

Chapter 12

Older Women and Agism



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Abstract In this chapter, the author will be discussing the double jeopardy that women face in their old age arising between that interface between agism and gender. The general well-being of older persons can be impacted by agism and stereotyping. Society applies unique set of principles toward older women, especially in terms of stereotypes, prejudices, and expectations. Moreover, internalized negative stereotypes can produce self-fulfilling prophecies which often results on attitudes based on “just old age” which further contributes to weakness and dependency. One hears so much about “active aging” and “adding years to life,” however, unless agism inflicted on older women is not halted, such concepts will remain so. The author argues that in order to improve the quality of life for women in a holistic way, there should be more awareness and policies in place in order to decrease agism and increase positive and realistic images of of older women.

Keywords Agism · Older women · Active aging · Quality of life

Introduction

Population aging is the result of longer average lifespans and lower birth rates. More people are growing older and healthier all over the world. The population 65-plus is projected to triple by 2050, which the World Health Organization (WHO) considers as one of the largest global societal challenges (WHO, 2015). This is the result of the inevitable consequence of attaining desired smaller family sizes, lower mortality rates and longer lives, with many living beyond 100 years. This increase in the older population is a triumph of civilization, a phenomenon to be celebrated.

Unfortunately, on the other side of the coin, the increase in population aging may also force society to consider aging as a social problem with a global impact. Often in the literature, especially that involving socioeconomic factors, one reads about this “gray tsunami”—a negative connotation, referring to the increase in number of

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the older population. According to Donizzetti, 2019, this is the result of the rising prejudices that have spread concerning older people, who are seen as hindering productivity and social dynamism—hence seen as the “dependents” on society. The notion of older people being portrayed in a negative way and stereotyped is called “agism,” a word which had been coined by Butler in 1969a, b. It is a form of age discrimination against older adults which is shown in the practices of humiliation; lack of dignity; violation of basic human rights and also in the exhibit of negative stereotypes and installations concerning older persons (Butler, 1969a, b).

Unfortunately, we are surrounded by agism. It is found in the media, culture of the masses, day-to-day discourse, public policy debates, and also in professional discourse. It has seeped in our fabric of society. Aging population is making us more aware of the prevalence of agism; however, it is also an opportunity to address it so as to recognize the value of older adults as contributing members of societies.

Moreover, there is also the reality that the aging of the males and females is viewed from different lenses. Images portrayed in the media depict the aging women in a different light than older men. Aging in women is unaccepted. This is communicated through the array of beauty products presented on the market which are mainly for older women, with the aim of concealing the aging markers being white, hair, wrinkles, etc.... The situation of older women being different from that of older men is also seen in other sectors like health and employment.

This article will in fact be discussing “Older women and agism.” This will be done by highlighting various factors whereby “the aging” of women is viewed and hence treated differently from “the aging” of older men. The effects of these differences will also be discussed. The article will close by proposing ways to be incorporated to policies and implemented in action as soon as possible, with the aim of decreasing agism in older women worldwide.

The Rise of “Agism”

As referred to earlier on, the word “agism” was first coined and introduced by Butler in 1969a, b. Butler was a gerontologist and was also the founding director of the National Institute on Aging in the United States of America (USA). Butler singled out three different but related characteristics of agism. Namely these are attitudes and beliefs behavioral discrimination and formalized policies and practices. Basically, he adopted an intersectional approach whereby class, race and age all interact such that there is discrimination against older people (Malta & Doyle, 2016).

The main focus of the concept of agism was to give visibility to the different forms of marginalization and discrimination that older people are subject to:

...a process of systematic stereotyping and discrimination against people because they are old, just as racism and sexism accomplish this for skin color and gender. Older people are characterised as senile, rigid in thought and manner, and old-fashioned in mortality and skills. (Butler, 1975: 35)

Policy development is the result of perceptions and attitudes. This will without doubt be reflected in the implementation and practice of the said policy. Studies from the human sciences such as gerontology, psychology, communication, and sociology have all been influenced by Butler's views. As a result, agism has emerged as a research field in itself (Gullette, 2011, 2017; Katz, 2001; Nelson, 2002; Schonfield, 1982). Research has continuously shown, that agism is more than just exhibited behavior and attitudes. According to Snellman, agism as a concept has now become deeply embedded not only in the social structures, but it also leads to the negative construction of old age taking place on an individual level. Agism is everywhere. Agism is visible in our everyday life—in the terminology and conversations we use when addressing and/or talking about older people; the way older adults are portrayed in all social media; through engagement in employment; in healthcare policies; and in the attitudes and behavior of health professionals.

