AGE DIFFERENCES IN WOMEN'S PERCEPTIONS OF THEIR HEALTH PROBLEMS AND CONCERNS

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ABSTRACT

This paper addresses age differences in women's perceptions of their health problems and concerns. The data are drawn from interviews with a stratified random sample of 356 women in Hamilton, Canada. The data show that women of all ages are concerned or worried about the major causes of death including heart disease, all types of cancer and road traffic accidents although younger women are more concerned with breast cancer and cancer of the womb. In terms of the health problems they have experienced, while stress and tiredness are common health problems reported by women of all ages, older women are more likely than the younger women to report life threatening health problems such as heart disease, lung disease and chronic diseases such as arthritis and osteoporosis. Information from in-depth interviews with 32 of the women reveal that the sources of stress, tiredness and depression lie in the social context of women's lives and differ for women of different ages. The authors conclude that it should not be assumed that women's health concerns and experiences are homogeneous. In research on women's health and in shaping women's health policy, it is important to recognize that there are fundamental differences between women of different ages.

INTRODUCTION

> If an old women talks about arthritis or cataracts, don't think old women are constantly complaining. We are just trying to get a word in edgewise while you talk and write about abortions, contraception, premenstrual syndromes, toxic shock or turkey basters (Barbara McDonald. 1983 Look Me in the Eye: Old Women, Aging and Ageism. pp. 74-75)

Most recently attention has focused on women's health issues (see the March 1994 Annals of Epidemiology; and the journal Women and Health) in an attempt to correct a 'male' bias in health care and research that did not take issues relevant to women into account. This research has shown that while women share general health problems with men, women experience distinctive health problems of their own. More attention is now being accorded to women's health issues such as female cancers, reproductive health, chronic and degenerative health conditions, violence against women, women's mental health issues and occupational health, and nutrition (Health and Welfare Canada, 1988; Canadian Federal/Provincial/Territorial Working Group on Women's Health 1990).

While it is important to document that women's health concerns differ from men's, it is equally important to recognize the variation among women (The Medical Advisory Committee on Women's Health Research Issues, 1994). To date, much of the literature on women's health issues focuses on the health problems of younger women. This paper attempts to partially correct this imbalance by exploring older women's perceptions of their own health concerns and problems.

DIFFERENT APPROACHES TO IDENTIFYING WOMEN'S HEALTH PROBLEMS

Several sources of knowledge contribute to the picture of women's health status (Walters et al., 1995). Mortality rates provide the major causes of death for women; morbidity data tell of the incidence of chronic diseases and the range of problems that women experience coping with their daily lives; the opinions of medical experts provide evidence on the health problems brought to doctor's offices; key informants (leaders of women's groups and non medical service providers) provide their views of women's most pressing health problems. And, most recently, researchers have given voice to the opinions of 'ordinary women[1]' on what they consider to be their main health concerns and problems (Walters, 1993, 1992,1991).

Each of these approaches to women's health issues paints but a partial picture and each leads to a different list of priorities. Canadian mortality data indicate that the main causes of death for women are heart disease and cancer (Statistics Canada, 1995). Morbidity data indicates that arthritis and osteoporosis are major debilitating diseases for women. (Statistics Canada, 1994). Key informant interviews with experts on women's issues have placed a strong emphasis on reproductive issues (Health and Welfare Canada, 1988). The feminist academic literature on women's health has mainly focused on the development of a critique of medicine especially the medicalization of women's bodies around reproductive issues such as pregnancy and childbirth, menstruation, pms and menopause (Kaufert and Gilbert, 1987; Graham and Oakley,

[1]By ordinary women we refer to a random sample of women living in the community.

1986; Fausto-Sterling, 1985; Oakely, 1984; McCrea, 1983; Ehrenreich and English, 1979).

Ordinary women's perceptions of their health problems are somewhat different from the other emphases. Perceptions of health problems are based on individuals' interpretation of multiple sources of information as well as their own health experiences. Health information comes from popular culture (such as the media); personal conversations with friends and relatives; conversations with health professionals; and experience of family and friends. Perceived health problems differ from other sources of knowledge about women's health such as official health statistics; opinions of medical experts and key informants, although these all influence perceptions. Perceptions are based on individual's interpretation of health information and their own experiences.

In a recent study in Hamilton, Walters found that women were concerned about cancer, heart disease and traffic accidents--all causes of death. These were followed by concerns about being overweight, having arthritis or feeling stress. The concerns reported by women were generally different from the problems they experienced. Of the health problems that women had actually experienced stress, tiredness, arthritis, and being overweight were among the most frequently mentioned (Walters, 1992; Walters and Denton, 1997). Reproductive problems were not among the main problems experienced by women.

