

**Consequence of changes in the elderly people population: elderly women in Iran**Shirazikhah M.<sup>1</sup>, Mousavi M.T.<sup>2</sup>, Sahaf R.<sup>3</sup>, Sarmadi M.<sup>4</sup> (Corresponding author)

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**Abstract:** Goal and Purposes: Iranian older women population is growing and becoming older due to fertility decline and also success of health programs resulting in increases in life expectancy. As in the last two decades the population of elderly women increased from 3% to 4.1% and to 7 percent in recent census. It is expected that over the future decades this increasing trend continues due to the increasing number of elderly women worldwide and markedly increasing of life expectancy of women after 50 years, it is expected that women represent a larger number and proportion of Iran older people population. However, surprisingly, the statistics show that in 1976 to 2005 the population of the elderly women has declined in each decade. This situation occurred while life expectancy in men is usually less than women. Therefore in this paper we try to review the situation of Iranian elderly women in the Iranian population in terms of the elderly woman's health, education, family status, employment, quality of life, social isolation. Methods: This study is a review study that have been made with the views of experts by interview with experts, expert panel, group discussions and also extracting information from relevant books, and articles. Finally, the results were analyzed. Results: Considering the status of elderly women from various dimensions, including physical health, psychological, familial and social we find out that Iranian elderly women are not only vulnerable groups in term of their gender but also are in risk of different problems in elder years. This causes that this group threat double way in terms of quantity and quality of life. In this article we are going to evaluate Iranian older women from different dimensions aimed to attract focus of the politicians and decision makers to the elderly, especially elderly women. Future high quality national studies are required to be conducted in Iran to investigate physical, psychological and social aspects of Iranian older women.

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**Key words:** elderly women, health, social status, familial status

**Introduction:**

Elderly population is a part of development in many societies. Women now comprise more than half of the elderly population worldwide, mostly living in developing countries. This ratio is projected to increase sharply in the future, because about two thirds of women in 59-45 years of their age live longer than men (24).

Iran, the second largest country in the Middle East south of the Caspian Sea and north of the Persian Gulf. Iran has 5000 fascinating history. Iran has a population of around 78 million. The health status of Iranians has improved over the last two decades. In Iran, according to 2006 census, population of people more than 60 years is 7.3% of the total population and has increased more than doubled during the past 20 years. This increase was more than overall population growth during this period. In other words, country's elderly population has grown over 100% in the five censuses from 1976 to 2006 (1).

Statistics show that by reducing the fertility rate in Iran, the population of women follow the entire population trend of the elderly structure such as in two decades the population of elderly women ratio to the total female population increased from 3% to 4.1 percent and in the recent census increased to 7 percent and is expected that this increasing trend continues in the coming decades (3 and 1).

Currently at least in 35 countries in the world life expectancy of women has risen to more than 80 years. The lowest rates in developing countries are 50 years and in developing countries is 60-70 years. Therefore, the increased longevity of women over 50 years in all regions is observed. (24) However, greater longevity cannot be interpreted to be healthier life because of health and disease patterns in men and women are very different. Greater longevity of women caused them suffer from chronic diseases such as osteoporosis, diabetes, hypertension, urinary incontinence, and arthritis more than men (4 and 25).

For secure health of seniors and meet their physical and mental needs worldwide, plans and policies are on development and planning step and in this regard attention to the gender dimensions of the elderly and especially elderly women is essential. For three main reasons, more attention to the health of elderly women will require for health development in the future:

A: Increasing numbers of older women around the world

B: significant increase of lifetime of women after 50 years of age

C: positive attitude of communities towards health of older people as people who can be a source of effective services to families and society. (24)

Given the above, we also expect that most of Iranian elders be elderly women but surprisingly statistics form the years 1977-2005, show that the population of elderly women has declined in each decade. This happened while the life expectancy in men is usually less than women and it was anticipated that the number of women exceed men so more reflection on this subject is necessary (26).

Considering the above findings it seems essential that survey performed in all aspects including health (physical, psychological and social) and other factors affecting health such as economic and cultural problems. Obviously, with understanding the effective factors may we could undertake next steps to improve the status of this group with more understand.