Moreover, Barnett (2005) and Rippon et al. (2014) found out that agism not only reinforces social inequalities, but it is also more explicit toward older women, especially those who are living in poverty and/or living with dementia. For women, agism and sexism work in combination to provide “a double standard of aging” (Sontag, 1979), a double layer of discrimination known as “double jeopardy,” which had been introduced in Social Gerontology by Dowd and Bengtson in 1978. Barrett and Naiman-Sessions (2016), Handy and Davy (2007), Walker (1998) describe “double jeopardy” as two interacting power structures having a negative heavy impact on the vulnerability of older women. This view of double jeopardy emphasizes the male-controlled norms. Moreover, present as well is the preoccupation with lost youth. All these combined result in a faster deterioration of older women's status when compared to that of men (Barrett & Naiman-Sessions, 2016).

Gendered Agism

Women outlive men and make up the majority portion of older people with their percentage of the population group increasing with age. Between the ages of 65–74, one finds 82 men for every 100 women. In the age group between 65 and 74, 65 men are found for every 100 women, while in the age group between 75 and 84, the ration is 41 men for every 100 women. Currently women outlive men by 4.8 years (United Nations, 2019). Globally women aged 65 are expected to live another 18 years, while men at the same age add on the average of 16 years (United Nations, 2019). Projections indicate that in 2050 women will comprise 54% of the global population aged 65 or over. However, though women make up the greatest majority of older people, one finds limited research in the fields of women's studies and gerontology (Bookwala, 2015; Calasanti & Slevin, 2001, 2006). Similarly, less attention on women's issues has been paid by social and health professionals (Freixas et al., 2012; Sugar et al., 2002).

The fact that women tend to live longer than men leads them to have more interaction with society. According to (Blieszner & Denmark, 2010), this very fact of living

longer makes women particularly vulnerable to age discrimination due to “gendered agism.” The term “gendered agism” refers to differences in agism faced by women and men. It covers the intersectionality of age and gender bias. In later life, the women experience of aging is much more stressful than the experience of men mostly due to discrimination they have to endure in all aspects of life.

The Double Jeopardy of Aging

One example of the main pressures that women have in their later life more than their male counterparts is to keep up a youthful gaze. As women age, they are continuously judged upon the appearance of their bodies (Chrisler & Ghiz, 1993; Garner, 1999; Peat et al., 2008). We are living in a society whereby wrinkles and gray hair are associated with “old age” rather than associated with “experience” and “wisdom.” The markets are invaded with “anti-aging” products that have been developed so that females may “erase” any reference to their age and hence are seen as younger than they are (Ostenson, 2008). Women are damned if they appear to age. Here, we have a scenario whereby women are culturally devalued—in both wisdom and experience, since older women’s bodies are judged harshly for showing any signs of aging (Garner, 1999).

On the contrary, attitude posed on women is not the same for men. The same signs of aging as described above, i.e., wrinkles and gray hair, are usually seen as making men look prominent, wise, and experienced. This is what Deutsch et al., (1986), Sontag (1979) refers to as the “double standard of aging,” where older men are put into an advantageous position. Sontag (1978) claims that there are double standards for women’s and men’s aging. She explains that while older men are valued for their accomplishments, older women are valued for their appearance. This gives them different experiences of aging. While older men can receive advantages such as prestige, power, and professional positions, older women are more likely to feel aversion to and shame with the onset of old age. Sontag’s thesis is that women’s aging is more painful since they are valued for their appearance and are supposedly unable to live up to norms of youth’s beauty as they age (Sontag, 1972).

Images of Women, the Mass Media, and Aging

The famous artist Leonardo Da Vinci, in 1910, painted a picture of St. Anne with her daughter Mary and baby Jesus. Psychologist Sigmund Freud who happened to own such a painting had commented that Leonardo had painted the image of the grandmother (St. Anne) as a member of the same generation of her daughter (Mary). Most of Leonardo’s biographers commented that the painter “*could not bring himself to paint old age, lines and wrinkles.*” Here, we have a testimony that through the centuries, women were never “allowed” to grow old (Woodward, 1995).

