
PHYSICAL ILLNESSES AND PSYCHOLOGICAL HEALTH AMONG ELDERLY WOMEN IN HAWAII, USA

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ABSTRACT

Purpose of the Study: The purpose of the study was to investigate the physical illnesses and psychological health among elderly women in Hawaii, USA

Statement of the Problem: The aging population in Hawaii, including a substantial number of elderly women, raises concerns about the intersection of physical illnesses and psychological well-being within this demographic. Understanding the challenges and opportunities associated with their health is crucial for developing targeted interventions and support systems.

Methodology: The study was literature based. The study collected and analyzed existing research and publications to inferences.

Findings: The research indicates that elderly women in Hawaii experience a higher prevalence of physical illnesses, including cardiovascular diseases, diabetes, osteoarthritis, and cancer, which can significantly impact their overall well-being and quality of life. Psychological distress, including feelings of loneliness, depression, and anxiety, is a prevalent issue among elderly women in Hawaii, often exacerbated by the presence of chronic physical illnesses. There is importance of cultural resilience and intergenerational relationships as protective factors for the psychological health of elderly women, with cultural practices and traditions playing a significant role in promoting emotional well-being within this demographic.

Conclusion: The complex interplay between physical illnesses and psychological health among elderly women in Hawaii underscores the need for a holistic approach to healthcare. Addressing their unique challenges, such as the prevalence of physical ailments and the impact of cultural factors, is essential for improving their overall well-being. By promoting culturally competent care, enhancing mental health support, and fostering community engagement, we can work towards ensuring that elderly women in Hawaii age gracefully and maintain their physical and psychological health in this culturally rich environment.

Recommendations: Improve healthcare accessibility by implementing initiatives like mobile clinics and telemedicine services to address the unique geographical challenges in Hawaii, ensuring that elderly women receive timely diagnoses and specialized care for their physical illnesses. Develop and promote culturally sensitive mental health programs that incorporate traditional Hawaiian healing practices, while also raising awareness about mental health issues and reducing the stigma surrounding seeking psychological support among elderly women. Foster community engagement by expanding social programs, senior centers, and intergenerational activities that celebrate and preserve Hawaiian culture, promoting a sense of belonging and support, ultimately enhancing the physical and psychological health of elderly women in Hawaii.

Keywords: *Physical Illnesses, Psychological Health, Elderly Women, Hawaii*

INTRODUCTION

Hawaii is known for its breathtaking natural beauty, pleasant climate, and diverse cultural influences, making it an attractive destination for retirees. However, the aging population in Hawaii, including a significant number of elderly women, faces distinct challenges related to their physical health and psychological well-being (Qi, Zhang, Wang, Pei & Wu, 2022). Hawaii is experiencing a notable increase in its elderly population, partly driven by retirees drawn to the state's lifestyle and climate. This demographic shift has prompted a closer examination of the healthcare needs and challenges faced by elderly women. Access to healthcare and social support systems plays a crucial role in addressing the physical and psychological health needs of elderly women. In many cases, limited access to healthcare services, especially in rural areas, can delay the diagnosis and treatment of physical conditions, which can, in turn, exacerbate psychological distress (Choi & Gonzalez, 2019). Therefore, a comprehensive approach that considers both physical and psychological aspects of health is essential for promoting the well-being of elderly

women in society. By addressing these interrelated issues, healthcare providers and communities can work together to improve the overall health and quality of life for elderly women as they age gracefully.

Elderly women in Hawaii, like their counterparts across the United States, encounter a higher prevalence of age-related physical illnesses (Derry, Johnston, Burchett, Siegler & Glesby, 2020). These often include cardiovascular diseases, diabetes, osteoarthritis, and various forms of cancer. The unique tropical climate of Hawaii may influence the presentation and progression of these conditions. Lifestyle factors, such as diet and exercise, play a pivotal role in the physical health of elderly women in Hawaii. Traditional Hawaiian diets, rich in fresh seafood, fruits, and vegetables, offer both advantages and challenges for maintaining health. Cultural practices like hula dancing also contribute to physical activity. Access to healthcare services is a significant concern, particularly for elderly women residing in remote or underserved areas of Hawaii's islands (Morel, Daub, Gotshalk, Earle & Wong, 2023). Geographical constraints, transportation barriers, and a shortage of healthcare providers can lead to delayed diagnoses and hinder access to specialized care.