#### Methods:

This study was a review study that use regulated opinions of experts, expert groups and data

extraction from published studies and ultimately results were analyzed.

Research community is written documentation related to the topic of study such as official web site and resources in libraries of related centers and documents of Seniors Office of the Ministry of Health and other health care resources. For recognition and enforcement of these resources we consulted with experts in executive branches and geriatrics and gerontologists.

Purposive sampling was based on dependence level and relation with the under study subjects and includes the key words among the available resources such as "elderly", "elderly women", "Senior Services", "healthy aging", "Elder Abuse" and "protection of the elderly".

For data collection, the views of experts, expert groups in the form of interviews, panel and group discussions and extract information from books, articles, and studies have been made and all of available library resources reviewed deeply and purposeful and finally, the results were analyzed.

#### Results:

##### Population of elderly women in Iran

According to latest estimates of Statistical Center of Iran, (Table 1) in 1358 shows that the number of people aged 60 years and over in Iran was 5,121,043 of which 2,654,833 (51.84%) were men and 2,466,210 were women (48.16%) respectively. These statistics reflect the high number of elderly men comparing to elderly women and looking closer we find this superiority in terms of the number until age of 90 and in oldest old women are more.

Table1: Population over 60 years by sex and age 2006

Percent	Women	Percent	Men	Men&Women	Age
%50	738003	%50	726449	1464452	60-64
%48	575080	%52	622470	1197550	65-96
%47	521087	%53	598231	1119318	70-74
%46	321552	%54	372570	694122	75-97
%47	208080	%53	236980	445060	80-84
%49	63668	%51	63992	127660	85-89
%52	20586	%48	18792	39378	90-94
%54	8898	%46	7754	16652	95-99
%55	9256	%45	7595	16851	&more100
%48	2466210	% 52	2654833	5121043	Total

Source: data processed by the Iranian Statistics Center data, 2006 General Population and Housing census.

The observed trend of sex ratio of seniors of 60 years and older showed that the ratio of seniors of 60 years and older in 1335 was that for every 100 women, there was 111 men, and this number, during 50 years and in 1385 has been reached to 108 (Table 2). Above statistics show the number of women was

never more than men in this age group while due to the higher increase in life expectancy in women (73 years in women and 68 years for men in 1384) it is expected that the ratio of women to men in elders be more (2).

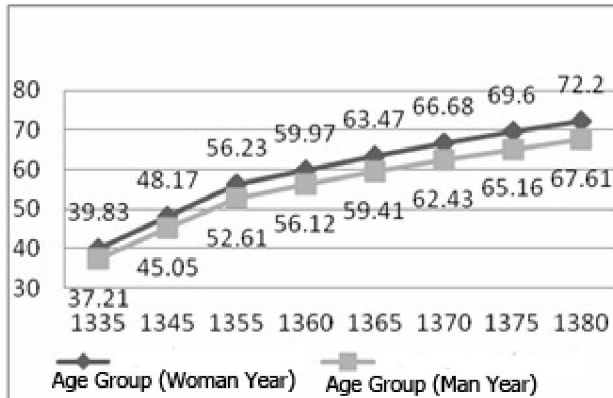
Table 2: Sex ratio of 60 years and more, 70 years and more, 80 years and more in Iran during the period 1976-2006

2006	1996	1986	1976	1966	1956	Year Age
108	116	112	109	110	111	60&More
113	113	98	112	110	107	70&More
108	94	93	113	104	105	80&More

Source: data processed by the Iranian Statistics Center data, 1956-2006 General Population and Housing censuses.

### Women and life expectancy:

Graphs (1) the life expectancy of men and women in 1976-2006



Source: Management and Planning Organization - Statistics Center of Iran - 2003 According to Chart (1) life expectancy for women in Iran in 1956 was almost 40 years and the figure for men was 37 years and in 2001 is 72 years in women and 68 years in men.

