

Gender Matters: Aging Men's Health

By Edward H. Thompson, Jr., guest editor

It is common knowledge that the United States and other nations will shortly confront the impact of the aging of the pig-in-the-python Boom generation on social institutions. With this unprecedented increase in the proportion of older adults comes a need to better understand the unique healthcare, social care, and health-promotion needs of midlife and older men. Unfortunately, too few professionals in geriatrics and gerontology have paid attention to older men *as men* or sought to understand their worlds from a perspective that appreciates how much gender matters to aging and the meaning of later life (Calasanti, 2004; Thompson, 1994). The inattention has, in turn, left many trajectories uncharted and established few guidelines on how to best assess and manage the practical implications for health as men age.

The time is right for an issue of *Generations* devoted to a more complete understanding of aging men's health. Year by year since 1900, men's life expectancy in the United States has gradually improved, rising from an average of 48 years in 1900 to an average of 75.2 in 2004 (Kinsella and Gist, 1998; Miniño et al., 2007). Fifty-year-old men are now expected to reach

Unique healthcare, social care, and health-promotion needs in mid- and later life.

age 81, and 60-year-old men can anticipate living at least to age 82 (Arias, 2007). Life expectancy and the opportunity to be old men increased primarily because of "upstream" improvements in public health and fewer deaths from unintentional accidents, respiratory diseases, and pneumonia (McKinlay, 1975; Miniño et al., 2007). However, these public health initiatives, medical advances, and workplace reforms were of more benefit to the health status of women than that of men. A life-expectancy gender gap of two years in 1900 gradually grew to four and one-half years by 1940; by the mid 1970s, women had a life expectancy seven and one-half years longer than that of men. Even though the gender gap has begun to narrow, men in the United States have higher death rates for all fifteen leading causes of death and, on average, still die five years younger than women do (Miniño et al., 2007). For men, the age-adjusted death rate from the two leading causes of death, heart disease and cancer, is one and one-half times greater than for women; from Parkinson's, liver disease, and accidents, two times greater; from suicide, four times greater.

The gradual extension of men's longevity was accompanied by a parallel increase in the number of midlife and older men living with chronic illness and, often, other conditions as well (e.g., Natarajan et al., 2003). Trend analyses reveal two notable patterns. There is evidence of a decline in men's morbidity-free life expectancy; consequently, Perenboom and colleagues (2005) argue that men's health is worsening at earlier ages, though maybe now at a slower rate than women's. Evidence from the National Institute on Aging's National Long-Term Care Survey also shows that a significant rise in men's and women's physical functioning occurred between 1982 and 2004 as the incidence of chronic disability dropped (Manton, Gu, and Lamb, 2006); however, the morbidity decline was smaller in men than in women, except in the case of men age 85 and older (Winblad et al., 2001).

MAN MAINTENANCE

Little is known about why health and longevity have improved at significantly slower rates for men than for women. Clinical and public health researchers have identified a host of biological and environmental factors influencing health and longevity, including hormones like cortisol and testosterone and lack of adequate healthcare. No doubt such factors partly explain the sex differences in health. But if these relationships are not fully examined, it might be presumed that sex differences are natural or inevitable. They are not.

To demonstrate, in the mid 1970s, men died at younger ages compared to women principally because of the increases in ischemic heart disease and lung cancer among men (Miniño et al., 2007). In considering possible reasons for this sex difference, researchers explained men's deaths as due to their early adoption of cigarette smoking. The sex difference was indeed explained by health behavior, but there was no explanation for *why* men adopted smoking earlier and in such great numbers. Scholars are beginning to acknowledge that men's health-related behaviors are best viewed as "masculinity performances." Men in the 1940s and 1950s smoked because smoking was a way of performing masculinity (Seltzer, 1959; Starr, 1984). Also, cigarettes were distributed to soldiers in

World War II in their rations and normalized as a "time out" and a method of stress reduction. The wave of tobacco-related deaths that began in the late 1960s and the anti-tobacco-use campaigns that followed did call attention to the damaging impact of this masculinity practice, but neither the deaths nor the campaigns have stopped one in every four younger men from daily smoking (Centers for Disease Control, 2005). According to Dutta and Boyd (2007), the masculine "smoking man" is still characterized in magazines as independent, in another place, and mysterious.