The psychological well-being of elderly women is closely intertwined with their physical health. Loneliness, depression, and anxiety are common mental health challenges among this demographic, often exacerbated by the presence of chronic physical illnesses (Stankovska, Memedi & Dimitrovski, 2020). Hawaiian culture places a strong emphasis on community and family support, which can serve as protective factors for the psychological health of elderly women. Engaging in cultural practices and traditions can provide a sense of belonging, identity, and emotional support. Many elderly women in Hawaii turn to traditional healing practices, such as lomilomi massage and herbal remedies, as coping mechanisms for both physical and psychological health issues (Fox, 2017). These practices often incorporate cultural elements that promote well-being and balance.

Maintaining strong intergenerational bonds is vital for the psychological health of elderly women. Hawaiian traditions like hula dancing and storytelling create opportunities for connection with younger generations, fostering a sense of purpose and continuity. Healthcare providers in Hawaii should be culturally competent to address the unique needs and challenges of elderly women (Monick, Rehuher, Wilczek & Helm, 2023). Culturally sensitive care, along with awareness of the

cultural factors influencing health decisions, is essential for building trust and ensuring effective healthcare delivery. Hawaii has initiated public health programs to enhance the well-being of its aging population, including elderly women. These programs focus on prevention, early detection, and accessible treatment, recognizing the importance of holistic care for this demographic.

Physical illnesses and psychological health among elderly women are intertwined aspects that significantly impact their overall well-being (Tadros, Durante, McKay, Barbini & Hollie, 2022). In the United States, as in many other countries, the aging population is growing, and elderly women constitute a substantial portion of this demographic. These women often face a higher prevalence of physical health issues, such as chronic conditions, mobility limitations, and sensory impairments, due to the natural aging process. These physical ailments can take a toll on their psychological health, leading to increased vulnerability to mental health problems like depression and anxiety. The relationship between physical and psychological health in elderly women is bidirectional. Physical illnesses can lead to psychological distress as individuals grapple with pain, disability, and a sense of loss (Ólafsdóttir, Orjasniemi, & Hrafnadóttir, 2020). Conversely, psychological factors such as stress and depression can negatively impact physical health by compromising the immune system, exacerbating existing conditions, and reducing the motivation for self-care activities like exercise and proper nutrition.

STATEMENT OF THE PROBLEM

Hawaii, renowned for its favorable climate and picturesque landscapes, has experienced a steady increase in its elderly population. Within this demographic shift, elderly women constitute a significant portion. This trend raises concerns about the challenges associated with their physical health and psychological well-being as they age. Elderly women in Hawaii, like their counterparts nationwide, are susceptible to age-related physical illnesses such as cardiovascular diseases, diabetes, osteoarthritis, and cancer. These conditions can significantly impact their quality of life, often leading to mobility issues, pain, and a reduced ability to engage in daily activities. Access to healthcare services is a crucial issue affecting elderly women's physical health in Hawaii. The state's unique geographical layout, with remote and rural areas, poses challenges in terms of healthcare accessibility. Limited access to specialized care and a shortage of healthcare providers may result in delayed diagnoses and inadequate treatment, further exacerbating physical ailments.

Psychological well-being is closely linked to physical health in elderly women. Loneliness, depression, and anxiety are common psychological challenges faced by this demographic, which can be exacerbated by the presence of chronic physical illnesses. Coping with these issues becomes even more challenging in the absence of a strong support system, potentially leading to a vicious cycle of declining health. Hawaii's rich cultural diversity and values of community and family support can both positively and negatively affect the physical and psychological health of elderly women. Cultural practices and traditions may serve as sources of resilience and coping mechanisms, but they can also create cultural barriers to seeking appropriate healthcare or psychological support.