Estimated rate of change in the next few years is such that life expectancy for women has been consistently higher than men. Given the higher population and increased life expectancy for women it is expected to be more elderly women than men in the population. But population age pyramid clearly shows otherwise. (2)

This is important because in proportion to increases in life expectancy should other components of health status be considered in conjunction with this society group. It seems that with studying this subject somewhat better judgments performed about the lack of conformity.

### Health status of elderly women:

Based on the health and illness status survey in Iran in 2001, the most common diseases among women of more than 40 years, is hypertension, neurological disorder, and duodenal ulcers, respectively. (6)

Hypertension in elderly women, both urban and rural areas is twice as higher in women than in men and the mean age of diagnosis time for women was more than men (62 and 67 years in rural and

urban women and 61 men and 63 in urban and rural) (27).

Now the risk of hypertension in women 70 years and older increased to more than twice and in this age group the second common illness is cataract. (6) in the field of visual impairment, elderly women more than men have blurred vision in both eyes and blurred vision generally is more in rural areas than city. (27)

In one research on heart disease in elderly men in Iran reported that, 17% and 25% of men and women have it and in hypertension 42% of elderly men 46% in women have been reported to have hypertension (19).

It seem that men more than women suffer from heart disease & stroke but with age increase, these diseases involve women too and should considered them a major cause of death and disability of women (6).

In another report announced that of the major reasons for hospitalization of women in cities is cardiovascular disease and in village is eye disease. Remember that the percentage of cardiovascular disease in the city is significantly higher than rural areas and is higher in women than men. The mean age at diagnosis time in rural and urban men is between 60-62 years and in women is between 63-66 years (27).

In the cause of death in 18 provinces in 2001, three major causes of death in women aged 50 years and more, regardless of death from old age, were cardiovascular diseases, cancer and incident and unintentional accidents. Ranked first is heart attack causes death from cardiovascular diseases and women have died more than men of these diseases (8).

In a study in Iran on 53.2 of elders there was Hyper triglyceridemia Prevalence (63.6% women, 42.6% males) and observed that this problem can be due to lack of nutrition and regular daily activities and prevalence of obesity in these people and due to this urban elderly women are more prone to obesity (21).

Osteoporosis results in Iran show that women in the age group of 60-69 years 56.3% of women and 16.7 percent of men had osteoporosis. Also in 2001 the incidence of fractures due to osteoporosis in women was as one of the most common complications of osteoporosis in the femur

with about 4337 cases, 917 cases was in spinal column and 1806 was on the arm (7).

Hip fracture (upper thigh), is one of the causes of disability and mortality among elderly people in the world. In a study that was conducted in 2001 among patients with upper femur fractures, prevalence rates of 67.7% of women (20).

The prevalence of large and small joint pain in women of 50 years and more have been reported nearly 6 times more than men in this group (6).

In another study it was shown that there is a clear relation between disability and gender such that Mean obtained scores in women, was in moderate disability, and in men, was in low levels of disability. (23).

Having regard to the use of aids such as eyeglasses, canes, crutches, walker or wheelchair, hearing aids and artificial teeth men significantly more than women and urban more than rural people have the necessary aids (27).

About drug use in elderly women aged 40-69 years shows that taking medication of women is nearly two times more than men in this age group. (In women 27% and in men 16 %)

And in aged 70 years and above shows that taking medication of women is 34.9% and in the men it is 25.4%. (6)

Research conducted by the Welfare Organization showed that in both physical problem (43.1% vs. 39.9%), mental and emotional problems (25.3% vs. 17.8%) were reported by older women more than men. In addition, it is also showed significantly higher regular medication dose-taker in women than men (46.5% vs. 43.2%).

Above study of elderly people shows lack of health insurance (59.1% for men and 58.2% for women). Note that more than half of our country is without health insurance coverage. (9).

According to a study by Jghtay and Asadi in 1992 there were only 43/3 percent of seniors with

Insurance and remain had no insurance and percentage of rural people was 74.9 percent.

