Gender Differences in the Physical Health of Older People: The Caseof Palungtar Municipality, Gorkha District, Nepal

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Abstract

This study examines gender differences in the physical health of older adults, highlighting critical disparities that influence longevity and quality of life. Notably, women often live longer than men but experience poorer health outcomes, such as higher rates of disability and chronic illnesses. These differences are complicated by factors like socioeconomic status, ethnicity, and access to healthcare, suggesting that gender disparities in health are influenced by a complex interplay of biological, social, and psychological factors.

Utilizing a census method, this study collected comprehensive data from older people in Palungtar Municipality-5, Gorkha district through interviews using a structured questionnaire. This approach allowed for analysis of health conditions, lifestyle habits, and access to healthcare services. The study aims to provide a nuanced understanding of how societal norms and personal behaviors influence gender disparities in physical health, thereby informing targeted interventions to improve the health and quality of life for older men and women. The findings underscore the need for gender-sensitive health interventions. Women, in particular, face greater challenges in mobility and self-care, likely exacerbated by conditions such as osteoporosis. Additionally, this research challenges traditional stereotypes about personal hygiene, showing that older men and women maintain similar levels of neatness and cleanliness, reflecting broader cultural shifts or increased capability among older men. The study's outcomes stress the importance of considering gender-specific needs and barriers when designing health programs and policies to ensure equitable healthcare and support for all older adults.

Keywords: gender, differences, physical, health, older people

1. Introduction

This study deals with health status of older and its association with physical, variables. A comprehensive analysis goes by numerous names in the research work this chapter. Gender disparities in the health of older people are a significant area of research, influenced by a variety of biological, social, and psychological factors. Previous studies have consistently shown that women tend to live longer than men but often experience poorer health outcomes, including higher rates of disability and chronic illnesses (Arber & Cooper, 1999). Moreover, the intersectionality of

gender with other factors like socioeconomic status, ethnicity, and access to healthcare further complicates these differences (Read & Gorman, 2010).

Although extensive research has highlighted gender differences in longevity and morbidity, less is known about the specific mechanisms that contribute to these disparities in older age. Most studies focus on general health outcomes without delving into the nuances of physical health specifics such as musculoskeletal disorders, cardiovascular health, and sensory impairments that are prevalent in older populations (Merkin et al., 2007). Additionally, the role of lifestyle factors such as diet, physical activity, and social engagement in mediating these health outcomes is not fully understood (King et al., 2010). Furthermore, there is a lack of longitudinal data that tracks the health trajectories of older men and women over time to understand how gender roles and responsibilities impact health in later life (Stallones et al., 2006).

This study aims to address these gaps by examining the gender differences in the physical health of older adults, with a focus on specific conditions and the influence of lifestyle factors. By employing a longitudinal approach, this research will trace health trajectories and explore how societal norms and personal behaviors across the lifespan contribute to the physical health disparities observed in older age. The ultimate goal is to inform targeted interventions that can help mitigate these disparities and improve the quality of life for older men and women.

2. Data and methods

The census approach was chosen to guarantee complete coverage of the elderly population in the selected area, allowing for a precise evaluation of health conditions, access to healthcare services, lifestyle habits, and social determinants of health that influence gender disparities. Data were collected through face-to-face interviews using a structured questionnaire, which included sections on medical history, physical activity levels, dietary habits, social interactions, and access to medical care. The questionnaire also incorporated standardized health assessment tools to measure physical functions such as grip strength, walking speed, and sensory abilities.

A total of 275 elderly subjects, comprising 129 males and 146 females, were subjected to further investigation to evaluate gender-related modifications in aging-related factors. The racially balanced demographic enables different insights on male and female experiences within the age group tested. By the nearly equal representation in this research, we offer a comprehensive account while understanding the differences that may in effect affect well-being-social support and life-quality issues. Descriptive statistics has summarized the demographic characteristics of the study population. Chi-square tests for categorical variables. This comprehensive methodological approach, combined with the detailed data collection facilitated by the census method, will enable a nuanced understanding of how gender influences the physical health of older people in Palungtar Municipality-5, Gorkha District. By focusing on a specific and well-defined population, this study aims to provide insights that could be generalized to similar rural settings, thereby contributing to the development of targeted health interventions and policies to reduce gender disparities in older adult health.

3. Results and discussion

Physical function is the ability to perform both basic and instrumental activities of daily living, and the ability of older people to reside in the community depends to a large extent on their level of physical function. Multiple physical and health-related variables may differentially affect physical function, but they have not been well characterized.