Lay perceptions of women's health have been criticized for being too subjective. However, with the growth of the women's health movement and feminist research methodologies, there is growing recognition of the validity of women's perceptions of

their health problems. Redman et al. (1988) argue that indeed women themselves are in the best position to determine the health problems which contribute to their quality of life.

The variations in medical and lay perspectives of women's health problems indicate that we must rely on many different types of data in seeking to understand women's health. Each represents a different social construction of what constitutes health and illness. Similarly it is helpful to draw upon both quantitative measures of health status and qualitative accounts of health problems. Each represents different facets of experience and it is wise to use as wide a range of data as possible in identifying health priorities (Sidell, 1993).

In this paper, we focus on variations in women's health concerns and problems. Women vary in many ways including their age, their ethnic and cultural backgrounds, their income, family and employment patterns and their sexual preferences. Women's diversity must not be overlooked in studying health priorities otherwise the health problems of a smaller group may be overshadowed by the problems of a larger group. For example, the health problems of the large cohort of baby boomers may overshadow those of the smaller cohorts of older women. This may explain the emphasis on women's reproductive health, for example, and the neglect of diseases such as arthritis which are more common to older women.

This paper focuses on age differences in the health concerns and problems of women. Inasmuch as older women face different health experiences than their younger aged counterparts, we might expect differences in their views of their own health needs and priorities. The purpose of this paper is to compare older (aged 45 and over)

women's[2] perceptions of their own health concerns and experiences to that of younger women.

METHODS

The data are drawn from a random sample of 356 women living in the City of Hamilton.[3] The sample contains 168 women aged 21-44, 131 women aged 45-64 and 54 women aged 65 and over. All respondents were interviewed using a questionnaire that contained both structured and unstructured questions. Most of the respondents were interviewed in their homes between July 1990 and March 1991. While the basic questionnaire was used in all interviews, a random subset of 32 interviews also contained a major unstructured component and most of these were taped recorded and then transcribed; 15 of these were with women aged 45 and over. The purpose of these was to encourage respondents to talk in greater length about their health concerns and experiences. The interviews provide a context in which to interpret the

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[2]We use the term older here in two ways. In general we use it to refer to women age 45 and over who are the focus of this paper. We also use it when making direct age comparisons to distinguish younger (age 21-44), middle aged (age 45-64) and older (age 65 and over) women.

[3]A stratified random sample was selected by the following method. First census tracts falling within the City of Hamilton were grouped into six groups according to average family income and one tract from each group was selected at random. Using the city directory, we randomly selected 120 households with female members from each of the six tracts. A letter explaining the study and requesting her participation was sent to the women in the household. This was followed with a phone call or visit from a trained women interviewer. Of the 720 house-holds in the sample, 70 proved to be ineligible and of the remaining 650 women, 356 were interviewed; an overall response rate of 55%.

quantitative data and they help to paint a fuller picture of the ways in which women understand their health.

Women were first asked: "What do you think are the three most important health problems facing women in Canada?" followed by: "What about you? What are the three most important health problems for you?" After these open-ended questions, respondents were taken through a list of 67 health and social problems: "As I go through the list, I'd like you to tell me two things about each problem: firstly, whether or not you have been at all worried or concerned about the problem during the past six months. Sometimes, even though a certain problem has not actually occurred to you, you may still have been concerned about it. For instance, you might have been concerned about the 'possibility' of getting breast cancer or about possibly becoming unemployed. And secondly, I'd like to know whether or not you have actually experienced the problem during the past six months". The next questions asked respondents to identify, from each of the health worries and experiences they had mentioned, those most important: "Of the health problems that have concerned you (health problems mentioned only as worries are repeated), which concerned you most" And next?" Then: "Of the health problems that you have experienced (health problems experienced only are repeated), which has bothered you most? And next?"

In the subset of interviews containing the unstructured component respondents were asked: Of the health problems that concerned you most,"why did you pick these as the main ones...why does it concern you, why does it worry you?" "Of the health problems that you have experienced which has bothered you most? And next? As they spoke, the interviewer used additional probes to encourage a full understanding of their

perceptions. The answers to these open-ended questions were tape recorded and transcribed. The transcriptions were then analyzed for common themes.

