



## Gender, Age, and Health

In this chapter, you will learn about:

- gender and society
- age and society
- health and society

*If you could choose to be born male or female, which would you choose? If you could be any age, which would you choose? Your answers to those questions probably reflect your socialization into our society. Gender and age are ascribed statuses. We cannot do anything about them, and they carry social position. We have expectations of how individuals will behave based on their age or gender. We say, "How like a man!" or "Girls shouldn't do that." Descriptive terms like young, middle-aged, and senior citizen are loaded with meaning. Societies vary widely in their attitudes toward the young and the old, and toward women and men.*

*Health care is a topic that spans our lifetime. From the care of the pregnant mother through the sickness and wellness of life until the moment of death, we need it. We can get a more informed picture of the different groups in our society as we look at how access to and quality of health care differ.*

## Gender and Society

What kind of work do men do? What is “women’s work”? Are men’s and women’s interests different? Most societies label some activities and behaviors as more masculine than feminine and vice versa.

Let’s look at words for a moment. One’s *sex* is determined by biology. Sex is either male or female. The term **gender** is used by sociologists to describe the cultural, psychological, and social traits associated with a biological sex. These traits are called either *masculine* or *feminine*.

The ways societies organize gender roles vary widely. In many times and places, men’s roles have been in the public arena, and women’s roles have been in the domestic arena, or home. Men were the recorders, the historians, and thus activities associated with women were often undocumented. They came to be seen as less important than those associated with men. Even when a culture’s gender norms are informal, they can be very powerful.

### Differences Between the Sexes

How much of the differentiation between gender roles is based on biology, and how much is determined by society? Some researchers believe that biological differences determine many societal expectations of men and women. Others believe that differences in behavior between males and females are learned, not inborn. The truth probably lies somewhere in between and is almost certainly a complex combination of both.

## Biological Differences

For centuries most people assumed that biology dictated different interests and abilities for women and men. Men were thought to be naturally aggressive, and women were believed to possess a “maternal instinct” fulfilled only by bearing and caring for a child. We now know that a person’s sexual characteristics are influenced mainly by **two** physical factors:

1. **Chromosomes.** Every human being has 23 pairs of chromosomes, thread-like bodies in each cell that determine hereditary characteristics. Each pair is alike except one—the pair of sex chromosomes. Females have two X chromosomes; males have an X chromosome and a Y chromosome.  
It is the father who determines the sex of a baby, because sperm cells carry either an X chromosome or a Y chromosome. An ovum, the mother’s egg, always has an X chromosome. If the ovum is fertilized by a sperm with an X chromosome, the baby will be a female (XX). An ovum fertilized by a sperm with the Y chromosome will result in a boy (XY).
2. **Hormones.** Hormones are chemical substances in the body that stimulate or inhibit chemical processes, such as those that contribute to growth. The major female sex hormones are *estrogen* and *progesterone*. The major male hormones are *testosterone* and *androgen*. Hormones are active throughout life, and their effects are especially noticeable when a person reaches puberty. Do sex



hormones influence behavior? The answer is yes, they certainly do. But a caution lies in the word *influence*. Hormones can influence behavior. Most scientists do not believe that hormones *determine* behavior.

### Cultural and Psychological Differences

Most sociologists believe that social influences on gender behavior are far greater than the influence of chromosomes and hormones. All societies have norms governing how males and females should act. Individuals are socialized in accordance with these norms. **Gender roles** are the particular behaviors and attitudes a society establishes for men and women.

Margaret Mead's study of three New Guinea societies in the 1930s found that

gender roles vary widely from culture to culture. (See page 77.) Further evidence that culture shapes gender roles has been found in some **matrilineal societies**, which base status and inheritance on the female's kinship descent.

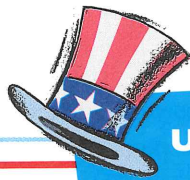
**EXAMPLE:** Among the Iroquois Confederation of Native Americans in the 1700s, the women's political and ritual influence rivaled that of the men. Women owned the land, which they inherited from mothers and aunts, and they controlled the production and distribution of food. Although the governing council was composed of male chiefs, the women controlled which men became leaders, and the senior women, or matrons, constantly monitored the chiefs and could impeach them.



### "Gender Power Ratio"

In 1995, the United Nations developed a scale to measure the proportional power of women to men in various countries. They called the measure a "gender power ratio," with the higher percentages indicating more equality. They found the highest power ratios in Scandinavian countries, and the lowest in developing countries in Africa and Asia.

Women's Power			
Sweden	.76	Brazil	.36
Norway	.75	Ghana	.31
Canada	.68	India	.22
United States	.62	Nigeria	.20
Great Britain	.48	Pakistan	.15
China	.47	Afghanistan	.11
Japan	.44		

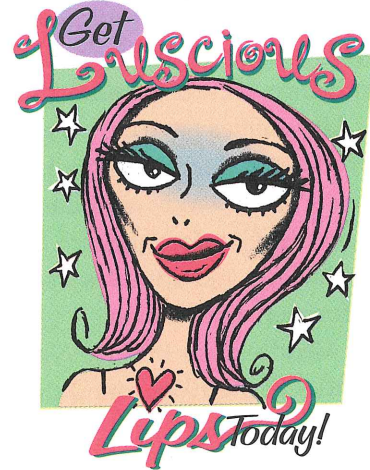


## U.S. Culture Connection

### Marketing to Teenage Girls

The Census Bureau tells us that the U.S. teen population is expected to grow to 30 million in 2010, up about 18 percent from 1990. This group has considerable spending money, and so designers and stores that cater to it have become a major business. Interest in clothes and fashion appears to be much higher for girls than boys. According to a 2000 Rand Youth Poll, the average income of girls 16 to 19 was \$131 a week in 1999, up from \$103 in 1997. The *New York Times* reported that marketers expected the girls to spend a great deal of their money on clothes and cosmetics.

