# Aging And Reproductive Healthcare Of Women In South-Eastern Nigeria

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Abstract

The paper argues that as age progresses, there is a shift of attention on the reproductive health of women from the older to the younger. This can be explained by the fact that it is assumed that as elderly women have gone beyond the childbearing age there can hardly be any issues of interest arising in their reproductive lives. This is also usually evident in the areas of public health policy in Nigeria as different free health care provisions are made available to women of childbearing ages with no reference whatsoever to the elderly women in the society. This, the paper contends is dangerous for these elderly women and the entire Nigeria populace since recent empirical researches show that the chances of suffering from both breast and cervical cancers, for instance increase or are higher as women advance in age. This paper contends, using evidence from extant literature that elderly women as much as the younger ones are at the risk of reproductive health ailments especially breast cancer in a developing society like Nigeria. It therefore argues that there is urgent need for public health policies and health care provisioning to factor in the reproductive health challenges of elderly women rather than being limited to orthodox conception of diseases and ailments of the aged.

## Introduction

This paper attempts a critical examination of the extent to which extant public health policies in Nigeria are responsive to the peculiar reproductive health challenges of elderly women. It argues that even though elderly women are as much at the risk of reproductive health diseases as the younger ones, conventional health policies and practice, largely out of ignorance and inadequate knowledge often gloss over their concerns. The reproductive health of women is related to issues of pregnancy, child-bearing, breastfeeding, menstruation, and even menopause. In a general sense reproductive health refers to a state of complete physical, mental and social well-being of women and not just the absence of disease or infirmity in all matters related to reproduction and the reproductive system. According to Wingo (1991), it includes sexual development, sexual activity, contraceptive methods, male and female problems with the reproductive tract and the delivery of maternal and child health and family planning services. Therefore the reproductive health of elderly women can be seen as the fitness of body that exists in elderly women as regards their reproductive system.

As women age, depression sets in because they feel they are losing their beauty due to physiological changes such as sagging of breasts, hot flashes, wrinkles and even menopause. This feeling is further worsened when abnormalities are noticed in the bodies

of these women in form of growths, or pains in some areas of their reproductive systems. Though these facts are physiological and expected, the society often perceives these elderly women as having outlived their usefulness which is childbearing and sometimes sex. For some people the reproductive life span begins at puberty and continues throughout life for men and ends with menopause for women (Whelan, 1990). Perhaps due to this understanding, women after menopause are neglected as it may be believed that they have no other business with reproduction and its related diseases.

On the contrary, often as women age, cancers and menopause associated diseases ravish their bodies leaving them in pains and anguish. Beyond the physiological deterioration which comes with aging among women, socio-cultural norms often inadequately portray elderly women as basically dependent and as burdens for others. In this situation, members of society especially in a developing nation like Nigeria, may not easily relate to the reproductive health challenges of elderly women.

Therefore, the peculiar reproductive health needs of elderly women may be neglected in healthcare provisioning and social services. In view of the foregoing, this paper, adopting a socio-medical perspective and depending essentially on available theoretical and empirical insights in extant literature, examines the reproductive health needs of elderly women in Enugu State. In other words, the general objective of the paper is to provide an overview of the reproductive healthcare of aged women in Enugu state, Southeastern Nigeria depending mainly on evidence in the extant literature and cursory observations.

Even though some impressive studies have been done on the above subject in Nigeria (see, Okobia, et al, 2006; Olotu, et al, 2008) they have been mainly from the medical sciences perspective and only a few of them have focused on the Southeast (see, Ohanaka, 2002). Hence, the present paper adopts a largely social sciences approach in examining the interaction between aging and reproductive healthcare in Enugu state, Nigeria. It is believed that such an exercise would sensitize policy makers, social work practitioners and the general public to the often neglected reproductive health needs of elderly women.

