

## **Gender and Mental health**

**Saraswathy Venkataraman**

*PhD Candidate (MUARC) Monash University Sunway Campus, Malaysia.*

**Submitted Date 25 Feb 2013**

**Accepted Date: 06 Mar 2013**

### **I. Introduction**

The human aging process brings about many changes. Aging adults can expect to experience biological change, altered relationships primarily through death, changes in financial circumstances and perhaps circumstances involving sudden neglect or abandonment. These changes have a profound impact on the mental health of the elderly population overall.

While some changes due to aging, such as loss of health and vitality, have a similar impact on the mental health of both men and women, other changes have more impact on one gender compared to the other.

### **II. Main Section**

There is an important difference between the longevity of men and women. Of the world's population surviving to age 60, men can expect to live an additional 17 years and women 20 years more. Women are more likely to outlive their spouses because they have lower death rate than men at every age, and, on average, are younger than their husbands (United Nations Population Division, 2000). Exceptions to women living longer than men include India, Pakistan and Bangladesh, where women's life expectancy is less than men (Ewing, 1999).

This overall difference in longevity has a profound impact on the mental health of women. Women are more likely than men to be traumatized by the loss of their spouse. This loss can be mentally devastating, and the risk of mortality for the survivor is increased by a massive 600% during the year following the bereavement (Breitung, 1987). Atkinson et al (1996) agree, stating that the death of a spouse is the most traumatic life event on the life events scale.

Women are at greater risk of depression and other psychiatric illness due to the loss of their spouse (Aroni & Minichiello, 1992). Sainsbury (1996) mentions that after experiencing the death of a spouse, the most common psychiatric illness is depression.

Further 79% of older men are currently married, compared to 43% for older women. Most older persons without a spouse have been widowed (United Nations Population Division, 2000). Women are therefore more likely to experience loneliness, and further depression. In fact, Gunning (2000) mentions that the number one reason for depression among the elderly is loneliness.

Stuart-Hamilton (2006) mentions that men better adjust to the loss of a spouse than women do. This may be due to traditional sexist roles, where a woman's status is determined by the presence of her husband, while the reverse does not apply as strongly. Further, a widowed man is more likely to be financially more secure and may have better opportunities of finding a partner. While women are more likely to be lonely through the loss of spouse, they appear to better cope with isolation than men do. McIntosh (2001) mentions that socially isolated men who live alone are the most likely to die by suicide. Williams (1993) agrees, stating that elderly males show higher rates of depression.

Some Asian cultures exert undue pressure on elderly widows not to enjoy themselves after their husband's demise. Yogananda (1993) mentions that Hindu women believe that it is a sign of spiritual advancement if they die before their husbands, as proof of their loyal service to their husbands, or "dying in harness". Those who outlive their husbands are required by their society to dress in sombre colors, and lead a quiet, almost withdrawn life. This cultural pressure exerted on widows creates mental stress and depression. These Asian cultures frown on widows re-marrying, though there are hardly any such restrictions on widowers seeking to re-marry. However, changing Asian social values should mean less discrimination for Asian widows of the future.

Income reduction at retirement is one of the main vulnerabilities of older people that puts them at risk of poor mental health (Kendig, 1990, cited in Minichiello, Russell & Swerissen, 1992). Aroni & Minichiello (1992) concur, stating that the personal financial state of the elderly is a major contributor to the successful adaptation to old age. Across the world, on average, older men are more economically active than older women.

In more developed countries, 23% of men aged 60 years or older were still economically active compared to just 10% of women aged 60 years or older. In less developed regions, the difference is more pronounced – 52% of older men are economically active compared to just 20% of older women. Further, in about one third of countries in the world, the retirement age is lower for women (United Nations population Division, 2000). Hence, we realize that older women are more vulnerable to the mental stress that accompanies poor financial standing.

