



## A Comparative Analysis of the Differences in Mental Health in Aged Men and Women

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### Abstract

This paper presents a comparative analysis of the mental health of aged women and aged men in the district of Okara. The study utilizes a sample size of 384 participants, consisting of 192 males and 192 females, to investigate and compare mental health outcomes across multiple dimensions, including self-image, freedom of choice, mood disorders, satisfaction in relationships and household activities, physical health, satisfaction about the future, and psychological well-being. The research methodology employed quantitative research techniques to gather data from the participants. The comparative analysis revealed significant differences in various dimensions of mental health between the two genders. The analysis indicated that aged women reported lower levels of self-image and freedom of choice compared to aged men. Additionally, women exhibited a higher risk of mood disorders and lower satisfaction in relationships and household activities. Furthermore, women showed lower physical health and satisfaction about the future when compared to their male counterparts.

**Keywords:** Mental health, aged women, aged men, comparative analysis

### 1. Introduction

A person's complete psychological and emotional well-being is referred to as their mental health. It includes a variety of things, such as a person's capacity to control their emotions, cope with stress, uphold healthy relationships, and make wise choices (WHO). People with good mental health are better able to function in their daily lives, accomplish their goals, and handle any difficulties they may encounter. Numerous elements, such as biological, environmental, and social ones, as well as life events and past traumas, can have an impact on one's mental health (Davar, B. Written in (2001)) There are many interventions and therapies available to assist people maintain and improve their mental health because it is crucial for overall health and well-being. According to some academics, mental health is the capacity to manage or the absence of mental disease cope with stress and adversity. Others see mental health as an excellent state of wellbeing that has elements of the psychological, social, and emotional kinds (Katherine L. Fiori 2012) While some scholars concentrate on the scientific and neurological mechanisms that underlie mental disease, some scientists emphasise the significance of social and cultural factors in determining mental health. Total, there is a growing realisation that mental health is an important aspect of total health and wellbeing and that understanding and fostering it requires a multidimensional and interdisciplinary approach. People's physical and mental health may alter as they get older (Ida J. Korfage and colleagues in 2009). Among older persons, especially older men and women, mental health disorders might be particularly prevalent (ATF Beekman et al 1995) .Older persons frequently experience the following mental health issues: Depression: Among older persons, depression is a frequent mental health disorder. More senior women likely to experience depression than older men (November 1<sup>st</sup>, 1984, M. M. Maule et al) . Depression can be caused by a variety of factors, Anxiety: Anxiety is another common mental health issue among older adults. Anxiety can be caused by a variety of factors, including physical health problems, medication side effects, and life changes. Dementia: Dementia is a cognitive disorder that can cause problems with memory, language, and decision-making. Older women are more likely to develop dementia than older men (Lois Grau's November 2, 2010) . Substance abuse: Substance abuse can be a problem for older adults, particularly among those who may have used drugs or alcohol throughout their lives. Numerous issues with one's physical and mental health might result from substance usage (Michael Klose, Frank Jacobi in (2004)) Social isolation: For older persons, especially those who live alone or have few social connections, social isolation can be a serious issue (Tom et al. (2004). The effects of social isolation on mental health might include anxiety, depression, and other issues (Michael Klose and Frank Jacobi 2004).

#### 1.1. Global perspective on mental health of men and women

Men across all racial and ethnic groups experienced greater externalising and drug use disorders than women, according to Soraya Seedat, Kate Margaret Scott, Matthias C. Angermeyer, et al. in 2009. The gender gap for major depressive illness and substance disorder significantly narrowed in the later cohorts, despite the fact that it was generally similar between cohorts. Traditional sex roles' regional and temporal variety and this downsizing had a strong inverse relationship.

Michael Klose, Frank Jacobi in (2004) In general (disorders such as mood, anxiety, substance use, and somatoform disorders) in women, younger age was associated with substance disorders in both women and men. Being unmarried and unemployed in both sexes increased your desire, were connected with the joint, the strength of women is stronger. Being retired was associated with depression only among women, while belonging to a higher social class, working full-time and having only children appeared to be protective factors.

