

# Bridging the Gap: Understanding Gender Disparities in Geriatric Health and Care

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**Abstract Background:** Aging is a physiological process and it is an inevitable part of life. According to the Census of India, reports from 2001 and 2011 highlight the increase in the elderly population from 70.6 million to 104 million. It will keep increasing, but that does not necessarily mean they live healthier. Gender is one of the significant factors in geriatrics, as elderly people of different genders face unique challenges related to aging, due to differences in biological, psychological, and social experiences. **Objective:** To understand the difficulties faced by the elderly based on gender perspectives in health care. **Methodology:** Qualitative case study methodology was applied in this study using an in-depth interview guide and analyzed thematically. The researcher interviewed 30 elderly people using a convenient sampling method. Descriptive design was used to describe the existing problems of elderly people such as lack of health care, mental health issues, social security issues, financial insecurity, and difficulty with everyday tasks and mobility in Chennai based on their gender. **Model:** A "bio-psychosocial model" was used to understand the complex interactions between the factors and their impact on gender differences in health outcomes. The current study discussed gender differences and their influence on biological, psychological, and social factors of elderly people. **Findings:** The findings revealed biological factors such as Cognitive function, and Longevity, psychological factors such as Mental health disorders, coping with loss, and social factors such as Social roles and expectations, and social support networks of the elderly people based on their gender. From the study, both the elderly men and women face unique challenges related to their health. **Conclusion:** This study focused on developing an

in-depth analysis to examine relevant issues, challenges, and areas that require further attention from governments on the impact of gender norms and roles in the realities and experiences of elderly people.

**Keywords** Elderly People, Gender, Health Care, Challenges

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## 1. Introduction

People worldwide are living longer. Today most people can expect to live into their sixties and beyond. Every country in the world is experiencing growth in both the size and the proportion of older persons in the population. By 2030, 1 in 6 people in the world will be aged 60 years or over [1]. In India, there are a total of 104 million elderly persons (8.6%), and the number is expected to increase to 296.6 million constituting 20% of the total population by 2050 [2]. The sex ratio of the elderly was 938 women to 1,000 men in 1971 which has increased to 1,033 in 2011 and is further projected to increase to 1,060 by 2026. As the population increases, the problems they face also increase based on their gender [3].

Gender and geriatrics present a complex set of issues related to health care and aging. Gender plays a significant role in the field of geriatrics, which focuses on understanding the aging process and providing health care for older adults [4]. The intersection of gender and geriatrics is a complex and essential area of study that sheds light on the unique experiences, health concerns, and healthcare needs of individuals as they age based on their

gender.

When examining geriatrics through a gender lens, it becomes evident that gender-related factors interact with biological, psychological, and social aspects to shape older adults' health outcomes and experiences. Historically, research and healthcare practices in geriatrics have often focused on men, neglecting the unique needs and experiences of older women and individuals with non-binary gender identities. However, in recent years, there has been a growing recognition of the importance of addressing gender-specific health concerns and disparities in geriatric care [5].

This recognition has led to a deeper understanding of the distinct challenges and opportunities faced by individuals across the gender spectrum as they age. Gender influences various aspects of geriatric health and care. For instance, older women may experience specific health issues related to menopause, hormonal changes, and conditions such as osteoporosis and breast cancer. Additionally, gender societal expectations and caregiving roles can impact the physical and emotional well-being of older women. On the other hand, older men may face unique health concerns such as prostate problems cardiovascular diseases, andropause.

Understanding and addressing the gender-related aspects of geriatrics is crucial for providing equitable and comprehensive care for older adults. By considering the intersectionality of gender with other factors such as race, ethnicity, socioeconomic status, and sexual orientation, healthcare providers can develop tailored interventions and support systems that address the diverse needs of older adults across different gender identities.

This article explores the multifaceted relationship between gender and geriatrics, examining the specific health concerns, disparities, and caregiving experiences associated with different gender identities. By shedding light on these issues, it aims to promote awareness and understanding of the impact of gender on geriatric care.

### 1.1. Statement of the Problem

The field of geriatrics faces significant challenges in addressing the impact of gender on the health outcomes and healthcare experiences of older adults. Despite progress in understanding the unique needs of older adults, there is a persistent lack of awareness and research regarding the intersectionality of gender and aging. In recent years, there has been growing recognition of the importance of considering gender differences in geriatric care [6]. One of the main problems related to gender and geriatrics is the significant gender gap in health outcomes and access to health care among older adults.