In the classical literature, other examples are found in poetry. The “Mirror,” a poem by Sylvia Plath written in 1961, speaks about the struggles that the women in the poem faces with the loss of her beauty, with the idea of ever getting old. In the short two-stanza poem, the poet is admitting that she is getting older, “*In me she has drowned a young girl, and in me an old woman rises toward her day after day, like a terrible fish*” (Plath, 1961).

In our society, one can see similar scenarios happening in the entertainment business like in the film industry. Hollywood actresses are perceived as “old” years earlier than actors do (Lemish & Muhlbauer, 2012). Male actors are allowed to age into their fifties and sixties, while female actresses remain firmly on the positive side of 40. Unless older women continue to look like “girls” with their youthful looks, their life experiences and wisdom are ignored and devalued. This doubled standard of aging may result in older women being under pressure than men to hide signs of aging “agelessness” and would not reveal their age for the fear of being discriminated at and hence ending up being ashamed of their age (Holstein, 2006). This is in part what turns aging into a trauma for many women. Sontag (1972), in fact did stress that “...ageing is much more a social judgement than a biological eventuality.”

As described above, media does not only contribute to agism, but is also distinctly gendered due to its structures on older person’s visibility (Baumann & De Laat, 2012; Harrington et al., 2014; Signorielli, 2004; Vasil & Wass, 1993). Apart from the entertainment business in Hollywood, other most mainstream media signal that older women are not newsworthy by the complete absence of older women. Aging in men does not threaten “masculinity” which is often identified with competence, autonomy, and self-control qualities. On the other hand, “femininity” in old age is identified with helplessness, passivity, and non-competitiveness. Older women are seen as not interesting or desirable subjects. When represented, women over 65 years are projected as “ordinary people” whereas older men are introduced as experts or spoke persons. In the words of Andrew Achenbaum and Peggy Ann Kusnerz¹, “...an officer in his prime at 50 still appeared vigorous twenty year later. In contrast, by the sixth decade, the burdens of caregiving appear to have drained the woman of her vitality.”

The struggle continues to this present day, especially now that even the simplest technology found in one’s home can be used to enhance and alter one’s images—with the aim of making the image looks younger and/or deleting any signs of the aging process. Humanity must strive for a society where women should be comfortable to allow their faces to show the lives that they had lived. People need to be aware that growing older is not a sickness, on the contrary it is a privilege, which is unfortunately denied to many.

¹ Afterword in “Images of Old Age in America,” 1982.

Gendered Agism and the Labor Market

Employment in the labor market is another vital social area that reflects the intricacy of agism (Dennis & Thomas, 2007). It is not easy for an older adult to find a job since they are perceived as costly and less productive—at a time when “active aging”² is promoted as the way forward.

Various dimensions like the labor market, employment, and society’s organizational structures expose agism. This is visible through advertisements for jobs processes of selection, job tasks evaluations, career development, salaries, and other employee benefits. Agism is also visible in the selection of individuals for trainings and transfers to other jobs, promotions, termination of employment, and pension provisions. They are also the ones being pushed to leave into early retirement in times of economic recession. Moreover, Gafarova (2013) noted that in workplaces, agism is manifested in the use of discriminatory language and attitudes toward older workers simply based on their age. These behaviors are learned and accepted in society which unfortunately is led by various types of stereotypes. The researcher has also identified a number of prejudices affecting older adults like being slow due to physical and difficulties and hence the need to have rest periods; those related to cognitive difficulties—do not react quickly and do not learn new things; difficulties in relations with young people, resistant to changes, and lastly older people are associated with mistakes and accidents. Besides, since older adults themselves hold age stereotypes that affect their interpretation of other people’s behavior toward them and of their own behavior, various age-related barriers have been reported by older workers re-entering the labor market. These include feelings of being overqualified, lack of empathy, or perceived age difference between the applicant and the interviewer.

Itzin and Phillipson (1993, 1995) had introduced the term “gendered agism” in their study of age barriers at work, which mostly focused on gender in both the public and private sectors. It has been found that even at the screening stage, older women experience age discrimination more frequently than older men. Since women is affected by agism at a lower age than men, women are seen to be impacted by agism at work earlier and hence face this additional barrier in the workplace. Research shows that agism hinders women’s careers at every phase starting with hiring. Older women endure more employment rejections than older men. The misperception that age affects ability leads many companies to create workplaces that are quick to dismiss older employees. The truth is that older employees, especially older women, can contribute to companies. By hiring and retaining older women in the workforce, companies may retain and improve work output and culture. Businesses who do not acknowledge that an aging workforce has potential will be loosing out from the experience and other trademarks that older people can contribute toward the labor market.