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Other socio-demographic systems (related to construction, women and family support) do not affect women and men, with rates of disorders increasing in both men.

In 1997, Frances.M. Culbertson noted the prevalence of sexual and reproductive diseases in the United States. It also takes into account some of the World Cultural Organization’s diagnostic instruments that could provide light on the gender-specific nature of depression and its generational repercussions. Gender and the state are emerging as a main point of relation and analogue to the depression due to personality transcending national lines and gender becoming a variable in relationship study both domestically and internationally.

The elderly are particularly at risk from mental health issues, which are a major public health concern worldwide. Around 15% of persons worldwide age 60 and above experience mental health difficulties, according to the World Health Organisation (WHO). However, different locations and nations have variable rates of the prevalence of mental health issues in older persons.

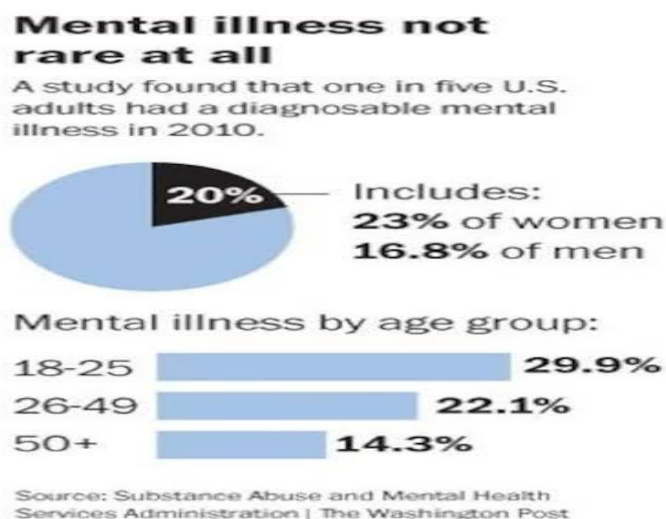


Figure 1.1

Depression is one of the most common mental health problems experienced by older adults globally. A study conducted by the WHO found that depression affects around 7% of the elderly population worldwide. Anxiety is also a prevalent mental health problem, affecting around 3.8% of older adults globally. Additionally, dementia is a significant mental health concern among older adults, with around 50 million people worldwide living with the condition .

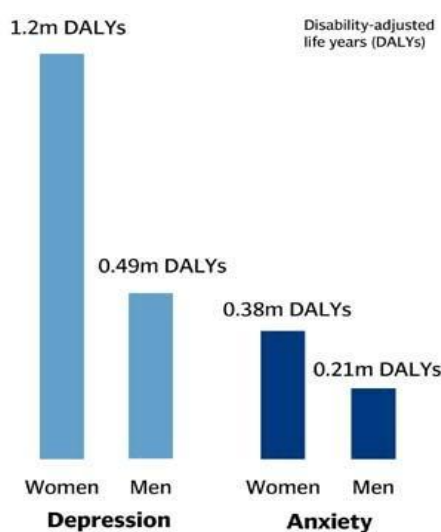


Figure 1.2

**1.2. Pakistani context**

In Pakistan, mental health issues are a serious public health issue that impact people of all ages, especially the elderly. The World Health Organisation (WHO) reports that one of the main global causes of disability and

disease burden is mental health issues. Although there has been little research focused on the mental health of the older population in Pakistan, the prevalence of mental health disorders is thought to be around 34% nationwide.

Older adults are at a higher risk of developing mental health problems due to several factors. These include chronic health conditions, increased life stressors, social isolation, and lack of access to healthcare. In addition, older adults in Pakistan may face unique challenges related to cultural norms, gender roles, and access to mental health services. Stigma surrounding mental health issues may also discourage individuals from seeking help. One of the most prevalent mental health issues affecting the elderly is depression. According to a 2018 study that appeared in the Journal of the Pakistan Medical Association, depression is more common among older women than older men in Pakistan. According to the study, older persons who reside in rural regions and have less education are more prone to develop depression. Anxiety, dementia, and substance misuse are among mental health issues that Pakistan's older population faces.