The crucial point is that tobacco use remains a normative, optional "gender performance" for men—even middle-aged and older men who do not smoke cigarettes may occasionally smoke cigars as a "guy-thing" when among other men. Men use tobacco as a means to express masculinity, whether by smoking or "chewing" (e.g., Bottorff et al., 2006). Thus, for most men, thinking in terms of health and healthy behavior is secondary to being a man. When doctors recommend that men initiate their own testicular exams, they too often abide by the "don't touch self" rule. Testicular self-examination is a type of body contact coded as "unmasculine." By striving to maintain a sense of continuity and to feel in control of their lives, even in the face of physical decline and the burden of chronic illnesses (see, for example, Charmaz, 1995), men put their health at risk in many other ways. Evidence shows 70-year-old men are more likely than their female counterparts to be overweight, smoke, use alcohol excessively, not wear a seat belt, and choose to not see a physician (Nelson et al., 2002), much as the men did at 50 and 20. The foods they eat and their weight continue to embody masculinity (Gough and Connor, 2006; Moss et al., 2007). Their preference to be autonomous is also embodied when they choose to continue to drive—82 percent of men age 70 and older were driving compared to 55 percent of women (Foley et al., 2002), and even men with glaucoma do not anticipate that their disease will force them to stop driving (Adler et al., 2005).

Over the past thirty to forty years, theories of gender have shifted our attention away from emphasizing gender socialization. That is, the

earlier explanations of masculinity focused on *what* men internalized and advanced the notion of a sex-specific personality composed of particular traits. Boys and men were also presumed to have innate needs and were viewed as nearly empty vessels eventually acquiring their “male sex role” identities and values. This male sex role was initially regarded as functional and thus harmless, was later recognized as potentially hazardous to men’s well-being, and still later was roundly criticized for disregarding men’s agency—their ability to act as independent beings.

Contemporary theories of gender recognize that men are active agents in constructing and enacting their own and others’ masculinity, and the prime focus is now on *how* and *why* men “do gender.” Through their decisions and everyday behavior men routinely affirm or challenge existing power relations and the underlying masculinity norms. A crucial point is that men are generally unaware that when they act for themselves they also are “performing” masculinity, and their actions have gender-affirming consequences. Thus, when a husband and wife go out for a dinner and also drink, the ordinariness of the social practice of men driving home affirms the privilege that men have to make the decision to drink and drive, and affirms broader masculinity norms about men’s privilege. The same social practice also (re)affirms a meaning of femininity.

When middle-aged and older men engage in leisure activities, they are engaging in both gender performances and health behavior. Whether the men are playing in an over-55 softball league or gathered at a friend’s place to watch a game and eat wings, their behavior attests to the ways gender is lived. The men are rarely mindful that their bodies are vulnerable and occasionally stressed by the demands of sprinting and throwing or the results of remaining sedentary another day while filling up on wings. Ironically, should one of the softball players see a primary care physician the next month and be asked about routine exercise, the man playing softball once a week most likely thinks of himself as still athletic and physically active and will probably answer the physician by saying, “Sure, I exercise.” The man defines himself as robust and

unconcerned about health matters. He is engaged in “man maintenance” —upholding his own active embodiment of gender.

AGING MEN’S HEALTH AND THIS ISSUE OF *GENERATIONS*

The articles in this issue of *Generations* all underscore how much gender matters to the lives and thus the health of middle-aged and older men. If this notion sounds far-fetched, it is helpful to recall Levy’s (2004) contention that “mind matters.” When our culture’s ageist stereotypes became older adults’ own self-stereotypes, Levy found, functional health and survival were negatively affected. Older adults who viewed aging negatively twenty years earlier (1975) reported poorer functional health twenty years later. This finding is stunning, because it is true for even the men and women engaged in earlier health-promoting behavior. Each of the authors in this issue of *Generations* offers a perspective on ways that gender matters and plays out in aging men’s health. This insight can help healthcare and social service professionals to work with men *as men* and improve practices in ways that empower men to abandon their traditional unhealthy behaviors. ♡

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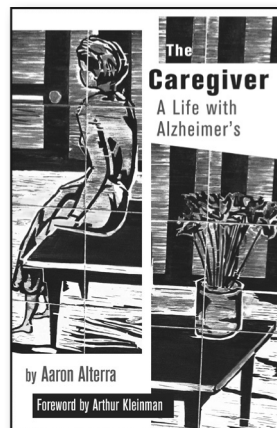
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