² Active aging refers to the situation where people continue to participate in the formal labor market, as well as engage in other unpaid productive activities (such as care provision to family members and volunteering), and live healthy, independent, and secure lives as they age.

Older women around the world are trapped in poverty because they spend much of their time on “uncompensated” work. They spend amounts of time and energy on taking care of children and/or older relatives or managing the home, vital work which unfortunately, falls under “unpaid work.” According to the Organisation for Economic Co-operation and Development (OECD) 2014, on average, women globally spend 4.5 h of their day on unpaid work while men spend about half that time. In a gender-equal country like Norway, women find to spend about an hour more on unpaid work than men. In India, women spend almost six hours doing unpaid work while men were found to spend less than an hour. Even when women work outside the home, they often do not take on higher-paid jobs that might require commitment, due to their responsibilities at home which takes much of their time. Women end up earning less than men. This creates a vicious cycle which places women at the bottom of the economic pyramid, perpetuating the gender pay gap.

It is not surprising that life-long differences in pay and working time result in different pension band (if any) and poverty rates differences increase after the age of 65 and even more after the age of 75. This is at a time when older women live longer and often alone, due to marrying partners older than themselves. Older women acquire the position of financial vulnerability through earlier life course (Arber et al., 2003). Earlier positions as housewives or working with low wages—characteristics of a gendered labor market where traditional female work is poorly paid—result in a financially vulnerable position when women get older.

One of the main objectives of policymakers is to extend the working life and increase the employment rates among older age cohorts. At the same time though, legislation is important so as to not only defend the rights of older workers, but also to avoid gendered agism at work which they may face through recruitment, training opportunities, working conditions, and flexibility. Legislation would also be safeguarding and promoting equal rights and opportunities for all. Policies should also offer incentives to households to reduce and rebalance the burden of unpaid labor and offer family-friendly policies like paid parental leave so that woman will not be in a disadvantage in her older years.

Gendered Agism and Health

Agism results into negativity (Burnes & Pillermer, 2019). When people are perceived according to their birth age, they are placed in the “old and unattractive box.” This will lead to other negative expectations like exhibiting poor health, depression, weakness, fragility, passivity, inability to learn new things, inability to understand technology, dependency etc.... Most of these are associated with older women and hence make people perceive them as more incompetent than older men.

In the literature, one finds that depression is underdiagnosed in old age (Chrisler et al., 2016) since this is expected to be an integral part of aging and hence older persons are less likely than young ones to be referred to therapy. Many are those who associate aging with sickness and hence lack of memory, confusion, frailty, and

other symptoms may be dismissed as part and parcel of the aging process without a good medical investigation (Calasanti & Slevin, 2006; Stewart et al., 2012). For example, in the case of older women, they are not likely to be screened for sexually transmitted diseases since many assume that older women are not sexually active. A similar scenario can be found in, old age abuse. Abuse, often go undetected by healthcare professionals since domestic abuse is quite often not associated with old age, since older women are perceived weak and unsteady, healthcare professionals readily may accept explanations that injuries have resulted from falls.

According to Cameron et al. (2010), Correa-de-Araujo (2006), Donovan and Syngal (1998), when compared to older men, older women rarely get flu vaccines or are screened for cholesterol or undergo other health check-up treatments for stroke prevention. Moreover, although women are found to have a higher prevalence of knee and hip arthritis and other forms of joint disease and disability, it is only the minority that manage to undergoing joint replacement surgery. On top of all this, it is found that the greatest gender difference is found to be in the treatment of cardiac situations where older women are less likely than men to receive heart bypass (Travis et al., 2012), therapy (Wenger, 2012), and other treatment such as daily aspirin, beta blockers, and rehabilitation programs after a heart attack. Older women are also disadvantaged in the diagnosis of heart attacks. Wenger (2012) also found out that since commonly, women are older than men when diagnosed, their age together with gender stereotyping result in being perceived as too frail and vulnerable to undergo the necessary procedures.