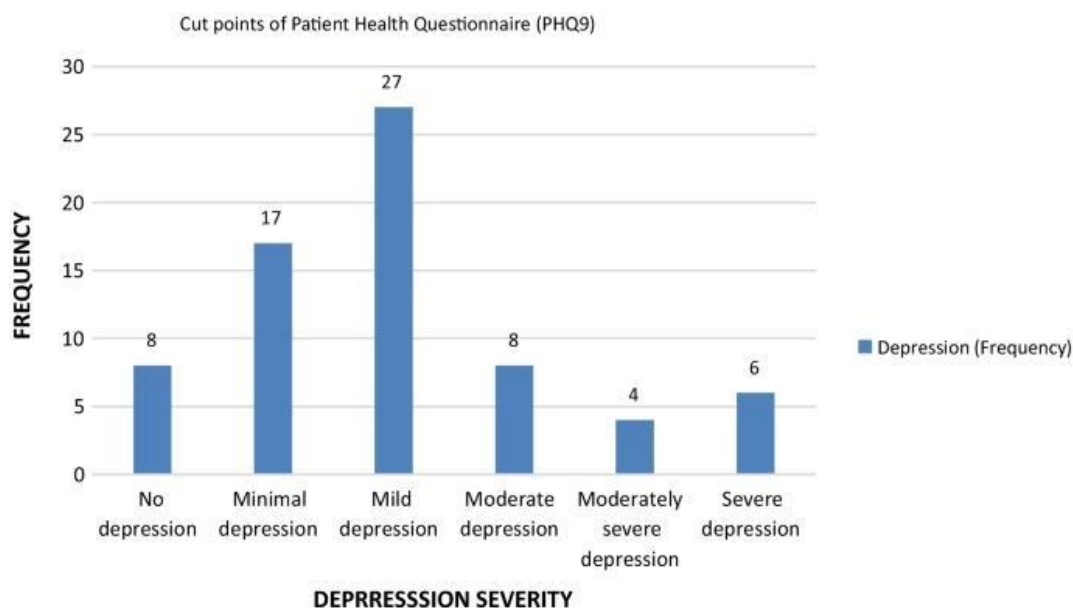


Figure 1.3

The COVID-19 epidemic has significantly impacted older persons' mental health in Pakistan. Given their susceptibility to the virus, a lot of older people have been staying home alone to lower their risk of infection. This has exacerbated mental health issues by causing social isolation and restricted access to mental health care. In addition to disrupting daily activities and raising stress levels, the pandemic has also been linked to the emergence of mental health issues.

It is crucial to prioritize the mental health needs of the elderly population in Pakistan and provide appropriate interventions and resources to support their well-being. This can include increasing access to mental health services, addressing social isolation through the use of technology and community outreach, and promoting healthy lifestyle behaviors, such as exercise and healthy eating. Mental health professionals can also be trained to identify and address cultural and gender-related factors that may contribute to mental health problems in the elderly.

According to a study published in the Journal of Pakistan Medical Association in 2020, the prevalence of mental health disorders in Pakistan is estimated to be around 34%. However, there isn't a specific study that provides a breakdown of mental health problems in aged women and men in Pakistan.

### 1.3. Problem statement

An important public health issue is the prevalence of mental health issues in older persons, particularly in women and men over 65. According to studies, older persons are more likely to experience mental health disorders, which can have a detrimental effect on their quality of life and raise their risk of mortality, chronic illness, and disability. The needs and experiences of older men and women differ significantly in terms of their mental health, and these differences may not be sufficiently taken into account by existing mental health therapies. Therefore, to better understand the similarities and differences between the two groups, a comparative analysis of the mental health of aged men and women is required.

This research can guide the creation of more focused and successful mental health therapies that cater to the particular requirements and circumstances of older women and men. This analysis can assist increase access to care and lessen disparities in mental health outcomes among older persons of all genders by identifying the gaps in present mental health services.

