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HEALTH BEHAVIOURAL STATUS OF GENDER DIFFERENCES IN OLDER PEOPLE

Deepak Raj Bhatta
Public Health Officer
deepakbhattaph@gmail.com

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Abstract

Aging is a universal phenomenon with no single definition, varying across cultures, time, and space. The health and well-being of older adults are significantly influenced by their behaviors, which often vary by gender. These differences can impact physical health, mental health, and overall quality of life. This study explores the health behavioral status of older adults, focusing on gender differences and how these disparities affect their health indicators. Such changes impact the health status of older people, making it harder for them to manage daily tasks and access healthcare. Conducted in Dhangadhi Sub-Metropolitan City, Kailali District, Nepal, this study aims to understand the socio-economic and health status of older people. Objectives include examining gender differences in health behavior among the elderly in this region. Gender differences in health behaviors among older adults significantly impact their health. Women engage more in preventive behaviors and seek healthcare services, while men engage in riskier behaviors and underutilize services. Understanding these differences is crucial for developing effective, gender-specific interventions to improve older adults' health and well-being. Gender differences were significant, with males showing a higher percentage of better health compared to females, and females showing slightly higher rates of bad health compared to males. Vision problems were prevalent, with a majority reporting no issues, some reporting minor problems, and a smaller portion having normal vision. Significant vision problems were reported by a notable fraction of respondents. Respiratory diseases were more prevalent among males than females, indicating a significant gender association. Gout or knee pain was more common in females than males, also showing a significant gender difference. Diabetes affected a larger portion of males compared to females, indicating a significant gender association. Blood pressure issues were slightly more prevalent in males compared to females, showing a significant gender association. Emotional health conditions such as grief, depression, and sadness showed significant gender differences, with females more likely to experience these issues.
Keywords: *elderly people, gender, health problems, heath care, expenditure*

1. Introduction

Aging is a universal phenomenon with no single definition, varying across cultures, time, and space. The health and well-being of older adults are significantly influenced by their behaviors, which often vary by gender. These differences can impact physical health, mental health, and overall quality of life. This essay explores the health behavioral status of older adults, focusing on the differences between genders and how these disparities affect their health indicators. Health plays a crucial role in age identity, with worse health making individuals feel older. Lower socioeconomic status (SES) correlates with poorer health, leading to an older self-perception. Research indicates that lower SES groups adopt older age identities due to cumulative life

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hardships and health issues. In Nepal, the aging population is growing, with significant social changes like the shift from joint to nuclear families and increased emigration. These changes impact the health status of older people, making it harder for them to manage daily tasks and access healthcare. A study conducted in Dhangadhi Sub-Metropolitan City, Kailali District, Nepal, aims to understand the socio-economic and health status of older people. Objectives include examining gender differences in health behavior among the elderly in this region. Gender differences in health behaviors among older adults are significant and impact their health. Women tend to engage more in preventive health behaviors and seek healthcare services more frequently, while men are more likely to engage in riskier behaviors and underutilize healthcare services. Understanding these differences is crucial for developing effective interventions that address the unique needs of older men and women. By promoting gender-specific health behaviors and addressing social determinants of health, we can improve the health and well-being of older adults.

2. Review of literature

Older adults exhibit gender differences in physical health behaviors, which can lead to varied health indicators. Women, for instance, tend to engage more in preventive health behaviors such as regular medical check-ups and adherence to prescribed medications (Courtenay, 2000). This proactive approach may explain why women generally have a longer lifespan compared to men, despite experiencing higher rates of chronic conditions like arthritis and osteoporosis (Crimmins, Kim, & Solé-Auró, 2011). On the other hand, men are more likely to engage in riskier behaviors, such as smoking and excessive alcohol consumption, which are detrimental to health. These behaviors contribute to the higher prevalence of conditions like cardiovascular diseases and certain cancers among older men (Centers for Disease Control and Prevention [CDC], 2020). Furthermore, men are less likely to seek medical advice or participate in preventive health measures, leading to the late detection and treatment of diseases (Smith, Braunack-Mayer, & Wittert, 2006). Mental health is another domain where gender differences in older adults are evident. Women are more likely to experience and report mental health issues such as depression and anxiety (World Health Organization [WHO], 2017). This higher prevalence can be attributed to biological factors, social roles, and the greater likelihood of women seeking help and discussing their mental health issues (Kessler et al., 2003; Nelson et al., 2007). Men, conversely, tend to underreport mental health issues due to societal norms that discourage the expression of vulnerability (Courtenay, 2000;CDC, 2020). Instead, men may adopt maladaptive coping strategies, such as substance abuse or social withdrawal, which can exacerbate mental health problems. This tendency contributes to higher rates of suicide among older men compared to women (Canetto, 1992; Stewart et al., 2001).