Other differential treatment and practices found in medical resources are based on age which results in restrictions for procedures like transplant surgeries and treatments of fertility. Older women are also found not to have and gain from opportunities of rehabilitative, innovative, or expensive treatments (Austin et al., 2013; Kagan, 2008). An increase of lifespan in older people is coupled with an increase in costs on the healthcare system (Ayalon & Tesch-Romer, 2018). This results in a major challenge, that is the pressure between providing good quality of life as opposed to maintaining longevity (Ben-Harush et al., 2016).

North and Fiske (2015) wrote also about “hostile agism.” These are the beliefs that older people are useless, dependant, and a total burden on society. This type of agism is dangerous since older persons might end up being denied health care, especially if this care is expensive. Research also found that doctors especially do not like to attend to older people as they think that older people are not able to follow the “*doctor’s orders*.” As a result, they might be disrespectful or impatient with them. As Higashi et al. (2012) word it, it is “*frustrating and difficult because of incompetence*.” Given that women make up the majority of older people it is this group who are mostly being discriminated at, since they are not only the largest segment of recipients which make up the older population seeking medical treatment, but also this is the greatest segment which will be needing medical treatment and care for a longer time span. This group comprises also older women living with dementia, which unfortunately, once again we note that this is the largest group diagnosed with such a condition.

The literature speaks also about benevolent agism. This is the belief that older people are warm, vulnerable, and need to be cared for tenderly. This is often accompanied by infantilization and baby talk experienced by older women. Older women have complained that they have been treated by medical professionals as though they were children and were addressed as “sweetie,” “dearie,” “young lady,” and even “good girl” (Chrisler & Palatino, 2016). Such infantilization is even seen in care homes where caregivers address female residents especially with expressions such as “grandma” and “my love” which are often spoken in a higher pitch and brighter tone than usual. Also, personally I have also witnessed objects used in care homes and/or day centers to carry out activities. Time and again, I have seen activity coordinators using children’s jigsaw puzzles depicting cartoon characters as pictures. While jigsaw puzzles are great to be used during activities in care homes and in day centers since they tap multiple cognitive abilities in older people (Fissler et al., 2018) and also encouraging social participation, jigsaw puzzles ideal for grownups with pictures of views, countries, famous landmarks, etc.... should be used. Older people are senior citizens who should be addressed and treated like any other adult.

Benevolent agism may also lead to treatment discrepancies between older men and women. Older women, since they are perceived as fragile, are treated in a more paternalistic manner by male doctors. It has been suggested by Travis et al. (2012) that this could be one of the reasons why medical professionals do not risk giving older women aggressive medical treatment compared to older men with similar conditions. Similarly, this could result in refusal to honor “*do not resuscitate*” (DNR) requests or, on the other hand, are persuaded to have another round of chemotherapy—as a result of the general belief that they (older women) do not know what is best for them or do not know how to take a decision. All these disparities among older persons and differences in treatment between older men and older women are unfair and hazardous to older women’s health.

Older adults may hold negative views toward old age as well and hence tend to view negatively individuals who are older or more disabled than themselves. I have witnessed older adults in care homes refusing to engage in activities, for the simple reason that the “other” residents are either older than they are or using aids for daily living like walking frames and wheelchairs or are living with dementia. These negative views of aging are particularly noticeable among women (Ayalon, 2013). These agist attitudes of prejudice and discrimination may lead to different forms of stress. Literature specifies that stress reduces the immune system functioning which might affect the onset or worsening of chronic illnesses (Taylor, 2012) and are thus may experience poorer health.

Moreover, a growing literature indicates that lower-body image is highly prevalent among older women (Bedford & Johnson, 2006; Lewis & Cachelin, 2001; Mangweth-Matzek et al., 2006; Szymanski & Henning, 2007). It is likely that low body esteem may be associated with poor psychological well-being for women in late middle age. Social expectancy theory posits that culturally shared standards of attractiveness influence how we view (or stereotype) and interact with others, and these views are internalized and shape individuals’ behavior and self-perceptions. This approach is particularly relevant when considering the effects of

agism on women's body esteem and psychological well-being. Specifically, women may internalize agism (Levy, 2002) and begin to view their own bodies through a discriminatory lens, potentially leading to negative body image. Holding negative views on aging may lead to one to perceive other peoples' attitudes as discriminating against older people. It could also act as self-fulfilling prophecies to provoke ageist behaviors by others (Voss et al., 2016). Attitudes toward aging may result in heavy negative tolls on older peoples' holistic well-being. It has been reported that self-directed agism holds a high risk for increased morbidity and mortality (Levy et al., 2002, 2009).

