Kerala -**Integrated Rural Technology Centre-Mundoor

**Madhya Pradesh-** M.P. Voluntary Health Association (MPVHA)-Indore.

**Maharashtra -** The Foundation For Research in Community Health (FRCH),(Pune).

**New Delhi -** MAMTA- Health Institute for Mother and Child-New Delhi, Dipshikha-New Delhi, SHARP-New Delhi, Voluntary Health Association of India (VHAI)-Delhi.

**Orissa -** National Institute of Applied Human Research and Development (NIAHRD)- Cuttack.

**Rajasthan** - CHETNA Jaipur CUTS-Chittorgarh, IIRD -Jaipur, Seva Mandir -Udaipur.

**Tamilnadu** -Tamilnadu Voluntary Health Association (TVHA)-Chennai, Resource Centre for Ecology, Agriculture and Community Development-Kanyakumari, NATURE-Pudukkottai, Kumbakonam Multipurpose Social Service Society-Kumbakonam, Coimbatore Multipurpose Social Service Society Coimbatore, READS-Tiruvannamalai

**Uttar Pradesh -** Mahila Samakhya Society(MSS) - Lucknow.

**West Bengal** - CINI-Calcutta, Pally Unnayan Samity -Howrah, Nivetida Community Care Centre - Hooghly, Pallisthi -Parganas

**For further information, contact:**
Joint Secretary, Ministry of Health, MOHFW,
Nirman Bhavan, New Delhi- 110011

**CHETNA Editorial Team:** Indu Capoor, Pallavi Patel & Pallavi Shah
**Input provided by:** Dr. Gahver Kapadia and Gayatri Giri

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