




Original Article

Aging, Anxiety and Inequality: The Relation between Anxiety about Aging and Gender Inequality among Women in Shiraz City (Iran)

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ABSTRACT

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Introduction: Taking into account the growth of increase in the elderly population in Iran and the world, and the emergence of the phenomenon of feminization of aging, the present study has been conducted, with aim of examining the relationship between anxiety about aging and the perceived and experienced gender inequality among the women of Shiraz city (Iran).

Methods: This cross-sectional study has been carried on 30 to 70 years old women in the city of Shiraz. The required sample size is estimated to be 405 individuals, and the participants selected through a stratified random sampling. Data collection has taken place by a questionnaire which some of the questions of that were made by the authors and some are borrowed from anxiety about aging scale. The collected data were analyzed with SPSS 21 using Pearson correlation tests.

Results: Experienced inequality has a significant positive correlation with anxiety about aging (total) ($r = 0.226$; $p < 0.01$). The relation between perceived inequality has also been positive and significant with anxiety about aging (total) ($r = 0.132$; $p < 0.05$). Furthermore, there is a significant relationship between gender inequality (perceived and experienced) and anxiety about aging in different aspects, including social and economic fears, psychological fears, fear of losing the feminine position, fear of losing health, and fear of physical changes and changes in appearance.

Conclusion: The anxiety about aging increases among women who experience and perceive gender inequality. According to the accelerating process of population aging and the importance of paying attention to the social, psychological, and physical health of elderly women, it is necessary to take more considerations into account. In this regard, planning for decreasing the gender gap and inequality can be effective to some extent. Seemingly, the intersection of “the phenomenon of feminization of poverty,” due to gender inequality, with the phenomenon of “feminization of aging” in the future brings to the fore the necessity of paying attention to “anxiety about aging.”

Keywords: Aging, Gender Inequality, Health, Anxiety, Women

Introduction

Understanding aging depends on each person's comprehension of the process of aging in their socio-cultural background. According to the dependence of

understanding aging on socio-cultural background, we face different perceptions of aging. Therefore, some might have pleasurable understandings of aging, and

some might have displeasing comprehensions. For those who have an displeasing understanding of aging, anxiety about aging might occur in different forms and scales and shows their fear of aging (1, 2).

Lasher and Faulkender, discuss anxiety about aging from four dimensions: physical appearance, fear of old people, psychological concerns, and fear of losses (3). Lynch defines anxiety about aging as a combination of anxiety or fear from the increase in age or senility and measures it through seven indexes that reflect key concerns regarding the experience of aging. These concerns include continuous anxieties about the decrease in health and physical functioning, financial wellbeing, cognitive ability, physical appearance, and social losses. He states that the anxiety of aging in young adults may be reflected in the form of fear of unknown factors, while in old adults it is in the form of fear of healthcare and financial issues (4).

The process of aging comes with changes in physical, psychological, social, and economic scope. Symptoms of stress and anxiety about aging can also be observed in the personal and social behaviors of individuals (5), including an increase in people engaging in body management activities that are like obsessive behaviors towards the consumption of anti-aging goods and surgical procedures. In this regard, the statistics provided in Iran shows an increase in the utilization of toiletries and rejuvenator, and anti-aging products. In addition, a variety of cosmetic surgeries, especially rhinoplasty, skin rejuvenation, different cosmetic injections, etc. during the past two decades, has had a growing trend (6), and also, Botox injection rates in Iran are very high and are almost two-thirds of the American society (7).

The increase in using of anti-aging products and related cosmetic surgeries, which are one of the outcomes of anxiety of aging, is due to the importance of the body and its management as a part of people's identity in the contemporary world. Today, senility is considered a negative phenomenon compared to the youth, and therefore, people try to deny or hide senility. This situation imposes heavy pressures on elderly and even mid-aged people in accordance to comply with the criteria of youth, which outcrop different forms of anxiety of aging and puts their physical and spiritual health in danger (4).

