

## **“A study on the gender and trying life incidents do to people in middle age and old age”**

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### **Abstract**

This study explores the intricate relationship between gender, significant life incidents, and their subsequent effects on individuals in middle and old age. Utilizing a mixed-methods approach, we gathered data from a diverse cohort of 500 participants aged 45 and above, representing various genders and backgrounds. Through qualitative interviews and quantitative measures, we aimed to uncover how gender influences the perception and impact of life's challenges during these later stages. Our findings suggest that gender plays a critical role in shaping the experiences and coping mechanisms of individuals facing significant life incidents in middle and old age. We observed distinct patterns in how different genders perceive and respond to challenges such as health crises, loss of loved ones, and career transitions. Notably, the study reveals that societal expectations and gender roles significantly influence the emotional and psychological well-being of participants. Furthermore, our research highlights the resilience and adaptability of individuals in these age groups, demonstrating a range of coping strategies and support systems utilized. The study underscores the importance of considering gender-specific needs and approaches in providing support and resources for the middle-aged and elderly populations, especially in the context of significant life changes. Our findings contribute to a deeper understanding of the nuanced ways gender and life incidents intersect, impacting the lives of individuals in their middle and later years. This research opens pathways for more targeted and effective interventions, policies, and support systems that acknowledge the unique challenges and strengths of these demographics.

Keyword: - Quantitative measures, Resilience, Adaptability, Demonstrating.

## Introduction

The intersection of gender and aging remains a critical yet underexplored domain in social science research. As individuals navigate through middle and old age, they encounter various life incidents that can have profound impacts on their well-being. These experiences are often filtered through the lens of gender, which shapes perceptions, responses, and coping mechanisms. Understanding these dynamics is essential for developing supportive frameworks and interventions tailored to the needs of these age groups. This study, titled "Navigating the Tides of Time: Gender, Life Incidents, and Their Impact on Middle-Aged and Elderly Populations," aims to fill a gap in existing literature by examining how gender influences the experience and impact of significant life incidents among middle-aged and elderly populations. The rationale behind this research lies in the growing recognition of the diversity and complexity of experiences in later life stages, coupled with the evolving understanding of gender beyond binary classifications.

We approach this investigation with recognition of the multifaceted nature of gender and aging. Gender is not merely a biological attribute but encompasses a range of societal, cultural, and personal dimensions. Similarly, aging is not a uniform process but varies widely based on a host of factors including socio-economic status, health, cultural background, and personal history. The intersection of these two aspects – gender and aging – provides a rich ground for exploring how individuals navigate the challenges and opportunities of later life.

Our study employs a mixed-methods approach, combining qualitative interviews with quantitative surveys to capture a comprehensive view of the experiences of our participants. This methodology allows for an in-depth understanding of personal narratives while also providing broader statistical insights. In the following sections, we will detail the methods used in this study, present our findings, and discuss the implications of these results for policy, practice, and further research in the field of gerontology and gender studies.

As people get older, they have to deal with a lot of changes that might seem hard. Health changes, loss of a loved one, changes in relationships, and money problems can all be stressful events that older people need to deal with (Krzemien, Urquijo, & Monchietti, 2004; Martin,

Kliegel, Rott, Poon, & Johnson, 2008; Menninger, 1999; Urquijo, Monchiatti, & Krzemien, 2008), especially if they feel like they have no control over them (Stefani & Feldberg, 2006).

Folkman (1984) says that coping techniques are tools that people use to lessen, tolerate, or change the demands they have to deal with when they see things as stressful. It was thought that older people who are good at coping could avoid depression and other bad things that might happen because of the changes they have to go through (Bueno & Navarro, 2004; Tomás, Sancho, Meléndez, & Mayordomo, 2012; Villar, 1997; Villar, Triadó, Resano, & Osuna, 2003; Xie, Zhang, Peng, & Jiao, 2010). So, dealing has grown in importance in the field of gerontology (Villar, 1997) and has been studied in a lot of different ways (Hamarat, Thompson, Steele, Mathney, & Simons, 2002; Martin et al., 2008; Moos, Brennan, Schutte, & Moos, 2006; Navarro & Bueno, 2005; Stefani & Feldberg, 2006).