## NATURE AND TYPES OF REPRODUCTIVE HEALTH PROBLEMS AFFECTING ELDERLY WOMEN

Interestingly, there are a lot of diseases or conditions of ill health which mainly afflict elderly women and quite a good number of these diseases or conditions are direct outcomes of physiological changes that occur as a women age. These diseases and/or conditions are discussed briefly below:

**1. Menopause:** This can generally be described as a permanent cessation of menstruation which occurs over a considerable length of time before the end of a woman's life span. The word, menopause is derived from the combination of the Greek words '**Meno' i.e.** monthly circles or month and '**Pausis'**i.e. health (Wikipedia, 2009). This usually happens in midlife signaling the end of the fertile phase of a woman's life and is the opposite of **"menarche"** which is the start of monthly periods–the beginning of a woman's fertile phase. Menopause can be a frightening and frustrating time of life for some women (Buster, 2007) and usually begins as early as 45years for some women and even as late as 55years for others (Minkin and Wright, 1997). According to these authors, though not a life threatening condition, such symptoms as facial hair growth, thinning hair, rapid heartbeat, hot flashes, night sweats, disturbed sleep amongst others are all discomforting symptoms associated with menopause and the need for treatment of these symptoms vary

among women as their degrees and length of time also vary among women. For some women these symptoms are mild while for some others they are very severe.For some other women, the early signs of menopause can be seen as irregular periods, mood swings, weight loss, vaginal dryness etc which in all speak of discomfort and a very big burden to these women (Baldry, 2009).

The end of fertility in midlife ushers in a third part of a woman's life also known as the **'third age'.** However, both menopause and menarche are transitions from maiden to matron and then to 'crone' that is from little girl to reproductive woman and then older woman. As natural and inescapable as menopause seems, it has heavy psychological and sociological sides since it affects the lives of these women both in their perceptions of themselves and how others perceive them. Summarily the effects of menopause can be classified in different ways viz:

**(i) Vascular instability:** which includes hot flashes, night sweats and cold flashes in some people.

**(ii) Urogenital Atrophy:**(vaginal atrophy) which include: thinning of the vulva membranes, the vagina, cervix and the urinary tract, itching, dryness, urinary incontinence, urinary urgency and urinary tract infections.

**(iii) Skeletal effects**: Osteopenia which makes the individual susceptible to Osteoporosis over time, joint pain, back pain, muscular pain etc.

**(iv) Psychological effects:** which include depression or anxiety, sleep disturbances, fatigue, irritability, mood swings etc.

**(v) Sexual effects**: decreased libido, vaginal dryness, painful intercourse, inability to reach orgasm etc.

**(vi) Skin and soft tissue effects:** skin thinning, decline in elasticity of the skin due to dryness of the skin etc.

**The Cultural Context and Menopause:** The cultural context within which a woman lives can have a significant impact on the way she experiences her menopausal transition (Wikipedia, 2009). Research has shown that whether a woman views menopause as a medical issue or an expected life change is correlated with her socio-economic status (Winterich,2008). This is because those elderly women who are educated and have the means to procure both food and medication view menopause more positively than those who are not educated and have no meaningful means of livelihood. For the former, it is a period of liberation and freedom from the risk of pregnancy while for the latter, it is a period of pain, depression and anxiety. This can be seen as very evident in the Southeastern part of Nigeria where educated elderly women, who are fortunate to have children who take care of them or who are still active themselves live better than their counterparts who have no basic education and as such have very vague ideas of what menopause is all about. This becomes worse where these women have no one to provide them with the kinds of food and medication they need for the replacement of the lost hormones that led to discomforting conditions of menopause.

**2. Urinary Incontinence(U.I):** This is an involuntary leakage of urine. According to the Agency for Health Care Policy and Research Clinical Guidelines Panel, Urinary incontinence is the involuntary loss of urine sufficient enough to be problematic (Minkin and Wright, 1997). U.I. can therefore be said to be a symptom in itself not a diagnosis.

Bladder symptoms affect women of all ages however bladder problems are more prevalent in older women (Woodward, 1996). It has been recorded that one in three

women over the age of 60 have bladder control problems (Hannestad, 2000). This is usually associated with health problems like obesity and diabetes and results in higher rates of depression. There are different types of incontinence but in this paper only a few will be discussed.