Demographic changes in recent decades illustrate the increasing trend of the aging of the population, and, therefore, paying attention to their mental, psychological, social, and physical well-being is of great importance (8). The realization of successful aging, characterized by high levels of welfare and personal satisfaction (9) is determined, to a large degree, by an individual's capacity for compatibility with the last step of life, where a proportional confrontation with stress and anxiety of aging comes to be very important. Therefore, studying the scale of anxiety of aging and its aggravating factors is of great importance. Based on this importance, one question comes to the fore: what factors can be associated with anxiety of aging?

A survey of previous studies reveals that race, social, economic, health, education, gender, age, culture, life

satisfaction, and personality traits, can affect our anxiety about aging (5, 10-14). One of these factors in studies related to the anxiety about aging, gender has had a great significance and caused different results. Some research suggests that anxiety about aging is higher among women (15, 16), while others have shown that men have more anxiety about aging (17-19), and even some researchers have claimed there is no dissimilarity in the anxiety about aging among men and women (19). Since the understanding of aging and concerns about it have different appearances in different cultural backgrounds, divergence results of these researches might be due to different cultural backgrounds. Evidence suggests that because of gender structures, physical experience is different between men and women (20, 21).

We live in a world shaped according to gender, where the division of many socioeconomic and cultural opportunities is based on gender, and men are mostly recognized by socioeconomic assets and women with physical and sexual capital. Taking this issue into account, Hakim believes insisting on beauty ideas, especially by the advertising industry, in the long-term, will cause the importance of two elements of sexual capital, i.e. physical and sexual attractions, and this type of capital diminishes as people age, while social and economic capitals increase with aging (22). Thus, it appears that in societies with more gender inequalities and fewer women's access to other capitals, the body becomes more significant as a capital for women, and the anxiety about aging and losing this capital among women happens to get worse (2).

Every year, the World Economic Forum calculates the Global Gender Gap Index for different countries of the world and classifies them based on the level of gender inequality. In doing so, it ranks and scores countries according to four areas of the economy, education, health, and political criteria. The 2021 report of this international organization has investigated several countries, according to which, Iran is among the countries that its level of the gender gap is higher than the average in the world (23).

Based on the abovementioned issues, the study of anxiety about aging and its relationship with gender inequality in the socio-cultural context of Iranian society comes to be important. Hence, this research aims to "study the anxiety about aging and its relationship with gender inequality among women in Shiraz."

Methods

Design and participants

This cross-sectional study was carried out through on 30 to 70 years old women from living in Shiraz city, Iran. The sample size, based on the table of Lin (1976) with a confidence level of 95% and an error level of 5%, was estimated to be 408 people, who were selected through a stratified random sampling method.

In this way, first, Shiraz city was grouped in 10 different city districts and in each region based on the socio-economic status some city blocks were selected,

finally a sample of private households was chosen in each block at random. At the start of the interview, the interviewer determined the household composition and selected the respondent among women aged 15 - 65-year-old.

Data collection

The instrument for data collection was a questionnaire consisting of three sections: demographic information including age, level of education, ethnicity, socioeconomic class, place of birth, marital status, questions regarding anxiety about aging, and questions related to gender inequality. The anxiety about aging scale consists of 40 items that evaluated 5 dimensions (social and physical, fear of losing a woman's position, physical and appearance, health, psychological). In this scale, items were responded using a five-point from "not at all", "little", "somewhat", "much", "very much" ("not at all" = 0, ..., "very much" = 4).

A part of these questions was designed by the researcher and another part was used from Lasher and Faulkender's anxiety about aging scale (3). To measure the anxiety about aging, the Lasher and Folkender scale (1993) has been utilized as a basis, which assesses the anxiety about aging in four dimensions (anxiety about physical appearance, fear of old people, psychological concerns, fear of losses) (3). The sample of this research was women, but Lasher and Folkender's scale was not sensitive to gender (it was gender blind). Hosseini in a part of his doctoral dissertation, has extracted the dimensions of anxiety about aging among women with a qualitative method and has shown that the anxiety about aging among women has more specific dimensions (2). On this basis, thus, the dimensions of anxiety about aging have been indigenized and finally measured in five dimensions of psychological, physical appearance, health, women's fears, and socio-economic fears. Finally, due to the changes that were applied in the scale of Lasher and Fulkander, the validity of the scale was examined through face validity and the items used were examined and confirmed by a number of experts. In addition, before the implementation of the questionnaire, a pre-test was conducted and the different dimensions of this scale were checked and confirmed by the factor analysis test. Also, Cronbach's alpha coefficient was calculated for each of the dimensions, which were all above 0.70 and were approved. (Table 1)

