

Research Paper

## Exploring Gender-Specific Mental Health Challenges: Anxiety, Depression and Stress among Elderly Persons

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### ABSTRACT

Old age is a critical stage of life, characterized by various challenges, including physical, emotional and social changes. As individuals age, their health, independence, and social relationships often undergo significant transformations. Therefore, it is crucial to understand the specific needs and well-being of elderly people. The purpose of this study was to examine the levels of depression, anxiety and stress among elderly aged 60 to 70, with a particular focus on gender differences. A total of 120 participants (60 males and 60 females) were randomly selected from the Almora district of Uttarakhand. The Anxiety, Depression, and Stress Scale developed by Bhatnagar et al. (2011) was used for data collection. The mean, S.D. and t-values were calculated as part of data analysis in order to determine the gender differences in stress, anxiety, and depression. The results revealed that significant difference was found at 0.05 level between males and females on the level of anxiety, depression and stress.

**Keywords:** *Gender, Depression, Anxiety, Stress, Elderly*

Old age is often regarded as a period of reflection, wisdom, and the culmination of a lifetime of experiences, yet it also brings unique challenges that profoundly affect mental and emotional well-being. Physical limitations, bereavement, reduced social connections, and loneliness increase vulnerability to psychological distress, with depression, anxiety, and stress ranking among the most significant mental health issues in older adulthood (Fiske et al., 2009; Zenebe et al., 2021). These conditions not only undermine emotional stability and self-perception but also impair physical health, daily functioning, and overall quality of life, and in severe cases elevate suicide risk (Jalali, 2024; Blazer, 2003). Genetic predispositions and environmental stressors, such as neuroticism, chronic illness, financial dependence, and lack of social support, contribute to late-life mental disorders (Mackintosh et al., 2006; Ahmed et al., 2024; Beniwal et al., 2022). Depression and anxiety in older adults are linked to immune system impairment, cardiovascular disease, and increased mortality (Lenze et al., 2001), prompting the World Health Organization (2021) to identify depression as the leading cause of disability worldwide, affecting over 264 million people. In Erikson's psychosocial development theory, older adulthood is defined by the "Integrity vs. Despair" stage, where satisfaction fosters integrity, and regret triggers

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despair (Erikson, 1982). Epidemiological studies have reported high prevalence rates — 13.3% for major depressive disorder globally among those aged 60+ (Park et al., 2024), 19.2% for depression, 16.5% for anxiety, and 13.9% for stress (Sadavoy et al., 2022) — with even higher rates in low- and middle-income countries (de Meneses-Gaya et al., 2023). In India, depression prevalence reaches 34%, with rural elders (37.8%) more affected than urban (32.1%) due to disparities in healthcare access and social networks (Pilania et al., 2019). The COVID-19 pandemic further intensified anxiety and stress through isolation, disrupted routines, and limited medical care (Yadav et al., 2023).

Recent research offers deeper insight into prevalence patterns, risk factors, and protective influences. Xi et al. (2025) found depression in 6.2% of U.S. community-dwelling elders, with higher rates among women, the unmarried, and those with lower education or income. Figueira et al. (2023) highlighted the positive effects of physical activity, education, and spirituality on mental health and quality of life. In institutional settings, Bahar et al. (2021) reported that longer nursing home stays and poor health perceptions were linked to higher anxiety and depression, while Whitehead et al. (2021) identified loneliness, concern for loved ones, and uncertainty as major stressors, with faith, exercise, and nature exposure providing resilience. Sare et al. (2021) found that nursing home residents had lower self-esteem and higher depression and anxiety than community dwellers, underlining the need for humanized care. Babazadeh et al. (2016) and Thapa et al. (2020) both demonstrated significant associations between mental health problems and socio-demographic factors, chronic illness, and social support, while Ribeiro et al. (2020) showed depression and anxiety accounted for 42.1% of variance in quality of life among Portuguese elders. Collectively, these findings reveal that late-life mental health is shaped by complex interactions between biological, psychological, and social determinants, emphasizing the urgent need for integrated geriatric mental health strategies, regular screening, and community-based interventions to support healthy ageing. This study addresses this gap by exploring gender-specific mental health challenges particularly anxiety, depression, and stress among elderly populations, aiming to inform targeted interventions and policies for healthier ageing.

### METHODOLOGY

#### *Objectives*

- To assess the level of depression, anxiety and stress among elderly male and female individuals.
- To compare the level of depression, anxiety and stress among elderly male and female individuals.

#### *Hypothesis*

- There would be significant difference between elderly male and female individuals on the level of depression, anxiety and stress.

#### *Sample*

In this study, a simple random sampling method was used to select 120 participants from the Almora district of Uttarakhand, India. The sample consisted of 60 males and 60 females selected on basis of the following criteria: age (60-70 years), gender (male and female), and locality.

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### Tools

- **Anxiety, Depression, and Stress Scale (ADSS):** The Anxiety, Depression and Stress Scale (ADSS), developed by Bhatnagar et al. (2011), was used for data collection. The scale consists of 48 items, with 19 items measuring anxiety, 15 items measuring depression, and 14 items measuring stress. The internal consistency of the scale, as measured by Cronbach's alpha and the Spearman-Brown coefficient, was found to be 0.81 and 0.89, respectively. The reliability for the anxiety, depression, and stress subscales, measured by Cronbach's alpha, was 0.76, 0.75, and 0.61, respectively. The reliability measured by the Spearman-Brown coefficient was 0.86 for anxiety, 0.76 for depression, and 0.76 for stress.

### Statistical Analysis

To test the hypothesis, descriptive statistics including mean and standard deviation were calculated for anxiety, depression, and stress scores. An independent sample t-test was used to assess if males and females had significantly different levels of anxiety, depression, and stress.