(a) **Stress Incontinence (SUI):** This can also be referred to as effort incontinence. This is because this occurs usually as a result of insufficient strength of the pelvic floor muscles and is associated with loss of small amounts of urine because of coughing, sneezing, laughing or any movement that increases intra-abdominal pressure and thus pressure on the bladder. Changes resulting from pregnancy, childbirth and menopause are usually the causes of SUI in women and is usually worse during the pre-menstruation weeks. In female high-level athletes, effort incontinence occurs in all sorts involving abrupt repeated increases in intra-abdominal pressure that may exceed period floor resistance (Crepin, Biserte, Cossom, and Duchene,2006). The good news about SUI is that it can be cured.

(b) **Urge incontinence:** This kind of incontinence is caused by no apparent reason. It is involuntary and medical professionals describe bladders affected by this as **'unstable', 'spastic'** or **'overactive'**(Wikipedia, 2009). This type of incontinence can take place when the patient is asleep, when she sees water or even hears water running. In all, it is as a result of damage to the essential nerves of the bladder.

(c) **Overflow Incontinence:** This happens when people cannot stop their bladder from dribbling constantly. Weak bladder muscles or blocked urethra can lead to this type of incontinence. Furthermore, diabetes can lead to weak bladder while tumors and kidney stones can lead to blocked urethra and in all they can cause Overflow Incontinence. This kind of incontinence though it occurs is very rare in women, especially young women.

(d) **Total Incontinence:** This refers to complete and constant loss of urine. In this case, the patient cannot store urine for any time at all as a result of a severely damaged external sphincter.

Many other types of U.I abound but most commonly seen in elderly women are Overflow Incontinence and Total Incontinence

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**3. Cancers:** Another set of gynecological diseases that elderly women face are different cancers. They come in different shapes, attack different parts of the female reproductive system and their late detection is usually disastrous for these affected women. These cancers range from breast cancer, cervical cancer, pelvic cancer to uterine cancer.

**(a)Breast Cancer:** Though young women also get affected by breast cancer often, it is actually more common in older women. Though this is the case, elderly women who are diagnosed of breast cancer receive little or no attention from doctors as they believe that breast cancer is less dangerous in elderly women thereby leaving these women in anguish (American Cancer Society, 2003). According to Kmietowicz (2009), half of the women who are afflicted with breast cancer are aged over 65 and of these women, 60% die from the disease. This he argues is because the treatment of women with breast cancer is shrouded in myths and doctors believe that a tumor is not a problem for old women because they are old and are going to die soon anyway. According to Graaf, Willemsie, and Sleyer (2009), in choosing the optimal treatment for an elderly cancer patient prejudice and stereotype opinions seem to prevail. In his opinion, elderly patients are

considered as members of a group characterized by limited life expectancy, decreasing quality of life, cognitive impairment, functional problems and diminished social value. It can therefore be seen that of all women presenting with breast cancer, 50% are aged over 65years (Graaf, Willemsie, and Sleyer, 2009) yet these category of women are denied treatment on the assumption that they are old and of less importance or use to their families and the society as a whole.

**(b) Cervical Cancer:** Cervical cancer is another gynecological disease, which ravages the bodies of elderly women and it is usually caused by the Human Papilloma Virus (HPV) which is spread primarily through sexual contact. Cervical cancer develops in thin layer of cells called the epithelium which covers the cervix (About.Com, 2009). It usually begins gradually with precancerous abnormalities and when cancer develops its progress is also a gradual process. Cervical cancer can be said to be the most preventable type of cancer and can be treated if detected at its early stage. This detection can only be possible through regular Pap smear tests and Human Papilloma Virus (HPV) screening.

**(c) Invasive Cervical Cancer:** This occurs when cancer cells in the epithelium cross the membrane and invade the Stroma, (the underlying supportive tissue of the cervix) and the major cause of this kind of cancer is the HPV. Furthermore, women who have a first degree relative be it mother or sister who had had cervical cancer have higher risks of developing and suffering from cervical cancer. It has also been noted that women who had many children or who have used oral contraceptives for more than five years have a higher risk of cervical cancer than those who do not fall into these categories (About.Com, 2009).