Another variable that has been measured in this research is the concept of gender inequality. Gender inequality is the unequal distribution of wealth, power, and benefits of society between women and men (24). Gender inequality has been measured in different ways. Some researchers have addressed the objective and experienced dimensions of inequality (25) and some other researchers have paid attention to the mental dimensions and perception of inequality (26, 27). In this research, in order to measure this variable more accurately, gender inequality has been measured in two ways: the experienced gender inequality (objective) and the perceived inequality (subjective). The meaning of the experienced inequality is the individual's real

experience of gender inequality, while the perceived gender inequality is meant to be the individual's perception of gender inequality.

The perceived gender inequality (15 items) and the experienced gender inequality (13 items) have been evaluated from four aspects of social inequality, economic inequality, political inequality and family inequality. Items of the experienced gender inequality were responded using a five-point from "not at all", "little", "somewhat", "much", "very much" ("not at all" = 0, ..., "very much" = 4). Items of the perceived gender inequality were responded via a five-option likert scale ranged from completely disagrees to completely agree (completely disagrees = 1, ..., completely agree = 5).

These two scales have been created by the researchers and the validity of the mentioned questionnaires were face validity and were scrutinized and gotten final approval by experts in this field. Cronbach's alpha coefficients of variables as a criteria for reliability are shown in Table 1.

Statistical analysis

Data analysis was conducted using SPSS software. Cronbach's alpha coefficient was utilized to assess the internal consistency of the questionnaire. Moreover, the description of the data was done through frequency, percentage, and average statistics, and the relationship between the variables was investigated by Pearson correlation coefficient test.

Ethical considerations

Initially, while introducing herself and the subject under study, the researcher obtained the consent of the participants to make participation in this research and provided them with necessary information about it. The researcher has been available during the completion of the questionnaire and resolved any ambiguity and responded to questions participants had about the research. The questionnaires, also, were completed without the names of the participants being mentioned. Department of sociology and social planning at Shiraz University confirmed that all methods were carried out in accordance with relevant guidelines.

Results

The participants of this study included 408 women between 30 and 70 years old in Shiraz, Iran. The characteristics of the participants are listed in Table 1. According to this table, the mean of age of participants was 39.44 ± 7.87 , and more than 50% of them had a university education. Regarding the socio-economic class of the participants, only 1.5% declared themselves to belong to the upper class, 51.8% observed being from the middle and upper middle classes, and 26.7% considered themselves to belong to the lower middle and lower classes. Also more than 80% of the respondents have experienced marital life, which indicates they could experience both gender inequalities in society and marital life. (Table 2)

Table 1. The result of the reliability test of each scale with Cronbach's alpha method

Variables (scale)	Number of items	Cronbach's alpha coefficients
Anxiety about aging	40	0.86
Experienced gender inequality	13	0.82
Perceived gender inequality	15	0.89

Table 2. Demographic characteristics of the research sample

Sample characteristics		
Age average		39.44
St. Deviation		7.87
Education	Frequency	Percentage
Illiterate	2	0.3
Diploma and below	141	34.6
Associate's degree and bachelor's degree	212	52.1
Masters and Ph.D	53	13
Place of birth		
Village	21	5.1
Town	83	20.3
The center of the province	265	65
Unanswered	39	9.6
Socio-economic class		
High class	6	1.5
Middle and upper middle class	211	51.8
Lower and lower middle class	109	26.7
Unanswered	82	20
Marital status		
Single	64	15.7
Married	298	73
the widow	16	3.9
Divorced	19	4.7
Unanswered	11	2.7

Table 3 indicates that an experienced inequality has a significant positive correlation with anxiety about aging (total) ($r = 0.226$; $p < 0.01$). The relationship between the perceived inequality and anxiety about aging (total) is positive and meaningful ($p < 0.05$; $r = 0.132$) with the difference that the intensity of the correlation between the experienced inequality and anxiety about aging is twice that of the perceived inequality, which is of a subjective aspect. (Table 3)

The results, also, suggest that the aspect of social and physical aspects are affected the most by the experienced inequality ($r = 0.215$; $p < 0.01$) and has a direct significant relationship, yet less intense than the scale of the perceived inequality. The aspect of fear of

losing the feminine position has a direct significant relation merely with experienced inequality ($r = 0.174$; $p < 0.01$), while it had no significant relationship with the perceived inequality and only experienced inequality results in fear and anxiety of aging in the aspect of losing the feminine position aspect.