Women are more likely to experience chronic health conditions, disability, and frailty than men in their older age, which can lead to greater healthcare needs and higher healthcare costs. At the same time, older men are more likely to receive aggressive and expensive medical

treatments than older women, even when they have similar health conditions [5].

Another issue related to gender and geriatrics is the gender bias and discrimination that can occur in healthcare settings, especially toward older women. This can manifest in various ways, such as in the form of dismissive attitudes towards older women's health concerns, under-diagnosis and under-treatment of medical conditions, and neglect of the social and emotional needs of older women.

Women tend to have a longer life expectancy than men, but they also have higher rates of chronic conditions such as arthritis, osteoporosis, and depression. Men, on the other hand, have higher rates of cardiovascular disease, cancer, and functional limitations. Gender differences in access to health care, social support, and economic resources further exacerbate these disparities, leading to poorer health outcomes and quality of life for older adults of different genders.

Another crucial aspect of the problem lies in the lack of inclusive and gender-affirming healthcare environments for older adults. Healthcare providers may not be adequately trained to address the unique needs and concerns of individuals based on gender. This results in older adults facing stigma, discrimination, and limited access to appropriate care, negatively impacting their health outcomes and overall aging experience.

Overall, addressing the complex issues related to gender and geriatrics requires a multifaceted approach that takes into account the unique healthcare needs and experiences of older men and women.

### 1.2. Need of the Study

Conducting a study on gender and geriatrics is crucial. It helps address the gaps in knowledge and understanding of the unique experiences, health concerns, and healthcare needs of older adults across different gender identities.

**Addressing Health Disparities:** Research focusing on gender and geriatrics is essential to identify and address health disparities that disproportionately affect older adults. By recognizing the distinct challenges faced by individuals based on their gender identity, healthcare providers can develop targeted interventions and strategies to improve health outcomes and reduce disparities.

**Tailoring Health Care Interventions:** A study on gender and geriatrics provides insights into the specific health concerns and needs of older adults. It enables healthcare providers to design and implement tailored interventions that account for the biological, psychological, and social factors that influence health outcomes. It allows for the development of gender-affirming and culturally sensitive care practices that promote better health and quality of life for older adults.

**Informing Policy and Guidelines:** Understanding the impact of gender on geriatric care helps inform the development of policies and guidelines that promote equity and inclusivity. Research findings can contribute to

evidence-based recommendations for healthcare systems, organizations, and policymakers, guiding them in the creation of comprehensive frameworks that address the diverse needs of older adults across genders.

**Enhancing Caregiver Support:** Studies on gender and geriatrics shed light on the unique caregiving responsibilities and challenges faced by older adults and their caregivers. This knowledge informs the development of support systems and resources that address the specific needs of caregivers, taking into account gender dynamics, societal expectations, and access to caregiving services.

**Advancing Geriatric Education and Training:** Integrating gender-specific knowledge into geriatric education and training programs is essential for health care providers. Understanding the influence of gender on aging allows for the development of a more comprehensive and significant understanding of older adults' needs, leading to improved care delivery and outcomes.

**Promoting Healthy Aging and Well-being:** By conducting research on gender and geriatrics, we can promote healthier aging and well-being for older adults across all gender identities. By understanding the unique challenges and strengths associated with different gender experiences, interventions can be developed to enhance overall quality of life, social support, mental health, and physical well-being.

In conclusion, conducting a study on gender and geriatrics is essential to bridge the knowledge gap and address the specific needs, challenges, and disparities faced by older adults based on their gender identity. By generating evidence and insights, this research contributes to the development of inclusive and tailored healthcare approaches that improve the health outcomes and overall well-being of older adults, promoting healthier aging for all.

## 2. Review of Literature

"Gender Differences in Aging and Longevity" review explores the biological, behavioral, and sociocultural factors that contribute to gender differences in aging and longevity. It discusses how sex hormones, genetics, and lifestyle factors interact to influence the health outcomes and life expectancy of older adults [7]. Another study examines the gender disparities in the prevalence and impact of obesity-related diseases among older adults. It highlights the higher burden of obesity-related health conditions, such as diabetes and cardiovascular diseases, faced by older women compared to men [8]. A similar study related to gender differences and depression focuses on the gender differences in the prevalence, clinical presentation, and treatment response of depression among older adults. It discusses the influence of hormonal changes, psycho-social factors, and coping mechanisms on gender disparities in depression rates [9].