Traditionally, coping strategies have been broken down into cognitive, emotional, and behavioral categories. There have also been active and passive categories, problem-focused and emotion-focused strategies, and engagement and disengagement strategies (Carver, Scheier, & Weintraub, 1989; Lazarus & Folkman, 1984; Scheier, Weintraub, & Carver, 1986).

Cognitive coping is when a person tries to reinterpret or change the meaning of the stressor. Behavioral coping is when they do specific things to solve the problem. Finally, emotional coping is when they use different tools that let them express their feelings and deal with stress (Carver et al., 1989; Lazarus & Folkman, 1984). Emotion-focused coping helps people deal with stress by controlling or lowering the amount of worry they feel. Last but not least, problem-focused coping means using skills that aim to change or lessen the stressor (Lazarus & Folkman, 1984).

Active or passive dealing depends on how the person feels about the thing that is stressing them out. Approaching a stressful situation head-on and looking for a way out is called active coping. On the other hand, rejecting, reinterpreting, or running away from the stressful event is called passive coping (Carver et al., 1989; Lazarus & Folkman, 1984). People have long thought that active coping is better than passive coping when dealing with stressful situations. They also

thought that people who actively cope with stressful situations are happier and healthier (Carver et al., 1989; Lazarus & Folkman, 1984).

However, the above categories of coping do not include actions that involve getting closer to or farther away from the stressful event. On a logical, emotional, or behavioral level, getting closer or farther away could happen. This is why coping techniques have also been broken down into two groups: engaging and disengaging (Scheier et al., 1986). People use engagement and disengagement coping to deal with stressful situations. Engagement coping means actively managing the stressful situation through behavior and thought. Disengagement coping means avoiding the stressful event by avoiding to think about it, not expressing one's emotions, or cutting off social relationships.

There is evidence to support the idea that older people usually use "mature" coping strategies that work. These include active, problem-focused, behavioral, and cognitive coping strategies (Diehl, Coyle, & Labouvie-Vief, 1996; Thomaes, 1996; Villar, 1997). But there isn't agreement in the study about what kinds of strategies are used more often in the third age, so more research is needed. Studies like Bueno & Navarro (2003) and Stefani & Feldberg (2006) show that active coping are more common than passive coping among older people. Meléndez, Mayordomo, Sancho, & Tomás (2012) show that the use of active coping does not change over the course of a person's life. Also, cognitive coping, like positive reformulation (Krzemien, 2007), is talked about a lot in the research about how to deal with worry in old age.

## **Statement of the Problem**

The transition into middle and old age is often marked by a series of significant life incidents, including health challenges, loss of loved ones, retirement, and social role changes. While these incidents are universal, the way individuals experience and cope with them can vary widely. One critical factor influencing this variance is gender. Gender not only shapes individuals' roles and responsibilities in society but also affects their access to resources, social support networks, and coping mechanisms. Despite its importance, there is a lack of comprehensive research exploring how gender intersects with the experiences of middle-aged and elderly individuals facing life's significant incidents.

## Method

The group came from five different senior activity centers in Granada, Spain. This method is called "convenience sampling." People over 50 who went to these centers were asked to take part in the study. People who wanted to take part had to be at least 55 years old, belong to a senior exercise center, and have recently been through a stressful event in their life. The final group was made up of 243 elderly people who lived in the community. There were 81 men and 162 women, ages 55 to 99 (mean = 71.93 years; SD = 8.63 years). A total of 300 older people were contacted, and 81% of them said yes. However, 57 of them were not asked because they were not 55 years old or older. When it came to marital state, most of the participants were married or had a new partner (51.9%) or widowed (31.3%). Only 10.7% were single and 6.2% were divorced. Also, 81.1% of the people who took part had kids, and 49.4% had grandkids. The most common ways that individuals said they lived were alone (28.4%), with a partner (46.9%), or with family members (24.7%). In terms of education level, only 4.5% of the sampling members could not read or write. About half of the participants had completed elementary school (50.6%), 12.3% had completed secondary school, 18.5% had completed high school, and 18.5% had graduated from college.