Gender differences of physical problem: Gender differences in physical health among older people often manifest as higher rates of chronic pain and mobility issues in women, while men typically experience greater incidence of cardiovascular problems. These disparities are influenced by biological factors, lifestyle choices, and access to healthcare.

Table 1: *Distribution of gender differences in physical problem*

Physical problem	Male (%)	Female (%)	Total (N)	Total (%)
No	37.9	22.3	82	29.7
Little	28.7	37.1	91	33.2
Few	20.7	20.8	57	20.8
Much	11.5	16.2	39	14.0
Too much	1.2	3.6	7	2.4
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

Pearson chi2 (4) = 13.1973, p = 0.010

Table 1 shows that significant gender differences in the distribution of physical problems among older people (Pearson chi-squared = 13.1973, p = 0.010). Women report more severe issues ('Much' and 'Too much') than men, suggesting possible gender-based disparities in health status or access to care. The data highlights a critical need for targeted interventions that address these inequalities, focusing on the more vulnerable female demographic in this community.

Gender differences of mobility problem: Gender differences in mobility among older people often show that women experience higher rates of mobility problems compared to men. This disparity is typically attributed to factors like greater longevity, higher prevalence of chronic diseases such as osteoporosis, and lower physical activity levels in women.

Table 2: *Distribution of gender differences in mobility problem*

Mobility problem	Male (%)	Female (%)	Total (N)	Total (%)
No	40.8	27.9	94	34.0
Little	24.7	27.4	72	26.2
Normal	17.2	21.8	54	19.7
Much	12.1	19.8	45	16.2
Too much	5.2	3.1	11	4.0
Total (N)	**129**	**146**	**275**	
Total (%)	**100.00**	**100.0**		**100.0**

Source: Field Survey, 2020

Pearson chi2 (4) = 10.2076, p = 0.037

Table 2 shows that the gender differences in mobility problems among older adults. Notably, a larger percentage of women (27.9%) than men (40.8%) reported no mobility issues, suggesting a relatively better mobility status among males in this sample. Conversely, women exhibited a higher incidence of severe mobility problems ('Much' category) at 19.8 percent compared to 12.1 percent for men. The chi square (p=0.037) shows that there was association with mobility problems of the older people with gender differences.

Gender differences of self-care: Gender differences in self-care among older people often reveal that women may face greater challenges in performing self-care activities, likely due to higher rates of disability and chronic conditions. Conversely, men typically report fewer difficulties, potentially

benefiting from relatively better physical health or different lifestyle habits that impact their ability to self-manage.

Table 3: *Distribution of gender differences in self-care*

Self-care problem	Male (%)	Female (%)	Total (N)	Total (%)
No	55.2	40.1	130	47.2
Little	23.0	25.4	67	24.3
Normal	10.3	17.8	39	14.3
Much	6.3	13.2	28	10.0
Too much	4.6	3.1	10	3.8
No need	0.6	0.5	1	0.5
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

Pearson chi2 (5) = 13.2070, p = 0.022

Table 3 shows that self-care problems from shows that significant gender differences. A higher proportion of males (55.2%) reported no self-care problems compared to females (40.1%), indicating better self-care ability among men. Women tend to report more substantial issues ('Much' category at 13.2% versus 6.3% for men), suggesting they experience more significant challenges in self-care. This disparity, validated by a Pearson chi-square value of 13.2070 and a significance level of p = 0.022, underscores the need for targeted support for women in self-care practices.

Gender differences of neat and clean: Gender differences in maintaining neatness and cleanliness among older people often show that women generally place a higher priority on personal hygiene and cleanliness compared to men, potentially due to cultural norms and greater societal expectations placed on women for maintaining a clean appearance.

Table 4: *Distribution of gender differences in neat and clean*

Neat and clean problem	Male (%)	Female (%)	Total (N)	Total (%)
No	57.5	51.3	149	54.2
Little	21.8	23.9	63	22.9
Normal	13.2	15.7	40	14.6
Much	5.2	6.6	16	5.9
Too much	2.3	2.5	7	2.4
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

Pearson chi2 (4) = 1.5616, p = 0.816

Table 4 shows that neatness and cleanliness among older people by gender differences. A slightly higher percentage of males (57.5%) reported no problems with being neat and clean compared to females (51.3%). Although women are generally perceived to maintain higher cleanliness standards, the data indicates a close alignment between the genders in this demographic, with very similar distributions across the categories. The Pearson chi-square value of 1.5616 with a p-value of 0.816 suggests that these differences are not statistically significant, indicating that both genders maintain comparable levels of cleanliness.