Another study of the evidence discusses gender

differences in health outcomes, health behaviors, and healthcare utilization across the lifespan, including older adulthood. It explores the influence of societal norms, gender socialization, and health beliefs on gender disparities in health [5]. "Gender Disparities in Healthcare Access and Utilization among Older Adults in the United States", the study examines gender-related disparities in healthcare access and utilization among older adults in the United States. It highlights factors such as income, health insurance coverage, and caregiving responsibilities that contribute to differences in healthcare-seeking behaviors between older men and women [10].

A similar study explores gender differences in medication use patterns and adherence among older adults. It discusses factors such as hormonal variations, socialization, and health care provider interactions that contribute to differences in medication utilization between older men and women [11]. Another study examines the complex relationship between gender, aging, and health. It highlights the need to move beyond traditional gender roles and stereotypes and adopt a more nuanced understanding of gender and its influence on health experiences among older adults [4]. Other study explores the gender differences in caregiving roles and experiences among older adults. It discusses the unique challenges faced by male and female caregivers, including differences in caregiving tasks, coping mechanisms, and access to support services [12].

These literature reviews and studies provide valuable insights into the intersection of gender and geriatrics, covering a range of topics including health disparities, healthcare utilization, mental health, medication use, caregiving, and social determinants of health. They underscore the importance of considering gender as a critical factor in understanding and addressing the unique needs and experiences of older adults, ultimately leading to more equitable and tailored geriatric care.

### Objectives:

1. To know the demographic profile of the elderly.
2. To understand the difficulties faced by the elderly based on gender perspectives in their health care.
3. To give suggestions to develop recommendations for improving the geriatric care of the elderly based on the findings.

## 3. Research Methodology

**Research design:** The respondents' problems were described using a descriptive research design in this study. Descriptive research design is used to gather information to make accurate predictions about a particular problem. In this study, descriptive research design is used to describe the healthcare impact based on the gender of the elderly.

**Sample Size:** 30 (15 men and 15 women) elderly people in the Chennai District of Tamilnadu were interviewed.

**Sample Technique:** In Non-probability convenient sampling method was used.

**Approach:** Qualitative Case Study Analysis of thirty case studies taken (Verbatim- every single word in the text the same way those words were originally spoken).

**Sample selection:** The Elderly from the age group 60 to 70 were included. Elderly with mental illness and person with disability were excluded from the study.

**Sampling Procedure:** Chennai was chosen for sample collection. Self-structured questions were developed focusing on the healthcare impact based on the gender of the elderly. The ideal sample size for a case study is 30. 30 Elderly in the Chennai district were approached and the purpose of the research was explained. A consent form was given to the elders with complete details of the research and requested to sign the form. Elderly were made to sit comfortably. After the rapport building, questions were asked. The duration of each case study took around 30 - 40 minutes. Elderly were given enough time to think and talk. Questions were repeated twice for their better understanding and no prompts were given while answering. The complete answers were recorded and later converted into words (verbatim). All the participants were approachable and gave their complete cooperation and opened up when they were asked questions.

### 3.1. Biopsychosocial Model

The biopsychosocial model is a comprehensive framework that considers the biological, psychological, and social factors that influence an individual's health and well-being. It was developed by George L. Engel in 1977 [13]. When applied to gender and geriatrics, the biopsychosocial model helps us understand how these three interconnected dimensions interact to shape the experiences of older adults in relation to their gender.

Figure 1 explains about the framework for the biopsychosocial model and the explanation is given below:

**Biological factors:** Biological factors encompass the physiological and genetic aspects of gender and aging. For

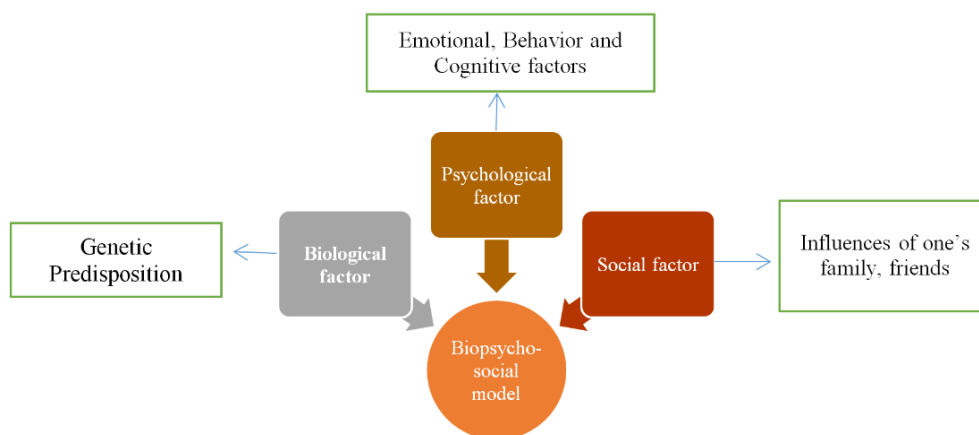
instance, biological differences between men and women, such as hormonal variations and susceptibility to certain health conditions, can influence the aging process. Biological factors also include genetic predispositions, which may contribute to the development of age-related diseases or conditions.