**4. Fibroids:** Uterine fibroids are tumors or growths, made up of muscle cells and other tissues that grow within the walls of the uterus (Medics Family Health Guide, 2009). These fibroids though called tumours are not cancerous rather the medical term for them is **Uterine Leiomyomata,** which grows either as a single growth or in clusters and their sizes vary. Most times, fibroids are found in women of childbearing age and this gives room to older women especially those have reached menopause being ignored when they suffer from fibroids. These fibroids usually grow just beneath the lining of the uterus, between the muscles of the uterus or outside the uterus. Though most fibroids do not cause any symptoms, some women still have heavy bleeding, painful periods, fullness in the pelvic area, frequent urination, lower back pain, painful intercourse when they have fibroids.

Fibroids are never seen in women less than 20years old but occur usually amongst those between 30 and 50years and above (The Free Dictionary, 2009). Unfortunately, uterine fibroids cannot be prevented but all fibroids can be treated even though the type of treatment depends on the age of the patient, the location of the fibroid and its size.

## THEORETICAL INSIGHTS INTO AGING AND HEALTH

Quite a good number of theoretical insights and explanation have been offered by scholars in the bid to fully understand the nature of sicknesses and their perceptions. These explanations also include insights which underscore the crucial role of intervention agents like social workers in enabling the elderly achieve social functioning even in the context of ill-health. Some of these influential theories are examined below:

**(1) Psychodynamic Theory:** This theory was developed by Sigmund Freud, a physician and neurologist as a result of his interest in patients with mental problems. To him all

behaviour is determined by events that happened in childhood or one's past (Ashford;Lectroy; and Lortie, 2001). According to psychodynamic theory, human behaviour is triggered off by a kind of energy known as libido which is in constant search of pleasure. As a result of this, all human behaviour could be related to the driving force of the sexual instinct and the counter forces that keep it in check (Gaylin, 1986).

Freud discussed the human personality under three components viz. the id, ego and super ego. According to him, the id is instinctive and operates from the pleasure perspective. It is irrational, illogical and totally disconnected from reality. The id is usually found in infants and toddlers.

The ego on the other hand saves the individual from the calamity brought about by the id. The ego is very rational and operates within the context of the reality principle by bringing individual pleasure within the boundaries of reality (Ashford;Lectroy; and Lortie, 2001). It desperately desires to stay away from trouble and as such helps the individual to adhere to the norms of society.

The superego can be seen as the moral guidance that helps bring equilibrium in the personality of an individual by balancing the drives associated with the id. It most times stands for the rules and regulations laid down by the society and the family a child is exposed to as he grows. There is always a disagreement between the id and the superego as they both stand for pleasure and moral standards respectively but the ego is also always at work, mediating between them to ensure a balance.

Psychodynamic theory believes that as these components operate the personality undergoes five (5) different stages from zero (0) month to about twelve (12) years ie puberty, these stages are:

| **Stage** | **Sexual Focus** |
|---|---|
| Oral (0 – 3) | Mouth |
| Anal (1 – 3) | Anus |
| Phallic (3 – 6) | Genitals |
| Latency (6 – 12) | None |
| Genital (Puberty) | Genitals (intercourse) |

According to Freud, early childhood development is critical in the development of personality and this personality is in fact laid down by the age of five (5) or six (6) (Ashford, Lectroy, and Lortie,2001). This explains why Freud strongly believes that the psychology of patients and what they are passing through can be traced back to experiences of earlier existence. When an individual has a particular mindset or opinion being handed down to her from generations before hers, such opinions affect how she sees, perceives and reacts to issues. In this case, owing to the fact that some sicknesses like cancer can be inherited, women who come from those generations where it had occurred before are bound to lose hope easily more than those who have had no history of cancer in their families before. To the former set of women, it is a family tradition and there is nothing that can be done about it. This goes in agreement with our earlier assertion concerning women who have had a relative who had suffered from cancer having high tendencies of having cancer. From the social work point of view and according to Freud, these women who fall under this category need to be worked on to erase those ideas that have been lodged in their memories as a result of past occurrences in their lives and family history.