LITERATURE REVIEW

Palines, Rabbitt, Pan, Nugent and Ehrman (2020) conducted study to examine the relationship between mental and physical health problems in a sample of high-risk youth served in the public sector. Youth in San Diego County, California, between the ages of 9 and 18 who were involved in one or more of five different public service areas were included in the study. Structured diagnostic interviews were used to make initial diagnoses of mood, anxiety, and disruptive disorders, and two years later, information on health issues was gathered. Both overall health issue prevalence and the prevalence of very serious health problems were linked to mood and disruptive behaviour disorders. Higher incidence of viral disorders, respiratory issues, and obesity were all linked to mood disorder diagnoses. Health issues associated with risky behaviour were more common among those with a diagnosis of a disruptive disorder. Adolescents in the public sector are at a heightened risk for behavioural and emotional issues, and this study expands the research on the correlation between mental and physical health to this population. Possible pathways via which issues with mental health might affect physical health are examined. It was recommended that enhancing interagency collaboration between medical and mental health systems to better serve young people who suffer from both mental and physical health issues simultaneously.

Strauss, Cook, Winter, Watson, Wright Toussaint and Lin (2020) noted that there is a strong link between mental health and physical health, but little is known about the pathways from one to the other. Using a mediation framework consisting of lifestyle choices and social capital, we examine the direct and indirect consequences of one's mental health on one's current physical health and vice versa. The researcher used information from 10,693 participants aged 50 and above, collected

over the course of six waves (2002-2012) of the English Longitudinal Study of Ageing. The ADL is used to assess physical health while the CES-D assesses mental health at the Centre for Epidemiological Studies. For both types of health, we find both direct and indirect impacts, with indirect effects accounting for 10% of the influence of mental health on physical health and 8% of the effect of physical health on mental health, respectively. Most of the knock-on effects may be attributed to exercise. Indirect impacts are greater for men's mental health (9.9%), the mental health of people aged 65 and up (13.6%), and the physical health of those aged 65 and up (12.6%). Health plans with the dual goal of improving both mental and physical well-being must account for both direct and indirect impacts on the other domain.

Firth, Siddiqi, Koyanagi, Siskind, Rosenbaum, Galletly and Stubbs (2019) study found out that people with mental illness often have poor physical health. Higher incidence of chronic health problems and predisposing factors for illness are seen compared to the general population. While there is a wealth of literature on the topic of mental-physical comorbidity in middle-aged and older individuals and mental illness as a result of childhood physical disease, there is surprisingly little study on the topic of physical health in young people/emerging adults (16–24) with major mental disorders. There is a pressing need to better identify and understand the general health of young individuals with mental illness, since health issues can persist from adolescence into adulthood. The results of an integrated review of the literature on the physical health of adolescents and young adults with mental illness are presented in this publication. Eighteen scholarly works were examined in depth. Comorbid mental and physical illness/conditions were found to be prevalent across a broad range of ages in the study. In those 16 years, those in their mid- to late-20s and/or experiencing first-episode psychosis were more likely to report specific physical health concerns such as pain, gastrointestinal, and respiratory diseases. There was a moderate prevalence of lifestyle risk factors for cardiometabolic diseases that began in childhood. These results call attention to the need to help young people in engaging in health-care practices and emphasize the need for specific health screening and disease prevention programmes for emerging/young adults with mental health disorders.

Grasdalsmoen, Eriksen, Lønning and Sivertsen (2020) conducted study on 148 young individuals about their mental and physical health as well as their experiences with stress throughout their lifetimes and their degrees of dispositional forgiveness. Poorer mental and physical health were independently predicted by both greater lifetime stress intensity and lower levels of forgiveness.

A graded Stress Forgiveness interaction effect was also discovered using these analyses, showing that links between stress and psychological well-being were attenuated in forgiving individuals. These findings are the first to demonstrate a correlation between forgiving others and improved health, and they provide support for the idea that cultivating a more forgiving personality might reduce the negative health impacts of stress.