**Psychological factors:** Psychological factors refer to cognitive, emotional, and behavioral aspects that impact gender and geriatric experiences. Gender identity, gender roles, and societal expectations play significant roles in shaping an individual's self-perception, mental well-being, and psychological adjustment to aging. Psychological factors also include attitudes, beliefs, and coping mechanisms that influence how older adults navigate the challenges and opportunities associated with gender and aging.

**Social factors:** Social factors encompass the cultural, societal, and interpersonal aspects of gender and geriatrics. Gender norms, social roles, and cultural expectations can influence the social support networks, social integration, and access to resources available to older adults. Additionally, social determinants of health, such as socioeconomic status, education, and discrimination, can significantly impact the health outcomes and quality of life for older individuals based on their gender.

In the context of geriatrics, the Biopsychosocial model emphasizes the importance of considering all three dimensions—biological, psychological, and social—to provide comprehensive and patient-centered care to older adults. This approach recognizes that health and well-being are influenced by complex interactions between biological, psychological, and social factors, and it highlights the importance of a holistic and integrated approach to geriatric care.

**Health outcomes:** This includes the physical, mental, and social health outcomes that result from the complex interactions between biological, psychological, and social factors were given in detail in the findings.



**Figure 1.** Framework for the Biopsychosocial model

## 4. Findings and Discussion

Table 1 explains about the factors affecting the health of the elderly people and a detailed explanation is given below:

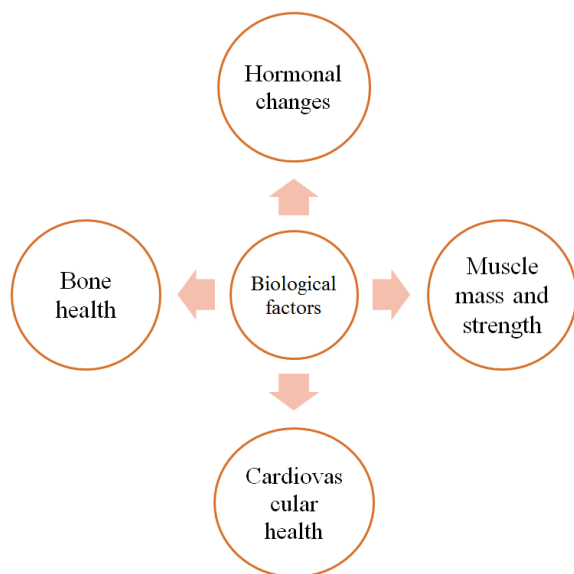
**Table 1.** Factors affecting the health of the elderly people

<b>Biological factors</b>	Hormonal Changes, Bone health, Muscle mass and strength, Cardiovascular health, Longevity.
<b>Psychological factors</b>	Mental health disorders, Coping mechanisms, Loneliness and social support, Cognitive function, Life satisfaction and well-being, Resilience and coping with loss.
<b>Social factors</b>	Social role and expectations, Social support networks, Access to resources, Loneliness and isolation, and Retirement and leisure.

### 4.1. Biological Factors

Biological factors that affect elderly individuals can indeed vary based on gender. These factors are influenced by differences in hormonal profiles, genetics, and sex-specific physiological changes that occur throughout the aging process. Here are some key biological factors that impact elderly men and women differently:

Figure 2 explains about the biological factors that affect the health of the elderly listed below:



**Figure 2.** Biological factors that affect the health of the elderly

#### Hormonal Changes

**Menopause:** Studies show that menopause is a significant biological event that affects elderly women. As women age, their ovaries produce less estrogen and progesterone, leading to the cessation of menstruation and various hormonal changes. This can result in symptoms

like hot flashes, mood swings, and vaginal dryness [14]. In this study, all 15 elderly women have stated this statement. Due to these symptoms, they are facing a lot of problems like getting angry about small things, shouting at others, etc. It affects their physical health as well as mental health.