#### 1.4. Research Objectives

- To compare the mental health based on gender and area of residence
- To find out the difference in mental health based on level of education

## 2. Methods and materials

A descriptive and correlational design was used in the study. The descriptive design was chosen because it allowed for the collection of information on occurrences or opinions at a certain moment, which was appropriate for gathering information from a large sample. A correlation coefficient was determined using the correlation design, which involved collecting data on two or more variables from the same group of individuals.

### 2.1. Sampling Procedures and Sample Size

The whole population of District Okara is (425,223) 2023. Urban population 412,500 and rural 223648 in 2017. According to the 2017 census the hole population of people in 65 and above age was 126,846.

$$N = (Z^2 * p * (1-p)) / (d^2)$$

Z = 1.96 (corresponding to a 95% confidence level)

P = 0.5 (assuming maximum variability to get the most conservative estimate)

D = 0.05 (5% margin of error)

Plugging in the values, we get:

$$N = (1.96^2 * 0.5 * 0.5) / (0.05^2) \approx 384$$

The sample size of the current study was 384. The probability sampling method was adopted in this study. This study adopts the face-to-face interview schedule technique of the field survey method for data collection.

### 2.2. Sampling technique

The researcher used a straightforward random sample strategy in this study. A form of probability sampling technique used in statistical analysis is the simple random sample (SRS). Every person in the wider population has an equal probability of getting chosen for the sample because it is a subset of that population. This indicates that there is an equal chance of every person or thing in the population being included in the sample.

The advantages of simple random sampling are that it is easy to understand, it is unbiased, and it provides a representative sample of the population. This means that the sample data can be used to make accurate statistical inferences about the population as a whole.

### 2.3. Data Collection Methods

Questionnaires that are organized with closed-ended responses and questions are used as data collecting methods to gather pertinent data for achieving the goals and objectives of the research. In accordance with the goals of the study, the questionnaires were created to collect interval, numerical, and nominal data for descriptive and inferential statistics.

## 3. Result and Analysis

In this study the researcher use sample of 384 of aged women and aged men of district Okara. It means (192) male and (192) female. The researcher describe the analysis aims to compare the mental health of women and men across various dimensions, including self-image, freedom of choice, mood disorders, satisfaction in relationships and household activities, physical health, satisfaction about the future, and psychological well-being based on mean differences.

### 3.1. According to gender

#### 3.2. Self-Image

The analysis reveals that women (1.6321) tend to have a lower self-image than men (1.6859). This could be attributed to societal expectations and gender norms.

#### 3.3. Freedom of Choice

Women(1.7772) also report a lower level of freedom of choice compared to men (1.8534). This discrepancy may stem from gender inequality, cultural norms, and societal expectations that restrict women's autonomy and decision-making power.

#### 3.4. Mood Disorders

The analysis indicates that women(1.8964) have a slightly higher prevalence of mood disorders than men(1.8796). Biological, hormonal, and social factors may contribute to this disparity.

#### 3.5. Satisfaction in Relationships

Women (1.7720) tend to report lower levels of satisfaction in relationships compared to men (1.7853). This can be attributed to traditional gender roles and societal expectations that place a heavier burden on women for caregiving and domestic responsibilities.

#### 3.6. Daily activities

This dimension examines the level of satisfaction in engagement in daily activities for women (1.8601) compared to men (1.8691). The hypothesis suggests that women may experience lower satisfaction in this areas compared to men, potentially due to unequal distribution of domestic responsibilities and gendered expectations.