On smoking in Iran, in a study of it were 39% of elders which 38.9% was male and 29/1% was women (21) as compared with 15% for men and 12 % for women have been reported for industrial communities (22). The above statistics show that smoking prevalence in the Iranian society has more relative frequency. The results showed that although tobacco use in women is less than men, but with age increase, especially hookah smoking increases and this increase is observed among rural women more than urban women (6 and 10).

#### Women and literacy:

The results of the health status of elderly in 1999 shows that the illiteracy rate among elderly women in Iran, especially rural women is significantly more than elderly men to as 79.1 percent of elderly women in urban and 95 percent of elderly women in rural areas were illiterate (10 ).

The recent census results also show that the literacy rate in men aged 60 to 64 years and 65 years were 20.6% and 16.3%, respectively while in the same year, the rate for women was 5% for 60-64 years and for 65 years and more was 3.5%. According to above statistics in 2006 the rate of literacy among men aged 60 to 64 years was 59.2% and in 65 years and more was 38.2%, i.e. about 3-fold. While rate of literacy among women aged 60 to 64 years was 28.5% and in 65 years and more was 16.1% or approximately 5.5 fold.

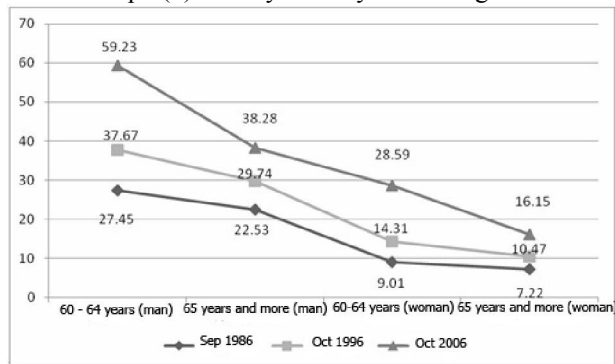
Illiteracy rate among women over 60 years of age, despite the relative decline in recent census was 80.15 percent in recent census and is significantly more than men in this age group (56%). This rate, is especially among elderly women in rural than urban elderly (95% vs. 17.9 percent) (3).

Table (3) literacy rates by sex and age (thousand)

Nov2006	Nov 1996	Oct 1985	Sex and age group
Literacy rate	Literacy rate	Literacy rate	Total
43.78	27.11	19.16	60-64
27.81	20/73	15/5	65&More
88.74	84.66	71.02	.Man
59.23	37.67	27.45	60-64
38.28	29/74	22/53	65&More
80.34	74.21	52.07	...Woman
28.59	14.31	9.01	60-64
16.15	10.47	7.22	65&More

Source: Iranian Statistical Center Site- Census 2006

Graph (2) literacy rates by sex and age



### Women and family status:

Census statistics in 1994 show that only 49.75 percent of elderly Iranian women are married and have spouse while in married aged men it was nearly twice (90.22 percent) of married elderly women. (3) In 1994 in Iran 68.1% of elderly living with their husband or wife and children. 22.9 percent lived with their children. The rate of elderly women was only 12.8 percent and in elderly men was only 2.5 percent. (11)

Study showed that women more than men going to rest home. (60.6% women vs. 39.4% of men) (17). 1373 data in Iran shows that 68.1% of elderly live with a spouse or spouse and children, 22.9 % are living only with children. The rate of alone elderly women was only 12.8% and of alone elderly men was only 2/5 percent. (9:10)

### Women and employment

In Iran the most difficult economic issues and problems related to old people is economic and money problems. In 2006 from the total population of 65 years and more than 33 percent were active economically. While in the 1996 census, 34.2% were active economically and of total active people, 93 percent employed in the private sector and 5% were public sector wage earners, and 2% not stated their jobs. Of this 95 percent and 5 percent of elderly men and women are employed, respectively. As you can see the economic activity in this group comparing to 10 years earlier reduced 1.5 percent and employment percentage of elderly men is much higher in older women. This factor and low literacy levels, caused the lack of independence and self reliance among the elderly women (Statistical Center of Iran, 2006).