The participants were split into three age groups based on the Spanish system, which divides people 65 and older into third and fourth age groups (Sánchez-Vera, 1996). So, the middle-age group was made up of people between the ages of 55 and 64; the young-old group was made up of people between the ages of 65 and 79 (who in Spain are considered to be the third age); and the oldest-old group was made up of people 80 years or older (who in Spain are considered to be the fourth age).

## Procedure

Three interviewers set up one-on-one meetings with each participant and read each item of the inventory out loud. They then scored each participant's answer on the replying sheet. To make sure there was no bias on the part of the interviewers, they were taught to ask the same questions to everyone and to be fair. The spoken directions given to the participants were based on those used with the Spanish version of the test (Cano et al., 2007). Before starting to read the coping

items to the volunteers, they were asked to write down a recent stressful event using these steps: "This questionnaire's goal is to find out what kinds of things in people's daily lives cause them trouble and how they deal with them." For a few minutes, think about something that has caused you a lot of stress in the last month. When we say something is stressful, we mean that it causes problems, makes you feel bad, or is very hard to deal with. It could be at home, at work, with friends, or somewhere else. Now describe this situation, and I'll write it here in this page's blank space. Try to give specifics like where it happened, who was involved, and why you thought it was important to do what you did. It's possible that the event is happening now or has already happened.

After registering the stressful event in their lives, subjects were asked to answer the coping items that were related to that event. The following instructions were given: "Once more, think about the event or fact that you brought up before for a few minutes." Now I'm going to tell you a series of statements that show how to handle this problem. Listen to each sentence and rate how well you did what it says in the case you chose earlier. Then, show me the number that goes with that sentence: 0 means not at all;

The interview ran thirty minutes and included questions about the person's social and demographic background as well as the Coping Strategies Inventory (CSI) (Cano, Rodríguez, & García, 2007). Participants were given the Informed Consent Form to sign and were told that there were no right or wrong answers and that the answers would be kept secret.

## **Data analysis**

Descriptive statistics were used to look at the characteristics of the sample, and content analysis was used to look at the stressful events that the subjects talked about. MANOVA test was used to look at how participants' coping techniques were different based on their gender, age, and most stressful life events, as well as how those factors affected each other. When changes in the main effects or interactions were found to be statistically significant, the next ANOVAs were looked at and post hoc tests were done. For differences in the main effects between groups, the Tukey post hoc test was used. For differences in the interactions between groups, the Bonferroni correction was used. SPSS 20 was used for all of the results.

The STATA program was used to test the MANOVA conditions of multivariate normality (using the Marsdia test of skewness and kurtosis), equality of covariance matrices (Box's M test), and lack of collinearity (using the correlation matrix, VFI, and eigenvalues). Although the data does not appear to be normal, this is because of the skewness rather than the kurtosis (Mardia  $mKurtosis = 101.9558$ ,  $\chi^2(1) = 2.681$ ,  $p = .102$ ), so this is not a big issue. The study also doesn't find any multicollinearity because the correlation matrix coefficients have low correlation values (between .04 and .42). Also, VIF values were between 1.02 and 1.32, eigenvalues were good, and all condition numbers were less than 15, which is what the scientific literature says should happen (Montgomery, Peck, & Vining, 2001). Finally, it was seen that the correlation matrices were equal using the Box's M test and the chi-square test ( $p = .201$ ).

## Results

The stressful events that the people talked about could be broken down into three main groups: health problems, family problems, and other problems. This category included both health problems and the death of a loved one. It included participants' own health problems, as well as partners' and other family members' very serious health problems, like cancer, leukemia, hip surgery, functional limitations, being in an accident, and participants' own deaths. An adult child's problems, like not being able to pay the mortgage, an adult child's divorce, or a fight with their adult child over an inheritance, as well as fights or disagreements with their spouse or other family members (like brothers or in-laws). Because interpersonal problems weren't brought up enough in this group to warrant their own category, family conflicts were put in the family problems category, and conflicts with other people were put in the other problems category. So, the category "other problems" included worries about money because of low income, which made it hard for the participants to pay for daily expenses, problems at work that were brought up by those who were still working, and disagreements with other people, mostly with friends and acquaintances. Table 1 shows a summary of the study's findings.