These businesses invest in a gender expectation. Are they reinforcing a stereotype? Are they helping create one? What do you think?



### Socialization and Gender Roles

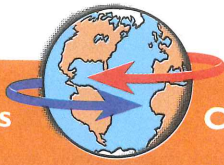
Imagine a world with absolutely no social differences between the sexes. Families would have identical expectations of sons and daughters; men and women would act and dress the same. In reality, no matter how much equal opportunity exists in a society, the socialization experiences of men and women differ.

**Stereotypes** are conventional, oversimplified, often exaggerated images. Nevertheless, they point to general

attitudes. Some in contemporary U.S. society include:

- \* Differing expectations of boys and girls begin at birth and continue as children go through school. Boys are expected to engage in rough-and-tumble play, to excel in math, to love sports. Girls are expected to be talkative, to like pretty clothes, to be good at reading.
- \* While a woman who chooses to marry and raise children rather than pursue a career is considered to be acting within normal expectations, a man who does the same is often treated as odd.





## Gender Inequality and the Economy

Anthropologist Patricia Draper observed in her field work among the !Kung people of Botswana in Africa that only when they settled in one place—herding, growing crops, and working for wages—did the !Kung begin to see men as ranking higher than women. When the !Kung were foragers, their gender roles were interdependent. When women discovered information about game animals while they were gathering food, they passed it on to the men. Men and women spent about the same amount of time away from camp. Once the !Kung settled and had less food gathering to do, women were confined more to the home, boys gained mobility through herding, and girls' movements were limited.

- \* Gender expectations of women and girls are less rigid than for men and boys. Girls can wear dresses or pants. They can dress in many colors, fabrics, and styles. Men's business wear is restricted to long pants in a narrow range of colors and styles. Many bright colors

are "forbidden" for men, except in such specialized garments as swimming trunks. Most people don't disapprove of girls playing with trucks or action video games. Boys may play with action figures, but not with baby dolls.

Much gender socialization takes place within the family, where parents, siblings, and other relatives serve as role models. Later, as a child grows older, peer influence increases. In the teen years, gender expectations are dominated by the views of other teenagers.

Gender expectations are continually provided by the media, especially advertising, movies, and television. What examples can you recall?

### Roots of Gender Role Inequalities

As a broad historical trend, women seldom have equaled men in terms of power. Current trends show a narrowing of the traditional inequality between men and women, but full equality of the sexes remains to be accomplished. Why? Some explanations are based on physical size and strength differences, others on women's biologically based responsibilities for childbearing and early care of infants. What might be the social roots of gender roles?

Because the most ancient human societies were based on hunting and gathering, social scientists have thought that modern hunting and gathering societies might shed some light on gender roles. In studying them, anthropologists have observed that gender statuses are fairly equal.

Some social scientists have suggested that inequality between genders is related to a society's economic system. Researchers M. Kay Martin and Barbara Voorhies suggested that with the development of agricultural communities, women's status fell. They hypothesized that this inequality occurred as new agricultural tasks, particularly plowing, were assigned to men because of their greater average size and strength.

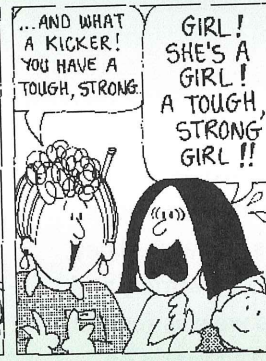
Others have pointed out that industrialization reinforced inequality, particularly for the middle and upper classes, as work became more clearly separated from the home. Is it possible that in postindustrial societies, where education is the primary determiner of an individual's role, gender inequalities will diminish? Or are they merely changing?

## The Economy and Gender Roles

Economic variations in a society influence gender roles. Wartime brings the expectation that young, able-bodied men will become soldiers. In the 1940s, when World War II took huge numbers of men out of the workplace, women took their place making the materials that society and the war effort required. When men returned after the war, women who could afford to resume their customary roles at home did so.

During the great economic expansion that began in the 1980s, women again returned to the workplace. Social expectations of material goods and higher education were out of the range of families in which only one adult was employed. Also, increasing numbers of women wanted to pursue careers outside the home as an expression of self-fulfillment. As economic needs and social attitudes changed, so did expectations about women's work.

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## Mothers Employed Outside the Home

The U.S. Department of Labor gathers statistics about women in its Women's Bureau. In 2000, it reported that the likelihood that women with children would be in the labor force depended on the children's ages, using statistics from the previous year.

Working Mothers	
Age of Children	Mothers in the Workforce
14–17, none younger	78.9%
6–13, none younger	78.3%
Under 6	64.4%
Under 3	60.7%

## Expressions of Inequality

Many sociologists believe that at least part of the trend in changing gender roles in the United States is due to increasing life expectancies. Women today spend much of adulthood free from the responsibilities of child care.

But gender inequalities still exist. Two expressions of this inequality are sexism and feminism.

\* **Sexism** is the belief that one sex is superior to the other, and sexist behavior involves discriminating against people solely because of their gender. The long history of male economic and political dominance in the United States has led many people to believe that men are superior to women. This belief is self-perpetuating. When men oppose women's entry into certain jobs, women are reluctant to pursue those jobs. This

in turn reinforces the stereotype that women are not capable of doing the jobs.

\* **Feminism** is the corrective response to sexism. It is both the belief in the social, political, and economic equality of the sexes and also the movement organized around this belief.

