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The birth of the girl child heralds the beginning of one of nature's wonders. From the time of her first cry to the final day of her life she will reaffirm the endless cycle of rejuvenation, birth and death. She will contribute to her culture, fulfil her role to motherhood and guide the young through the tangled path of right and wrong. She will share her spirit and body to build her nation.

But alas, the road to her growth, maturity and senescence will not always be a happy one. Even from the beginning, she will experience her fair share of humankind imperfections. Indeed her very birth is tempered with restraint when compared to the unbridled joy which greets the boy child. This is only the beginning of a painful story for her¹. She will suffer from lack of champions to defend her rights. She will be sold into bondage, and be deprived of freedom to stand side by side with men. This paper will trace the final path of the girl child development - her twilight years and highlights not only the multiple needs of aging women who require special support and care, but also assesses aging women's health risks due to their biological make-up and discusses several policy implications that need to be seriously examined if we want aging women to be integrated in society and be able to contribute positively to development.

2. DEFINITION 2.1 The aging generally refers to those 60 years and over or 65 years or over². Given the current trend of higher life expectancy for women in Malaysia, aging women will make up the majority of the aged, which will be 12.9% in the year 2000.

3. AGING WOMEN AND HEALTH

3.1 Women as a group share a common biological root, but their life experience, marital status, reproductive history, occupation and social roles differ. They therefore will experience different health hazards, morbidity and mortality.

In general, their final health will be shaped by their social status.

Health

3.2 Growing old can be a daunting experience especially in a society where youth is favoured as a premium product. Adaptation to aging does not come easily. Declining physical fitness, illness and loss of function, make adaptation to aging difficult for many individuals. Most are ill-prepared and some are left with past life experience to guide them through the lonely road. One will have to face new realities, set new goals and move on to a level of personal development and satisfaction, comparable with past life experiences.

3.3 Old age should not be equated with disease. It is the natural biological evolution of changes which diminish bodily function, slows down some aspects of mental process while enhancing others.

3.4 Illness in the end does occur, but it is not inevitably the end point of old age. For many, the elderly remain healthy. Doing something is important to sustain their physical fitness.

3.5 It is important to realise that those who have lived their lives in a way which promote good health have the best chance of staying healthy when old. A balance is necessary among the physical, intellectual and social activities for the aged to stay healthy. An active lifestyle such as walking and continuing of physical activities³ will delay the onset of functional decline and increase the potential of better quality of life. But women, because of their social roles in marriage, employment and reproduction have a different disease pattern than men.

3.6 Knowing that important changes do take place as we age makes us understand our strengths and

limitations. The ability to cope is an enduring quality of the individual.

There is alteration in tissue energy metabolism so that there is a tendency to put on weight. Various functions of the skin are dependent on hormone production. There is rapid aging of the skin during menopause which is closely related to the level of oestrogen hormone. It has been suggested that premature aging of the skin is related to oestrogen deprivation⁴.

3.7 Like men, the cardiovascular functions, heart and lungs, of women also change. There are increases in the pressure and resistance to blood flow⁵. The atrial chambers dilate which may explain why the elderly are more prone to get irregularity of the heart rate⁶.

3.8 Women experience a higher incidence of obesity, high cholesterol and hypertension than men⁷. Women have greater problems with their musculo-skeletal system. Their mobility is impaired from a higher incidence of arthritis of the hip⁸. However, changes in the density of bone contribute to the single most important morbidity in women. There is overall decline in bone formation (osteoporosis) for women during menopause⁹.

Osteoporosis

3.9 Osteoporosis is recognised as a major and debilitating disease for women. This occurs when bone resorption lags behind bone formation. Consequently, there is a net loss of bone. Bone loss commences at the age 40-45; both men and women lose bone slowly, but women lose bone more rapidly around menopause and for about 10 years after.