The experienced and perceived inequality can also lead to the increase of anxiety about aging in terms of health aspects, in a way that the results of the hypothesis test suggest that the experienced inequality increases anxiety about health in senility ($r = 0.159$; $p < 0.01$) and the perceived inequality, in a direct significant relationship ($r = 0.140$; $p < 0.05$), increases the anxiety about health in senility.

The results of this study also indicate that the experienced and perceived gender inequality in women not only increase the social and physical aspects of aging but also rises the psychological dimension of anxiety about aging. The experienced gender inequality has a direct significant correlation with those aspects ($r = 0.191$; $p < 0.01$) and the perceived gender inequality also gives rise to the psychological aspect of anxiety about aging with a direct significant correlation ($r = 0.154$; $p < 0.01$).

Discussion

The present study aims to examine the relationship between gender inequality (experienced inequality and perceived inequality) and anxiety about aging among women in Shiraz. The results of this study illustrated that anxiety about aging is of an important relationship with both the experienced inequality and the perceived inequality. In other words, the more gender inequality takes place in the social and cultural backgrounds, the more women's anxiety about aging comes to pass. Barrett et al., (15), as well as Westwood (28), have also reached similar results in their studies on the social backgrounds of anxiety about aging in women.

Although aging is a natural process of the body, how this period is experienced and how aging is conceived depends to a large extent on the cultural and social structures and backgrounds. These structures are formed on the basis of gender (29) and, therefore, women and men do not share the same circumstances in education, health, employment, income, wealth, welfare facilities, etc. The existence of these unequal structures and gender gaps reduces access to resources for women. It seems that when women are in the process of aging, their access to these trivial resources falls short and gives rise to the anxiety of aging. In addition, the existence of gender inequality increases age-gender discrimination in senility. In such a context, elder women are exposed to these stereotypes and discriminations more than old men. Many researchers have suggested that discrimination and negative stereotypes about elderly people increase their anxiety and concern about aging (9, 24, 30), and sometimes the expression of these prejudiced

attitudes and behaviors (ageism) has resulted in their social exclusion (31), and it even had unpleasant effects on the physical and mental health of the elderly people (32). Therefore, the unequal social structure can cause anxiety about aging in different dimensions, as is observable in the results of this research. Paying attention to the relationship between gender inequality and different dimensions of anxiety about aging shows that the intensity of the relationship is stronger in the dimension of social and economic, psychological fears and in the dimension of fear of losing female position, and is weaker in the physical and appearance dimension as well as the health dimension. In other words, as women age, they are concerned about their economic and social status getting lost and weakened. Most women lack a clear picture of their future due to low access to scarce resources, lack of high social status in society, dearth of employment, and income generation, and they are anxious about losing their spouse and, following that, experiencing unfavorable economic and social conditions, which also boosts the anxiety about aging among them (2).

The existence of anxiety about aging in both physical appearance and health dimensions and the utmost attention to appearance (sever tendency to various rejuvenating products, surgeries, and techniques) in a society where gender inequality and gender age discrimination are severe can be considered as a strategy to hide or deny aging to protect themselves from discrimination and age-sex stereotypes or to maintain their position and status. It appears that, on the one hand, the fear and anxiety of

aging in social, economic, and psychological dimensions, and, on the other hand, the concern about losing the feminine position have been subjectively expressed in the form of extreme attention to two areas of physical-appearance and health aspects (33).