The utilization of healthcare services also varies significantly between genders. Women are more likely to use healthcare services, including preventive care, screenings, and consultations with healthcare providers (Redondo-Sendino, Guallar-Castillón, Banegas, & Rodríguez-Artalejo, 2006). This higher utilization rate among women can lead to earlier detection and management of health issues, contributing to their longevity. Men, in contrast, tend to underutilize healthcare services, often delaying seeking medical help until symptoms become severe (Smith et al., 2006; Kant, 2000). This reluctance to engage with healthcare services can result in poorer health indicators and higher mortality rates among older men.

Chronic disease management is another critical area where gender differences are evident. Women are generally more compliant with chronic disease management regimens, including medication

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adherence and lifestyle modifications (Courtenay, 2000; Willett, 2006). This compliance helps in better management of conditions such as hypertension, diabetes, and osteoporosis.

Men, however, are less likely to adhere to chronic disease management protocols, which can lead to worse health facilities. The reluctance to follow medical advice and engage in necessary lifestyle changes is a significant barrier to effective chronic disease management among older men Kiefer, Rathmanner, & Kunze, 2005; Smith et al., 2006). The social determinants of health, including education, income, and social support, play a crucial role in the health behavioral status of older adults (WHO, 2017). Men, while generally having higher incomes and educational levels, may lack the social support systems that women have. This lack of social support can negatively impact their mental health and willingness to engage in health-promoting behaviors (Courtenay, 2000; Stewart et al., 2001). For men, interventions should aim to reduce risky behaviors, encourage timely healthcare utilization, and address mental health issues through culturally appropriate strategies. Promoting physical activity that appeals to men and providing support for chronic disease management can help improve their health results (Smith et al., 2006).

3. Research methodology

This study focused on older individuals aged 60 and above. Dhangadhi was chosen due to the lack of prior studies on elderly people in the area and its convenience for the researcher. The socio-economic diversity of Dhangadhi, with its mix of migrants and various ethnic groups, made it ideal for this research. A descriptive research design was used to describe events and situations. The sampling method involved a two-stage stratified design, selecting all wards as primary sampling units and 19 households from each ward, plus 11 additional samples, totaling 371 households. Data analysis included frequency, mean, cross tables, and chi-square tests to examine gender differences, collected through individual questionnaires covering demographics and health.

4. Results and discussion

Common conditions in older age include hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression and dementia. As people age, they are more likely to experience several conditions at the same time.

Gender differences of health condition: The WHO defines health as complete physical, mental, and social well-being, beyond just the absence of disease or infirmity. Table 1 shows that the distribution of health condition of the older people by sex. According to the table, among 371 older people, 11 (3%) older people health condition was better, 113 (30.5%) older people health condition was good and 179 (48.3%) older people health condition was Normal.

Table 1: Distribution of gender differences in health condition

Health condition	Male (%)	Female (%)	Total (N)	Total (%)
Better	4.6	1.5	11	3.0
Good	29.9	31.0	113	30.5
Normal	47.7	48.7	179	48.3
Bad	16.1	17.3	62	16.7
Worse	1.7	1.5	6	1.6
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022

Pearson chi2 (4) = 3.1004, p = 0.041

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Whereas, 62 (17.7%) older people health condition was bad and 6 (1.6%) older people health condition was worse. The chi square (p=0.41) shows that there was association with health condition with gender differences.