*"I used to have a lot of mood swings, but I wasn't like this before. My vaginal lining also dries out, which causes some uncomfortable feelings".*

#### Andropause

Studies indicate that elderly men experience a decline in testosterone levels during a phase sometimes referred to as andropause or male menopause. This decline in testosterone can lead to reduced muscle mass, decreased libido, and changes in mood [15]. In this study 10 out of 15 men said the same statement, they have changes in mood and decreased libido. Verbatim of the elderly men stated below:

*"I felt like I was very strong, but as the years went by after I turned 60, I lost that confidence because of bone deterioration and what felt like continuous mood swings".*

#### Bone Health

**Osteoporosis:** Postmenopausal women are particularly vulnerable to osteoporosis due to the decline in estrogen levels, which contributes to reduced bone mineral density. Men, too, can develop osteoporosis, but their risk is generally lower than women, especially when they maintain higher levels of testosterone throughout life. [16].

*"In this study 10 out of 15 women said they felt that they have declined in their bone strength and also they were taking treatment for the reduced bone mineral density".*

**Fracture Risk:** Elderly women, particularly those with osteoporosis, are at a higher risk of fractures, especially hip fractures, compared to elderly men [17].

Out of 15 women and 15 men elderly, all the elderly women faced the risk of fracture at some point after aging. Half of the elderly men faced the risk of fracture.

*"Last year I had a hip fracture, the reason for this fracture was a decrease in bone mineral density and the doctors advised me to take nutritious and healthy intake because of my age factor".*

#### Muscle Mass and Strength

**Sarcopenia:** Both men and women may experience age-related muscle loss, known as sarcopenia. However, elderly men tend to have more muscle mass than elderly women at baseline, so the impact of sarcopenia may be more pronounced in men [18].

*"The loss of skeletal muscle mass and strength as a*

*result of aging was experienced by both the genders based on the case study. It affects the health of the elderly both physically and mentally”.*

### Muscle Strength

Elderly men typically have greater muscle strength compared to elderly women, partly due to the influence of testosterone on muscle development and maintenance. So after the age of 60, the level of testosterone decreases has an impact on muscle strength and it affects the health of the elderly men mostly [19].

*“Out of 15 elderly men everyone faced this problem, they can't do any work because they don't have balance so they have a chance of falls. Most of the elderly men people experience this fall due to imbalance. Out of 15 elderly women few of them faced this problem but men faced this problem more”.*

### Cardiovascular Health

**Heart Disease:** The risk of cardiovascular diseases, such as coronary artery disease and stroke, increases with age for both men and women. However, the risk may differ due to variations in hormonal profiles and the presence of specific risk factors [20].

**Postmenopausal Protection:** Before menopause, women tend to have a lower risk of heart disease compared to men. However, after menopause, the protective effect of estrogen declines, and the risk of heart disease in women increases, often catching up with or surpassing that of men [21].

Out of 30 elderly 26 have heart disease or attack or any kind of heart problems.

### Longevity

Women generally have a longer life expectancy than men, partly due to biological factors and hormonal differences. However, this longevity advantage may be partially offset by the higher prevalence of chronic conditions in elderly women.

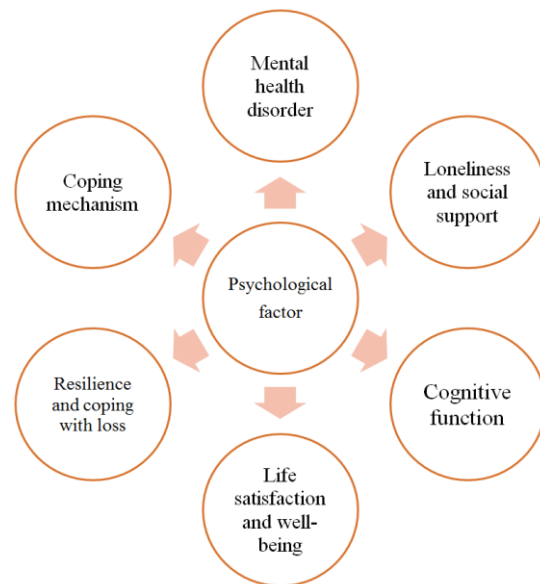
*“More than half of the elderly women taken in this study are older than the elderly men”.*

It's essential to consider these gender-specific biological factors when developing healthcare strategies and interventions to support the health and well-being of elderly individuals. Additionally, individual variation within each gender group means that personalized approaches are necessary to address the specific needs and challenges faced by elderly men and women.