Many elders, especially widowed women, live on the edge of poverty in the United States (Guccione, 1993). He suggests three reasons for this:

- 1) Women working usually held jobs in occupations dominated by women and characterized by high turnover rates, lack of unionization and pension coverage, and low wages. (This of course has changed rapidly in recent times, but probably holds true when the current elderly population was working).
- 2) Women have tended to have interrupted careers (due to child bearing etc.) that reduce their overall earnings histories. As social security benefits are calculated on wage histories, women receive lower social security payments and benefits.
- 3) The reduction in benefits that women receive when they are widowed may hasten their slide to poverty as a single income may be insufficient to meet basic needs.

In Australia, the effects of lifelong inequalities between men and women in access to resources has resulted in differential health patterns. Elderly women have a higher rate of acute illness, a higher average of restricted activity days, experience more limiting, long-term disabilities, have a higher rate of chronic conditions and a greater incidence of disability than older men (Minichiello, Russell and Swerissen, 1992). These structural inequalities also leave women socially and economically less able to leave abusive environments (Jeeawody & Bevan, 1998). Ewing (1999) mentions that women in less developed countries often lose land and property when they become widowed. Hence they are more vulnerable to poverty and destitution.

From the observations performed through the discipline of Occupational therapy, many elderly women in Asia today were homemakers in their early life and did not accumulate much personal wealth. When they were widowed, the husband's assets were often distributed between their children. These elderly women are now perceived as non-productive liabilities, and thus are accorded a very low social status by society at large. We may deduce that elderly women are more likely than men to experience the mental stress of financial problems. They may face difficulties in affording transport, medicine, nutrition, food and other essentials. They are faced with loss of self-esteem, fear, regret and severe depression. Rossi (1986) is hopeful that with more continuous work histories behind them and hopefully, more equitable pay, elderly women of future generations may lead penurious lives. Overall, a better financial standing of women in future will see them less depressed in their twilight years.

Men and women adjust differently to retirement or job loss. Kua (1994) mentions that working Singaporean men find it more difficult to adjust to retirement, than say a housewife because the housewife continues her role at home. The working man loses the companionship of his colleagues, and more significantly, the status of his job. This can be devastating to men. Stuart-Hamilton (2006) discusses the fact that many working people, particularly men, establish their self worth and status through their occupation. However, during retirement, the status disappears with the job and the retirees need to find something else to be worthy of self-esteem.

The psychological problems of aging appear to affect elderly women more than men. Our society does not readily accept the wrinkles and sagging that become more prominent with advancing years (Davison & Neale, 1994). The cosmetic surgery industry and cosmetic companies first inculcate a fear of growing and looking old, then makes millions of dollars exploiting this fear, especially in women. This negative perception of old age may be reinforced by cultural communication, the media, fashion industries and soap operas (Minichiello, Browning & Aroni, 1992).

Some aging women may have difficulty coping with physical beauty marketing that is so much a part of life nowadays. However, most elderly men better adapt to the changes associated with physical aging (Billig, 1995). Within the local cultural context and interactive experiences engaged in dealing with the elderly population, an increasing number of men are showing more concerns with preserving their looks.

Menopause in women has long been thought to cause depression. However, the National Institute of Aging (1992) mentions that this is a myth. Studies conducted by psychologists at the University of Pittsburgh suggest that menopause does not cause unpredictable mood swings, depression, or even stress in most women. The Pittsburgh findings are supported by a New England Research Institute study, which found that menopausal women were no more depressed than the general population. However, several studies over the previous decade have linked estrogen insufficiency to osteoporosis. In fact, osteoporosis is more closely related to menopause than to a woman's chronological age. Broken vertebrae and hips as a result of osteoporosis can adversely affect women's mental health in their old age.

In conclusion, this paper written clearly shows that elderly women are more susceptible to mental stress than their male counterparts. Elderly males are likely to face spousal death and dire financial straits. However, it is hopeful that elderly women of the future will be financially better off than elderly women today. Additionally, changing social values in Asia will probably mean that society will discriminate less against elderly widows in the future.