Also, internalized agist applied to self can serve as a barrier to health promotion (Yeom, 2013). One may believe that he/she are not capable of adhering to exercise, and to healthy living in general and that they are too forgetful. All this contributes to dependency, weakness, and perceived ill health. Agism has been shown to negatively affect health and well-being and can reduce life expectancy by up to 7.5 years.

Conclusion

The term "agism" was coined by Robert Butler almost half a century ago in order to describe the symptoms and roots of the unequal and degrading treatment given to older persons (Butler, 1969a, b; 1975). Today, at a time when demographic changes favors old age, societies are still not recognizing the wisdom that comes with later life. Though we are living in the twenty-first century, agism, unfortunately, continues to be an extensive and widespread phenomenon. It is highly dominant but at the same time it is often unnoticed due to its being so ingrained in our lives (Ayalon & Tesch-Römer, 2018). The aging process is still being devalued and simply not accepted as a reality, a natural part of the life course that is bound to happen to those who are privileged to live beyond the age of sixty and above. Age and aging are related to biological phenomena, but their meanings are socially and culturally determined.

The *United Nations Universal Declaration of Human Rights* (UNDHR) which was adopted by the United Nations (UN) General Assembly in 1948 celebrates its 72th anniversary this year. While Article 1 of the Declaration recognizes that all humans are born free and equal in dignity and rights, it is interesting to note that "age" is not included in the article. Unfortunately, to date there is no general legal instrument to dispel prejudices against older people in the international human rights system.

That is not to say that work has not been done. Work has been carried out by human rights law actors to study how human rights can combat agism. The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) is an international treaty adopted in 1979 by the United Nations General Assembly. It is an international bill of rights for women, instituted on September 3, 1981 and has been ratified by 189 states. Agism has been recognized as a human rights issue by the committee supervising the Convention on the Elimination of all forms of Discrimination against Women (CEDAW). This is seen in their general recommendation no. 27,

when it reminded that States “*have an obligation to eliminate negative stereotyping and modify social and cultural patterns of conduct that are prejudicial and harmful to older women*” (CEDAW, 2010, para 36).

Both General Assemblies on Ageing, namely the *Vienna International Plan of Action on Ageing* (1982) and particularly the *Madrid International Plan of Action on Ageing* (MIPPA) (2002) addressed the need for older persons to be empowered and for their voice to be heard. Most notably, MIPPA in Priority direction 3, issue 4 which talks about the importance of “*Promoting positive images of older persons in society.*”

In December 2010, the United Nations General Assembly established an open-ended working group, open to all States Members of the United Nations for the purpose of strengthening the protection of the human rights of older persons. This was resolution no 65/182, a follow-up to the Second World Assembly on Ageing. The main goal of the working group is to consider the existing human rights framework in relation to older persons and to identify possible gaps and how best to address them. The working group will also consider, as appropriate, the feasibility of further instruments and measures to protect the rights of older persons.

One of the most good moves was the appointment of the United Nations Independent Expert on the Enjoyment of All Human Rights by Older Persons in 2014. In a United Nations Human Rights Council 2015 report, it was pointed out by the first Independent Expert, Rosa Kornfeld-Matte that “*Ageist attitudes still persist throughout the world, leading to discriminatory practices towards older persons, including in care settings. Age-based discrimination generates a lack of self-esteem and disempowerment, and undermines an older person’s perception of autonomy.*”

Promoting gender equality, eradicating poverty, and ensuring healthy lives and well-being at all ages are indeed part of the United Nations Sustainable Development Goals (SDGs) goals with the aim to be achieved by 2030 (UN, 2015a, b). Following the 146th World Health Organisation (WHO) Executive Board’s recommendation made in February 2020, during the 73rd World Health Assembly have *WHO have endorsed the proposal for a Decade of Healthy Ageing (2020–2030). The Decade of Healthy Ageing 2020–2030*, which will consist of 10 years of concerted, catalytic, sustained collaboration, is another positive approach forward. Older people themselves will be at the center of this plan, which will bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and their communities.