## 4.2. Psychological Factor

Psychological factors related to elderly individuals can be influenced by gender differences. These factors encompass the emotional, cognitive, and social aspects of mental health and well-being.

Figure 3 explains about the Psychological factors that affect the health of the elderly listed below:



**Figure 3.** Psychological factors that affect the health of the elderly

### Mental Health Disorders

**Depression:** Elderly women may experience higher rates of depression compared to elderly men [22]. This gender difference may be influenced by hormonal changes, life events, and social factors.

**Anxiety:** While anxiety is prevalent in both genders, some studies suggest that women may have a higher tendency to experience anxiety disorders in later life [23].

Out of 30 elderly people 25 (15 women, 10 men) faced depression or anxiety in their late life due to any one of the reasons like hormonal changes, mood swings, life events, and social factors. But mostly women faced depression.

*“I lost my husband 2 years before, after his death there is no one to take care of me and no financial support. It leads to depression”.*

### Coping Mechanisms

**Emotional Expression:** Women often tend to be more open in expressing their emotions, seeking social support, and discussing their feelings. In contrast, men may be more reserved and less likely to seek emotional support [24].

**Problem-Solving:** Men prefer to cope with stress by focusing on problem-solving and practical solutions, whereas women utilize more emotion-focused coping strategies.

Women in this study were more open in expressing their emotions with family members or with relatives. But men were mostly reserved and they didn't express their feelings.

*“There is no one to support me. I used to ventilate*

*my feelings with my relatives and neighbor. Sometimes I used to express my feelings with unknown persons too”.*

*“I lost my wife during COVID-19, at the time of her death I couldn’t express my feelings for her. I felt blank, and felt like there was no reason to live.”*

**Loneliness and Social Support**

Loneliness: Elderly women are often more likely to report feelings of loneliness, especially if they have outlived their spouses or have limited social connections [25].

Social Support: Women generally tend to have more extensive social networks and rely more on social support systems, such as friends and family, compared to men [26].

Out of 30 elderly people 20 (15 women, 5 men) were facing this kind of situation in their late life. Elderly women were mostly reporting the kind of loneliness and lack of social support.

*“I’m staying with my son because of the family issue and there was some dispute at home. Feeling depressed and alone with no one to look out for me or give me support.”*

**Cognitive Function**

Cognitive Resilience: Studies suggest that women may exhibit higher cognitive resilience in certain aspects, particularly in verbal abilities and memory, despite age-related changes in cognition [27].

Alzheimer's Disease: Women are at a higher risk of developing Alzheimer's disease compared to men, which can impact their cognitive health in later life. This happens because of differences in biology, such as menstruation, pregnancies, and menopause [28].

Out of 30 elderly people mostly elderly women faced difficulties in remembering things and names but few men also faced this problem.

*“For the past few years, it was very difficult for me to remember things as well as I have lost my verbal abilities”.*

*“Every elderly person stated that they have rare memory loss problems like remembering the things, date, etc...”*

**Life Satisfaction and Well-Being**

Life satisfaction: Elderly men report higher life satisfaction than elderly women, possibly due to differences in perceptions of achievement and contentment with life.

Sense of Purpose: Women derive a strong sense of purpose from caregiving roles and family connections, whereas men may focus more on achievements in work or other areas.

Out of 15 elderly women everyone shared a sense of

purpose for giving care for their family and most of the men were in government jobs they said about their achievements in their work life that gave a lot of satisfaction in their life but still, they were facing problem-related to their health, family situation, social support, etc....,

*“It is clear that the elderly men experience higher life satisfaction than women throughout the case study”.*

*“I’m a school teacher with a lot of achievements were achieved during my working periods and I got many awards for my work. I felt satisfied that I did some things meaningful in my life”.*

**Resilience and Coping with Loss**

Bereavement: Both the Elderly men and women experience higher levels of emotional distress following the loss of a loved one.