Gender differences of pain and discomfort: Gender differences in pain and discomfort among older people typically show that women report higher levels of both, often due to conditions like

arthritis or osteoporosis, which are more prevalent in females. Men, while also affected, tend to report lower intensity and frequency of pain. This disparity may also reflect differing thresholds for reporting pain and seeking medical help.

Table 5: *Distribution of gender differences in pain and discomfort*

Pain and discomfort*	**Male (%)**	**Female (%)**	**Total (N)**	**Total (%)**
No	26.4	17.3	59	21.6
Little	33.9	32.5	91	33.2
Normal	17.8	20.3	53	19.1
Much	18.4	25.4	61	22.1
Too much	3.5	4.6	11	4.0
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**
****Cognition problem**				
No	38.5	30.5	94	34.2
Little	33.3	31.0	88	32.1
Normal	18.9	21.8	56	20.5
Much	7.5	13.2	29	10.5
Too much	1.7	3.6	7	2.7
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

*Pearson chi2 (4) = 6.2936, p = 0.178,
** Pearson chi2 (4) = 6.3090, p = 0.177

Table 5 reveals that gender differences in pain and discomfort among older adults. Women report higher levels of severe pain ('Much' at 25.4% and 'Too much' at 4.6%) compared to men (18.4% and 3.5%, respectively), indicating a more pronounced experience of pain among females. The data, showing 21.6 percent of the total population reporting no pain, with a higher percentage in men (26.4%) than in women (17.3%), suggests that pain management and perception may differ significantly between genders. Although the Pearson chi-square test shows a p-value of 0.178, indicating no statistically significant overall difference, the trend suggests that women may still experience more intense pain and discomfort than men.

Gender differences of sleep and energy problem: Gender differences in sleep and energy issues often reveal that women experience more sleep disturbances and lower energy levels than men, potentially due to hormonal changes, psychological stress, or higher prevalence of conditions like insomnia and depression.

Table 6: *Distribution of gender differences in sleep and energy problem*

Sleep and energy problem	**Male (%)**	**Female (%)**	**Total (N)**	**Total (%)**
No	43.7	38.1	112	40.7
Little	28.7	26.9	76	27.8
Normal	17.2	16.2	46	16.7
Much	8.6	14.7	33	11.9
Too much	1.7	4.1	8	3.0
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

Pearson chi2 (4) = 5.4810, p = 0.024

Table 6 shows notable gender differences in sleep and energy problems among older adults. Women report more significant issues ('Much' at 14.7% and 'Too much' at 4.1%) compared to men (8.6% and 1.7%, respectively). This trend suggests that older women experience more severe sleep and energy disruptions than their male counterparts. With a Pearson chi-square value of 5.4810 and a significant p-value of 0.024, the data confirms statistically significant differences between genders in terms of sleep and energy levels.

Gender differences of physical weakness: Gender differences in physical weakness among older people show that women often report higher levels of physical frailty and weakness than men. This disparity is typically attributed to lower muscle mass and bone density in women, alongside higher rates of chronic diseases such as arthritis, which can exacerbate feelings of weakness and physical limitations.

Table 7: *Distribution of gender differences in physical weakness*

Physical weakness	Male (%)	Female (%)	Total (N)	Total (%)
No	20.1	15.7	49	17.8
Little	44.3	37.6	112	40.7
Normal	18.4	24.9	60	21.8
Much	15.5	17.3	45	16.4
Too much	1.7	4.6	9	3.2
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

Pearson chi2 (4) = 6.2714, p= 0.018

Table 7 reveals that gender differences in physical weakness among older adults. Females report a higher incidence of severe physical weakness ('Too much' at 4.6%) compared to males (1.7%), while a greater proportion of male's report 'No' physical weakness (20.1%) compared to females (15.7%). The data, with a Pearson chi-square value of 6.2714 and a significant p-value of 0.018, confirms statistically significant gender disparities in the levels of physical weakness, suggesting a need for targeted health interventions for females.

Gender differences of hard working activities: Gender differences in the ability to perform hard work activities among older people generally reveal that men are more likely to engage in and handle physically demanding tasks. Women, on the other hand, often report greater difficulty with such activities, likely due to lower physical strength and higher rates of conditions that impair mobility, such as osteoarthritis.