**Table No.1 mental health difference comparison based on gender**

Gender		Age	self image	freedom of choice financial co decision-making	mood	partner, children, family, friends	daily activities study, household, leisure activities
male	Mean	1.497	1.685	1.853	1.879	1.785	1.869
	N	4	9	4	6	3	1
	Std.	191	191	191	191	191	191
	Deviation	.65594	.75097	.65653	.70424	.85900	.65586
	Median	1.000	2.000	2.000	2.000	2.000	2.000
female	Mean	1.528	1.632	1.777	1.896	1.772	1.860
	N	5	1	2	4	0	1
	Std.	193	193	193	193	193	193
	Deviation	.66180	.72486	.67477	.65323	.81640	.60906
	Median	1.000	2.000	2.000	2.000	2.000	2.000
Total	Mean	1.513	1.658	1.815	1.888	1.778	1.864
	N	0	9	1	0	6	6
	Std.	384	384	384	384	384	384
	Deviation	.65822	.73749	.66598	.67824	.83679	.63196
	Median	1.000	2.000	2.000	2.000	2.000	2.000
	Median	0	0	0	0	0	0

### 3.7. Physical health

The analysis investigates whether women experience lower physical health compared to men, potentially resulting in adverse effects on their mental well-being. Women experience poor physical health (1.8549) then of men (1.8953) This dimension may explore gender-specific disparities in chronic conditions, disabilities, or overall physical well-being.

### 3.8. Satisfaction about the future

The analysis aims to compare the levels of satisfaction about the future between women and men. And the results shows that women (1.9534) have low satisfaction about future then of men (1.9634).

### 3.9. Psychological well-being

The analysis focuses on the risk of psychological well-being between women and men, with the expectation that women (5.5544) may face higher risks then of men (5.6702)

### 3.10. According to Area of residence

**Table No.2 mental health difference based on area of residence**

Area of residence		self image	freedom of choice financial co decision-making	mood	partner, children, family, friends	daily activities study, household, leisure activities	physical health
rural	Mean	1.6736	1.8290	1.9326	1.7824	1.8860	1.9171
	N	193	193	193	193	193	193
	Std.	.75841	.65890	.66975	.83809	.63530	.73836
	Deviation						
urban	Mean	1.6440	1.8010	1.8429	1.7749	1.8429	1.8325
	N	191	191	191	191	191	191
	Std.	.71742	.67450	.68552	.83766	.62949	.74211
	Deviation						
Total	Mean	1.6589	1.8151	1.8880	1.7786	1.8646	1.8750
	N	384	384	384	384	384	384
	Std.	.73749	.66598	.67824	.83679	.63196	.74047
	Deviation						

**3.11. Self-image: Rural area (1.6736) vs. Urban area (1.6440)**

This aspect measures how individuals perceive themselves. The scores suggest that people in both rural and urban areas generally have a positive self-image, with slightly higher scores in the rural area.

**3.12. Freedom of choice: Rural area (1.8290) vs. Urban area (1.8010)**

Freedom of choice reflects the level of autonomy and options individuals feel they have in their lives. The scores indicate that both rural and urban residents perceive a reasonable degree of freedom of choice, with slightly higher scores in the rural area.

**3.13. Mood disorder: Rural area (1.9326) vs. Urban area (1.8429)**

Mood disorder refers to the prevalence or impact of mood-related mental health issues in a given area. The scores suggest that individuals in both rural and urban areas experience some degree of mood disorders, with slightly higher scores in the rural area.

**3.14. Social life: Rural area (1.7824) vs. Urban area (1.7749)**

Social life measures the quality and satisfaction individuals have regarding their social interactions and connections. The scores indicate that individuals in both rural and urban areas generally have positive experiences in their social lives, with slightly higher scores in the rural area.

**3.15. Daily activities: Rural area (1.8860) vs. Urban area (1.8429)**

Daily activities encompass the satisfaction individuals have with their day-to-day routines and tasks. The scores suggest that individuals in both rural and urban areas generally report a reasonable level of satisfaction with their daily activities, with slightly higher scores in the rural area.

**3.16. Physical health: Rural area (1.9171) vs. Urban area (1.8325)**

Physical health refers to the overall well-being and health status of individuals. The scores indicate that people in both rural and urban areas generally perceive their physical health positively, with slightly higher scores in the rural area.

**3.17. Satisfaction about future: Rural area (1.9637) vs. Urban area (1.9529)**

This aspect reflects individuals' contentment and optimism regarding their future prospects. The scores suggest that individuals in both rural and urban areas generally report a high level of satisfaction about their future, with slightly higher scores in the rural area.