## Change and Conflict

Over the years, many people in the United States have actively resisted the idea that women have been systematically denied equal opportunity in our society.

- \* **The Suffrage Movement.** The fight to obtain voting rights for women began in the 1840s but did not achieve its goal until 1920.
- \* **The ERA.** A major feminist movement of the 1970s led to the proposal of an Equal Rights Amendment to the

U.S. Constitution (the ERA). It stated that "equality of rights under the law shall not be denied or abridged by the United States or any State on account of sex." The proposed amendment did not receive enough support to be enacted into law. Strong opposition came from people who viewed the amendment as a threat to "traditional family values." They felt the proposed amendment undermined their fundamental social norms. Though the amendment failed, discrimination on the basis of gender did become illegal. Numerous state and federal laws were passed to assure equality in school programs, in employment, and in most areas of public life.

Americans value equal opportunity. There have been many changes since the days in the 1950s when "Father Knows Best" was a popular sitcom and a major florist made ads showing a wife looking up lovingly at her flower-bearing husband from her position on her hands and knees scrubbing the kitchen floor. Where lingering gender inequalities exist, there will be people who will address them. We can expect that we will continue to grapple with issues of difference and power between the sexes.

### Marriage

Marriage customs often reinforce inequality between the sexes. This is so true that some early feminists swore they would never marry. Marriage is the institution that societies create to provide a secure place for their next generation, the children. In

marriage, women are provided for during the time when pregnancy and nursing make them less able to care for themselves. This view of marriage emphasizes the weakness of the female partner and the strength of the male. It underlies many of the world's customs.

Marriage also provides a stable environment for children to grow and learn the ways of their society. When children arrive, society often expects women to take care of them in the home while men go out into "the world" to provide for their families. Of course the mother has a biological connection to the child, but the mother-father role differences are not in themselves natural. Many couples today feel free to work out the balance of work and home life for themselves.

### Women in the Workplace

Women's participation in the paid labor force of the United States increased steadily throughout the 20th century. In 1999, 60 percent of women aged 16 and over held jobs outside the home, as compared with 38 percent in 1960. These women made up over 46 percent of the labor force. Of the 62 million working women, 75 percent were employed full time.

While women occupy jobs at all levels from Supreme Court justice, Cabinet member, and senator on down, most women work in technical, sales, and administrative support occupations. These "service" jobs have features in common with tradi-

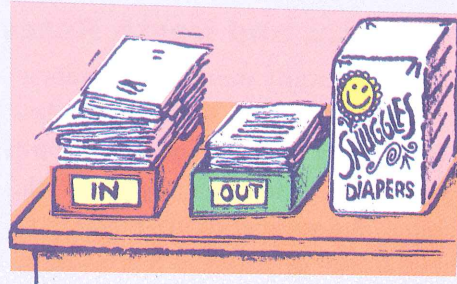




### Babies on the Job

A growing shortage of U.S. workers has led some companies to allow new parents to bring their babies to work. Daycare centers are provided by some companies, and a few even allow workers to bring babies to their desks and care for them while doing their jobs. In December 2000, the *New York Times* reported that Dr. Mary Secret, a professor of social work, surveyed 5,000 Ohio companies and found 85 (1.7 percent) that allowed babies at work.

She believes this is because many jobs today revolve around computers, not factories or other places unsuitable for infants. However, most companies withdraw the welcome mat for babies over six months old.



tional home-based roles. "Women's jobs" are those of teachers, secretaries, office managers, librarians, medical assistants, and cashiers.

Women are underrepresented in occupations historically defined as "men's jobs," which often carry better salaries and more prestige. In 1997, women accounted for only 10 percent of all engineers, 26 percent of all physicians, and 29 percent of all computer systems analysts.

Women continue to earn less than men. In 1999, the median weekly income for year-round male workers was \$618, compared to \$473 for women. As a group, women were earning 76 percent of what men were.

### Women in Politics

Men have traditionally dominated the U.S. political arena, but women are increasingly taking positions of power. Franklin Roosevelt appointed the first female Cabinet member in the 1930s—Frances Perkins as Secretary of Labor. In 1981 Ronald Reagan appointed Sandra Day O'Connor as the first woman Supreme Court justice. Bill Clinton appointed Madeline Albright as the first female Secretary of State and always had at least three women in Cabinet positions, and George W. Bush named three women to Cabinet positions heading the departments of Agriculture, the Interior, and Labor during his first months in office. By 2001 growing numbers of judges, governors, and mayors were women, and a record 12 women were serving in the U.S. Senate.

## Age and Society

Age is a master status. When we interact with people in another age category, we usually are acutely aware of the status difference, and we alter our behavior accordingly. Societies place varying values on both old age and youth.

### Birth Rates and Death Rates

Scientists who study human populations are called *demographers*. Among the measures of a society they consider are its birth and death rates. The **birth rate** is the relationship of the number of live births in a year to the total population. It is usually expressed as a number of births for every 1,000 people.

**EXAMPLE:** The birth rate in the United States in 1999 was 14.2 per 1,000 total population.

The **death rate** is the relationship of the number of deaths to the total population.

**EXAMPLE:** That same year, the nation's death rate was 9.4 per 1,000 population.

These rates are not understandable by themselves, but are used as a way of looking at changes within or among societies. A changing rate can demonstrate progress in health care, or it can cause concern. When the death rate decreases faster than the birth rate, a society may face challenges. High birth rates and low death rates can lead to overpopulation and decreasing standards of living for a nation's people.

## Life Expectancy

**Life expectancy**—the average number of years a person can be expected to live—is a general measure of health. Usually the figure is reported as life expectancy at birth. In almost every country, female life expectancies are higher than those for males. Currently, life expectancies vary widely from country to country. Generally, people who live in Africa have the lowest life expectancies, and people in Europe, Australia, and Japan have the highest.