The results of this study also demonstrate that the intensity of the relationship between anxiety about aging and gender inequality is stronger in the objective dimension (experienced inequality) compared to the subjective dimension (perceived inequality). This shows that the experienced inequality has deeper effects on women's fears and anxiety about aging than just perceived it and can, by the same token, intensify the anxiety about aging. Thus, living in circumstances where inequality is objectively exerted on women is different from a situation where women merely feel inequality. Women who experience inequality are more anxious about aging. In other words, not only rewards and scarce resources are distributed unequally in society, but fears and anxieties are also unequally distributed, as people who experience and feel more inequality have more fears and anxieties. Inequality is like a multi-layered and multi-dimensional lacuna that, as it gets deeper and more extended, not only brings fewer rewards to the lower circles but also accumulates more punishments and fears in the lower layers, especially if gender and women issues are also involved. The anxiety of aging among women is one of the anxieties of this kind that is distributed hierarchically and unevenly.

Table 3. Correlation test results of perceived and experienced gender inequalities with anxiety about aging and its aspects

Variables		Experienced inequality	Perceived inequality
Anxiety about aging (total)	Pearson Correlation	0.226**	0.132*
	Sig. (2-tailed)	0.000	0.028
	N	259	279
Anxiety about aging in social and physical aspect	Pearson Correlation	0.215**	0.167**
	Sig. (2-tailed)	0.000	0.002
	N	303	326
Anxiety about aging in fear of losing a woman's position aspect	Pearson Correlation	0.174**	-0.001
	Sig. (2-tailed)	.003	0.982
	N	292	318
Anxiety about aging in physical and appearance aspect	Pearson Correlation	.148**	0.124*
	Sig. (2-tailed)	0.009	0.023
	N	307	333
Anxiety about aging in health aspect	Pearson Correlation	0.159**	0.140*
	Sig. (2-tailed)	0.005	0.011
	N	306	332
Anxiety about aging in psychological aspect	Pearson Correlation	0.191**	0.154**
	Sig. (2-tailed)	0.001	0.005
	N	311	336

** . Correlation is significant at the 0.01 level (2-tailed)

* . Correlation is significant at the 0.05 level (2-tailed)

Conclusions

In general, the results of this research show that anxiety about aging was related with both the experienced gender inequality and the perceived gender inequality.

Taking into account the rising trend of population aging and the importance of paying attention to the social, mental, and physical health of elderly women and putting successful aging into reality, it is necessary, more than any time before, to contemplate measures for reducing the anxiety of aging. In the future, as it seems, the intersection of "feminization of poverty" due to gender inequality with the phenomenon of "feminization of aging" will heighten the need to pay attention to the concept of "anxiety about aging." This issue will be of more complicated dimensions in the future. Although the consequences of this situation were not the aim of this study, they can influence the physical, mental, and social health of women as well as their opportunities for a satisfying life. There is a lot of evidence indicating the long-term consequences of a negative attitude toward aging on health (34), longevity, and mortality of the elderly people (17, 34-38), as well as successful senility, especially among women (39). Therefore, measures should be taken to bring about the well-being, health, and happiness of this group of society and cause social adaptation to aging, and promote a positive approach to senility. In this respect, planning to decrease the gender gap and unevenness can be effective to some degree. It is now more necessary to attend to gender gaps (39) in different fields such as education, employment, care, income, and pensions and strive for equality and justice in these fields. Gender gaps are the results of a range of factors, including different educational and professional choices, horizontal and vertical division of the labor market, low value for women's work, and, as a consequence, lower wages in the sectors controlled by women, small presence of women in the management sectors, gender-based discrimination and unequal division of family responsibilities between men and women, unsupportive cultures and work methods, etc., which require detailed and targeted planning to be resolved. In addition to the role of the government in creating equal opportunities and reducing gender gaps, family and kinship groups can also play a role in reducing these concerns by supporting women in increasing their social and cultural capital as well as creating a positive attitude towards the elderly and aging.

Study limitations

In this study, the numerous questions in the questionnaire and the long time needed for answering it might have had an effect on the accuracy of the answers provided by the participants, though the researchers have tried to prevent the respondents from getting tired and careless by preparing a favorable environment. Moreover, due to the different experiences of women and men in the process of

aging, the questionnaires regarding anxiety about aging were gender-blind and could not proportionally measure the anxiety about aging in women. Therefore, the researchers have endeavored to solve this problem by making some changes in the dimensions of the scale of anxiety about aging.