3.10 A longitudinal study has confirmed that there is substantial bone loss after menopause especially from the spine. Maximising bone mass before menopause will be an important preventive measure against fractures related to aging¹⁰ when bone is subsequently lost. The underlying mechanism is not clear but it is recognised that aging and the decreased level of oestrogen promote osteoporosis. The bone is weakened leading to subsequent fracture.

Incontinence

3.11 Another socially debilitating condition for women is incontinence. Following closely the effects of oestrogen withdrawal, and possibly compounded by a past history of multiparity, difficult pregnancies, instrumental deliveries and obstructed labour, incontinence urinary and faecal in type, is becoming a socially crippling disease for women.

WHO estimated that approximately 10 percent of the elderly suffers from incontinence. These conditions lead to embarrassment, women are reluctant to seek medical advice, they become socially isolated and there is a widespread view that it is not treatable. But early gynaecological repair operation, pelvic floor exercise, use of drugs and prosthetic device provide growing evidence that interventions can be effective in curing and diminishing symptoms.

Cancer

3.12 As women increasingly age they will face one of life's major threatening illnesses - cancer. The most common is breast cancer. This is followed closely by cancer of the endometrium and cervix. But biliary tract cancer also may be more common among women¹¹. Preventive measure requires regular pap smear and gynaecological examination. They should form part of routine medical check up for the elderly female.

4. MENTAL HEALTH

4.1 As they age, women appear to be susceptible to an increase in the prevalence of mental health problems. Loss of independence, bereavement, poverty and forced to live in isolation are contributing causes. They appear to consume greater amount of psychotropic prescription drugs than men¹². They

have poorer sleep quality than men. Women wake up earlier, they sleep less and they are less satisfied with their sleep¹³.

4.2. It is important to understand however that mental disorders cannot entirely be attributed to aging. They follow the same course and respond to treatment as well as younger populations¹⁴. Mental health is not invariably progressive. They do respond to treatment. Mental illness is the consequence of isolation, illness, and psychosocial stress leading to sleep disturbances, malaise, hallucination and general lack of interest with life. In Malaysia it is not clear whether mental disorders have a gender bias¹⁵, unlike in western countries where the ratio of depression is biased 3:1 against women. Increase in socio-economic status, worrying about aging and being easily upset can lead to increased intake in alcohol¹⁶.

5. AGING WOMEN IN MALAYSIA

5.1 Over the years Malaysians have evolved a lifestyle of ethnic sharing in which a kaleidoscope of behaviour is honed from the constant sharing of eccentricities, cultural practices, religion and language, a process which is still going on today. The rapidity with which the Malaysian character is changing can be traced to the hunger of its people to be in the mainstream of development.

Modernisation and urbanisation

5.2 In the mid 70's, two momentous socio-economic events took place which were to permanently change the status of women and the elderly. They were urbanisation and industrialisation, the twin engines of development. There was much improvement after the post war period and pre 70's decades. The infant mortality rate per 1000 was nearly halved for all races declining from 75.5 to 43.2 in 1965.

The fertility rate dropped below 3 percent. There was an overall improvement in toddler and maternal mortality rates¹⁷. The GNP¹⁸ grew to US\$2000. Women's participation in the labour market must have reached its zenith for by 1981 the Government felt that "attention will be given by the Government to meeting the structural problems of labour shortage."¹⁹

5.3 The momentum increased into the 80's and 90's where the IMR is 13-25 per 1000 and GNP \$2500. Malaysia boasts the highest growth rate per capita. The special role of women was given official recognition for in 1991 Women in Development merits a whole chapter in the Sixth Malaysia Plan.

Migration

5.4 As development proceeds, industries and factories gravitated to the urban areas. Gender-bias factories in electronics and textiles focus their recruitment on women.

Young men and women migrated from rural areas to seek their fortune in the city. This heralds the beginning of the rural urban migration. With it the extended family as we know it ceases to exist. The elderly are left behind. The migration begins with rural to rural, rural to urban, then circular urban - rural where finally they are absorbed by the cities.