Life Expectancy at Birth	
Afghanistan	45.88 years
Australia	79.75 years
Burma	54.91 years
Central African Republic	44.02 years
France	78.76 years
Japan	80.70 years
Russia	67.19 years
Rwanda	39.34 years
United States	77.12 years
Vietnam	69.27 years

Source: Central Intelligence Agency, The World Factbook 2000



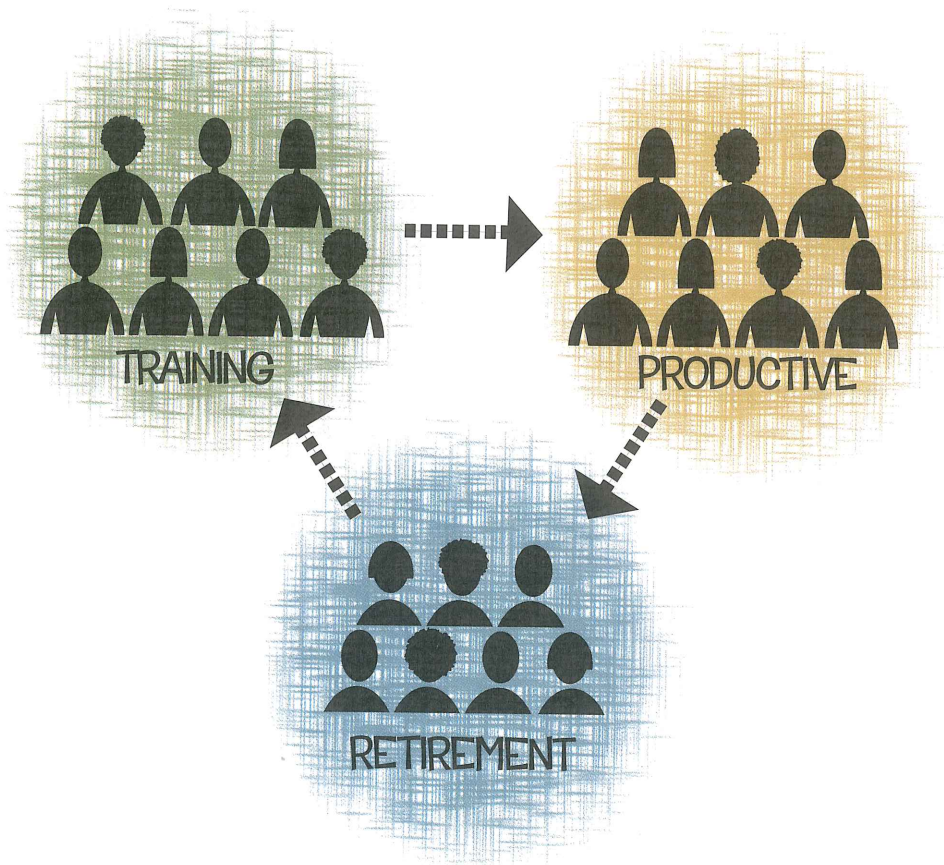
## Age Groups

In very general terms, people belong to one of **three** age groups in their lifetimes:

- 1. The Training Years.** From birth until sometime in the late teens, earlier in less well developed countries, people are learning the skills they will need to be productive members of society. In these years, their status is relatively low.
- 2. The Productive Years.** From the late teens until about age 65, people are working members of society. They are raising families and doing the work their

society needs. They hold the highest status they can achieve during these years.

- 3. The Retirement Years.** The age of retirement varies with individual and social circumstances. For statistical purposes, it is generally regarded as 65. After this age, people are often very active. However, once past retirement, their contribution to society is not seen to be as “useful” as it was during their productive years, and their status consequently declines. This is not true in all societies. In some societies, older individuals are greatly valued for their years of experience.



## Population Patterns

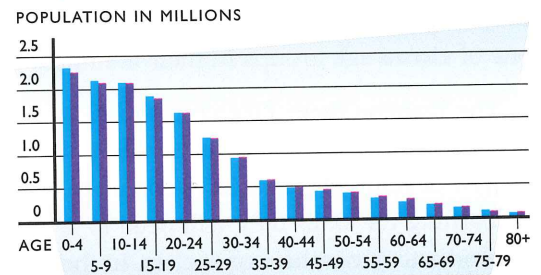
It can be very interesting to look at how populations are distributed across the age spectrum. Look first at the population graphs (for the year 2000 from the U.S. Census Bureau) to analyze **three** societies:

1. **Kenya.** What does it mean when most of the people are 14 or younger? For one thing, it means the childhood mortality rate is very high. Many do not survive to adulthood. For another, it says that the working individuals are supporting a great many young people. It could mean that children “grow up” fast because their society needs them to be productive.
2. **Mexico.** Look at what happens to this chart after the age of 30. What do you think it means? How does life expectancy in Mexico compare with that in Kenya?
3. **United States.** You can see huge differences between the age distribution in the United States and that in the other two countries. Life expectancy at both ends of the graph is higher. A substantial percentage of the population is in its retirement years.

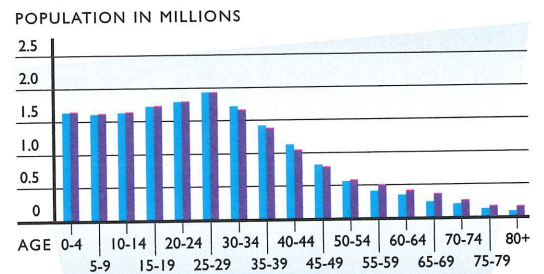
Now look at the three graphs that reflect the projections of the Census Bureau for the year 2025. Projections, are of course, just estimates. They are very good, scientific guesses. These are based on trends in birth control and health care—both in discoveries that lead to the eradication of diseases and in access to health care.