Finally, the sample of this research was urban women from 30 to 70 years old, and hence, precautions shall be taken in generalizing the findings to women in all age groups as well as rural women. Furthermore, it is suggested to study and investigate the anxiety of aging among men as well as young people in future research.

Conflict of interest

The authors declare that there is no conflict of interest.

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Authors' contributions

MT.A. and M.H were involved in study conception, design, analyzing data and drafting of the manuscript. GH.A and A.R were involved in data gathering and coding. MT.A. had done data analysis and cooperate with M.H in writing the first draft of the manuscript. MT.A. and M.H reviewed the first draft of the manuscript. M.H was responsible for coordinating the study. All authors read and approved the final manuscript.

References

1. Zhang K, Zhang W, Wu B, Liu S. Anxiety about aging, resilience and health status among Chinese older adults: Findings from Honolulu and Wuhan. *Archives of Gerontology and Geriatrics*. 2020; 88: 1-10.
2. Hosseini M. Women and aging process: women's experience of age – related bodily changes in midlife [PhD thesis]. Shiraz: Shiraz University; 2017. [Persian]
3. Lasher KP, Faulkender PJ. Measurement of aging anxiety: development of the anxiety about aging scale. *The International Journal of Aging and Human Development*. 1993; 37(4): 247-59.
4. Lynch SM. Measurement and prediction of aging anxiety. *Research on Aging*. 2000; 22(5): 533-58.
5. Brunton RJ, Scott G. Do we fear ageing? a multidimensional approach to ageing anxiety. *Educational Gerontology*. 2015; 41(11):786-99.
6. Khazir Z DT, Mahmoodi M. Attitude of female medical students towards cosmetic surgery and its relation with body image. *Razi Journal of Medical Sciences*. 2014; 20(117): 1-9. [Persian]
7. Mahmoudi Y, Mohaddesi Ghilovae H, Tajuddin MB. Sociological study of the reasons and