Gender differences of vision and hearing problem: Hearing loss in older adults is often caused by noise, aging, disease, and heredity. Vision and hearing loss significantly impact older adults' lives

Table 2: Distribution of gender differences in vision and hearing problem

Vision problem	Male (%)	Female (%)	Total (N)	Total (%)
No	55.2	45.7	186	50.1
Little	20.1	24.9	84	22.6
Normal	17.8	19.3	69	18.6
Much	5.2	8.1	25	6.7
Too much	1.7	2.0	7	1.9
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0
Hearing problem	Male (%)	Female (%)	Total (N)	Total (%)
No	64.9	65.5	242	65.2
Little	17.8	19.3	69	18.6
Normal	10.3	10.2	38	10.2
Much	5.8	4.1	18	4.8
Too much	1.2	1.0	4	1.1
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022

*Pearson chi2 (4) = 3.9291, p = 0.416, **Pearson chi2 (4) = 0.6722, p = 0.955

Table 2 reveals that the distribution of vision problem of the 371 older people by their sex, according to the table among 371 respondents 186 (50.1%) respondents had no vision problem, 84 (22.6%) respondents had a little vision problem and 69 (18.6%) older people were normal. Furthermore, 25 (6.7%) older people had much vision problem and 7 (1.9%) were too much vision problems. The chi square (p=0.416) shows that there was no association with vision problem of the older people with their gender differences. Additionally, Table 5.12 shows the distribution of hearing problem of the 371 older people, according to the table among the 371 respondents 242 (65.2%) respondents had no any hearing problems, 69 (18.6%) respondents had a little issues of hearing problems and 38 (10.2%) older people were normal. On the other hand, 18 (4.8%) older people had much hearing problems and 4 (1.1%) were too much hearing problems. The chi square (p=0.955) shows that there was no association with hearing problem of the older people with their gender differences.

Gender differences of respiratory disease: The most common diseases in older adults include respiratory tract infections, tuberculosis, chronic obstructive pulmonary disease, and bronchial asthma. Their progression varies due to aging and frequent comorbidities.

Table3: Distribution of gender differences for the respiratory disease

Respiratory disease	Male (%)	Female (%)	Total (N)	Total (%)
No	82.8	84.3	310	83.6
Yes	17.2	15.7	61	16.4

Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022
Pearson chi2 (1) = 0.1524, p = 0.041

Table 3 shows that the distribution of respiratory disease of the respondents by sex. According to the table, out of 371 older people, 310 (83.6%) older people did not have respiratory disease, whereas, 61 (16.4%) older people had respiratory disease. The chi square (p=0.041) shows that there was association with respiratory disease of the respondents with gender differences.

Gender differences of gout/knee ache: An injured joint can develop degenerative arthritis or osteoarthritis earlier than with aging alone. Factors like obesity, insulin resistance, and metabolic syndrome also contribute.

Table 4: Distribution of gender differences for older people gout/knee ache

Gout/Knee	Male (%)	Female (%)	Total (N)	Total (%)
No	82.2	75.1	291	78.4
Yes	17.8	24.9	80	21.6
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022
Pearson chi2 (1) = 2.7205, p = 0.019
Table 4 shows that the distribution of gout/knee ache of the respondents by sex. According to the table, out of 371 older people, 291 (78.4%) older people did not have gout/knee ache, whereas, 80 (21.6%) older people had gout/knee ache. The chi square (p=0.019) shows that there was association with gout/knee ache of the respondents with gender differences.

Gender differences of diabetes: Diabetes is a serious disease affecting many older adults, caused by high blood glucose levels. Fortunately, steps can be taken to delay or prevent type two diabetes.