**Resilience: Despite these differences, both men and women can demonstrate resilience in coping with loss and adversity.**

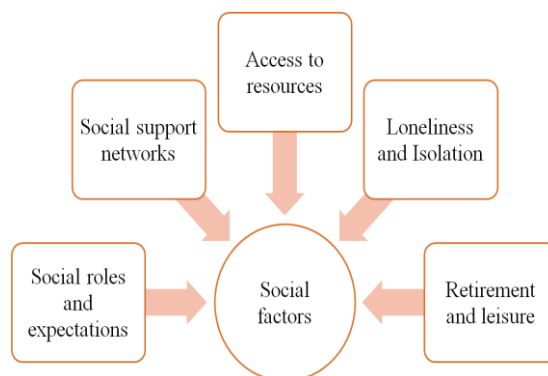
In this study both the men and women face the emotional distress. It takes time to cope with the loss and adversity.

*“My son and husband met with an accident and died a few years before, it is very difficult for me to overcome the trauma. This stress became a distress for me”.*

It's essential to recognize that these psychological factors are general trends and can vary widely among individuals within each gender. Biological, and social factors all interact to shape psychological experiences in elderly men and women.

**4.3. Social Factors**

Social factors related to elderly individuals can vary based on gender, influencing their social interactions, roles, and support networks. Here are some social factors that may differ between elderly men and women:



**Figure 4.** Social factors that affect the health of the elderly

Figure 4 explains about the social factors that affect the health of the elderly listed below:

### Social Roles and Expectations

**Gender Roles:** Traditional gender roles can influence the expectations and responsibilities placed on elderly men and women [29].

*“Men may be expected to take on roles related to financial decision-making and maintaining family ties, while women may be expected to provide emotional support and care for family members”.*

**Caregiving:** In many cultures, women have historically been primary caregivers for children and elderly family members. As a result, elderly women may continue to play a central role in caregiving, either for their spouses or other elderly family members. This can impact their time availability and social interactions as well as their health condition which becomes worse [29].

*“These many years I’ve been taking care of my children and husband and now I’m taking care of my grandparents because everyone going for the job, I’m happy to take care of my grandchildren but I can’t do it because of my health conditions, I won’t tell this to my family members”.*

**Widowhood:** Elderly women are more likely to be widowed compared to elderly men due to differences in life expectancy and also due to other physical and social issues. Widowhood can significantly influence social networks and support structures, potentially leading to increased feelings of loneliness.

In this study 10 out of 15 elderly women are widows but only 2 men were widowers, which means that women were living longer compared to men.

*Because of these social roles and expectations, the elderly were trying to fulfill their family members needs but they were not taking care of themselves.*

### Social Support Networks

**Social Circles:** Men and women have different social circles and ways of connecting with others. Men tend to have more connections through work and shared activities, while women maintain strong social ties with family and friends.

In this study the elderly men were connected only through the members in work place. As well as the elderly women were connected through the family.

*“I used to spend a lot of time with my family and neighbors near our home. I won’t go anywhere I used to stay in the home since my marriage time”.*

### Access to Resources

**Financial Resources:** Based on the case study, elderly men have greater access to financial resources if they were the primary breadwinners during their working years.

This can impact their ability to access various services and participate in social activities. But women were not like that they were fully focused on their family. So meanwhile they can’t ask for financial needs except their family.

**Health care:** Social factors are also one of the influencing factors for access to health care services. From the study states that mostly elderly women were more likely to seek medical attention and maintain regular check-ups compared to elderly men.

*“I used to take healthy food and do physical exercise like walking from my 40s. So usually I don’t go to the doctor frequently for any minor health issues”.*

### Loneliness and Isolation

**Loneliness:** Both elderly men and women experience loneliness, but the underlying reasons can differ.

*“Women face social isolation due to being widowed or having fewer opportunities for social engagement outside of caregiving roles. Men are at risk of loneliness due to smaller social networks and fewer emotional connections”.*

**Social Engagement:** Social activities and participation in community events can vary based on gender norms. Men may be more engaged in certain activities, such as sports or men's clubs, while women may participate in community and religious events.

*“I used to go to the temple every day for relaxation and feel some kind of pleasant and peaceful mind”.*

### Retirement and Leisure

**Leisure Activities:** Men and women have different preferences for leisure activities in retirement. Men engage in hobbies like gardening, fishing, or other activities, while women prefer group activities or involvement in community organizations.

Fostering intergenerational connections and promoting social engagement can enhance the overall well-being and quality of life for elderly individuals of all genders which will promote the health of the elderly.

Discussion based on the Intersectionality of gender with other factors like race, ethnicity, socioeconomic status in the health aspects of the elderly.