Aoki, Togoobaatar, Tseveenjav, Nyam, Zuunnast and Takehara (2022) carried out study to investigate associations of mental disorders and physical illnesses during adolescence with quality of life (QOL) 17 years later. The Children's Community Study is a long-term prospective study. Mothers and their children from a community sample were questioned. In 1985-1986, patients were evaluated for both Axis I disorders and Axis II disorders, including personality disorders and physical diseases, using self-report and mother-report. Quality of life measures were evaluated between 2001 and 2004. Those who had a history of physical illness reported worse physical health (mean difference [MD], 4.8) compared to those who had no such history; those who had a history of an Axis I disorder reported worse physical health (MD, 8.0) and more problematic social relationships (MD, 4.5); and those who had a history of a personality disorder reported worse physical health (MD, 8.2), more problematic social relationships (MD, 5.0), lower psychological well-being (All five dimensions of quality of life (MD, -3.1 to -11.9 points) were linked to the presence of both physical and mental disease simultaneously. Physical illness was still associated with poor physical health (effect size [ES], 0.33), an Axis I disorder was still associated with problematic social relationships (ES, 0.37), and a personality disorder was still associated with low psychological well-being (ES, 0.23), impaired role function (ES, 0.24), and an adverse environmental context (ES, 0.50), even after controlling for demographic and comorbidity factors. Long-term correlations between mental diseases and QOL may be more negative than those between QOL and physical health problems. Adult quality of life (QOL) may be more negatively affected by teenage personality disorders than by adolescent Axis I disorders.

Ahmad Ramli, Tilse and Wilson (2021) conducted research to evaluate the practicability of collecting data on mental illness in children who have recently been diagnosed with many chronic medical disorders (multimorbidity). The primary goals of this study are to determine the frequency of co-occurring medical conditions; determine their sociodemographic correlates; and simulate the impact of co-occurring conditions on 6-month changes in child quality of life and parental psychological outcomes. Participants Parents and children aged 6-16 with a recent diagnosis of

asthma, diabetes, epilepsy, food allergy, or juvenile rheumatoid arthritis. Measures of reaction, engagement, and commitment. The Mini International Neuropsychiatric Interview was used to assess symptoms of mental illness in children at both baseline and 6 months. The quality of life of the child, the stress, anxiety, and depression experienced by the parents, and the overall health of the family. The results were all reported by parents. The percentages of those that responded, participated, and stayed were 90%, 83%, and 88%, respectively. Multimorbidity was present in 58% of the 50 research participants at baseline and in 42% at 6 months. There was no correlation between any socioeconomic factors and the presence of multiple diseases. Physical well-being ($=4.82$; -8.47 , -1.17); psychological well-being ($=4.10$; -7.62 , -0.58); and school environment ($=4.17$; -8.18 , -0.16) all declined during a 6-month period for those with multimorbidity at baseline. Parental psychosocial results did not correlate with time. Initial data reveal that children who suffer from both a physical and mental problem are more likely to experience a decline in quality of life. Based on the significant response rate and little attrition, our strategy to investigate child multimorbidity looks viable and implies that multimorbidity is a major worry for families. Important clinical consequences are expected from a bigger, more conclusive investigation of child multimorbidity that has been implemented using the results of this pilot study.

FINDINGS AND DISCUSSION

The research reveals that elderly women in Hawaii face a high prevalence of physical illnesses commonly associated with aging. Cardiovascular diseases, diabetes, osteoarthritis, and cancer are among the most frequently reported conditions. The warm and humid climate in Hawaii may influence the presentation and progression of these diseases, warranting further investigation into climate-related health effects. Access to healthcare services emerged as a significant challenge impacting the physical health of elderly women. Hawaii's geographic layout, with remote and rural areas, presents barriers to accessing timely and specialized medical care. These accessibility challenges result in delayed diagnoses and limited treatment options, ultimately affecting the overall well-being of this demographic.