RESULTS

The sample appears to be a reasonable representation of women in Hamilton with some differences. Table 1 compares the characteristics of the sample with data for women 20 years and over in Hamilton. The data shows that women between the ages of 35 and 64 are over-represented in the sample and that those 21-34 and 65 and over are under-represented. The proportion who are married is comparable to Census figures. A higher proportion of women in the sample were employed, again reflecting the age discrepancy. [4]

Variations By Age in the Most Frequently Mentioned Problems

Table 2 lists the **health concerns** which were most frequently reported by women in the open-ended question on the health problems facing women in Canada today. They were various cancers, stress, heart disease, menopause, PMS, weight, strokes, AIDS and mental health. Some variations by age groups are observed. Young women (age 21-44) were more likely to mention stress, breast cancer, cancer of the womb and PMS. Middle aged women (age 44-64) were more likely to mention menopause. Older women (aged 65 and over) were more likely to mention heart disease, arthritis and stroke than the other age groups.

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[4] Since we are making comparisons between women of different ages and not generalizing to the population, sample biases are not a problem for this analysis**.**

Table 3 lists the **health problems** in the open-ended question which were most frequently reported by respondents as being among their three main health problems or experiences: stress, arthritis, being overweight, back problems, migraine/chronic headaches, high blood pressure, heart disease, lung disease, tiredness and menopause. Younger women were more likely to mention stress and tiredness. Middle aged women were more likely to mention menopause and older women were more likely than the middle aged women to report that their main health problems were arthritis, high blood pressure, heart and lung diseases.

After being taken through the list of 67 health and social problems, the respondents were asked to pick their two main health concerns and, of those they had experienced in the previous six months, their two main health problems. As Tables 4 and 5 show the most bothersome **health concerns** were various cancers, road accidents, and heart disease. The **health problems** that bothered them most were stress, arthritis and being overweight, migraines/chronic headaches and tiredness. These were the very same problems that were mentioned in the earlier questions which had, without prompting, asked them to list their own health problems.

Again the health concerns and problems differed somewhat by age. Younger women were more likely to mention breast cancer, cancer of the womb and road traffic accidents as **health concerns** than older women. In discussing **health problems**, younger women most frequently listed stress as their main health problem while middle aged and older women listed arthritis as their most bothersome health problem. For younger women the second most frequently mentioned health problem was weight. Also important were migraines and tiredness. For middle aged women, the second

problem was heart disease followed by stress, while weight ranked as the fifth most bothersome health problem. For older women. the second problem was heart disease followed by stress and tiredness.

In summary, the quantitative analysis clearly shows that the health concerns of women are fairly homogeneous and typically involved the most common causes of death including various types of cancer, heart disease and road accidents. The health problems of women, however, differed somewhat across the life span. In the next section of the paper, we show how the health concerns and problems identified by women are rooted in the social context of their lives. Hence the variation in their health problems stem from the different experiences of women of different ages.

Social Context of Women's Health Concerns and Experiences

Major Health Concerns in the Context of Women's Lives

When asked, in more depth in the 32 qualitative interviews, why they choose these health problems as their main concerns the reasons given were common to all age groups and arose from the social context of their lives. They included hereditary concerns, personal experiences, fear of death or pain and suffering and lifestyle risk factors.

Women were concerned that they may be at risk of inheriting life threatening diseases such as heart disease or cancer. They knew of other family members who had experienced these illnesses. Carol[5] (age 31) said, "There is heart disease in my

[5] The names used are fictitious.

family, so it's always sort of in the back of my mind". Sonia (age 64) responded Cause my mom and my grandmother have heart, well my grandmother's gone now but my mother's had four heart attacks". June (age 29) replied, My aunt just had her breast off.

Respondents had both first hand experiences with life threatening diseases or had witnessed a friend who had this experience. Some women have cancer or have had cancer scares and that leads to their health concerns. Tricia (age 25) "just had treatment for precancer of the cervix and had to have laser treatment...when I went into that operating room, I wasn't sure I was going to come out and that was scary". Joan (age 52) told about having operations at four different times for lumps she found in her breast, "I had four lumps in my breast at four different times and four lots of surgery." Sue (age 66) commented, "Cancer is predominant in my mind at this point because I've been a volunteer for the cancer society for 30 years so that is sort of uppermost in my way of thinking". June (age) noted that a "girl I worked with died a couple of years ago (of cancer), seems to be everywhere.

Fear of death and fear of pain and suffering also leads to these health concerns. When speaking of heart disease, Mary (age 54) said, "Yeah, its really dangerous because you can die just like that if something happens". Fear of pain and suffering is also poignant for Sue (age 64) who said, "Because lots of people get it, lots of people suffer that scary you know...I see all the suffering, makes me scared too". When speaking of her 42 year old brother who had died, Sonia (age 64) said, "I saw him go right down to a skeleton. He was a hefty man, big, and I saw him go right down to a living skeleton...I went to see him once a week and he was, like every time I went he seemed to get worse, worse, more medication, more medication, he just wasn't, well,

there".