**3.18. Psychological well-being: Rural area (5.5389) vs. Urban area (5.6859)**

Psychological well-being measures the overall mental health and emotional state of individuals. The scores indicate that people in both rural and urban areas report a relatively high level of psychological well-being, with slightly higher scores in the urban area.

**3.19. According to level of education****Table No.3 mental health difference based on level of education**

level of education	self image	freedom of choice financial co decision-making	mood	partner, children, family, friends	daily activities study, household, leisure activities	physical health
primary	Mean 1.6484	1.7734	1.9375	1.7734	1.8984	1.9063
	N 128	128	128	128	128	128
	Std. Deviation .76939	.64252	.68447	.86229	.67392	.75751
middle	Mean 1.6797	1.9062	1.8750	1.7891	1.8672	1.8906
	N 128	128	128	128	128	128
	Std. Deviation .72017	.70362	.65207	.79022	.53787	.71248
high	Mean 1.6484	1.7656	1.8516	1.7734	1.8281	1.8281
	N 128	128	128	128	128	128
	Std. Deviation .72731	.64581	.69972	.86229	.67706	.75409

**3.20. Self-image: Primary (1.6484) vs. Middle (1.6797) vs. High (1.6484)**

This aspect measures how individuals perceive themselves. The scores indicate that individuals across all education levels generally have a positive self-image, with no significant differences between the three levels.

**3.21. Freedom of choice: Primary (1.7734) vs. Middle (1.9062) vs. High (1.7656)**

Freedom of choice reflects the level of autonomy and options individuals feel they have in their lives. The scores suggest that individuals with a middle level of education perceive a slightly higher degree of freedom of choice compared to those with primary or high levels of education.

**3.22. Mood disorder: Primary (1.9375) vs. Middle (1.8750) vs. High (1.8516)**

Mood disorder refers to the prevalence or impact of mood-related mental health issues within each education level. The scores suggest that individuals across all education levels experience some degree of mood disorders, with slightly higher scores reported among those with a primary level of education.

**3.23. Social life: Primary (1.7734) vs. Middle (1.7891) vs. High (1.7734)**

Social life measures the quality and satisfaction individuals have regarding their social interactions and connections. The scores indicate that individuals across all education levels generally have positive experiences in their social lives, with no significant differences between the three levels.

**3.24. Daily activities: Primary (1.8984) vs. Middle (1.8672) vs. High (1.8281)**

Daily activities encompass the satisfaction individuals have with their day-to-day routines and tasks. The scores suggest that individuals with a primary level of education report a slightly higher level of satisfaction with their daily activities compared to those with middle or high levels of education.

**3.25. Physical health: Primary (1.9063) vs. Middle (1.8906) vs. High (1.8281)**

Physical health refers to the overall well-being and health status of individuals within each education level. The scores suggest that individuals with a primary level of education perceive their physical health slightly more positively compared to those with middle or high levels of education.

**3.26. Satisfaction about future: Primary (1.9609) vs. Middle (2.0000) vs. High (1.9141)**

This aspect reflects individuals' contentment and optimism regarding their future prospects within each education level. The scores suggest that individuals with a middle level of education report a slightly higher level of satisfaction about their future compared to those with primary or high levels of education.

**3.27. Psychological well-being: Primary (5.5078) vs. Middle (5.6406) vs. High (5.6875)**

Psychological well-being measures the overall mental health and emotional state of individuals within each education level. The scores indicate that individuals across all education levels report a relatively high level of psychological well-being, with slightly higher scores reported among those with a high level of education.

#### 4. Discussion and conclusion

The discussion of findings focuses on exploring the results related to self-image, freedom of choice, mood disorders, satisfaction in relationships and household activities, physical health, satisfaction about the future, and psychological well-being, specifically in the context of gender differences. The findings reveal distinct patterns in these domains, highlighting disparities between women and men and their impact on overall well-being.