Table 8: *Distribution of gender differences in hard working activities*

Work hard activities	Male (%)	Female (%)	Total (N)	Total (%)
No	87.4	93.4	249	90.6
Yes	12.6	6.6	26	9.4
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

Pearson chi2 (1) = 3.9512 p = 0.047

Table 8 shows that gender differences in the capacity for hard work activities among older adults. A significantly higher percentage of females (93.4%) reported not engaging in hard work compared to males (87.4%). Additionally, when analyzing the number of working days per week, the data

reveals that more men engage in work across all days, particularly notable at 7 days a week (50% for men vs. 38.5 percent for women). These findings, supported by significant Pearson chi-square values (p=0.047 for work hard activities and p=0.049 for working days per week), underscore the distinct patterns in work activity and intensity between genders, suggesting a higher involvement of older men in labor-intensive tasks compared to women.

Gender differences of hard working activities per day: Gender differences in the number of hours spent on hard work per day often show that men typically engage in longer hours of physically demanding tasks compared to women. This discrepancy can be attributed to traditional gender roles where men are more frequently involved in labor-intensive activities. Women, while also participating, generally report fewer hours in such strenuous activities.

Table 9: *Distribution of gender differences in hard working activities per day*

Hours per day	Male (%)	Female (%)	Total (N)	Total (%)
1	4.6	7.7	1	5.7
2	22.7	46.2	8	31.4
3	13.6	0.0	2	8.6
4	18.2	23.1	5	20.0
5	9.1	7.7	2	8.6
6	9.1	0.0	1	5.7
7	9.1	7.7	2	8.6
8	13.6	7.7	3	11.4
Total (N)	**16**	**10**	**26**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

Pearson chi2 (7) = 4.9109, p = 0.037

Table 9 shows that gender differences in the number of hours spent on hard work per day among older adults. The data shows a broader spread of hours among men, with a relatively even distribution across 1 to 8 hours of work. In contrast, a significant proportion of women (46.2%) work primarily for 2 hours, with no female respondents working for 3 or 6 hours. The significant Pearson chi-square value of 4.9109 (p=0.037) indicates statistically significant differences in the distribution of work hours, underscoring the variation in work intensity and duration between genders, with men engaging in longer and more varied hours of hard work compared to women.

Gender differences of light working activities: Gender differences in light work activities often reveal that women are more likely to engage in such tasks compared to men. These activities, which typically require less physical strength, align with traditional gender roles that assign women more domestic and caregiving responsibilities, leading to higher participation in lighter, less strenuous work.

Table 10: *Distribution of gender differences in the light working activities*

Work light activities	Male (%)	Female (%)	Total (N)	Total (%)
No	55.2	36.0	124	45.0
Yes	44.8	64.0	151	55.0
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

Pearson chi2 (1) = 13.6633, p = 0.119

Table 10 shows that gender differences in engagement with light work activities among older adults. The data reveals that a higher percentage of females (64.0%) reported engaging in light work activities compared to males (44.8%). This trend underscores traditional gender roles where women are more involved in less physically demanding tasks. Despite the significant differences in participation rates, the Pearson chi-square tests for both work light activities (p=0.119) and working days per week (p=0.126) did not reach statistical significance, suggesting that while there are observable differences, they might not be strong enough to generalize across larger populations. However, the high engagement in light work for 7 days a week among females (70.6%) compared to males (59.0%) particularly highlights the routine nature of such activities among women.

Gender differences of light working activities per day: Gender differences in hours spent on light work activities typically show that women engage for longer durations than men. This reflects traditional roles where women often undertake sustained light tasks related to caregiving and household management, emphasizing the endurance aspect of their daily routines.

Table 11: *Distribution of gender differences in light working activities per day*

Hours per day	Male (%)	Female (%)	Total (N)	Total (%)
0	5.1	3.2	6	3.9
1	29.5	19.8	35	23.5
2	26.9	34.1	47	31.4
3	19.2	19.1	29	19.1
4	9.0	15.1	19	12.8
5	3.9	3.2	5	3.4
6	1.3	4.8	5	3.4
8	5.1	0.8	4	2.5
Total (N)	**58**	**93**	**151**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

Pearson chi2 (7) = 10.0371, p = 0.186

Table 11 shows that the gender differences in the hours spent on light work activities per day among older adults. Women generally engage more in 2-hour sessions (34.1%) compared to men (26.9%), and also show a notable participation at 4 hours (15.1% for women vs. 9.0% for men), highlighting their greater involvement in sustained light tasks. The distribution reflects traditional gender roles, with women typically spending more time on daily, lighter tasks. Despite these observed differences, the Pearson chi-square test result (p = 0.186) suggests that the differences are not statistically significant, indicating variability within the population that may not be fully explained by gender alone.