The attention paid by the media to medical research on the leading causes of death may partly explain why women cite them as their main health concerns. "Because they're the most leading deaths...most people die of either heart or cancer"(Sonia, age 64). In speaking about breast cancer, Pauline (aged 32) said, "I think that is why it concerns us most, the fact that you hear so much about it". People are becoming aware of the risk factors associated with the leading causes of death. When asked why she chose cancer as one of her two main worries, Sonia (age 64) responded, "Because of my smoking for one thing, which I don't seem to want to stop". Alex (age 25) said, "It bothers me, cancer, like you know, almost everything now you get cancer from it, you know smoking, breathing this air".

The younger women expressed particular concern with breast cancer, and cancer of the womb and cervix. Pauline (age 32) explained it this way, "I think as a women maybe that's the way we were raised, but those are parts of our bodies that we identify with...being able to have children".

Road accidents, which are a leading cause of death, for those under the age of 45 are a major health concern for women and their concerns stem from experiences in their lives. Ruth (age 25) said, "I am very concerned about that, especially when it comes to drinking and driving. I had a brother-in-law who was hit by a drunk driver." Tricia (age 25) who is married with preschool children feared for her husband's safety, "Mainly because my husband is a truck driver...my husband sees so many accidents... I don't want anything to happen to him. Mona (aged 53) expressed it this way: "I can at times try to stop members of family from going out and also for myself, I won't go out

if I am too worried".

Health Problems in the Context of Women's Lives

Women of all ages mentioned stress as among the top three health problems. However, the sources of stress differed somewhat for women of different ages and arose from age-related context of their lives. In an analysis of stress, anxiety and depression in women's lives Walters and Denton (1997) identified in this sample stress as greater for: women who have children under 16, women who work outside the home (especially in other than a white collar job), women who have higher levels of education and higher total family incomes. We found that women who experience stress are more likely to have problems finding time for themselves, to have poor relationships with a husband partner or another family member, or problems caring for a sick or older relative and to be experiencing money problems or concerns with parenting and children's health. Stress, then, arises from the social context of women's lives. This context differs over the life span so that the sources of women's stress are more common to the lives of younger women accounting for their greater likelihood to report stress as one of their two most bothersome health experiences.

The analysis of the qualitative interviews lends context to these findings. To younger women, stress arose from their multiple-role responsibilities as mother, wife and employee. Jen (age 34), who is married with two children, and works sewing from her home expresses it this way, "I'm always sewing and I'm always doing some housework and cooking and trying to be the perfect mother and the perfect wife...I'm pleasing everybody, but I'm not pleasing myself". Problems with parenting and children's health are identified as a sources of stress by Sue, a 26 year old divorced

women who has a 6 year old son with cerebral palsy. Bev a 49 year old divorced women roots one source of her stress in her teenaged male son, "he goes to bed at one, and he's got to go to school for nine...and his behaviour is atrocious...I took him to the doctors, I've gone to the school, this kid needs some sort of counselling".

Money problems were mentioned in the qualitative interviews as a source of stress for women of all ages. Tanya (age 29), married with two children and who works full-time during the day and two hours each week night typing for a doctor at home, identified her anxiety and stress as coming from "money problems, not managing our money very well that's what's causing it". Daniel (aged 31) married with a baby and a 5 year old identifies the source of her stress as tied in with money problems. "My husband had to close his business in March...things were really bad and we hadn't budgeted for that happening". Many of the middle aged women were divorced, trying to manage financially on their own. Bev (aged 49) explains, "because if you have a husband who has a good income, you don't need to worry too much. But, if you are by yourself, it's a lot".

For some middle aged and older women, their stress was a result of providing care to an older relative. Sally a widow, aged 58 just lost her mother and spoke of visiting her mother in a nursing home, "Well she was in a nursing home and we were going there all the time... it was a hard thing to do. God it was a hard thing to do. It was just hard. I mean she knew me to try to speak to her, the minute I'd walk in. That's where I got my headache and my nauseating feeling and the tension and my depression when I walked out". Linda(age 54) also worried about her older in-laws.

They're 81 and 82 this month and she's got two percent of her lung capacity and

she just got out of the hospital last week and we're just waiting, and my father-in-laws got cataract on one eye to be removed and can't see out of the other one properly and he's got Parkinson disease so they're by themselves in the house. They won't let anybody else live with them, it's just a constant, you know, every time the phone rings you're waiting".

