Interprofessional Exploration of Aging, Health, and Mental Health in a Global Context

Dr. Pittman and Dr. Gioia
Getting Started

• 18 students selected from 34 applicants
• Social Work, Nursing and Public Health
• 3 class meetings in the Fall
  – Guest speakers on Indian Culture and Global Health
  – Readings on aging and health/mental health professions in India
  – Research Poster
Challenges Faced by Widowed and Childless Elderly Women in India
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Abstract
India’s elderly population, aged 60 and over, is expected to drastically rise to the present 100 million to 174 million in the year 2031 to 323 million by 2050. The role of family in caring for the aging has significantly changed over time, especially for women. Childless and widowed elderly women, in particular, face a more difficult reality in regards to receiving support. This can be attributed to the effects of modern globalization and women’s tendency to outlive their male counterparts. Both widowed and childless women in India face social exclusion due to a failure to fulfill their societal expectations as mothers and wives.

Widowed Women
¶ 40 Million widows live in India where they experience extreme poverty, ostracism, violence and discrimination in law and custom
¶ A woman’s social status is linked to her of her husband’s, therefore; if her husband dies, her place in society is challenged
¶ To be granted access her inherited property and land, some women can marry the relative of her deceased husband

Childless Elderly Women
¶ 25% of women in Pay & Stay homes are childless.
¶ Childless women in India are likely to seek alternative options for care in old age.
¶ Much responsibility placed on families of elders for their care, but childless women often have no family to turn to.
¶ Similar to widowhood, childlessness defines women’s status within their families and communities and can be indicated as a vulnerability.

Impact of Globalization
¶ Globalization has influenced change in the role of the family in elder care, creating a decline of the joint family and general filial piety.
¶ A rapid pace of urbanization has been taking place since the second half of the 20th century; thus, increasing numbers of older people are left in rural communities without support.
¶ Younger women, traditionally providers of elder care, are now entering the labor force.
¶ An increase in consumerism has consequently increased individualism, affecting the social and economic structures that have traditionally supported the elderly.
¶ Undermines the position and status of the older adult, decreasing quality of life.

Recommendations
¶ More research is needed to identify caretaking options and other resources that are available for low-income, childless, elderly women
¶ Pay and stays are not accessible to women who live in rural areas, who are financially limited, and for those who may require additional medical support
¶ More governmental standards for regulation in old age homes are needed
¶ Promote programs that can enhance the quality of life of elderly women through education, awareness, and empowerment.
¶ Heighten awareness of the changing needs of elderly women (financial independence, health care, and social support) and incorporate services into long-term care opportunities.
¶ Housing options (e.g. pay and stays) for low-income elderly women.
¶ Options for elderly women with cognitive impairment.

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We spent three days at Rajagiri College for a conference on Aging, Health and Mental Health. I liked the concept that they referred to as “Healthy Aging.” Essentially this describes a lifelong process that includes the development of independence, in addition to mental, physical, and social wellness.  

**Shanice Morris**

Dr. Goel from Australia shared a model called Flourishing Niche. The point is empowerment of older individuals who are constrained by their limitations and environment by having Discovery Conversations specifically for the purpose of recognition of the character strengths of the individuals.  

**Patti Drazin**

Another interesting topic a speaker talked about was a day care center in Kerala for older adults...The purpose of the program is to keep the elderly in the community and not institutionalize.... They have psychological support, nutritional and medical care, and meet with a social worker while they are there. This program reminds me of Hopkins Elderplus, my field placement. It is so inspiring to see that they are trying to keep the elderly in their homes and communities in India, just like the PACE program is trying to do in the United States.  

**Annamarie Wagner**
Public Health Center

Vayalar Public Health Center that serves the community of about 20,000 people.
Two women are gathering flowers and herbs at the Shri Mahadeva Kshetra Temple. These offerings represent a form of spirituality. **Mia Dabney**

Elderly women (residing) at the (local) Hindu Temple where spirituality plays a big role in the quality of life for this Indian (community). **Shaniqua Nelson**
Women’s Roles in the Workplace

Visits to a Cashew Factory, Tea Plantation, and home Coir industry allowed students to reflect on and talk to women and business owners about work roles, and family structures.
Cross Cultural Relationships

In the process of adapting to the different cultural environment of Kerala, India, there were times that I had to remind myself of my social location, where I was, why I was there, and to fully embrace the culture. And once I did that, I erased all judgment and made sure that I was fully present in each of my experiences, both good and bad. I found something good in every city that we passed through and stored it in my memory so that this would be a trip that I would never forget.

Felicia Gross
Sharing Experiences

• Photo Display and Reception, UMB Fireside Lounge
• USG Student Blog
• Photo Display at USG Library
• Gathering qualitative data for article