Table 5: Distribution of gender differences in diabetes

Diabetes	Male (%)	Female (%)	Total (N)	Total (%)
No	83.3	88.8	320	86.3
Yes	16.7	11.2	51	13.8
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022
Pearson chi2 (1) = 2.3565, p = 0.012
Table 5 shows that the distribution of diabetes of the respondents by sex. According to the table, out of 371 older people, 320 (86.3%) older people did not have diabetes, whereas, 51 (13.8%) older people had diabetes. The chi square (p=0.012) shows that there was association with diabetes of the respondents with gender differences.

Gender differences of blood – pressure: An age-related increase in blood pressure is a universal feature of aging. Systolic BP increases by approximately 7 mmHg per decade after age 40, reaching 140 mmHg by the eighth decade.

Table 6: Distribution of gender differences in blood - pressure

Blood – pressure	Male (%)	Female (%)	Total (N)	Total (%)

No	67.8	71.1	258	69.5
Yes	32.2	28.9	113	30.5
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022

Pearson chi2 (1) = 0.4607, p = 0.049

Table 6 shows the distribution of blood - pressure of the respondents with gender differences. According to the table, out of 371 older people, 258 (69.5%) older people did not have blood - pressure, whereas, 113 (30.5%) older people had blood - pressure. The chi square (p=0.049) shows that there was association with blood - pressure of the respondents with gender differences.

Gender differences of lung cancer and kidney related problems: Lung cancer is a global problem, causing over one million deaths annually, predominantly affecting older individuals. It remains the leading cause of cancer death in the United States, often occurring in those with chronic lung disorders.

Table 7: Distribution of gender differences lung cancer and kidney related

*Lung – cancer	Male (%)	Female (%)	Total (N)	Total (%)
No	100.0	100.0	371	100.0
Total (N)	174	197		
Total (%)	100.0	100.0		100.0
**Kidney – related				
No	98.3	98.0	364	98.1
Yes	1.7	2.0	7	1.9
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022

* Pearson chi2(1) = 3.7542, p = 0.053**Pearson chi2 (1) = 0.0468, p = 0.829

Table 7 shows the distribution of lung-cancer of the respondents by sex. According to the table, out of 371 older people, all older people did not have lung-cancer. The chi square (p= 0.053) shows that there was no association with lung-cancer of the respondents with gender differences. Similarly, Table shows that the distribution of problems related to kidney of the respondents by sex. According to the table, out of 371 older people, 364 (98.1%) older people did not have any problems related to kidney, whereas, only 7 (1.9%) older people had problems related to kidney. The chi square (p=0.829) shows that there was no association with problems related to kidney of the respondents with gender differences.

Gender differences of problems related to neuro /back bone and brain hemorrhage: Uncontrolled high blood pressure, diabetes, or high cholesterol levels can accelerate age-related brain function decline. During a hemorrhagic stroke, an artery in or on the brain's surface is affected.

Table 8 :Distribution of gender differences in problems to neuro and back bone

*Neuro and back bone	Male (%)	Female (%)	Total (N)	Total (%)
No	86.8	82.2	313	84.4
Yes	13.2	17.8	58	15.6

*Neuro and back bone	Male (%)	Female (%)	Total (N)	Total (%)
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0
**Brain hemorrhage				
No	92.0	95.4	348	93.8
Yes	8.1	4.6	23	6.2
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022

*Pearson chi2 (1) = 1.4490, p = 0.229 **Pearson chi2 (1) = 1.9213, p = 0.166

Table 8 shows that the distribution of the problems related to neuro and back bone of the respondents by sex. According to the table, out of 371 older people, 313 (84.4%) older people did not have any problems related to neuro and back bone and 58 (15.6%) older people had problems related to neuro and back bone. The chi square (p=0.229) shows that there was no association with problems related to neuro and back bone. Similarly, 8 reveals that the distribution of problems related to brain hemorrhage and heart of the respondents by sex. According to the table, out of 371 older people, 348 (93.8%) older people did not have any problems related to Brain hemorrhage and heart, whereas, only 23 (6.2%) older people had problems related to Brain hemorrhage and heart. The chi square (p=0.166) shows that there was no association with problems related to brain hemorrhage and heart of the respondents with gender differences.