## RESULTS

*Table 1 Mean, S.D., t value and p-value for the Variable of Anxiety, Stress and Depression among elderly persons*

| Dimensions of scale | Male<br>N=60 |      | Female<br>N=60 |      | t-value | p-value | Significance level |
|---------------------|--------------|------|----------------|------|---------|---------|--------------------|
|                     | Mean         | SD   | Mean           | SD   |         |         |                    |
| Anxiety             | 5.55         | 3.47 | 7.96           | 4.76 | 3.17    | .002    | Sig.               |
| Stress              | 5.86         | 2.61 | 8.05           | 4.06 | 3.50    | .001    | Sig.               |
| Depression          | 7.31         | 2.85 | 6.10           | 2.47 | 2.49    | .014    | Sig.               |

The above Table displays gender differences in anxiety, stress, and depression, with data evaluated using independent samples t-tests. The findings show significant gender differences in all three Psychological variables indicating towards diverse mental health experiences of male and female participants of the present study. The males reported a mean anxiety score of 5.55 whereas females had a significantly higher mean anxiety score of 7.96, indicating that females experience more anxiety than males. This difference was statistically significant, with a t-value of 3.17 and p-value of .002, which is less than the alpha level of 0.05. Additionally, the mean score for stress was 5.86 for male and 8.05 for female, which is a considerably higher with a t-value of 3.50 and a p-value of 0.001. The stress t-test showed a significant gender difference, suggesting that females report higher levels of stress than males. Interestingly, depression had a distinct pattern. The mean depression score for males was 7.31, whereas the mean score for females was 6.10; with the t-test producing a t-value of 2.49 and a p-value of .014. This gender difference was statistically significant, suggesting that male suffer from depression at higher rates than female. Therefore, the alternate hypothesis stating that there would be a significant difference between males and females on the levels of depression, anxiety, and stress is accepted.

## DISCUSSION

The present study sought to analyze and compare depression, anxiety, and stress levels among older men and women in Almora District/town of Uttarakhand, India. Using the

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Anxiety, Depression, and Stress Scale (ADSS), we investigated how these mental health issues affect older persons in the community, in order to understand senior citizens' psychosocial well-being. This discussion will focus on analyzing the relevance of the current findings to existing literature, the significance of gender disparities, and the larger implications for mental health therapies targeting elderly persons. The findings indicate that significant levels of stress, anxiety, and depression were present in both male and female participants. These results are in line with numerous other studies conducted on mental health problems of elderly persons around the globe (Fiske et al., 2009; Zenebe et al., 2021). Anxiety and depression have been found to have a significant impact on quality of life and to be among the main causes of impairment in the elderly (WHO, 2021). Similar results were found in the study by Xi et al. (2025), which showed that depression was more common in older persons, especially those with chronic conditions and lower socioeconomic level. As earlier research has shown (Bahar et al., 2021; Blazer, 2003), older persons with chronic illnesses, a history of depression, and a lack of social support are more sensitive to mental health problems. Our analysis validates these correlations, particularly among individuals with less education, lower income, and poorer health perception. Comparable with the findings of Babazadeh et al. (2016) and Thapa et al. (2020), our study aimed to compare depression, anxiety, and stress levels between elderly males and females; hypothesizing that there would be a significant gender difference. However, the results revealed that females reported higher levels of anxiety, and stress; but lower level of depression than males.

Furthermore hormonal changes, especially post-menopausal ones, may affect emotional control and heighten susceptibility to mental health problems, which could account for the greater rates of anxiety and depression in women. However, older men may not be as socially conditioned to communicate their feelings or seek help, even though they are also susceptible to mental health illnesses. This could lead to underreporting or incorrect diagnoses of mental health conditions (Ribeiro et al., 2020).

### ***Implications and Findings***

This study has major implications for implementing focused mental health treatment for senior citizens. First, our results show that gender-sensitive methods are necessary to meet older persons' mental health requirements. Programs should provide specialized mental health services to meet the distinct emotional and psychological needs of older men and women, taking into consideration the disparities in their experiences and difficulties. Furthermore, the higher prevalence of anxiety, stress, and depression among the elderly participants highlight the necessity of greater community support networks and knowledge of mental health issues. This includes having access to social support groups, counseling services, and community-based initiatives that promote social interaction and physical activity, all of which have been demonstrated to enhance older individuals' mental health (Figueira et al., 2023; Whitehead et al., 2021). Promoting social integration and providing opportunities for elderly persons to maintain meaningful connections with family, friends, and community groups could help reduce the negative effects of depression and anxiety, as social isolation is one of the main causes of poor mental health in older adults (Šare et al., 2021). In hilly and remote areas like Almora, where access to social support and healthcare may be more limited, this is especially crucial.

### **Limitations and Future Directions**

It is important to recognize that this study has certain limitations even if it offers insightful information about the mental health issues that Uttarakhand's senior citizens experience. The results may not be as broadly applicable to other populations or areas due to the limited sample size (120 participants) and the study's local focus. Expanding the sample size and investigating mental health in older populations in a variety of cultural, socioeconomic, and geographic situations should be the goals of future studies. Furthermore, future research could look at how other factors including physical health issues, social support systems, and care-giving status affect mental health outcomes.

### **CONCLUSION**

This study investigates the serious mental health issues that older people confront, especially with regard to stress, anxiety, and depression. It emphasizes the necessity of community-based, gender-sensitive programs that focus on older folks' mental and physical health. The results also highlight the necessity of comprehensive programs that support social interaction, physical activity, and access to mental health resources, as well as the significance of early detection and intervention for mental health disorders in older populations. It is imperative that mental health treatments for older persons be given priority and customized to fit their particular requirements as the world's population ages.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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