

# 2 Gender Differentials in Health Status

This chapter compares the health status of women with that of men. The gender differential is examined for different measures of health status: mortality rates, self-reported health status, hospitalization rates, prevalence of chronic diseases, limitations in performing usual activity, and mental health.

The findings show that even outside the realm of reproductive health, the health conditions that affect women are different from those that affect men. An important observation presented in this chapter is that women outlive men and that men’s mortality rates are higher than women’s for all major causes of death. On the surface, that

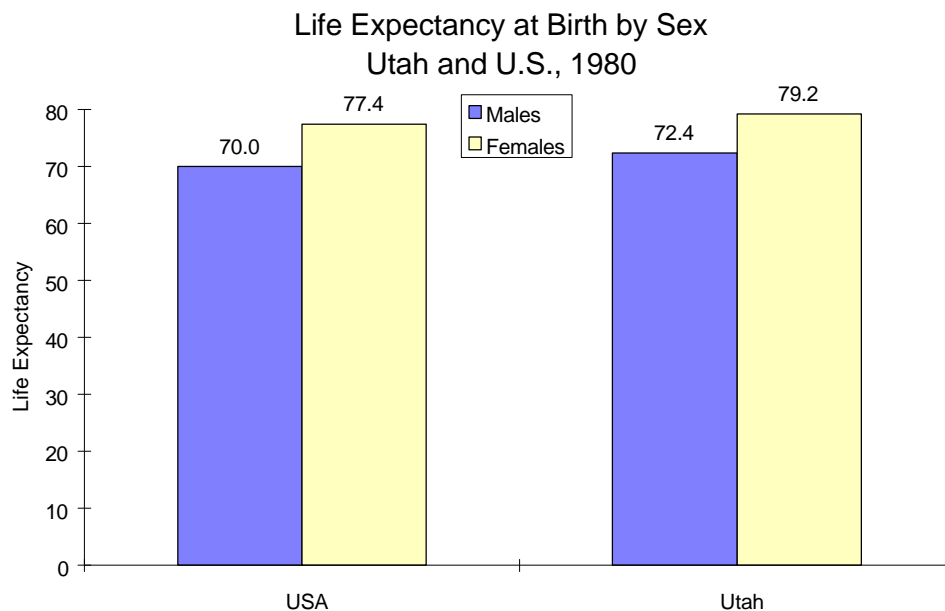
observation would suggest that men’s health, rather than women’s ought to be the focus of further research. However, an examination of other measures of health status reveals that:

- On average, women report more days of poor physical and mental health and more days where they are limited in performing usual activities.
- Women have higher prevalence rates for a number of chronic illnesses.
- Women are more likely to be hospitalized for mental health conditions.

## Mortality

In Utah, as in all contemporary industrialized societies, women die less often than men at all

ages. Consequently, the life expectancy for women is about seven years longer than for men.



Source: Table 25 Life Expectancy at Birth, National Center for Health Statistics. Unpublished Report, Statistical Abstract of the U.S. p. 60, Utah's Health: An Annual Review

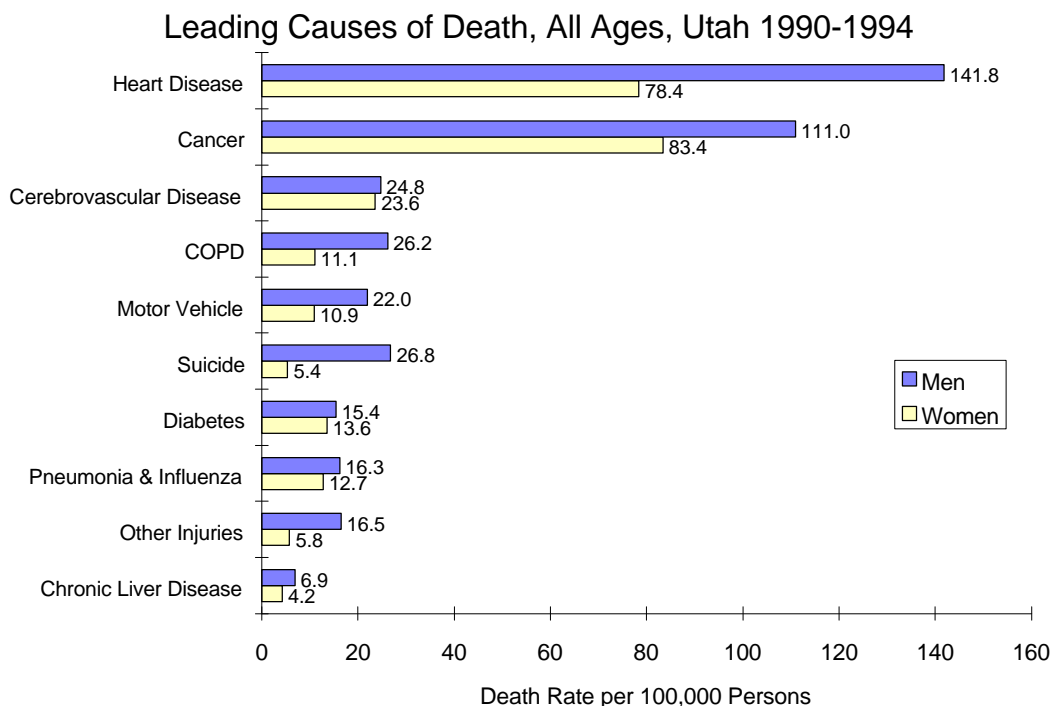
## Gender Differentials in Health Status