**2. Erickson's Theory of Psychosocial Development:** Another theoretical view is captured in the Erickson's theory of psychosocial development and this is considered by some as the best known theory of personality in human psychology. Like Freud, Erickson believed that personality develops in a series of stages but unlike Freud, Erickson describes the impact of social experience across the whole lifespan as against Freud's theory of psychosexual stages (Wagner, 2009).

According to Erickson (1968) ego identity is the conscious sense of self that we develop through social interaction. In his words, this ego identity is constantly changing due to new experiences and information we acquire in our daily interactions with others. He identified eight psychosocial stages of human development, which are marked by different tasks and he argued that people must grapple with the conflicts of one stage before they can move on to a higher one (Ashford,Lectroy, and Lortie, 2001).

Judging from his definition of ego identify, the reactions and behaviours of elderly women with reproductive health problems can be explained based on their interactions with others in their environment. Those of them who find themselves in the midst of caring relations are bound to have a more positive outlook to life and may also live longer than their counterparts who live under totally different and opposite conditions.

**3. Person-In-Environment System (PIE):**In this approach, social workers look at how behaviour and personality are influenced by biological factors and the social environmental circumstances such as the nuclear family and the community in which one lives. Unlike the Freudan Psychodynamics and Erickson psychosocial approach, the Person–In–Environment (PIE) system does not believe that human behaviour can be defined by stages or events rather it bothers on the interactions that occur between the individual and the environment. Owing to the fact that normal life troubles such as losing a job or illness cannot be avoided, it is then expected that social workers should have knowledge of life trouble as normative aspects of everyday life (Ashford, J.B., Lectroy, C.W. and Lortie, K. L.(2001). The PIE systems argues that though some clients may have physical conditions, there may be underlying social circumstances that stand between the client and total recovery or between the client and his ability to cope with the situation.

The PIE therefore advocates for a better understanding by the social worker of the relationship between clients physical condition and his environment as this would help clinicians to relieve individual sufferings, ensure culturally competent power, empower clients and integrate social action and clinical advocacy into their practice (Cornell, 2006). Judging from the extant literature which argues that older women receive little or no attention from their relations when confronted with an illness which would have set every member of the family on their feet if it had occurred in a woman of childbearing age, it would then be necessary and in agreement with the assertion by Cornell that social workers have an adequate knowledge and understanding of the nature of relationship between these elderly women and members of their families or the community which they are part of as these relationships may contribute either to the improvement, healing and comfort or crisis and death of these elderly women.

Given that certain illnesses demand a given habit of eating, the Person-In-Environment system also takes into cognizance the feeding habit of the affected individual to ensure that there is a balance. But given that these elderly women are often considered as already on their ways to the grave, little or no attention may be paid to their

feeding needs as against that of their younger counterparts even when it is known that their recovery and comfort depends, to a large extent, on what they eat or do not eat.

Though these theories all try to explain diseases and how people relate to them or how and why they affect people as they do, this study is best explained using a combination of both the psychodynamic theory and the Person-In-Environment system.

## ELDERLY WOMEN AND REPRODUCTIVE HEALTH PROBLEMS IN SOUTH-EASTERN NIGERIA

In the Nigeria, it has been observed that a lot of deaths amongst elderly women are caused by neglect of these elderly women by their families and the public just because they have passed the childbearing stage. Even the health care provisions made by the various States' Ministries of Health are mainly for children and women of childbearing ages (see, Banjo,2004).

Due to the fact that menopause is a normal occurrence, elderly women in Enugu state of Nigeria like other women in the zone pass through physical as well as psychological traumas. In some cases, these women are not understood and no attention is paid to their predicament. Even when they complain as a result of such physical pains as hot flashes, sleep disturbances, joint or back pains, they are considered as liabilities. People may see them as complaining unnecessarily and thus label them 'nagging oldies'. In this situation, such women and their complaints may be pushed aside and are left to suffer alone and in silence.