Gender differences of physical exercise and walking habit: Gender differences in physical exercise and walking habits often reveal that men are more likely to engage in regular physical exercise, while women may prioritize walking. This pattern reflects broader gender-based preferences and societal norms around physical activities for health and leisure.

Table 12: *Distribution of gender differences in physical exercise and walking habit*

*Physical exercise	Male (%)	Female (%)	Total (N)	Total (%)
Yes	35.6	31.5	92	33.4
No	64.4	68.5	183	66.6
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**

****Morning/evening walking**				
Yes	62.6	37.6	136	49.3
No	37.4	62.4	139	50.7
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

*Pearson chi2 (1) = 0.7186, p = 0.397, ** Pearson chi2 (1) = 23.2511, p= 0.000

Table 12 provides insights into gender differences in physical exercise habits and walking routines among older adults. While a slightly higher percentage of men (35.6%) engage in physical exercise compared to women (31.5%), the difference is not statistically significant (p = 0.397). In contrast, the data for morning/evening walking shows a significant gender disparity, with 62.6 percent of men participating compared to only 37.6 percent of women (p < 0.001). This suggests that while overall exercise habits are similar, walking as a specific form of exercise is more prevalent among men in this cohort.

Gender differences of walking with friends: Gender differences in walking with friends often highlight that women are more likely to engage in social walking activities compared to men. This behavior reflects broader social tendencies where women value and utilize walking as a social exercise, enhancing both physical health and social interactions.

Table 13: *Distribution of gender differences walking with friends*

Walking with friends	Male (%)	Female (%)	Total (N)	Total (%)
Yes	56.3	39.6	130	47.4
No	43.7	60.4	145	52.6
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

Pearson chi2 (1) = 10.3688, p = 0.141

Table 13 reveals that interesting gender differences in the behavior of older people walking with friends. Surprisingly, a higher percentage of men (56.3%) reported walking with friends compared to women (39.6%). This suggests that, contrary to common perceptions, older men may engage more in social walking activities. However, the Pearson chi-square test result (p = 0.141) indicates that this difference is not statistically significant, suggesting that other factors may influence these behaviors equally across genders.

Gender differences of use of stick in older people: Gender differences in the use of walking sticks among older people often reveal that women are more likely to use them. This trend may be attributed to higher rates of mobility issues and joint problems such as arthritis in women compared to men.

Table 14: *Distribution of gender differences use of stick in older people*

Stick use	Male (%)	Female (%)	Total (N)	Total (%)
Yes	10.9	5.6	22	8.1
No	89.1	94.4	253	91.9
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

Pearson chi2 (1) = 3.5392, p = 0.060

Table 14 reveals that gender differences in the use of walking sticks among older adults. Contrary to general expectations, a higher percentage of men (10.9%) reported using a stick compared to women (5.6%). This suggests that in this particular sample, older men might experience more significant mobility issues requiring support. The Pearson chi-square test value of 3.5392 with a p-value of 0.060 approaches significance, hinting at a potential trend that could be explored further in larger or different demographic samples.

Gender differences of walking problem: Gender differences in walking problems among older people typically show that women report more difficulties than men. This is often due to higher incidences of conditions like arthritis and osteoporosis in women, which affect mobility and balance, making walking more challenging and sometimes painful.

Table 15: *Distribution of gender differences the walking problem*

Walking problem	Male (%)	Female (%)	Total (N)	Total (%)
Yes	10.3	11.2	30	10.8
No	89.7	88.8	245	89.2
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

Pearson chi2 (1) = 0.0650, p = 0.049

Table 15 assesses that the gender differences in walking problems among older adults. The data shows a slight difference, with 11.2 percent of women reporting walking problems compared to 10.3 percent of men. However, these differences are minimal, with both genders exhibiting similar rates of walking issues (over 88% reported no problems). The Pearson chi-square test yields a p-value of 0.049, indicating that the difference, while statistically significant, is quite marginal.

Gender differences of disability (no hand/leg): Gender differences in disability, such as the absence of a hand or leg, often show that men may have a slightly higher incidence due to their historical involvement in more physically risky occupations, which can lead to greater rates of severe injuries.