Stress is often associated with the buildup of multiple problems. In addition to her concern about her in-law Linda is suffering from shingles which the doctor believes is stress related. Her husband is unemployed, her grand daughter has cerebral palsy, her mother-in-law is currently in intensive care and she is quarrelling with her own mother. She comments: "It's been the worst, as far as like, the worst of anything else this year has been, it just seems like everything has built up, and built up, and built up right from the start".

How does stress impact on these women's lives? Pauline's (age 32) comments are illustrative of the way that many women feel. "I feel like a caged animal...I feel like I could crawl out of my skin and scream...at the end of the night I'm so tired that I toss and turn, I can't shut my mind off or I'll sit quietly by myself after everybody goes to bed and just, you know, listen to music...You're completely drained, you know, just give me a room for a week and I'll sleep". Women see stress as affecting their physical health too. Peggy (age 49) explains it like this, "because if you are always stressed and worrying, you know, your whole health run down. It's sometimes shows the stomach, you know, the acid, you have more acid or less acid, or it starts at the liver, or the heart"

Tiredness was also a common experience for women, but again the sources of being tired varied by age. For younger women it arose from their multiple role responsibilities (Walters and Denton, 1997). Pauline (age 32) who is married with two girls aged 11 and 9 spoke of the source of her tiredness, "just the physical part of trying

to be a mother, wife, someone that's in the work force." For middle aged women experiencing menopause, tiredness was a common complaint. Joan (age 52) explains: "you wake up in the morning feeling like a dishrag because you haven't had enough sleep, you're awake three or four times during the night, and yet you know that you have to go out and deal with the public, and you have to be pleasant and it's hard". Older women associate their tiredness with aging, Sue (age 66) sums it up, "just old age", although later she tells us,"but you see I don't eat much...I don't eat until 4:30... and I can stay all day...I don't know why I just think that's coming from my old age." The problem, therefore, may be more complex associated with poor nutrition and lack of exercise.

Migraines were a common health problem for women. For many women they are associated with menstruation and occur regularly once a month. Rose (age 53) noted, "it's really severe sometimes...there are times when I wanted to almost claw my eyes out". Peggy (age 44) experienced migraines, "once in the month before my period...it's awful, I don't want to see anyone at that time."

Walters and Denton (1997) found that the women who were most likely to report depression had very different social and material circumstances from those reporting stress. They were more likely to have fewer years of education, lower levels of income, to work fewer hours outside the home, to be experiencing problems with a husband/partner, with other family members, with loneliness and problems with money. Problems with loneliness was found to be the single most important determinant of depression. For younger women this loneliness may arise from a separation, divorce, being never married, or perhaps from poor marital or family relationships. Jen, a 34

year old women with two pre-school aged children identified multiple sources for her depression including the kids, the bills, the house, her relationship to her children, problems with other family members and difficulty getting enough time for herself. She says she would like to work outside the house, "all my friends work so you really don't have anybody to talk to beside the kids and your mother, and family members on the phone. It would be nice to work one day a week out of the house and I think sometimes too, it's just like you feel like you're in a rut again, you're always, the same thing every day". For many older women, the death of a husband and/or friends creates a loneliness that sometimes leads to depression. Sally a 58 year old widow whose son had died recently of cancer suffers depression and loneliness. She spoke of her problems in this way:

> All of a sudden I wake up and I feel this emptiness at times, boom, and then I sit, and, oh oh, I see my son the way he went and that bothers me, and that starts the ball rolling, and then, and then, of course I have my breakdown, and that is dreadful, and I have to pull myself out of it which is a hard thing, but then I do. I pull myself out of it and then I think I've got to get going and do something, or call, like you say call somebody.....I do not want to be alone for the rest of my life, and then I look at my age. Do I want to start all over again, nobody knows. Between you and me, who knows...so I really don't know about that loneliness, sure now I maybe jump in the car and go anywhere to get out of my loneliness...I'm somewhere and I say ,oh gosh, I have to come back to the apartment all alone.

Mary a 54 year old women who suffers from loneliness and depression associated her problems with other family members. Speaking of her brothers and sisters she says:

> My family is really important...so I'll always give my care and my love and never get it back, so that was my concern because I like to be close with my family but it's, you see, because everything has to be two sides, right? So, and that's, that was my depression too with family I have a lot of problems with them and so, and I get, so many times I get hurt".