Employment status of the elderly is not only different in two genders but also have significant difference in city and village such that in the city 43 percent of elderly men are employed, 36% are unemployed with incomes and 21% are unemployed with no income and in village 65 percent of elderly men are employed, 16% are unemployed with incomes and 19% are unemployed with no income. In the city 3 percent of elderly women are employed, 11

percent are unemployment with income, 15% unemployed with no income and 71 percent are housekeepers but among rural women, 10 percent of elderly women are employed, 7 percent are unemployment with income, 13% unemployed with no income and 70 percent are housekeepers (12).

In a study conducted in Tehran, 92.3% declared that they have a monthly pension and its frequency for men was 98.6% and for women was 87.6%. (18)

### Quality of Life

In Iran, a research on the elders of west of Tehran was carried out and showed that the average quality of life of elderly men (34/26 with SD of 8/375) was better than quality of life of women (31/06 with SD of 9/212), respectively. (16)

Orfila & et al examined in Spain difference between the quality of life in elderly men and elderly women. Based on research conducted in the country, health-related quality of life in women comparing to men was in a worse situation and this is associated with disability and chronic diseases in women. (15) Based on the researches in different areas, there are significant differences in quality of life of elderly men and women. These differences are from men's more wealth, allowing them to remarry following the loss of a spouse, more social respect, and likewise. These opportunities are waiting for men more than for women. (18)

### Discussion:

According to the census in 2006 in Iran, the population of people over 60 years was more than 5 million and women, were 48.1 percent of this age group. With respect to the fact that female life expectancy is longer than male it is expected that population of women in this age group are more than men in this age group. But according to the last census (1335-1385) women has never been more than men in this age group and this needs to be investigated (3, 4 and 5)

In most countries, life expectancy at 60 years of age in both men and women is increasing (2). According to estimates, women reach 60 years of age have life expectancy of averagely about 20 years and this rate for men is 17 years. It is expected that this amount increased two years by 2020 (2) but the increase in life expectancy and the age length doesn't means life is better and more healthy (1) an resultant of increase in life expectancy among elderly women is increased risk of physical and mental diseases in them. (11)

Generally, the problems and threats of the health of elderly women can be divided into three categories:

#### 1. Physical problems

Increased risk of chronic diseases like hypertension, diabetes, osteoporosis, rheumatoid arthritis, dementia, and cardiovascular disease, as well as visual and hearing loss and other disabilities due to aging and menopause in older women.

Research conducted by the Welfare Organization showed that physical problems (43.1% vs. 39.9%) were reported in elderly women more than men (9)

Since the probability of disability increases with age (6), so this is not surprising that statistics show the number of women with disabilities among the elderly population is growing. Results of research in different countries, including developed and developing countries illustrating that women generally spend more of their life with motor limitations than men. (24). on disability rates among elderly Iranian women also statistics show that disability increases with age. (6)

High prevalence of chronic diseases in elderly women deal with their loss of abilities so they need long-term care. In addition to impact of these diseases on increasing of mortality rate among elderly women, serious consequences on health status and life quality expected. These outcomes are in relation to issues such as menopause, osteoporosis, arthritis, urinary incontinence and cognitive impairment is sensory, and the prevalence of these problems increased with age and has extreme importance for old women. (31)

Smoking in women is one of risk factors of the most common causes of death in women such as cardiovascular disease and cancer. Smoking prevalence in elderly women is less than elderly men. Tobacco use among elderly women is with increased risk of respiratory problems, drug use, unhappiness and dissatisfaction with social relationships. Even after a lifetime of smoking, the withdrawal of it benefits for elderly women as the risks of coronary events and mortality from smoking-related cancers, and chronic respiratory decreased immediately and over time will be removed. (24)

So awareness of this stratum of society is necessary to prevent its consequences. Generally, aging is a biological, continuous, and irreversible process in humans, but can be postponed with care and appropriate methods in order to take advantage of long life with appropriate quality. Although most research focus on the dimensions of diseases and disabilities of this period but new studies go to healthy and successful aging and changing attitudes toward stereotypes of aging as a time for disease have senility.