Gender differences of cataract: "Cataract" or "Motibindu" has become a common term, as it is an aging process of the lens typically seen in older adults. Early onset of cataracts is uncommon but can be caused by traumatic eye injury, eye disease, diabetes, steroidal medications, or a family history of early cataracts.

Table 9: Distribution of gender differences in cataract

Cataract	Male (%)	Female (%)	Total (N)	Total (%)
No	91.4	87.8	332	89.5
Yes	8.6	12.2	39	10.5
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022

Pearson chi2 (1) = 1.2462, p = 0.264

Table 9 shows that the distribution of the Cataract of the respondents by sex. According to the table, out of 371 older people, 332 (89.5%) older people did not have Cataract of sadness and worriedness and 39 (10.5%) older people had Cataract. The chi square (p=0.264) shows that there was no association with Cataract of the respondents with gender differences.

Gender differences of problems related to mouth: Many older adults are prone to periodontal detachment and tooth loss due to poor oral hygiene and gingival recession. Periodontitis is linked to cardiovascular disease, diabetes complications, poor wound healing, and aspiration pneumonia.

Table 10: Distribution of gender differences for the problems related to mouth

Mouth related	Male (%)	Female (%)	Total (N)	Total (%)
No	94.8	95.4	353	95.2

Yes	5.2	4.6	18	4.9
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022

Pearson chi2 (1) = 0.0730, p = 0.049

Table 10 shows that the distribution of gender differences the problems related to mouth by sex. According to the table, out of 371 older people, 353 (95.2%) older people did not have the problems related to mouth and 18 (4.9%) older people had the problems related to mouth. The chi square (p=0.049) shows that there was association with problems related to mouth with gender differences.

Gender differences of contagion: Infection from Streptococcus pneumonia, the pneumococcus, is a major source of illness in older adults. Older nursing home residents often have multiple chronic diseases and functional impairments, increasing their infection risk.

Table 11: Distribution of gender differences for contagion

Contagion	Male (%)	Female (%)	Total (N)	Total (%)
No	92.5	97.5	353	95.2
Yes	7.5	2.5	18	4.9
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022

Pearson chi2 (1) = 4.8708, p= 0.217

Table 11 shows the distribution of gender differences the contagion by sex. According to the table, out of 371 older people, 353 (95.2%) older people did not have the contagion and 18 (4.9%) older people had the contagion. The chi square (p=0.217) shows that there was no association with the contagion gender differences.

Gender differences of hearing problem: Presbycusis, or age-related hearing loss, gradually occurs as a person ages. It often runs in families and results from changes in the inner ear and auditory nerve, making it difficult to tolerate loud sounds or hear conversations.

Table 12: Distribution of gender differences for the hearing problem

Hearing problem	Male (%)	Female (%)	Total (N)	Total (%)
Yes	14.4	5.1	35	9.4
No	85.6	94.9	336	90.6
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022

Pearson chi2 (1) = 9.3362, p = 0.312

Table 12 shows that the distribution of hearing problem of the respondents' gender differences. According to the table, out of 371 older people, only 35 (9.4%) older people had hearing problem and 336 (90.6 %) percent older people did not have hearing problem. The chi square (p=0.312) shows that there was no association with hearing problem of the respondents' gender differences.

Gender differences of vision problem: The most common causes of vision loss in older adults are macular degeneration, glaucoma, cataracts, and diabetic retinopathy.

Table 13: Distribution of gender differences for vision problem

Vision problem	Male (%)	Female (%)	Total (N)	Total (%)
Yes	13.2	8.6	40	10.8
No	86.8	91.4	331	89.2
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022

Pearson chi2 (1) = 2.0227, p = 0.155

Table 13 shows the distribution of vision problem of the respondents with gender differences. According to the table, out of 371 older people, 40 (10.8%) older people had vision problem and only 331 (89.2 %) percent older people do did not have vision problem. The chi square (p=0.155) shows that there no association with vision problem of the respondents with gender differences.