The rural folks begin to acquire a patina of urbanised savvy rupturing the extended family system permanently. Once the cycle is completed there is no going back. Women made their presence more visible in politics, universities, professions and in business. There is a price to be paid for the dawn of successful development, with which we are so familiar today.

Loneliness

5.5 Meanwhile in the rural hinterland there is a sense of isolation and loneliness. Bahasa Malaysia acquired a new terminology-Kampung Tertinggal. Loss of youth means that paddy fields and plantations are left to the elderly to manage. There is no sense of continuity and rejuvenation as only the young are able to give. Elderly couples continued to till their small plot of land to the best of their ability.

Productivity fell. Soon age caught up with them. The plots are abandoned. The elderly depend on money sent from their urban children. Loneliness has always been the constant companionship of women. Men fight wars. Women are left behind. In modern times, they have to cope with the currency of international labour movements.

5.6 In Sarawak young Iban women have to contend with "bejalai" where their men folk, since the beginning of time, leave home to seek their fortune elsewhere. But being young, the world is looked at differently and the prospect of a brighter future sustains the young housewife. In many developing countries, population aging is disproportionately a phenomenon associated with single unmarried or widowed women. Older women can live alone or with others. They may receive external help from government agencies. Much of these are determined by the elderly's place of residence, educational level, age, degree of disability and work experience. But in general, the family is an important source of help. However, in a recent survey²⁰ on household type only 58.7 percent still retain their nuclear family.

5.7 Aging and elderly women generally experience a different kind of loneliness. These are loneliness of memories, of sharing and loss. In a recent Malaysian Family Life Survey women's chance of being alone after 50 is greater at any time of their life. After 50 years, only 18.1 percent of female-headed households are married. The majority are widowed (64.6 percent), divorced (16.0) or single (1.3 percent)²¹. Living alone will be a fact of life for many women. A report by Tey indicated that; "...women are much more likely than men to experience bereavement over the loss of a spouse and to be without the support of marital partners when they themselves are nearing death..."²².

5.8 Financial and emotional support from children are still the main source for elderly women, 61.3 percent, while for elderly men, it is 38 percent²³.

5.9 Being alone may have contributed among Malaysian elderly women the perceived problems of sleep disturbances, worry and loss of interest with life²⁴. These were noted to be higher among women over 75 than men. Friends and new interests have to be cultivated. For those in their younger years, who understood the need for socialisation make this transition effortlessly. But for many of the elderly whose life revolves around children and a husband, acquiring new social skills may prove to be difficult. Mental health will be an emerging public health issue for elderly women. This has already been noted in the United States where twice as many middle-aged women are depressed compared to middle-aged men²⁵.

5.10 In the process of modernisation Malaysia, like many other developing countries, picks up obesity, hypertension, stressful life style, nuclear family, "me-ism" philosophy of life, child abuse etc. Women and the elderly are caught in these dynamics of change. Malaysia's success story however is its anti-poverty programmes.

Poverty

5.11 Poverty has declined from 29 percent²⁶ in 1980 to 17.1 percent²⁷ in 1990. To climb from the depths of poverty is truly a major triumph for personal freedom. The individual now is given a choice in selecting life events. Personal space and the sphere of influence can be expanded and independence reaffirmed. To the aged and the elderly, security means to be mobile and to look at diseases in the face with greater confidence. No mean achievement when longevity can be determined by effective medical treatment. A gnawing fear for the elderly is to be an unwanted baggage shuttled from relatives to children, forever waiting in line for the next friendly household.

5.12 A disturbing trend described by Masita is the emergence of poverty among elderly single women. Apparently this is not uncommon. In the United States, of the aged poor, 72 percent are women²⁸. In Masita's report 33 percent of elderly women live in abject poverty while; "...a total of 52 percent of the elderly live in poverty and only 48 percent live above the poverty line..."