In Kenya, you can see a significant increase in the numbers of people who live into their 80s, and, as in Mexico and the

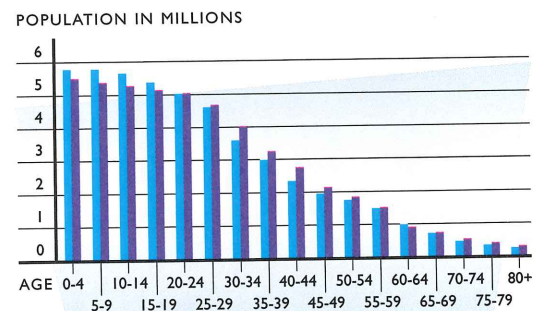
**Kenya: 2000**



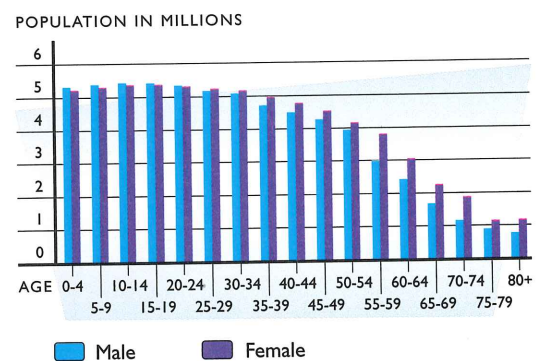
**Kenya: 2025**



**Mexico: 2000**



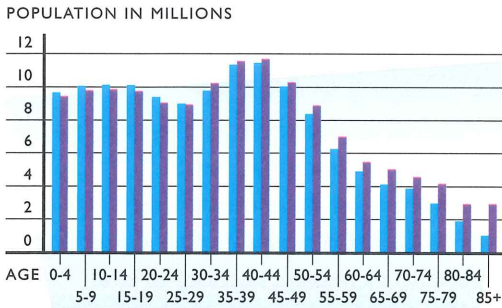
**Mexico: 2025**



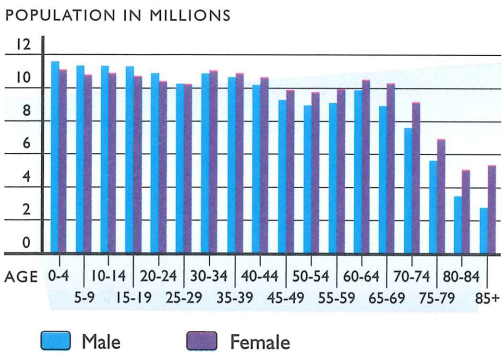
Source: U.S. Bureau of the Census (2000)



### United States: 2000



### United States: 2025



Source: U.S. Bureau of the Census

United States, more women are in this group than men. You also see a reduction in the birth rate, and more of the babies born live to adulthood. Look at the population bulge among 25- to 29-year-olds. What might explain it?

In Mexico, the graph has a completely different shape. What has changed? Which groups of people have increased in number? What expectations about Mexico could lead to this projection?

How does the U.S. population projection for 2025 differ from the 2000 graph? What could cause this to become true? What might it mean for society?

### A Global Aging Crisis

The world held an estimated 426 million people aged 65 or over in 2000. Industrialized countries such as the United States, Japan, and the European nations particularly have benefited from reduced incidence of

### Across Cultures

#### Worldwide Problems of the Elderly

In 1996, the United Nations cosponsored an international conference to examine social and economic policies dealing with the “oldest old”—people 80 and over. The conference identified **three** major issues:

1. In both industrialized and developing countries, this growing group is depending for their security on a declining proportion of the population that is of working age.
2. In their search for support systems from family and/or government, those 80 and over may be forced to migrate, affecting the immigration policies of many nations.
3. The needs of the oldest old may intensify the pressures on their children to postpone retirement for five to ten years.

diseases and better health care. The overall population of Europe is older than that of any other continent, with the median age of such countries as Sweden, Germany, and Switzerland in the high 30s. Japan lags behind the other industrialized nations, but by 2020, one quarter of Japan's population will be over 65.

Though the aging of the world was one of the great triumphs of the 20th century, it has brought new problems. Many countries find they can't offer extensive financial support to the elderly. Many that can, including the United States, are raising the age at which retirees will qualify for pensions. In addition to retirement

costs, the large number of elderly puts pressure on health care systems.

### The "Graying of America"

Sociologists call the aging of the U.S. population the "graying of America."

In addition to advances in health care and better living conditions, another reason for the rapidly increasing number of older Americans is the change in the birth rates that occurred between 1946 and 1964.

Members of the **baby boom generation**, who were born in the years after World War II, are beginning to reach retirement age. They had fewer children than their parents did, and the birth rate began to fall in 1964 and has remained relatively low ever since.

#### Did You Know?



#### How the U.S. Has Viewed the Elderly

Modern U.S. society is often described as being obsessed with youth, but it has not always been so. In colonial days, the few people who survived into old age were regarded as special. Elders organized and ran the churches and made decisions in local governments. Among the well-to-do, land was usually owned by the oldest male, so younger relatives often treated him with great respect.

As Americans built their fortunes during the 19th century, wealth replaced age and inherited social position as the

basis for leadership, and people began to poke fun at older people.

By the late 20th century, a "cult of youth" had developed, propelled by businesses that found new markets in the disposable cash of baby boomer teenagers and those in their 20s. Advertisers and people in the entertainment business delivered a constant message as they sought customers for their products. It was "cool" to be young.