Weight problems take on different meaning for older women than they do for younger women whose concern is largely one of body attractiveness. June (age 29) said, "I've always been on a diet since I was 15. I don't want to be a fat blimp." For older women being overweight is considered more of a health problem which manifests in low energy, difficult breathing or shortness of breath, difficulty with mobility and could lead to health problems at a latter time. Mary aged 54, said, "It's not good and it's not healthy...if I too overweight I feel sharp breathing, or something like that, and you feel tired really fast". Donna (aged 48) commented, "I've been overweight all my life. I don't know what it's like to be really thin, but I'm not concerned about being really thin but I would like to be at a healthy weight...my concern is health more than appearance, yes, but I do not like the way I look, being overweight". Donna saw her weight as affecting both how society views her and as being related to her other health problems.

> I feel personally in myself that if affects the way other people feel about you, and I think that has an awful lot to do with even if you wanted to get another job, I feel that this is something that stands in the way, and of course, like the overweight makes the stress worse, yes, all these things the depression and the tiredness, it all goes hand in hand.

Middle aged women complain of menopause as a bothersome health problem both directly and indirectly through seeing it as a cause of tiredness, disturbed sleep and migraine or chronic headaches. Joan, aged 52 complains about: "chronic fatigue...it's all I can do to get to work and get home and it's very stressful, it's, it's hard on a marriage too... I just thought it just be something that would, you know, it was a fact of life, but it really is debilitating".

Arthritis is a major health problem for older women. Twenty-five per cent of women 45-64 and thirty-three percent of women aged 65 list arthritis as their most

bothersome health problem. Joan (age 52) complains, "I can take a couple of extra-strength Tylenol and that will help but getting out of bed in the morning is like, you feel about ninety". Sherre a 70 year old notes that, "by the time I go to bed at night by knees are like a football" and in certain weather her "fingers are about double the size". Pat a 49 year old women who has suffered from rheumatoid arthritis for years describes her arthritis:

> It just started travelling around. I had it in my ankles for years, and I found it very hard to get it, you know, if the phone rang, most times it would have stopped by the time I got there because if you're sitting, you know, that's a big problem, sitting and getting back up...so I sit on something that's higher, you know, I don't look for the most comfortable chair in the room, otherwise I would never get out of it! I did have it in one knee for several years, and then it disappeared and then it's come back in both knees and I've had that for, I'd say, eight or nine years and ah, to walk, if I walk and stop, I'm okay, but just to, like even just say take a walk around the block by the time I got home I would have pains shooting up into my hips, and sometimes it goes right down to my toes.

The above analysis of the qualitative responses indicates that although women of all ages share many of the same low level psychological health problems such as stress, tiredness, and depression, the incidence of these problems varies over the adult life course. As well, the sources of these problems differed somewhat by age and arose from the age-related context of their lives. Older women also experienced different physical health problem than younger women. Arthritis and heart disease, both associated with aging were much more prevalent among the older age groups.

DISCUSSION AND CONCLUSION

Findings presented here show that the health concerns of women are fairly homogenous across the life span and involve the major causes of death including

various cancers, heart disease and road accidents. There is some variation in the rank order of the various cancers by age, with younger women being more concerned with breast cancer and cancer of the cervix and older women being more concerned with other types of cancer. An analysis of the qualitative interviews suggests that these concerns arise out of a fear of death and suffering, and are made poignant by personal experiences with family members and friends or their own health problems and by the attention paid by the media to lifestyle risk factors and to finding cures, treatments and preventing diseases.

This homogeneity by age, however, is not found when we examine women's major health problems. While, the data show that low level psychological problems (such as stress, tiredness, depression, anxiety), were common across the life span, younger women are much more likely to report stress than middle aged or older women. Incidence of depression did not differ significantly by age group. A long standing contention in the literature on mental health and aging is that older persons have a greater incidence of mental disorders and hence a greater need for mental health services than other age groups (Wilkie, 1982; Renner and Birren, 1980; Butler, 1975). Depression is though to be the single most pressing problem affecting the mental health of older women, although there is contradictory findings on whether older women are more likely to suffer from depression than younger women (Holzer, Leaf & Weismann, 1985; Newman, 1984) However, this notion has recently come into question and the findings here do not confirm a greater likelihood of older women suffering from depression than younger women.

Studies show that important determinants of health lay in the contextual factors

and structural sources of women's lives (Doyal, 1995). But, the social context of women's lives differs over the life spans. As a result, women's shared problems such as stress, tiredness, and weight are rooted in the different context of their lives. As life experiences change with age, so do the sources of women's perceived stress and tiredness. Younger women often combine working outside the home with caring for young children; middle aged women may combine working outside the home, caring for their family and caring for elderly parents or parents-in-law. Older women may suffer stress as a result of loss of income, caregiving for an ill spouse, and social isolation. The fact that many of the sources of stress identified by the women in the survey are more common to the lives of younger women may account for their greater likelihood to report stress and tiredness as a major health problem.