The rights of older persons and their protection from agism are increasingly becoming a subject of international interest. However, to date existing mechanisms to combat agism, particularly agism faced by older women is still non-existent. The “active aging” paradigm has potential as an alternative to the idea of older people as dependent, disabled, or vulnerable. Strategies on active aging are without doubt useful tools in managing effective approaches to non-discrimination and equal opportunities, but unless interventions to change attitudes and beliefs on older persons, particularly on older women are going to be addressed and necessary actions are taken on an international level, such policies will be deficient since agism will continue to persist. Older women should be given a voice, older women should be empowered

but for that to happen, attitudes of all need to change—interventions to improve the perception of older persons in general and older women in particular need to be adopted as part of an international strategy to reduce and eventually eliminate agism once and for all.

Currently, during the COVID-19 pandemic, agism has never been so visible. It is being openly discussed which certainly is increasing to the pressure of older people in living through the pandemic. COVID-19 pandemic has a deep effect on the exclusion of and prejudice against older adults. Discourses which are agist carried out by different stakeholders like the media, healthcare workers, policymakers, etc., result to the devaluing of older people and contribute to their feelings of worthlessness, sense of being burdensome, and increased dependency. The present scenario of this current pandemic has created a clear age divide between the young and the old, calling the latter as “the vulnerable,” thus treating all older people as heterogenic. Such discourses disregard older persons contributions to society while opening Pandora’s box, with the re-emerging of intergenerational conflict and reinforcing negative age stereotypes. Unfortunately, we are currently witnessing agism at its best. United Nations Secretary-General Antonio Guterras in a powerful statement that was largely supported by United Nations 146 member states including European countries and the European Union itself and welcomed by more than 100 civil society organizations worldwide, stated that “*Our response to COVID-19 must respect the rights and dignity of older people.*” Moreover, it was also recognized that “*The majority of older people are women, who are more likely to enter this period of their lives in poverty and without access to healthcare. Policies must be targeted at meeting their needs*” (United Nations, 2020). The need for increased awareness on gendered agism is important in order to be able to change the narrative about older women.

Conventions and policies create awareness, and they allow advocates to track progress and hold governments accountable for transgressions and inaction; they establish laws, rules, and regulations; safe guard the rights of older people and call for data collection and regular reporting. Besides, to a certain extend, they also encourage older persons to voice their needs and be empowered. But, to combat agism more needs to be done.

Strategies on active aging are without doubt useful tools in managing effective approaches to non-discrimination and equal opportunities, individual and social attitudes, stereotypes and behavior directed to people on the basis of their gender and chronological age need to be addressed in order to combat agism. Similarly laws, policies, and other institutions and authority support agism or do not anything to halt it. Research is definitely needed on age and gender particularly in healthcare sector, employment, and in the media. The lack of interest in such researches acts toward the further existence of agism. Older women should be given a voice. More education is needed for all stakeholders, including older persons most especially older women themselves. Older women should know their rights, have the power to defend them, distinguish between chronic illness and old age, and above all be assertive to insist with healthcare professionals in getting the right information about their health and hence to get their well-deserved treatment. Positive self-perceptions lead to holistic positive physical health and well-being and will reduce negative

stereotyping. Services should be improved so as to decrease the barriers that exist between older women and the rest of the population and hence increasing social integration and participation. The last but not the least, advocacy is necessary. Policymakers should ensure that in all policies, the needs of older women are addressed so as to avoid discrimination and hence gendered agism.

To bring about change, there is a need of cooperation among the various stakeholders, as well as the engagement of older persons themselves. Policies need to empower older persons, particularly older women so as to embrace the notion that biases and perceptions of aging based on chronological age are to be perceived as negative. Only when society shows zero tolerance to agism, we would be then seriously be advocating for a “society for all ages,” and a society where women and men are perceived, respected, and treated equally and have the same opportunities throughout their life. Declarations without implementation will not make any difference. Action to stop agism—especially agism faced by older women need to be taken now. As people get older, agism affects their life chances and opportunities, and hence their well-being and quality of life. Aging is a privilege, aging is here and now. Growing old is one of the universal human experiences and everyone has a right to experience this phenomenon without being discriminated at. This is one of the basic human rights. Age segregation impoverishes us because it cuts us off from most of humanity. Exchanging skills and stories across generations enriches us and makes us stronger. Aging is a natural phenomenon and someday we are all going to stand on the “other side” of the bridge. We should remember that agism is that prejudice against our own future selves—so let us commit to work together so as to strive to make agism on older women a reality of the past.

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