5.13 Earlier census survey computed by LPPKN showed that the unemployment rates for elderly males and females were 8.5 percent and 22.2 percent. Most were due to inactive unemployment due to illness

and no suitable skills²⁹. It seems clear that Malaysia may follow closely the footsteps of the United States in the incidence of poverty among elderly women. When this is translated into numbers, as the population of women geometrically grows we may be facing 400,000-600,000 elderly women living in poverty by the year 2000.

5.14 In the early 21st century, they may be the main poverty group. The estimated population of women over 60 by year 2000 is 825,000 (Table 1a & 1b). By the year 2020, the estimated population of elderly over 60 years is 19.7 percent, out of which 1.4 million (Table 2) are women over 60.

6. POLICY IMPLICATIONS ON AGING WOMEN

6.1 Given the above scenario, and given that there is as yet no policy on the aged, what are some of the policy implications that must be identified to help the aged and the elderly women cope with life? The following section addresses these issues.

Family Support

6.2 The need to integrate the aged with the family is most desirable. No institution can replace the family unit, where day to day events are shared with familiar faces. The family is a place where the problems of the world and nation are kept at bay, bruised psyches are repaired and an information system to keep members aware of the family and personal space. In spite of the recent battering through industrialisation and rural urban migration, the family is an important psychological net for the physical and mental health of the elderly. An interdependence should be viewed as an important goal for Malaysians. The interdependency of family members provides a supportive relationship to the elderly gaining advantage through family members the extended network of friends and neighbours which envelop the family unit. The relationship acknowledges the potential and strength of the elderly and the individual's capability to provide support. The final benefit is to strengthen the interdependence of youth and elderly, an integral part of emotional bonding for good mental health. Programmes could therefore be introduced to tighten the family unit so that the extended family could remain as a strong force underpinning the Malaysian value system.

Health Care

6.3 As age progresses, disease and debilitation will be companions to be reckoned with. Therefore another policy implication is the need to provide a health care system whose fundamental aims are to provide assessment, treatment and rehabilitation. The strength of the system is to maintain outpatient treatment, hospitalisation minimised, and nursing and social support services provided to enable the elderly to be transported or nursed at home. In extreme cases the elderly may require to be treated in geriatric hospitals staffed by medical personnel who are mentally prepared and qualified to look after the aged patient. For the physicians, to distinguish between a body system which is not functioning because of aging from changes due to disease, may prove to be a diagnostic challenge.

The Public

6.4 The public has to be educated to understand the aging process. Progress should be translated into changes in attitude and understanding of the strengths and achievements of the aged. By understanding aging, it provides opportunities for the public to promote a healthy life style thus limiting demand on the health care system.

Caring Society

6.5 The Government has introduced the concept of a caring society and with it the policy which recognises the need to prevent human virtues and cultural values from being swept away by the tide of development and industrialisation. Taking care of the disadvantaged, extremes in age, the handicaps are part of the actions required to make it work. The role of government in relationship to the aging society will have to be translated into programmes to fill in the cracks left behind by the family, the NGOs

and the individual. An important portion of the programme should be to look at the emergence of poverty among the elderly. Important issues which have direct relevance to health are the relationship to work, retirement, leisure, learning opportunities, support to the family and housing.

Effective Implementation

6.6 The principles of health care were established by WHO two decades ago through primary health care. In the implementation of programmes for the aged it is essential to take into account the following principles of intersectoral coordination, appropriate technology, community participation and cost effectiveness.

CONCLUSION It is important to realise that aging women need to maintain independence and involvement in the community no different from other age groups. What is required for society is to provide an environment whereby they can continue to lead their own lives in their homes and the community.

The foregoing issues, problems and implications suggest that it is timely for us to consider seriously the special needs of aging women, particularly in view of the nation's aspirations to become a developed society by the year 2020.

The Government, the private sector, the NGOs, and the public all have to play a more significant role in ensuring that aging women become fully integrated into the mainstream of development.