World Health Organization has emphasized the increasing longevity alone, without improving the quality of life in the last years of healthy life is not

the final word and healthy life is more important than life expectancy. The term "healthy life expectancy" means the number of years a person can expect, to live with good health. The definition of "health" in aging ages and in various communities may be difficult, but at least provide health for older people so that they can provide acceptable quality of life, is essential (28). So the number of years women live after 60 years of age may be associated with health or with disability. Collecting statistics in developed countries shows that the number of years with health increased and years of living with disability is declining. (29)

## 2. Mental - Psychological

The obtained data show that depression and obsessive-compulsive in women is more than men and other disorders in elderly men is more than in women. (30). of psychological problems, depression, anxiety, sleep disturbances, dementia, and emotional problems in elderly women is prevail (4).

Researches in Iran demonstrate the psychological problems of women at 25.3% vs. 17.8% in men. Mirabzadeh research in Razi hospital in 2001 showed that 75% of elderly men and 60% of aged women live with their families without psychiatric disorder. (31)

In Mohammadi and colleagues research, findings show that the prevalence of mental disorders is higher in women than men. And ratio of these disorders in women is 44.1% and 35.1% in men. Probably the lack of income, unemployment stressor, restriction of social relationships, and uniformity of life are among factors of increased incidence of mental disorder. (32)

Given that the elderly suffer from physical activity and the ability to take care himself, physical and mental problems often result in hospital admissions for elderly. This admission can have a heavy cost for the elderly and ultimately for the health care system. (33)

## 3. Social

Social problems including poverty, isolation, lack of support from family, lack the necessary social support such as literacy, the enjoyment of rights and social security and pension insurance.

Another important point is that older women, just when they most need support and help is coping with the hazards. Protection and support of elderly women in developing countries often performed by families and normally done by family women. But in more developed countries the percentage of elderly women lives alone is more, but there are more supportive social systems for them. (11)

According to studies there are significant differences based on the quality of life in elderly men

and women can be seen. These differences are from wealth of man, allowing them to remarry following the loss of a spouse, more social respect, and likewise. These opportunities waiting for men more than for women. (18)

Social isolation is more problematic for women. Because their life expectancy is generally higher than their husbands, and it makes them vulnerable in different fields. In such circumstances, women are more prone to trauma and dementia. (18) Older women typically have more diverse diseases and functional disabilities. Elderly, who are mainly women, not only are more vulnerable to the disease but also because often they lost their supportive relatives they could have lost the appropriate support of the support networks. The majority of the elderly population which are deposited in a nursing home are elderly women comprise 75 years and more.

Likelihood of being widowed elderly women than elderly men in most parts of the world is higher. And continuing widowed elderly women in Iranian culture as a natural fact of life is accepted, while the choice of a spouse's pension for elderly widow men is regarded as a natural fact. This fact is very serious effects on physical health, race - emotional, and social needs. The negative consequences of that is more than economic and social consequences but to put them in more vulnerable situations in term of access to health services provider and Additional costs would be imposed on individuals and health systems.

Older people who live alone, especially if they suffer disability, for meet material needs for themselves and their affairs have much difficulty and will have to rely more on their children and relatives. Life problems in urban communities and uncontrolled immigration in rural areas has led children to visit their elderly parents less and less every day and create a feeling of loneliness in the elderly increasingly. (5)

Fewer women than men are prepared for independent living. Education trends and women's entry into the community in past years has led many elderly women without a spouse could not manage their financing needs, Transportation needs, and Provision of housing needs. (3)

Women go to the nursing home because it is likely that older men are looking to remarry while widowed elderly women often remain widows. Widowed women more often playing more role of caring of other family members such as children, grandchildren or patients and generally elderly women are an important source of care in the family, while their activities are not often taken into account. (1)

4. **Other influential factors**, including economic factors, political, and cultural factors also influences on women and have consequences on quality of life as well as health and increase costs of health care system. For example, poverty in old ages often reflects the economic situation was limited in the previous periods of the life and is a determinant health factor. Developed countries that have more accurate data on poverty are shows that older women are poorer than men but these statistics are not available in developing countries. Poverty is associated with inadequate access to food, and nutrition and health of elderly women usually reflect that their nutritional status is poor. For example for years, fertility and sacrifice their food to other family members can lead to chronic anemia in the elderly women.