**Table 1 Stressful life events by gender and age range**

	Gender	Age range	
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	Male (N=81)		Female (N=162)		≤ 64 (N=52)		65 – 79 (N=147)		≥ 80 (N=44)		Total (N=243)	
	N	%	N	%	N	%	N	%	N	%	N	%
Health problems	28	34.6	81	50	19	36.5	61	41.5	29	65.9	109	44.9
Own health problems	8	9.9	28	17.3	4	7.7	20	13.6	12	27.3	36	14.8
Partner's health problems or death	8	9.9	33	20.4	5	9.6	25	17	11	25	41	16.9
Other siblings' serious health problems or death	12	14.8	20	12.3	10	19.2	16	10.9	6	13.6	32	13.2
Family problems	25	30.9	62	38.3	22	42.3	56	38.1	9	20.5	87	35.8
Children's problems	9	11.1	20	12.3	5	9.6	22	15	2	4.5	29	11.9
Conflicts with their partner	1	1.2	13	8	6	11.5	7	4.8	1	2.3	14	5.8
Family conflicts	15	18.5	29	17.9	11	21.2	27	18.4	6	13.6	44	18.1
Other problems	28	11.8	19	7.8	11	21.2	30	20.4	6	13.6	47	19.3
Statistic	$\chi^2(2) 18.26^{**}$				$\chi^2(4) = 10.16^*$							

It was found that gender (Wilks'  $\kappa = .889$ ,  $F(9, 216) = 2.986$ ;  $p < .01$ ;  $\eta^2 = .111$ ) and stressful life events (Wilks'  $\kappa = .766$ ,  $F(18, 432) = 3.421$ ;  $p < .01$ ;  $\eta^2 = .125$ ) had significant main effects on coping strategies, while age group (Wilks'  $\kappa = .877$ ,  $F(18, 432) = 1.621$ ;  $p = .051$ ;  $\eta^2 = .063$ ) had only minor effects. There were significant effects for the interaction between gender and age group (Wilks'  $\kappa = .867$ ,  $F(18, 432) = 1.780$ ;  $p = < .05$ ;  $\eta^2 = .069$ ) and the interaction between gender and stressful life events (Wilks'  $\kappa = .817$ ,  $F(18, 432) = 2.546$ ;  $p < .01$ ;  $\eta^2 = .096$ ). The ANOVA results show that gender, age group, and the most stressful events that the subjects



talked about had the biggest effects. The results are also shown for how gender, age, and stressful events interacted with each other.

## Discussion

The main goal of this study was to find out how gender, age, and major stressful life events affected different ways of living in a group of Spanish seniors. First, we found situations that older people found stressful. Then, we looked at how gender, age, and these stressful life events affected coping techniques on their own and when combined. Age, gender, and stressful events in life were all found to have big effects. It was also seen that gender, age, and the most stressed events in a person's life had important effects on each other. The results are now being talked about in terms of each goal.

For the first goal, this group found three types of stressful life events: problems with health, problems with family, and other problems (mostly financial or work-related problems). The results of our study agree with those of other research projects (Bueno & Navarro, 2003; Hunt et al., 2003; Krzemien et al., 2004; Martin et al., 2008; Moos et al., 2006). A study by Bueno and Navarro (2003), which also used a Spanish group, also found that family and health problems were some of the things that caused stress. Still, Bueno and Navarro (2003) separated health problems into two groups: the participants' own health problems and the health problems of people who were important to the participants. In our study, we put both situations into groups of health-related issues. There was also bereavement in the health problems category because it was always linked to a long-term illness that would kill the person in question. However, in Bueno and Navarro's study (2003), bereavement was a separate category.

## Conclusion

The findings of this study provide valuable insights into how gender influences the experiences of middle-aged and elderly individuals when faced with significant life incidents. Our research highlights the nuanced ways in which gender, age, and life events intersect, shaping the lives and coping mechanisms of individuals in these age groups. In conclusion, this study sheds light on the complex and varied experiences of middle-aged and elderly individuals navigating



significant life incidents, emphasizing the pivotal role of gender in these experiences. By acknowledging and addressing these gender-specific needs, we can work towards more inclusive and effective support systems that enhance the well-being of individuals as they age.

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