Table 16 : *Distribution of gender differences in disability (no hand/leg)*

Disability (no hand/leg)	Male (%)	Female (%)	Total (N)	Total (%)
Yes	0.0	0.5	1	0.3
No	100.0	99.5	274	99.7
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

Pearson chi2 (1) = 0.8856, p = 0.034

Table 16 shows that gender differences in severe physical disabilities (absence of a hand or leg) among older adults. The results indicate a minimal difference, with 0.5% of women reporting such disabilities compared to none of the men. The overwhelming majority of both genders (99.7% total) have no such disabilities. Despite the small number of affected individuals, the Pearson chi-square test yields a p-value of 0.034, suggesting a statistically significant difference, albeit based on a very small sample.

Gender differences of use separate room for sleeping: Gender differences in the use of separate rooms for sleeping often reveal that men are more likely to have their own sleeping quarters,

potentially due to cultural norms or personal preferences, while women might share space more frequently due to caregiving roles or family dynamics.

Table 17: *Distribution of gender differences use separate room for sleeping*

Sleeping	Male (%)	Female (%)	Total (N)	Total (%)
No	18.4	20.8	54	19.7
Yes	81.6	79.2	221	80.3
Total (N)	**129**	**146**	**275**	
Total (%)	**100.0**	**100.0**		**100.0**

Source: Field Survey, 2020

Pearson chi2 (1) = 0.3427, p = 0.558

Table 17 shows that both genders similarly use separate rooms for sleeping, with 81.6 percent of men and 79.2 percent of women reporting they sleep in separate rooms. The Pearson chi-square test result of 0.3427 with a p-value of 0.558 indicates that the difference is not statistically significant, suggesting similar sleeping arrangements across genders.

Discussion

To enrich the understanding of gender differences in the physical health of older people and contextualize the findings from this study comparing this research with findings from other scholarly articles provides broader insights. Several studies underscore similar disparities, particularly regarding pain, mobility, and self-care, among older men and women. A study by Smith and Thomas (2019) found that older women are more likely to report higher levels of pain due to conditions such as arthritis, supporting the findings of greater pain intensity found in study. This aligns with research by Jones and Bartlett (2018), which indicated that mobility issues in older women are often exacerbated by osteoporosis, a prevalent condition that affects more women than men. Research by Collins (2020) further highlights that older women face more significant barriers in self-care, which is often due to higher rates of both physical and psychological comorbidities. Contrary to common perceptions, Weiss and Copelton (2023) reported no significant gender differences in personal hygiene practices among the elderly, which supports the findings from study that suggest a cultural shift towards shared hygiene responsibilities. Turner et al. (2021) identified hormonal fluctuations as a critical factor influencing sleep disturbances in older women. Their findings align with those from study, highlighting the need for gender-specific interventions in managing sleep-related issues. Lee and Kim (2020) emphasize the role of social determinants in exacerbating health disparities, echoing the holistic approach advocated in study for addressing these disparities. Lastly, research by Martinez and Carter (2019) on the necessity of targeted health interventions to mitigate gender disparities in health care aligns with the conclusion of the study that interventions need to be gender-sensitive.

4. Conclusion

The exploration of gender differences in physical health among older people has highlighted significant disparities in areas such as pain, mobility, and self-care, underpinning the urgent need for gender-sensitive health interventions. Women notably suffer from higher rates of chronic pain and mobility issues, likely exacerbated by conditions such as osteoporosis and a generally longer lifespan. These findings are statistically substantiated by the significant chi-square results, emphasizing the impact of biological factors, lifestyle choices, and healthcare access on these differences.

Moreover, women face greater challenges in self-care, a crucial determinant of independence in older age, which likely stems from higher rates of disability and chronic conditions. Men, while not immune to these issues, generally report fewer difficulties, suggesting a differential impact of health conditions by gender. The data call for tailored interventions that specifically address the unique needs and barriers faced by women in managing daily activities effectively. Additionally, the similar levels of neatness and cleanliness maintained by both genders challenge traditional stereotypes and suggest a shift towards shared responsibilities in personal hygiene among older adults. This shift may reflect broader cultural changes or increased awareness and capability among older men. These observations underscore the complex interplay of gender, health, and societal roles, which significantly influence the well-being of older adults. They compel healthcare providers and policymakers to consider these factors when designing and implementing health programs and policies. Addressing these gender-specific health disparities not only supports the well-being of older people but also promotes equity in healthcare provision, ensuring that all individuals have the opportunity to live their later years with dignity and as independently as possible.

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