### References

- [1]. Aroni R & Minichiello V (1992) Sociological Aspects of Ageing. In Minichiello V, Alexander L and Jones D (Eds) GERONTOLOGY: A MULTIDISCIPLINARY APPROACH. Melbourne: Prentice Hall of Australia Pvt. Ltd.
- [2]. Atkinson RL, Atkinson RC, Smith EE, Bem DJ and Nolen-Hoeksema S (1996) HILGARD'S INTRODUCTION TO PSYCHOLOGY (12th ed) Fort Wirth, Texas: HarcourtBrace College Publishers.
- [3]. Billig N (1995) GROWING OLDER & WISER. New York: LexingtonBooks.
- [4]. Breitung JC (1987) Caring for Older Adults – BASIC NURSING SKILLS AND CONCEPTS. Philadelphia: W. B. Saunders Company. Pp 39-72.
- [5]. Davison GC and Neale JM (1994) ABNORMAL PSYCHOLOGY (6th ed). In Cumming S and Harris L (Eds) PSYCHOLOGY OF AGING. SYDNEY: University of Sydney Press. Pp 490-501.
- [6]. Ewing D (1999) Gender and Ageing. In Randel J, German T and Ewing D (Eds) The Ageing and Development Report – Poverty, Independence and the World's Older People. London: Earthscan Publications Ltd. Pp 33-45.
- [7]. Guccione AA (1993) Implications of an Aging Population for Rehabilitation: Demography, Mortality, and Morbidity in the Elderly. In Guccione AA (Ed) GERIATRIC PHYSICAL THERAPY. St Louis, Missouri: Mosby. Pp 3-20.
- [8]. Gunning J (2000) One is the loneliest number [Online] Available: <http://home.myplainview.com/graying/2.shtml> [September 8, 2001].
- [9]. Jeeawody B & Bevan C (1998) CHALLENGES FOR THE FUTURE. In Jeeawody B & Bevan C (Eds) Successful Ageing – Perspectives on Health and Social Construction. Sydney: Mosby Publishers Australia Pvt. Ltd.
- [10]. Kua EH (1994) AGEING AND OLD AGE –Among Chinese in a Singaporean Urban Neighbourhood. Singapore: Singapore University Press.
- [11]. McIntosh J (2001) THE SUICIDE OF OLDER MEN AND WOMEN: How you can Help Prevnt Tragedy. [Online]. Available: [http://www.suicidology.org/older\\_men\\_and\\_women.htm](http://www.suicidology.org/older_men_and_women.htm) [September 8, 2001].
- [12]. Minichiello V, Browning C and Aroni R (1992) The Challenge of the Study of Ageing. In Minichiello V, Alexander L & Jones D (Eds) Gerontology: A Multidisciplinary Approach. Sydney: Prentice Hall of Australia Pvt. Ltd. Pp 1-16.
- [13]. Minichiello V, Russell C and Swerissen H (1992) A framework to Make Sense of Public Policy and Aged Care. In Miichiello V, Alexander L & Jones D (Eds) Gerontology: A Multidisciplinary Approach. Sydney: Prentice Hall of Australia Pvt. Ltd. Pp 301-337.
- [14]. National Institute of Aging (1992) Menopause [Online] Available: <http://www.nih.gov/health/chip/nia/menop/men1.htm> [September 15, 2001].
- [15]. Rossi AS (1986) Sex and Gender in the Aging Society. In Pifer, A and Bronte L (Eds) OUR AGING SOCIETY – Paradox and Promise. New York: W. W. Norton & company Inc. Pp 111-139.
- [16]. Stuart-Hamilton I (2006) The Psychology of Ageing (2nd ed). In Cumming S and Harris L (Eds) PSYCHOLOGY OF AGING. Sydney: University of Sydney Press. Pp 111-131.
- [17]. United Nations Population Division (2000) Population Aging 1999 [Online]. Available: <http://www.un.org/popin/wdtrends/a99/ageing.htm> [September 5, 2001].
- [18]. Williams AK (1993) Depression and Function in the Elderly. In Guccione A A (Ed) GERIATRIC PHYSICAL THERAPY. St Louis, Missouri: Mosby. Pp 149-158.
- [19]. Yogananda P (1993) AUTOBIOGRAPHY OF A YOGI (12th ed). Los Angeles: Self- Realization Fellowship Publishers. Pp 240-246.