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Editorial

Feminization of Ageing - Are we Prepared for Future

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The process of aging is natural. Ageing brings a reduction in physical, mental and social abilities in an individual's participation in the society due to various reasons like physiological degeneration of tissues and organs, fatigability, economic dependence and social limitations. The problems of ageing are not homogenous at all places but they vary with country profile, gender, residence, socio-economic status, health, social security mechanism and prevalent socio-cultural norms etc. Living longer also means longer life in a state of declining health and disability.

Worldwide the proportion of elderly (people aged 60 years and more) is increasing. India also is not untouched by this ongoing demographic transition. The proportion of elderly in India has reached 8.6% in census 2011 with a total population of 103.9 million in the country. This is second largest percentage of elderly globally contributing to 15% of the world's total population of elderly. India now fits in the United Nation's definition of an "Ageing Nation" where the proportion of people over the age of 60 years is more than or equal to 7 percent of the total population.

The problem of this shift will also be affected with the fact that more than two-thirds of the world's oldest (85 years and above) population are women. The elderly females are 9% of Indian population than that of 8.2% of males. It is due to the fact that life expectancy of females is higher which means they survive longer than their male counterparts. It indicates that there will be more elderly females in the country in future. This feminization of ageing population in India has some serious implications for the future. Longer life expectancy for females can be considered as a victory over the dominance and deprivation of this gender throughout life that they manage to survive longer despite all challenges. Although national wide data is not available, but the fact is that females have to face a different pattern of unique factors affecting their morbidity and mortality from reproductive health conditions, communicable and other chronic diseases. This not only include health per say but also all other social and cultural factors that contribute to health. On the other hand, longer life expectancy among females also implies that they will have to face a longer period of social isolation due to death of their husband, being single when children migrated to other state or country and also due to adverse economic and health conditions. This will raise some critical issues towards their vulnerability for prevalent health profile, heath care system and social structure.

In advance ages of life, widowhood will be a dominant among elderly women which means they will have to face all their problems alone in context of current social norms which results in neglect, abuse, exploitation, violence, lack of accessibility to health care and support services. Economic gender differentials are supported by the fact that in India, 60% of elderly men and only 23% of elderly women were working. Although she is always contributing a lot in household work and taking care of her grandchildren but is counted as productive in economic terms.

Although government has initiated many social security schemes for elderly but women are less likely to utilize them due to lack of awareness, poor literacy level or dependency on others to company her. Challenge of maintaining sound health

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will get aggravated because women tend to underplay their illnesses. They remain pre occupied with care of spouse and children with ongoing nutritional deficiencies and neglect of health. The conditions differ in rural and urban areas with higher burden of non communicable diseases like cardiovascular diseases among elderly in urban areas than rural. This difference may be due to fact that rural population has no availability and accessibility of adequate health care services leading to non-reporting of cases. Also, a gender gap exists in respect of health conditions of the elderly females in the rural areas where they are more vulnerable to chronic diseases compared to their male counterpart.

Another challenge is availability of specialized healthcare to elderly as there is not many professional courses available in the country. There is huge shortage of geriatrician, podiatrists, physiotherapists, geriatric social workers, nurses, counsellors, volunteers, skilled caregivers and spiritual therapists. From the government side there is no initiative to start such courses and to create infrastructure and social capital to manage such growing population of elderly females. Many studies carried out western world over have advocated that preventive strategies adopted for non-communicable diseases in younger and adult population are cost-effective than clinical management later in life. Such studies are lacking in South east Asia including India. At the same time well planned multiprong strategy to manage aging could be healthy development of the society. This involves all sectors such as health, environment, labor, legislatives, finance and social welfare.

To conclude, lot of epidemiological work in aging particularly providing quality health care services to poor, disadvantaged, may be destitute elderly population particularly females should be the priority in the country. Thus gender sensitivity should be kept in agendas while planning health care services for elderly in future.

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