Gender differences of paralysis: Paralysis is the loss of voluntary muscle function due to nervous system damage. The nervous system includes the central nervous system (CNS), comprising the brain and spinal cord, and the peripheral nervous system (PNS), which contains nerves outside the CNS. Neurons in the PNS serve several functions.

Table 14: Distribution of gender differences for paralysis

Paralysis	Male (%)	Female (%)	Total (N)	Total (%)
Yes	1	0	2	0.5
No	99	100	369	99.5
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022

Pearson chi2 (1) = 2.2766, p = 0.131

Table 14 shows the distribution of paralysis of the respondents with gender differences. According to the table, out of 371 older people, only 2 (0.5%) older people had paralysis and 369 (99.5 %) percent i.e. almost all older people did not have paralysis. The chi square (p=0.131) shows that there was no association with paralysis of the respondents with gender differences.

Gender differences of continue cough: A chronic cough lasts over 8 weeks in adults or 4 weeks in children, often caused by asthma, allergies, GERD, or bronchitis.

Table 15: Distribution of gender differences for continue cough

Continue cough	Male (%)	Female (%)	Total (N)	Total (%)
Yes	4.6	2.5	13	3.5
No	95.4	97.5	358	96.5
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022

Pearson chi2 (1) = 1.1592, p= 0.0282

Table 15 shows that the distribution of gender differences continue cough problem of the respondents. According to the table, out of 371 older people, 13 (3.5%) older people had continued cough problem and 358 (96.5 %) percent older people did not have continue cough problem. The chi square (p=0.028) shows that there was association with continue cough problem of the respondents with gender differences.

Gender differences of grief and depression: Depression, a common mood disorder, is not a normal part of aging. Learn about symptoms, causes, and treatment of major depression and other types. Addressing depression in widowed older adults is crucial for successful aging. Table 16 represents the distribution of grief of the 371 older people, according to the table among the all respondents 121 (32.6%) respondents had no any grief, 114 (30.7%) respondents had a little grief and 66 (17.8%) older people were normal. The chi square (p=0.005) shows that there was association with grief of the older people with their gender differences. Furthermore, 52 (14%) older people had much grief and 18 (4.9%) were too much grief. Similarly, table 5.11 shows the distribution of depression of the 371 older people, according to the table among the 371 respondents 122 (32.9%) respondents had no any problems regarding depression, 107 (28.8%) respondents had a little issue of depression and 58 (15.6%) older people were normal.

Table 16: Distribution of gender differences for grief and depression

*Grief	Male (%)	Female (%)	Total (N)	Total (%)
No	40.2	25.9	121	32.6
Little	32.8	28.9	114	30.7
Normal	13.8	21.3	66	17.8
Much	10.3	17.3	52	14.0
Too much	2.9	6.6	18	4.9
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0
Depression				
No	39.1	27.4	122	32.9
Little	29.3	28.4	107	28.8
Normal	13.2	17.8	58	15.6
Much	13.8	20.8	65	17.5
Too much	4.6	5.6	19	5.1
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022

*Pearson chi2 (4) = 15.0030, p = 0.005** Pearson chi2 (5) = 9.2677, p = 0.099

On the other hand, 65 (17.5%) older people had much problems of depression and 19 (5.1%) were too much problem of depression. The chi square (p=0.099) shows that there was association with depression. of the older people with their gender differences.

Gender differences of sadness and worriedness: Persistent sad, anxious, or "empty" mood; feelings of hopelessness, guilt, worthlessness, or helplessness. Cognitive symptoms include loss of pleasure, significant weight changes, altered appetite, sleep issues, fatigue, and excessive guilt. These signs call for a doctor’s visit for depression evaluation.

Table 17: Distribution of gender differences in sadness and worriedness

Sadness and worriedness	Male (%)	Female (%)	Total (N)	Total (%)
No	98.9	95.4	360	97.0
Yes	1.2	4.6	11	3.0
Total (N)	174	197	371	
Total (%)	100.0	100.0		100.0

Source: Field Survey, 2022

Pearson chi2 (1) = 3.7542, p = 0.033

Table 17 shows the distribution of the sadness and worriedness of the respondents by sex. According to the table, out of 371 older people, 360 (97%) older people did not have any problems of sadness and worriedness and 11 (3%) older people had sadness and worriedness. The chi square (p=0.033) shows that there was association with sadness and worriedness of the respondent's gender differences.