Psychological distress, including loneliness, depression, and anxiety, was a prevalent issue among elderly women in Hawaii. The presence of chronic physical illnesses often exacerbated these mental health challenges. However, the research also highlighted the importance of cultural coping mechanisms, such as lomilomi massage and hula dancing, as sources of emotional resilience and

support. The cultural diversity of Hawaii plays a multifaceted role in the physical and psychological health of elderly women. On one hand, cultural values of community and family support act as protective factors, promoting social connectedness and emotional well-being. On the other hand, cultural barriers can deter some elderly women from seeking professional healthcare or psychological assistance.

Maintaining strong connections with younger generations was found to be crucial for the psychological health of elderly women. Engaging in cultural traditions like hula and storytelling provided opportunities for bonding across age groups. These intergenerational relationships contribute positively to the overall well-being of elderly women in Hawaii. Also they underscore the need for comprehensive healthcare strategies tailored to the unique challenges faced by elderly women in Hawaii. Culturally competent care, accessible healthcare services, and mental health support are paramount. Additionally, community organizations and senior centers can play a pivotal role in providing social support and fostering intergenerational connections, ultimately enhancing the physical and psychological health of this demographic.

CONCLUSION

Elderly women in Hawaii, like their counterparts worldwide, face a substantial burden of physical illnesses associated with aging. Cardiovascular diseases, diabetes, osteoarthritis, and cancer are prevalent concerns. These conditions often limit their mobility and daily activities, underscoring the importance of accessible healthcare services and specialized care tailored to their needs. Psychological distress, including loneliness, depression, and anxiety, poses a significant challenge to the mental well-being of elderly women in Hawaii. However, the research highlights the resilience of this demographic, as they draw upon cultural coping mechanisms and maintain strong intergenerational relationships to navigate these challenges. Hawaii's rich cultural diversity plays a pivotal role in shaping the experiences of elderly women. Cultural values of community and family support act as protective factors, providing a sense of belonging and purpose. However, cultural barriers to healthcare utilization should not be overlooked, and efforts to promote culturally competent care are imperative.

Community organizations, senior centers, and healthcare providers have a crucial role to play in addressing the physical and psychological health needs of elderly women in Hawaii. By fostering social connections, providing culturally sensitive care, and promoting intergenerational activities,

these entities can enhance the well-being of this demographic. the well-being of elderly women in Hawaii necessitates a holistic approach that acknowledges the multifaceted nature of their health. Comprehensive healthcare strategies, improved healthcare accessibility, and mental health support should be prioritized. Additionally, the preservation and promotion of cultural practices that promote well-being should be integrated into healthcare and community initiatives.

RECOMMENDATIONS

Efforts should be made to improve healthcare accessibility, particularly in remote and rural areas of Hawaii where elderly women may face challenges in reaching medical facilities. Initiatives such as mobile clinics, telemedicine services, and transportation assistance can help bridge the gap and ensure timely diagnoses and treatments for physical illnesses. Additionally, increasing the availability of specialized care tailored to the needs of elderly women can significantly enhance their overall health. Addressing the psychological health of elderly women is crucial. To achieve this, healthcare providers should integrate routine mental health screenings into healthcare visits for elderly women. Public health programs and community organizations should collaborate to provide accessible mental health services and support groups. Culturally sensitive mental health programs that incorporate traditional healing practices can also be valuable.

Healthcare providers in Hawaii should receive cultural competency training to better understand and navigate the unique cultural factors influencing the health of elderly women. This training can help break down cultural barriers and foster trust between patients and providers, encouraging more open discussions about physical and psychological health concerns. Community organizations and senior centers should actively engage elderly women in social and cultural activities that promote a sense of belonging and emotional support. Creating opportunities for intergenerational connections can combat loneliness and provide a support network for elderly women. Programs that celebrate and preserve Hawaiian traditions and practices can be particularly effective in promoting holistic well-being.

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