There are many serious political and urgent issues related to women’s health care for us to address including: sexual assault on campus; state laws designed to close down abortion centers; global climate change; sex education for women of all ages; and ensuring all women’s access to comprehensive health including reproductive health. Some of these are being addressed by the Committees of SPW. For example, The Committee on Violence Against Women is addressing campus sexual assault, and The Committee on Reproductive issues is developing a new initiative concerning reproductive justice. Unfortunately some feminist groups have recently misdirected their concerns for women’s health. NOW is among the groups who rallied in June for FDA approval of Flibanserin, a pill that has modest effects on women’s libido, and serious side effects. This pill along with other proposed remedies for women’s sexual dysfunction have been rejected by the FDA in the past because they were not demonstrated to be reliably effective and to be safe. Flibanserin, most recently the subject of a hearing of the FDA’s advisory committee, has been rejected twice before because it is not effective, has to be taken every day, and has serious side effects. Only a small number of women in trials benefited from taking the drug. And even those showing “a modest improvement” in libido were exposed to the drug’s serious side effects, including sudden drops in blood pressure and loss of consciousness.

Research on the interaction of the drug with alcohol and other drugs was not available. However on June 4, 2015, The FDA’s Bone, Reproductive and Urologic Advisory Committee and Drug Safety and Risk Management Advisory Committee voted to recommend that fibanserin be approved with risk management options. The FDA typically accepts the recommendations of its advisory committees. What has changed since the last hearing on fibanserin is not new research demonstrating its effectiveness, but new corporate money (Sprout Pharmaceuticals) financing a public relations campaign called Even the Score. This lobbying push paid for by the drug manufacture enlisted women patients and organizations to demand gender equity in the approval of sex drugs. The gist of the campaign is “Men have Viagra and multiple other options, but women do not have a drug for sexual problems.” The Even the Score campaign accused the FDA of being sexist because it has approved dozens of drugs to treat sexual dysfunction in men but none for women. Is it "feminist" to pressure the FDA to approve ineffective or unsafe drugs for women? (Of course, sexism does operate in medicine. Pharmaceutical companies have not been able to develop an effective drug for women’s sexual problems, in part, because they do not understand women’s sexuality. But we cannot achieve equity by approving ineffective and unsafe medication for women’s “sexual problems”).
Aging for women is both a universal experience and global feminist issue, and feminist theory applies to many fields of study (Hermann & Stewart, 1994). Historically, feminists have focused on promoting the rights of women to equalize their social status in societies across the world (Cott, 1987; Friedan, 1963). Feminist theory argues that women have been systematically marginalized in terms of their economic status, social resources, employment opportunities, and social power (Barber & Kuiper, 2010; Davis, 1983; Harley, 2007). These beliefs have propelled the feminist movement to advocate for equal social opportunities for women regardless of disability, race, ethnicity, cultural background, social economic status, education, and/or sexual orientation in many different contexts (e.g., the workplace). It may be argued, however, the one of the largest growing social issues associated with women is related to their later life experiences. The aging of women needs to be more explicitly considered to be transnational feminist issue deserving advocacy as the feminist movement increasingly recognizes the need for global initiatives for the empowerment of women (Grewal, 1998; Harley, 2007; Moghadam, 2005).

The United States and other industrialized nations, as well as many other countries across the world, are experiencing an unprecedented increase of an aging population. The numbers of older women in many different countries and cultures across the world necessitates a better understanding of their unique social situations and needs based upon a lifetime of social inequities (e.g., "feminization of poverty") and social pressures to balance many different social roles and responsibilities (i.e., "Superwoman phenomena"). Traditionally women are expected to be the caregivers a multiple generations within a family system, as well is maintain full engagement in the workforce and other demanding social life roles, without an equitable allocation of social support resources (e.g., "women in the middle," Brody, 1990). This inequity social role demands versus social role supports continues in the later life and can dramatically impact a woman’s "aging trajectory."

Globally, women’s cumulative life experiences of disproportionate economic resources, heath care supports, housing access, and associated quality of life factors affects their personal autonomy and personal agency (Mackenzie & Stoljar, 2000; Narayan, 1997)

which, in turn, affects their quality of aging outcomes.

The degree to which social inequities and discrimination prevents women from optimizing their aging opportunities is of vital concern across many different societies in the world. An aging woman can be both the victim of sexism and ageism in combination, referred to as "double jeopardy" from a social behavior perspective. Feminist theory and aging issues for women should be more inextricably linked a conceptual and applied basis, starting with tangible advocacy efforts within communities to better address the needs of older women on physical, cognitive, social, emotional, psychological, and “other” adjustment related bases within a cultural and life-span related context (Robinson, 1999). “Doing feminism” (Heywood & Drake, 1997) can be expanded in concept to “doing aging feminism” to encourage advocacy and empowerment of all aging women across the world.

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References