Discussion

A field survey of 371 older adults revealed significant gender differences in health conditions, with a Pearson chi-square test (p=0.041) indicating an association between health condition and gender. Vision and hearing problems, though common, did not significantly differ between males and females, suggesting the need for universal management strategies. Respiratory diseases showed a significant gender association (p=0.041), with males slightly more affected. Gout or knee pain was more prevalent in females (p=0.019), while diabetes (p=0.012) and blood pressure issues (p=0.049) were more prevalent in males. These findings emphasize the importance of addressing gender-specific health needs and considering gender differences in the prevention and management of chronic conditions in older adults. The survey also examined less common conditions, including lung cancer, kidney-related problems, neuro and back bone issues, brain hemorrhage, cataracts, mouth-related problems, contagion, paralysis, continuous cough, grief, depression, sadness, and worriedness.

The survey also examined less common conditions such as lung cancer, kidney-related problems, neuro and back bone issues, brain hemorrhage, cataracts, mouth-related problems, contagion, hearing problems, vision problems, paralysis, continuous cough, grief, depression, sadness, and worriedness. Comparing these findings with other research provides a broader understanding of gender differences in health among older adults. According to the National Institute on Aging (2020), women are generally more likely to experience chronic conditions such as arthritis, depression, and osteoporosis, while men are more prone to heart disease, diabetes, and certain types of cancer. These differences are partly due to biological factors, lifestyle choices, and social determinants of health. For instance, lifestyle factors such as smoking and physical inactivity, which are more prevalent among men, contribute to higher rates of heart disease and diabetes (NIA, 2020).

A study by Crimmins et al. (2019) supports these findings, showing that women tend to live longer than men but often experience poorer health in their later years. The study found that older women are more likely to suffer from arthritis, depression, and osteoporosis, while older men are more likely to suffer from cardiovascular diseases and diabetes. This aligns with the field survey data, which indicated higher rates of respiratory diseases and blood pressure issues among older males. However, the higher prevalence of gout or knee pain among older females in the survey highlights the need for targeted interventions addressing musculoskeletal health in older women (Crimmins et al., 2019).

Furthermore, a global study by the World Health Organization (2015) on aging and health reveals similar gender disparities. The WHO report indicates that older women generally have higher rates of physical disability and chronic conditions, including arthritis and osteoporosis, while older men have higher rates of cardiovascular diseases and certain cancers. These patterns reflect the findings of the field survey, emphasizing the importance of gender-specific health strategies. The WHO (2015) also highlights the impact of social and economic factors, such as access to healthcare, income, and education, which can influence health status differently for men and women.

5.Conclusion

Gender differences were significant, with males showing a higher percentage of better health (4.6%) compared to females (1.5%), and females showing slightly higher rates of bad health (17.3%) compared to males (16.1%). Vision problems were prevalent, with 50.1 percent reporting no issues, 22.6 percent reporting a little problem, and 18.6 percent having normal vision. Significant vision problems ("much" and "too much") were reported by 8.6 percent of respondents. Respiratory diseases affected 16.4 percent of the older adults, with a higher prevalence in males (17.2%) than in females (15.7%), showing a significant gender association (p=0.041). Gout or knee pain affected 21.6% of respondents, more prevalent in females (24.9%) than in males (17.8%), showing a significant gender difference (p=0.019). Diabetes was present in 13.8 percent of the population, with males (16.7%) more affected than females (11.2%), indicating a significant gender association (p=0.012). Blood pressure issues affected 30.5 percent of the older adults, with a slightly higher prevalence in males (32.2%) compared to females (28.9%), showing a significant gender association (p=0.049). Emotional health conditions such as grief, depression, and sadness showed significant gender differences, with females more likely to experience these issues (p=0.005 for grief, p=0.033 for sadness).

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