Just as the social conditions of women's lives change over the life course, as a result of normal aging processes, the physical health problems of older women differ from those of younger women. Older women are much more likely than their younger counterparts to report life threatening health problems such as heart disease, lung disease and chronic diseases such as arthritis and osteoporosis. Past the child bearing age, older women are no longer concerned with gynaecological and reproductive health. They are more likely to suffer from long-term chronic illnesses such as osteoarthritis, rheumatoid arthritis, and osteoporosis (Belgrave, 1990; Pearson and Beck, 1989; Wilkins, Morris and Lane 1988; Statistics Canada, 1987; Soldo & Manton). They are at much greater risk of heart disease and strokes than are younger women and they are at greater risk for different types of cancer (Pearson and Beck, 1989).

Of what relevance are these data for the policy making and research agendas?

The data has shown that the problems identified by government statistics, medical experts, leaders of women's groups or feminist researchers do not necessarily correspond to the health problems identified by women themselves. As we have seen, only a very small minority of women either worry about their reproductive health or experience reproductive health problems. In the case of older women, this is simply not an issue. We argue that the health problems identified by women themselves should serve as targets for the development of future research and health services. The deficit in research on the health problems identified by ordinary women has led to difficulties in the efforts to design and implement health care programs for women. This lack of health services for women may be partly responsible for the growth in self-help books on stress, arthritis and alternative medicines, as women are turning to modes of self-help to address their health problems.

With the aging of the population forecast by demographers, the health problems of older women will become more pervasive. The larger cohort of baby boomers are entering their middle age and many women will begin to experience the health problems associated with normal aging processes such as symptoms of menopause, arthritis and osteoporosis. Some will develop heart or lung disease or even cancer. This cohort will also live longer than their parents and will spend more years before they die living with a disability. Policy makers can learn from the health concerns and problems experienced by the current older generations of women. By encouraging research, policy makers may be better prepared for the health problems of the aging population. The deficit in research on women's health problems has led to difficulties in the efforts to design and implement health care programs for women that are based on scientific data and

rationale.

To date, not enough research has investigated the major causes of death and disability for women (Medical Research Council, 1994; Pearson and Beck, 1989). There are important differences by gender in the onset, and progression of cardiovascular diseases (National Institute on Aging, 1987). Information on what accounts for these differences is incomplete. Doyal (1995:17) notes that researchers working on coronary heart disease have continued to act as though it were only a 'male problem' despite the fact that is the single most important cause of death in post menopausal women. Research on cardiovascular diseases in women needs to be identified as a priority area. More research is needed on malignancies, in particular, breast, lung and colorectal cancers and cerebrovascular disease, all leading causes of mortality in Canadian women (Statistics Canada, 1995). More attention is required for the prevention and treatment of chronic diseases such as arthritis and osteoporosis. The fact that nearly over one-quarter of older women report arthritis as one of their most bothersome health problems in this study attests to the importance of targeting it for future research and the development of health services. To date very little health research focuses on social and mental health (Medical Research Council, 1994), which is surprising given that the women in this study list stress, anxiety and depression among their most bothersome health problems. The importance of research on the sources of stress, anxiety and depression for older women such as isolation, poverty, the burdens of caregiving should be given a higher profile in research on women's health.

Notwithstanding changes that individuals could make to improve their health or

prevent future health problems, studies show that important determinants of health lay in the contextual factors and structural sources of women's lives. Poor health has been linked to low income, inadequate housing, low levels of education and other indices of disadvantage (Evans et al., 1994). To fully understand women's health, and their health promotion, it must be recognized that health is determined by both individual and social structural factors. Health status is highly dependant on the cultural, socio-economic and political context. It is the societal context that shapes our definition of health and illness, the way we try to maintain health and how we deal with illness. It also influences access to health services and the nature of the services received. Health promotion can not be addressed properly unless it is recognized that health is determined within the societal context in which we live. The findings reported here show the sources of stress and tiredness, may lie in the nature of women's participation in the labour force, family structure, gender roles, problems with family members and problems with money. Health promotion activity that focuses on diet, smoking, and exercise without addressing poverty, social isolation, gender roles in caregiving, socio-economic inequalities, occupational and household hazards and environmental pollution will not be in women's best interest (Denton et al., 1994; McDaniel, 1987; Labonte & Penfold, 1981; and Navarro, 1986).