It will be interesting to see whether the rapidly growing population over 60 will not have a similar effect on business. In the United States, the business message often drives what society "thinks."



## Social Attitudes and Old Age

Attitudes about old age vary from culture to culture. Some cultures revere old age.

**EXAMPLES:** Almost all elderly members of the Sherpa culture in Nepal own their homes and most are in relatively good physical condition. Most value their independence and prefer not to live with their children. In Japan, elderly people enjoy a high degree of respect, even though the aging of the population has strained the tradition of receiving support from one's extended family. Respect for the old is partly based on Japan's ancient tradition of Shinto, which defines the elderly as wiser than, and thus superior to, the young.

The norm in other cultures, however, is to disdain the elderly.

**EXAMPLES:** The Fulani of Africa expect older men and women to move to the edge of the family homestead where they sleep over their own graves. They are viewed as already socially dead. During the 1960s, the Ik of northern Uganda were forced off their game-rich plains into the arid mountains above the plains. Threatened with starvation, people took food from the mouths of the old, for whom they had little regard.

Attitudes in the United States are not anywhere near as negative, but a stigma is generally attached to old age.

## The Elderly in the United States

When does a person in U.S. society become "elderly"? Officially, the age has been 65, the age that the Social Security Administration has set for eligibility for retirement benefits. Many U.S. companies

have policies that require people to retire from their jobs at that age as well. However, the definition is changing. To keep the costs from being unmanageable, a new Social Security scale slowly raises the age for benefits toward 70.

Improved health care has led to many people over 65 being able, and eager, to continue working. On the other hand, many people retire early, in their 50s, in order to actively pursue leisure, travel, and/or a second career.

## Ageism

One social problem that confronts older Americans is **ageism**, which is prejudice and discrimination directed against people because they are old. Ageism relies on a stereotype of the aged as ill, helpless, mentally slow, forgetful, isolated, and self-pitying. This stereotype of old age assigns the elderly to an inferior social status and can make younger people dread old age. While declining health is a part of the physical process of aging, for most people it is not a major aspect of life until close to their death. The vast majority of the population over 65 is not suffering from any of the characteristics described by the stereotype.

In U.S. society, ageism is reinforced by the media. Few television characters are age 65 or older, with older women particularly underrepresented. This is especially ironic, as there are significantly more women than men over the age of 65. The men and women seen in the pages of magazines and in television advertisements are mostly under 40. Older people are largely invisible.



## U.S. Culture Connection

### Ageism

The term *ageism* was popularized in the early 1970s by the Gray Panthers, a national organization dedicated to fighting age discrimination. Today the American Association of Retired Persons (AARP) is one of the largest, most influential interest groups in U.S. politics. The AARP sponsors group health insurance and offers travel

and prescription drug discounts. It has effectively lobbied Congress for Social Security benefits and favorable legislation on health care and prescription drugs. The AARP magazine *Modern Maturity* has one of the largest circulations in the nation and features the lives of active, healthy older people, including celebrities. AARP promotes a new image to compete with the old stereotypes of ageism.

It is not attractive, this suggests, to be old. As the population ages, this trend may well change. The baby boom generation may continue to dominate styles and tastes as its large numbers bubble up the age structure.

### The Elderly as a Subculture

The elderly as a group have certain social characteristics:

- \* **They live on fixed incomes.** This means they cannot expect earnings to increase as working people do, through raises or job transfers. The incomes of retired people come from Social Security and company pensions and from the return on their investments. These do increase somewhat, but not enough to keep up with a sudden increase in the cost of energy or gasoline, or a new need for expensive prescription drugs or medical procedures.

- \* **There are more women than men.** The longer life expectancy of women is not always a blessing. Many find themselves living alone, without the emotional support and helpfulness of a partner as they outlive their husbands. Elderly women are more than twice as likely to live alone or with nonrelatives as elderly men.

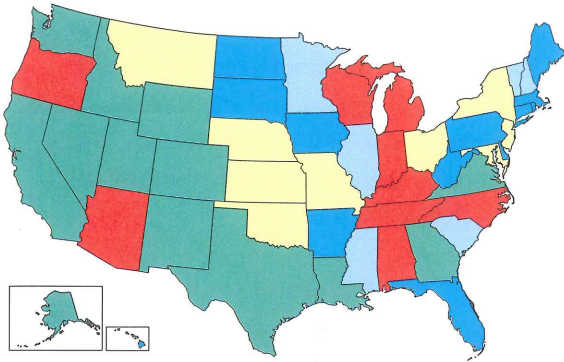
- \* **They cluster in several areas of the country.** Many elderly people prefer to live in a warm climate, where the difficulties of getting around in winter snows and ice are not a problem. As the numbers of retired people grow, their migrations have affected population distribution in the United States. The classic retirement haven is Florida, but communities for people 50 and over are popular all over the country.

Choice is not the only reason for population clusters of elderly residents. In some areas, younger people have left



to seek better job opportunities. Rural states tend to have concentrations of older people who are less prosperous. The map below shows the percent of people age 65 and over living in each state.

### Where the Elderly Live



<span style="color: blue;">■</span> 13.9%–18.2% (11)	<span style="color: lightblue;">■</span> 11.6%–12.4% (6)
<span style="color: yellow;">■</span> 13.2%–13.9% (10)	<span style="color: green;">■</span> 5.6%–11.6% (14)
<span style="color: red;">■</span> 12.4%–13.2% (10)	

Source: U.S. Bureau of the Census (1999)

### Age-based Inequality

Ageism has often led to unequal treatment of older Americans in **two** areas:

1. **Employment.** While firing people because they are old violates federal laws, courts have upheld an employer's right to lay off older workers for economic reasons. When someone over 50 seeks a job, he or she is at a distinct disadvantage. Employers concerned that an older worker's experience may be the "wrong" experience for their company prefer younger workers whom they can socialize to their company's norms.
2. **Health Care.** It is more expensive to provide health care for older people than younger ones. The Medicare program provides medical benefits for those 65 and over. However, Medicare does not cover many health expenses, such as prescriptions, dental care, and eyeglasses. It also does not cover long-term nursing care or the assisted-living help that many older people find they need.