Another important factor is the education level and literacy among elderly women that is very low in developing countries and this has many effects on their health and their families.

Studies in Iran show that mostly, elderly women relief through the maintenance of child care. Percent of employment in elderly women is very less than elderly men. The greatest source of economic support in the Iranian elderly women is economic help and support of their children. (9)

With regard to relationship between education and employment opportunities and social status we can guess that the vast majority of elderly women are among the vulnerable groups of our country in terms of socio – economic manners and Consideration of their status should be the priority of aging issues (5)

UN General Assembly on December 8, 1989 noted that gender stereotypes associated with age discrimination causes the social and economic problems of elderly women became more acute every day. (13)

In addition, the General Assembly meeting of December 23, 1994, was seriously called for various forms of activities of older women who usually do not endorsed by the government on its economic value should be considered and properly be evaluated. (14)

Different manifestations of poverty are: lack of sufficient income and resources for sustainable livelihoods, hunger and malnourishment, inadequate hygiene, absence or lack of access to education and other basic services, increased virulence and deaths from disease, homelessness and lack of affordable housing, unsafe environments, and finally discrimination and social expulsion. Moreover, the lack of participation in decision making and participation in civic life, social and cultural manifestations of poverty are some manifests of

poverty. Poverty in its various forms is obstacle of access to services and poor individuals with lower social status, have fewer social opportunities (participation in many social activities such as travel or pay the entry fee is required to pay by money) less choice (in the case of services or products), less control over their lives. In summary poverty is not to meet basic needs including food, clothing, housing is health.

The following causes of poverty among elderly women are more common:

1 - Working at home is financially invalid. That means that disabled housewives are without insurance coverage but only in the dependence on their wives.

2 - Many of the women due to pregnancy and lactation periods lost Years that they could be in the labor market and in fact, being a mother and be punished.

3 - Early retirement by women leads to a reduction in pension in remaining of life.

4 - Discrimination based on gender causes women to have fewer job opportunities.

The above situation is caused not only our country but worldwide economic status of elderly women is lower than their male counterparts. (5) And elderly men and women overall have not been in similar situations. Before and after the elderly life women have difficulty compared with men so in formulating programs and performing necessary measures for their needs we cannot be indifferent to the gender discrimination. (35)

What is certain is that old age alone is not problematic, but the degree of dependence in this age is of special importance and need for further investigations. Reasons that depend on older people include: 1- Disease 2- Failure 3 - mental and cognitive impairment 4- Spouse die 5- Poverty. Unfortunately, as noted above in all cases the situation is worse in elderly women than men.

Overall, above findings implies that we pay attention to Problems for older women will. If we consider that women in the past few decades, in addition to their labor force participation continued their traditional role – i.e., housekeeping and child rearing - and also have continued steadfastly in the double task patiently we certainly ensured that the community is obliged to provide their health and welfare without hesitate. (5)

#### **Suggestions:**

1- Assessment of services needed by the elderly, according to sex and designing comprehensive and codified programs in providing comprehensive health services, to meet their needs

2 - Awareness and sensitiveness of women about common problems associated with them and educate

women about healthy lifestyles in the ages before the elderly

3 - Considering the comprehensive insurance coverage (social security and health) for the elderly population, especially housekeeper women are very important.

4 - Policies to support the elderly in small towns and villages and prevent their migration

5 - Create a needed platform for elderly employment for their empowerment

6 – Create platform to maintain traditional values, to strengthen family bonds, love and unity among family members and generations

7- The awareness about the consequences and risks of aging in pre-old age and old age and providing the cultural context for this community group to provide opportunities for their marriage.

8 - Providing opportunities to volunteer in elderly people, especially elderly women, in order to prevent their isolation.

9 - Special protection of household caretaker women and developing insurance covers in this group.

10 - Passed laws protecting the health of older women and support their families

11 - Continuous assessment of health status of elderly women and the effectiveness of providing services to them to improve requirement health care and services.

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