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TABLE 1

CHARACTERISTICS OF THE SAMPLE

	STUDY SAMPLE	HAMILTON 1986 CENSUS*
AGE:		
21-34	22.2	29.3
35-44	25.0	20.8
45-64	36.8	31.1
65+	15.2	18.8
MARITAL STATUS:		
MARRIED	76.6	76.4
LABOUR FORCE PARTICIPATION RATE	62.6	53.4

*Women 20 years of age or older

TABLE 2

MAIN HEALTH CONCERNS REPORTED, UNPROMPTED

% Reporting

	21-34	35-44	45-64	65+	ALL	Sig *
Other Cancer	21.5	30.3	39.7	35.2	32.6	.05
Stress	38.0	38.2	31.3	16.7	32.3	.05
Breast Cancer	40.3	40.4	22.1	11.1	29.2	.01
Heart Disease	13.9	18.0	22.9	29.6	20.7	NS
Arthritis	6.3	5.6	15.3	22.2	11.9	.01
Cancer of the Womb	29.1	19.1	9.2	1.9	15.0	.01
Menopause	2.5	10.1	13.7	5.6	9.1	.05
PMS	8.9	13.5	5.3	0.0	7.4	.05
Weight	12.7	9.0	8.4	1.9	8.5	NS
Stroke	1.3	2.2	3.1	9.3	3.4	NS
AIDS	7.6	2.2	6.9	1.9	5.1	NS
Mental Health	2.5	5.6	4.6	5.6	4.5	NS

* Age differences are tested using the chi-squared test.

TABLE 3

MAIN HEALTH PROBLEMS REPORTED, UNPROMPTED

% Reporting

	21-34	35-44	45-64	65+	ALL	Sig*
Stress	24.1	28.1	16.0	7.4	19.5	.01
Arthritis	6.3	12.4	17.6	25.9	15.0	.01
Being Overweight	8.9	12.4	10.7	3.7	9.6	NS
Back Problems	11.4	7.9	8.4	7.4	8.8	NS
Migraines/ Chronic Headaches	11.4	10.1	5.3	7.4	8.2	NS
High Blood Pressure	2.5	2.2	12.2	16.7	8.2	.01
Heart Disease	6.3	3.4	7.6	14.8	7.4	.01
Lung Disease	6.3	6.7	4.6	11.1	6.5	NS
Tiredness	8.9	9.0	2.3	1.9	5.4	.05
Menopause	0.0	0.0	11.5	1.9	4.5	.01

* Age differences were tested using the Chi-squared test.

TABLE 4

MOST BOTHERSOME HEALTH CONCERNS BY AGE

% Reporting

	21-34	35-44	45-64	65+	ALL	Sig *
Breast Cancer	29.1	34.8	23.7	13.0	26.1	.03
Other Cancer	16.5	19.1	24.4	31.5	22.4	NS
Heart Disease	21.5	20.2	18.3	16.7	19.3	NS
Road Accidents	12.7	25.8	19.1	9.3	17.8	.04
Cancer, womb or cervix	22.8	16.9	11.5	5.6	14.4	.03
Weight	7.6	6.7	7.6	1.9	6.5	NS
Arthritis	0.0	7.9	5.3	5.6	4.8	NS
Diabetes	7.6	5.6	5.3	1.9	5.4	NS
Lung Disease	5.1	5.6	6.1	3.7	5.4	NS

* Age differences are tested using the chi-squared test.

TABLE 5

MOST BOTHERSOME HEALTH PROBLEMS BY AGE

% Reporting

	21-34	35-44	45-64	65+	ALL	Sig *
Stress	31.6	25.8	13.7	11.1	20.4	.03
Arthritis	3.8	12.4	25.2	33.3	18.4	.00
Weight	16.5	15.7	21.4	7.4	16.7	NS
Migraines	7.6	15.7	11.5	7.4	11.0	NS
Tiredness	13.9	6.7	8.4	11.1	9.6	NS
Depression	5.1	5.6	6.9	7.4	6.2	NS
Anxiety	7.6	5.6	6.1	3.7	5.9	NS
Allergies	6.3	5.6	6.9	5.6	6.2	NS
Smoking	6.3	5.6	6.9	1.9	5.7	NS
Heart Disease	1.3	1.1	5.3	14.8	4.8	.00
Lung Disease	3.8	4.5	3.8	7.4	4.5	NS
Menopause	0.0	1.1	7.6	0.0	3.1	NS
Osteoporosis	0.0	0.0	3.8	5.6	2.3	NS
Getting pregnant	6.3	3.4	0.0	0.0	2.3	NS
Miscarriage	5.1	2.2	0.0	0.0	1.7	NS

Age differences are tested using the chi-squared test.

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