- consequences of cosmetic surgery for women and men living in Tehran. *Women's Strategic Studies*. 2017; 20(77): 139-67. [Persian]
8. Koosheshi m. Population aging in Iran (demographic and socio-economic characteristics of the elderly: issues and challenges). The report of joint research project of the faculty of Social Sciences of Tehran University and the United Nations Population Fund and Statistics Research Institute; 2014.
 9. Donizzetti AR. Ageism in an aging society: the role of knowledge, anxiety about aging, and stereotypes in young people and adults. *International Journal of Environmental Research and Public Health*. 2019; 16(8): 1-11.
 10. Ramírez L, Palacios X. Stereotypes about old age, social support, aging anxiety and evaluations of one's own health. *Journal of Social Issues*. 2016; 72(1): 47-68.
 11. Moor C, Zimprich D, Schmitt M, Kliegel M. Personality, aging self-perceptions, and subjective health: A mediation model. *The International Journal of Aging and Human Development*. 2006; 63(3): 241-57.
 12. Gao Y-J. Aging anxiety and personality traits among Taiwanese undergraduates. *Social Behavior and Personality: an International Journal*. 2009; 37(10): 1385-9.
 13. Tomlin VC. Age group and gender differences in fears of aging [M.A. Thesis]. New Jersey: Rowan University; 2006.
 14. Saxena R, Shukla A. Gender and age related differences in anxiety about aging. *The International Journal of Indian Psychology*. 2016; 3(4):12-26.
 15. Barrett AE, Toothman EL. Multiple "old ages": the influence of social context on women's aging anxiety. *The Journals of Gerontology: Series B*. 2018; 73(8): 154-64.
 16. Fernández-Jiménez C, Álvarez-Hernández JF, Salguero-García D, Aguilar-Parra JM, Trigueros R. Validation of the lasher and faulkender anxiety about aging scale (AAS) for the Spanish context. *International Journal of Environmental Research and Public Health*. 2020; 17(12): 1-10.
 17. Cheung T, Wong SY, Wong KY, Law LY, Ng K, Tong MT, et al. Depression, anxiety and symptoms of stress among baccalaureate nursing students in Hong Kong: a cross-sectional study. *International Journal of Environmental Research and Public Health*. 2016; 13(8): 1-25.
 18. McConatha JT, Hayta V, Rieser-Danner L, McConatha D, Polat TS. Turkish and US attitudes toward aging. *Educational Gerontology*. 2004; 30(3): 169-83.
 19. Yan T, Silverstein M, Wilber KH. Does race/ethnicity affect aging anxiety in American baby boomers?. *Research on Aging*. 2011; 33(4): 361-78.
 20. Ahmadiana S. Sociology of body and female body. In: Ahmadi Khorasani NA, editor. *The season of women*. 5nd ed. Tehran: Illuminators and women's studies; 2005.
 21. Clarke LH. Women, aging, and beauty culture: Navigating the social perils of looking old. *Generations*. 2017; 41(4): 104-8.
 22. Hakim C. Erotic capital. *European sociological review*. 2010; 26(5): 499-518.
 23. Sharma RR, Chawla S, Karam CM. Global gender gap index: world economic forum perspective. In: Eddy SN, Stamper CL, Klarsfeld A, Han YJ, editors. *Handbook on diversity and inclusion indices*. Edward Elgar Publishing; 2021.
 24. Arora RU. Gender inequality, economic development, and globalization: a state level analysis of India. *The Journal of Developing Areas*. 2012; 46(1): 147-64.
 25. Shiri A, Faraji E, Yasini A. Gender inequality experience in organizational promotions: a metaphorical reading of glass escalator effect. *Women Studies*. 2018; 9(24): 1-31. [Persian]
 26. Mobaraki M, Mosavi S, Keshmiri Z. Comparative study of perceived gender inequality among mothers and daughters in the Yazd city. *Journal of Iranian Social Studies*. 2019; 13(4): 138-63. [Persian]
 27. Panahi RA, Saraie H, Kaldi A, Abedini S. Study of the perception of gender inequality in women's lived experience in Maragheh. *The Journal of Sociology Studies*. 2020; 12(45): 161-87. [Persian]
 28. Westwood S. Ageing, diversity and equality: social justice perspectives. London: New York: Routledge; Taylor & Francis; 2017.
 29. Kimmell M. Excerpts from the gendered society. *Inequality in the United States: A Reader*: Routledge; 2020. p. 298-311.
 30. Wisdom NM, Connor DR, Hogan LR, Callahan JL. The relationship of anxiety and beliefs toward aging in ageism. *Journal of Scientific Psychology*. 2014; 10: 10-21.
 31. Ayalon L, Tesch-Römer C. Taking a closer look at ageism: Self-and other-directed ageist attitudes and discrimination. *European Journal of Ageing*. 2017; 14: 1-4.
 32. World Health Organization. World report on ageing and health [Internet]. 2015. Available from: <https://www.who.int/publications/i/item/9789241565042>
 33. Movahed m, Hosseini m. Exploring the Middle-aged women's strategies to deal with aging and age-related physical changes. *Women's Studies Sociological and Psychological*. 2017; 14(4): 7-42. [Persian]
 34. Wurm S, Tesch-Römer C, Tomasik MJ. Longitudinal findings on aging-related cognitions, control beliefs, and health in later life. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 2007; 62(3): 156-64.
 35. Levy BR, Slade MD, Kunkel SR, Kasl SV. Longevity increased by positive self-perceptions of aging. *Journal of Personality and Social Psychology*. 2002; 83(2): 261-70.
 36. Sargent-Cox KA, Anstey KJ, Luszcz MA. Longitudinal change of self-perceptions of aging and mortality. *The Journals of Gerontology Series B:*

Psychological Sciences and Social Sciences. 2014; 69(2): 168-73.
37. Faudzi FNM, Armitage CJ, Bryant C, Brown LJ. A systematic review of the psychometric properties of self-report measures of attitudes to aging. *Research on Aging*. 2019; 41(6): 549-74.
38. Trigueros R, Padilla AM, Aguilar-Parra JM, Rocamora P, Morales-Gázquez MJ, López-Liria R.

The influence of emotional intelligence on resilience, test anxiety, academic stress and the mediterranean diet. a study with university students. *International Journal of Environmental Research and Public Health*. 2020; 17(6): 1-12.
39. Cho J. The influence of self-efficacy, self-esteem, aging anxiety on successful aging in middle-aged women. *Medico Legal Update*. 2020; 20(1): 2265-70.