### Race and Ethnicity

**Health Disparities:** Generalizing the findings that different racial and ethnic groups may experience varying health outcomes. For instance, certain ethnic groups may have higher rates of specific health conditions or diseases. It should be taken into consideration as well.

**Access to Healthcare:** Disparities in access to healthcare services may exist, including barriers related to language, cultural competence, and discrimination within healthcare systems. These are some of the challenges faced by the elderly other than gender perspectives.



## Socioeconomic Status (SES)

**Economic Barriers:** Elderly individuals with lower socioeconomic status may face economic barriers to accessing quality healthcare. This can impact their ability to afford medications, treatments, and preventive care. This should be addressed through policies and awareness for the elderly people.

**Education and Health Literacy:** SES is often linked to educational attainment, and lower education levels can be associated with lower health literacy, affecting one's ability to understand and navigate healthcare systems.

These are the findings and discussion for this study based on the bio-psychosocial model and intersectionality of gender with other factors.

## 5. Suggestions and Conclusions

### 5.1. Suggestion

By implementing these suggestions, we can strive towards providing gender-inclusive, promoting healthier aging, and improving the overall well-being of older adults.

**Encourage gender diversity in research and health care:** Encourage further research on gender and geriatrics to enhance understanding of the unique experiences, health concerns, and health care needs of older adults across different gender identities. This includes conducting studies that explore the intersectionality of gender with other factors such as race, ethnicity, socioeconomic status, and sexual orientation to provide a comprehensive understanding of the challenges faced by diverse populations.

**Promote Gender-Affirming Care Practices:** Enhance health care providers' awareness and training on gender-affirming care practices in geriatrics. This includes understanding and respecting individuals' self-identified gender, addressing gender dysphoria, and providing appropriate support for gender transition-related healthcare needs.

**Foster Collaboration and Interdisciplinary Approaches:** Encourage collaboration between geriatric health care providers, researchers, social workers, and other relevant professionals to develop holistic and multidisciplinary approaches to gender and geriatric care. This collaboration can lead to comprehensive assessments, individualized care plans, and improved coordination of services to address the unique needs of older adults across the gender spectrum.

**Support Caregivers:** Develop support programs and resources that recognize the specific challenges faced by caregivers of older adults, taking into account gender dynamics and societal expectations. This includes providing education, respite care, and emotional support tailored to the needs of caregivers based on their gender

identities.

**Engage Older Adults in Decision-Making:** Involve older adults of all gender identities in the development of geriatric care policies, research initiatives, and program planning. This ensures that their voices are heard and their specific needs and preferences are considered.

**Develop gender-sensitive policies and interventions:** Policies and interventions aimed at promoting healthy aging and reducing health disparities among older adults should take into account the impact of gender on health outcomes. This includes addressing gender-based discrimination and violence, promoting gender equity in access to health care and social support services, and considering gender-specific health needs and preferences.

**Increase awareness and education on gender and aging:** Education and awareness-raising efforts can help increase understanding of the impact of gender on aging and health outcomes. This can include training healthcare providers and caregivers to be sensitive to gender differences in health and healthcare needs and providing information and resources to older adults themselves. This can help reduce stigma, discrimination, and misconceptions related to gender and aging, fostering a more inclusive and supportive society for older adults.

**Address social determinants of health:** Social determinants of health such as poverty, access to education, and social support networks have a significant impact on health outcomes in later life. Policies and interventions aimed at promoting healthy aging should address these factors, and consider how they may interact with gender to produce differential health outcomes.

**Foster intergenerational relationships and understanding:** Older adults of different genders can benefit from intergenerational relationships and understanding. Programs that bring together younger and older generations can help foster mutual understanding and provide opportunities for social support and intergenerational learning.

### 5.2. Conclusions

Gender is an important factor to consider in geriatrics and the study of aging. Older adults of different genders experience different health outcomes and face unique challenges related to aging, due to a complex interplay of biological, psychological, and social factors. The bio-psychosocial model is a useful framework for understanding the complex interactions between these factors and their impact on gender differences in health outcomes. Policies and interventions aimed at promoting healthy aging and reducing health disparities among older adults should take into account the impact of gender on health outcomes, address social determinants of health, and foster intergenerational relationships and understanding. Increasing awareness and education on gender and aging, encouraging gender diversity in research and health care, and developing gender-sensitive policies and interventions

are important steps toward promoting healthy aging and reducing health disparities among older adults of different genders. Overall, a gender-sensitive and multidisciplinary approach is essential for promoting healthy aging and reducing health disparities in later life.

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