### Age Discrimination in Employment

A controlled experiment conducted in 1993 by AARP confirmed that older people often face discrimination when applying for jobs. Comparable resumes for two applicants—one 57 years old and the other

32 years old—were sent to 775 large companies and employment agencies around the United States. The younger applicant received a favorable response more than twice as often as the older applicant.

## Health and Society

During the 20th century, great global progress was made in combating disease. Vaccinations for killers such as smallpox, polio, rubella, tetanus, diphtheria, mumps, and measles lengthened life expectancies around the world. Great scientific strides were made in fighting heart disease, cancer, and AIDS. Health conditions were improved by more efficient methods of food production and distribution and by better sanitation in many countries.

### Disease Control

Infectious diseases are a leading cause of death around the world, accounting for a quarter to a third of the estimated 56 million deaths worldwide in 1999. The spread of infectious disease is influenced by new strains of infectious organisms as well as by changes in human behavior, including changing lifestyles and land use patterns, increased trade and travel, and inappropriate use of antibiotic drugs. Recent changes include:

- \* Twenty well-known diseases, including tuberculosis (TB), malaria, and cholera, have reemerged or spread geographically since 1973, often in more dangerous and drug-resistant forms.
- \* At least 30 previously unknown disease agents have been identified since 1973, including HIV, Ebola virus, hepatitis C virus, and Nipah virus, for which no vaccines are presently available.
- \* Of the seven biggest killers worldwide, the incidence of TB, malaria, hepatitis, and HIV/AIDS continues to grow.

HIV/AIDS and TB are projected to account for most deaths from infectious diseases in developing countries by 2020.

- \* Governments try to control the spread of disease by restricting immigration, setting up trade inspections and restrictions, and monitoring new cases as they occur.

The World Health Organization of the United Nations has studied the effects of disease and has promoted and financed prevention programs and treatments. However, we are a long way from a consistent worldwide plan to control the spread of infectious disease.

### Health Care Access

Social class can be associated with differences in death and illness rates in countries around the world. Differences exist not only between rich and poor countries, but also within the population of

#### Did You Know?



#### AIDS in Africa

One of the deadliest epidemics of modern times is the spread of AIDS, which is caused by the human immunodeficiency virus, or HIV. While progress has been made in treating HIV-infected people in many developed countries, in Africa, AIDS is still out of control. Infection rates run as high as 35 percent of the entire population in some regions.



each country. Studies consistently show that people in the lower classes have higher rates of death and disability.

Crowded living conditions, substandard housing, poor diet, and stress all contribute to the ill health of many low-income people. So can a lack of knowledge of how to maintain good health. A key reason for ill health among the poor is lack of access to health care.

Many developed countries offer national, government-funded health care that makes some medical assistance available to all.

In the United States, a variety of institutions help make health care accessible. State and local municipalities operate hospitals and clinics for those who cannot afford private institutions. Churches and other charitable organizations do so as well. Health insurance is provided for a large portion of the population through employers. But many are left without insurance, because the cost to small businesses and individuals is high.

Those least able to pay for health services often don't go to the doctor when they need to. As a result, they don't get the benefits of disease prevention, and they may end up in emergency rooms with diseases far advanced and more expensive to treat.

### Rights of the Disabled

There are more than 43 million people with disabilities in the United States. Their infirmities include physical disabilities, serious health impairments, mental retardation, mental illness, and visual, hearing, or speech impairments. Although most

Americans with disabilities would like to work, most are unemployed. A disproportionate number live in poverty.

The passage of the Americans with Disabilities Act of 1990 (ADA) demonstrated a social norm: We believe we have a responsibility to help all members of society participate to the best of their abilities. The ADA made it illegal for employers to discriminate against people with disabilities, and it required companies to provide job training and other support to improve employment opportunities. Since its passage, public services, programs, and activities have included wheelchair-accessible facilities and used sign language interpreters and Braille to improve communication. Transportation facilities, hotels, restaurants, and theaters—all have been affected.

### The U.S. Health Care Industry

The United States is one of the few industrialized nations without a national health care program. In the United States, health care is largely in private hands. The health care industry is made up of:

1. Individual physicians.
2. Groups of doctors.
3. Hospitals.
4. Nursing homes.
5. Pharmaceutical companies.
6. Insurance providers.

While public and charitable hospitals are not operated for profit, most of the other parts of the industry are. Health care is a business in many ways like any other.

## Health Costs

The cost of providing health care in the United States has risen dramatically. **Six** factors that have been suggested to explain the high cost include:

1. New, expensive, tools for diagnosing illness, such as magnetic resonance imaging (MRI).
2. Major breakthroughs in the effectiveness of surgical procedures and transplants.
3. Fear of malpractice lawsuits.
4. Patients and doctors with an "insurance will pay for it" attitude.
5. Health service charges patients don't understand.
6. Unreasonable profit expectations.

Partly in reaction to rising health care costs, health maintenance organizations (HMOs) began appearing across the United States during the 1980s. Their original purpose was to pool doctors and clinics in an effort to promote prevention of disease and to reduce costs for patients and insurance companies. While they have met many of their goals, they are criticized for delivering an impersonal level of health care (because patients do not choose their own doctors) and for delaying patients' access to specialists.