On the issue of breast cancer, it is noted that though these elderly women are diagnosed of breast cancer, a good number of them are usually under treated; they either do not have any surgery orhad a lumpectomy without post-operative radiation (American Cancer Society, 2003). This according to the author may be because the doctors thought the women were too sick to benefit from treatment or are more likely to die of another disease first. This is totally in line with what is prevalent in the Southeastern zone of Nigeria where younger women with breast cancers or tumours receive more attention than their older counterparts. Even in the campaigns against breast cancers carried out generally in Nigeria, the emphasis is usually on young women of childbearing ages as they are taught how to examine themselves monthly after each monthly period forgetting that those women who have reached menopause no longer have monthly periods yet they experience breast cancers as much as their younger counterparts if not more (see, Adebamowo, 2000; Akarolo-Anthony et al, 2010). Even beyond Nigeria, elderly women are hardly factored into the design and implementation of breast cancer healthcare (see, Knietowiez, 2003).

Furthermore, though cervical cancer usually affects women of childbearing age, it has been seen to occur in older women in Nigeria (Banjo, 2004). The prevalence of this cancer among elderly women is usually overlooked or not noticed at all as all attention usually is on the younger generation of women. Also, it is noted in the literature that poverty levels and illiteracy are linked with low screening rates thereby giving rise to high rates of deaths due to cervical cancer as screening is the most effective way of detecting cervical cancer. In addition to this, lack of health insurances and limited transportation for those in the rural areas to cities where these screening tests take place also hinder poor women access to screening services. The above conditions typify existence of most women in Southeastern Nigeria and other parts as well.

On the issue of fibroids, though it is most prevalent among young women between the ages of 30 to 50years, it is often noticed to occur among older women (see, Olotu, et al, 2008). Due to the fact that fibroids occur as a result of the existence of reproductive hormones and also due to the fact that a lot of women have delayed menopause, these women develop fibroids as they still have menstrual cycles and a lot of reproductive hormones in their systems. Owing to the fact that these women have stopped bearing children, they are neglected and even when they develop fibroids or are diagnosed of fibroids, little or no attention may be paid to them, thus leaving them in pains which may eventually lead to their untimely deaths.

**CONCLUSION: Going Beyond the Norm**

Good health in old age is of great importance as ageing on its own brings on a whole lot of problems. For women, diseases of the reproductive systems pose a big problem especially as they age. This is because their bodies and their immune systems are not as strong as they were in middle age and youth. These reproductive diseases though neglected when they occur in older women are very dangerous and most times lead to death if not properly handled. Some people would rather choose to believe that older women have no business with reproductive diseases as they have passed the reproductive years. This is totally untrue as there have been evidences that they do occur even in old age. Breast cancer for one occurs frequently in older women as much as it is seen in young ones.

According to Holmes and Muss(2009), as the population ages, women over the age of 65 have become a prominent cohort in the breast cancer population with approximately 50% of all new breast cancers occurring in women aged 65years and above. Also,Graaf; Willemsie; and Sleyer(2009) on a similar note assert that breast cancer is the most frequent malignancy in older women and of all patients presenting with breast cancer, 30 – 50% are aged over 65years. This notwithstanding, these elderly women receive less screening than younger women. This has to do with the fact that these women are perceived as having outlived their usefulness and already on their ways to death anyway. As a result in choosing the optimal treatment for an elderly cancer patient as has been earlier noted, prejudice and stereotype opinions seem to prevail; the elderly patient is considered a member of a group characterized by limited life expectancy, decreasing quality of life, cognitive impairment, functional problems and diminished social value (see, Graaf; Willemsie; and Sleyer, 2009).

It is therefore suggested that social workers be incorporated into medical agencies such as hospitals to ensure that these aspect of the lives of these elderly women are handled. Policy makers should also be apprised so that policies concerning the welfare of these women will be formulated where non-existent or reformed or improved upon where in existence. Also such policies should be matched with adequate supervision. In other words, supervision should be carried out to ensure the adequate implementation of the policies made. Finally, women should be sensitized to promote regular screening activities from the age of 35 as it has been established that early detection of cancer and other reproductive diseases makes it easier for both their cure and prevention. The foregoing measures where adopted would raise optimism of reduced rate

of female reproductive health diseases especially in elderly women in South Eastern Nigeria and by implication reduce the mortality rate of these women.

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