**Self-Image:** The study found that women reported lower levels of self-image compared to men. This disparity may be influenced by societal expectations, cultural norms, and gender stereotypes that place greater emphasis on physical appearance and beauty standards for women. The lower self-image in women can contribute to reduced self-esteem, self-worth, and confidence, which in turn can negatively impact their overall psychological well-being. According to Yong and Li(2017) investigated how self-esteem is affected by a romantic partner's success or failure. The findings revealed that women's self-esteem was more likely to be influenced by their partner's success or failure compared to men. This differential impact on self-esteem highlights the vulnerability of women's self-image in romantic relationships, which can be linked to societal expectations and traditional gender roles. Kling et al in (2008) Examined multiple studies on self-esteem and found that, on average, women tend to have lower self-esteem than men. The study attributed this difference to various social and cultural factors, including the objectification of women's bodies in media, gender roles, and societal expectations. These factors contribute to the development of negative body image and self-worth in women.

**Low Freedom of Choice:** The findings revealed that women reported lower levels of freedom of choice compared to men. Societal norms and gender roles often restrict women's choices and limit their autonomy in decision-making, particularly in areas such as education, career, and personal life. This lack of freedom of choice can lead to feelings of disempowerment, frustration, and reduced overall well being.

**High Risk of Mood Disorders:** The study identified a higher risk of mood disorders, such as depression and anxiety, in women compared to men. Biological factors, hormonal changes, social expectations, and life experiences can contribute to this disparity. Women may face unique challenges such as reproductive health issues, postpartum depression, and hormonal fluctuations that increase their vulnerability to mood disorders. Jishnu Das noticed that women report higher level of mental stress in community then of man. They collect data from 789 adults from 300 families between 2001 to 2003. In a study conducted by Michael Klose and Frank Jacobi in 2004, the researchers examined the prevalence of common mental disorders and its relationship with various factors. The findings indicated that females had a higher prevalence of common mental disorders, with the exception of substance use disorders where no significant gender difference was observed. In a study conducted by Sophie Grigoriadis and Gail Erlick Robinson in 2007, it was found that women have higher rates of depression and may exhibit different symptoms compared to men. The study emphasized the importance of examining the influence of pregnancy and the menstrual cycle on the

progression of depressive disorders. **Low Satisfaction in Relationships and Household Activities:** The findings indicated that women reported lower levels of satisfaction in relationships and household activities compared to men. Gender roles and societal expectations often place a disproportionate burden on women in managing household responsibilities and maintaining relationships. This imbalance can lead to increased stress, reduced satisfaction, and strain on mental well-being for women. According to Woodinet al.,(2019) the researchers examined gender differences in relationship satisfaction across multiple studies. The analysis involved synthesizing data from various sources to provide an overall understanding of gender disparities in relationship satisfaction. The findings revealed a small but consistent gender difference, indicating that women tend to report slightly lower levels of relationship satisfaction compared to men. **Low Physical Health:** The study identified lower levels of physical health in women compared to men. Women may face specific health challenges, such as reproductive health issues, higher prevalence of certain chronic conditions, and lower access to healthcare. These factors contribute to the gender disparity in physical health outcomes. **Low Satisfaction about the Future:** The findings revealed that women reported lower levels of satisfaction about the future compared to men. This disparity may be influenced by various factors, including gender inequalities, limited opportunities, and societal expectations. Women may face additional concerns such as career progression, work-life balance, and financial security that impact their satisfaction and outlook for the future. **High Risk of Psychological Well-being:** The study highlighted a higher risk of poor psychological well-being in women compared to men. This encompasses various factors discussed earlier, including low self-image, limited freedom of choice, increased risk of mood disorders, lower satisfaction in relationships and household activities, and lower satisfaction about the future. The cumulative impact of these disparities contributes to the higher risk of psychological distress and reduced overall well-being for women. According to In a survey conducted by Walter R. Gove and Michael R. Geerken'in September 1977, it was observed that married women experienced poorer mental health compared to married men in modern society. This finding suggested that the marital institution may have a differential impact on the psychological well-being of women and men. Additionally, the researchers noted that employed women were at a higher risk of experiencing poor mental health compared to men.

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