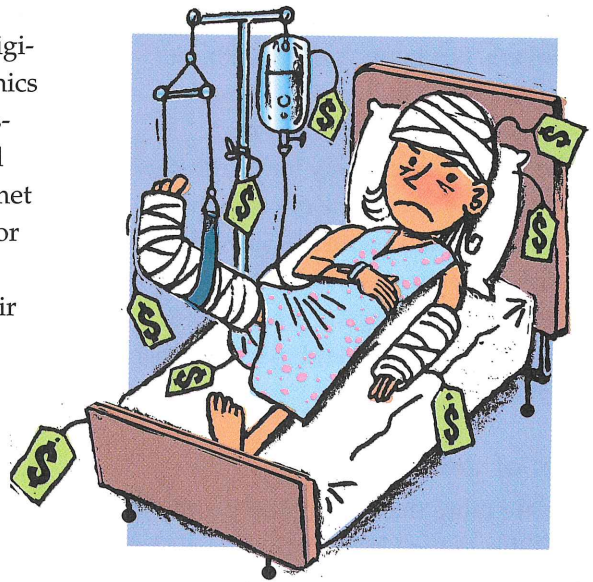
## Health Insurance

Health insurance in the United States comes one of **three** ways:

1. Employee-funded plans.
2. Individual plans.
3. Government-funded plans.

Health insurance in the United States is provided primarily through employers. For many years the bills were paid by a handful of private insurance companies. As health care costs increased, more employers offered insurance plans provided by HMOs. Private insurance is still available, but employees increasingly are expected to pick up part of the cost.

Individuals who do not belong to group plans may buy insurance on their own.





However, it is very expensive. The health insurance industry bases its rates on the incidence of claims of people within a given group. The rates go up as more and more people make claims to pay for their care. As the rates go up, younger people or healthier people drop out, seeking cheaper plans. Those who remain find themselves paying even higher rates as the costs are spread over an increasingly smaller number. Over time, many find they cannot afford insurance at all.

The U.S. government provides health insurance free to the families of the 9 million federal employees. It also insures citizens 65 and older through Medicare. The government-sponsored Medicaid program provides medical care for the poor through grants to the states. States each determine who's eligible, for what services, and what the services will cost. The states then run their own programs. As a result, care varies widely among the states, and many people in poverty receive only partial or no benefits.

### **U.S. Health Care Inequality**

The United States has often been criticized for having both the best and the worst patient care in the world. We have fine hospitals, well-trained doctors, and some of the most sophisticated medical research centers in the world.

Much of the controversy surrounding health care in the United States focuses on issues of access and cost. Research shows that health care access is less available to many African Americans, Latinos, and

Native Americans than it is to whites. Not surprisingly, illness and death rates for these groups are significantly higher than for white Americans.

One indication of inequalities among racial and ethnic groups are differences in **infant mortality rates**—expressed as the annual number of children per 1,000 who die before they reach the age of one. In 1999, the overall infant mortality rate in the United States was 7.1 infant deaths per 1,000 live births. According to the National Center for Health Statistics, the infant mortality rate is twice as high among African Americans as whites. Latinos and Native Americans have infant mortality rates lower than African Americans but still higher than whites.

The issues of health care costs and inequality have led to many suggestions for reform. These include:

- \* Expanding government-sponsored programs.
- \* Instituting more prevention programs to encourage healthy living.
- \* Increasing the use of hospice programs. Hospice programs help people who are dying live their last months in dignity outside of hospitals. Medicare allows patients to enter hospice care if their doctors expect them to live less than six months.

Reform efforts represent the numerous controversial and complex issues surrounding the issue of health care.

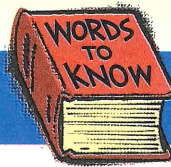
## Chapter 8 Wrap-up

### GENDER, AGE, AND HEALTH

Gender and age describe major groups in all societies. Gender roles are developed through socialization, and their expectations operate in all arenas of society—in families, the workplace, and politics. Age differentiates the less productive from the more productive members of society. Status is associated with age, as it is with gender. Older people may be victims of ageism. In the United States, people over age 65 form a large subculture.

Health care is a strong indicator of social position. Birth and death rates and infant mortality rates distinguish the nations of the world as well as the different groups within a national society. Worldwide, major diseases have been eliminated and improvements are projected to continue. However, social inequalities remain and are reflected in health issues. In the United States, much progress has been made in medicine, but issues of health care costs and access to insurance plague the poor and are disproportionately felt by minorities.

### Sociology



**ageism**—prejudice and discrimination against people because they are old. p. 155

**baby boom generation**—large number of Americans born between 1946 and 1964. p. 154

**birth rate**—relationship of live births in a year to total population. p. 150

**chromosomes**—threadlike bodies in each cell that determine hereditary characteristics. p. 142

**death rate**—relationship of number of deaths in a year to the total population. p. 150

**feminism**—belief in the social, political, and economic equality of the sexes. p. 147

**gender**—cultural, psychological, and social traits associated with a biological sex. p. 142

**gender roles**—specific behaviors and attitudes that a society establishes for men and women. p. 143

**hormones**—chemical substances in the body that stimulate or inhibit chemical processes, such as growth. p. 142

**infant mortality rate**—annual number of children per 1,000 who die before they reach the age of one. p. 161

**life expectancy**—average number of years a person can be expected to live under current conditions. p. 150

**matrilineal societies**—groups that base status and inheritance on the female's kinship descent. p. 143

**sexism**—belief that one sex is by nature superior to the other. p. 147

**stereotypes**—conventional, oversimplified, often exaggerated images. p. 144