Death rates and life expectancy are among the most commonly used indicators of the health of populations. However, even over age 65, only four percent of the population dies in a given year. Thus, death rates tell us little about the health of most people. Other disorders that are less likely to kill, but cause suffering for more people over a longer time period also affect the overall health of a population. Those disorders may be more common for women than for men.

Historically, women have not always enjoyed lower death rates and longer life expectancy. Only after the transition from infectious to degenerative diseases (heart disease, cancer, stroke, etc.) and the drop in maternal mortality rates during the 20th century did women's life expectancy exceed men's.<sup>1</sup> The lower death rate for women also results in a large number of women who are widowed and living alone in their older years.

Cause-specific death rates are higher for men than for women for all the leading causes of death. While the leading causes of death are similar for men and women, important differences also exist. Heart disease and cancer are the two leading causes by a substantial margin, but cancer is the

leading cause for women while heart disease is first for men. Suicide is the third leading cause for men, but only ninth for women. Diabetes is the fourth leading cause for women, but only ninth for men.



Source: Office of Public Health Data, Utah Department of Health.

The importance of different causes also varies by age. Injuries, especially those related to motor vehicles, are the most important killers of young men and women. After age 25, cancer becomes the most important cause of death for women,

though injuries remain important. After age 45, a transition occurs with cancer, heart disease, and diabetes replacing injuries as the most important causes of death.

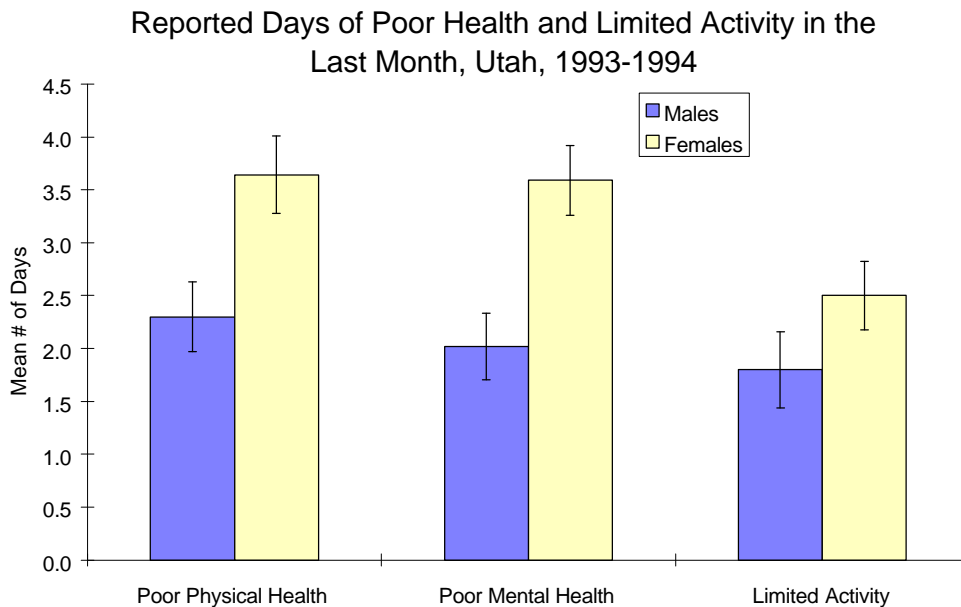
**Leading Causes of Death for Utah Women  
by Age, 1990-1994**

Rank	1-14	15-24	25-44	45-64	65 and Over
1	Motor Vehicle Crash Deaths 16 Rate 6.2	Motor Vehicle Crash Deaths 30 Rate 18.6	Cancer Deaths 64 Rate 24.3	Cancer Deaths 24.3 Rate 179.7	Heart Disease Deaths 1214 Rate 1334.7
2	Other Injuries Deaths 9 Rate 3.7	Suicide Deaths 6 Rate 4	Motor Vehicle Crash Deaths 25 Rate 9.6	Heart Disease Deaths 102 Rate 75.3	Cancer Deaths 604 Rate 664.1
3	Birth Defects Deaths 8 Rate 3.1	Cancer Deaths 4 Rate 2.8	Suicide Deaths 22 Rate 8.4	Diabetes Deaths 26 Rate 19.1	Cerebrovascular Disease Deaths 406 Rate 446.3

\* deaths are average annual number of deaths; rates are deaths per 100,000 women in that age group per year.

Source: Office of Public Health Data, Utah Department of Health

## Overall Health Status

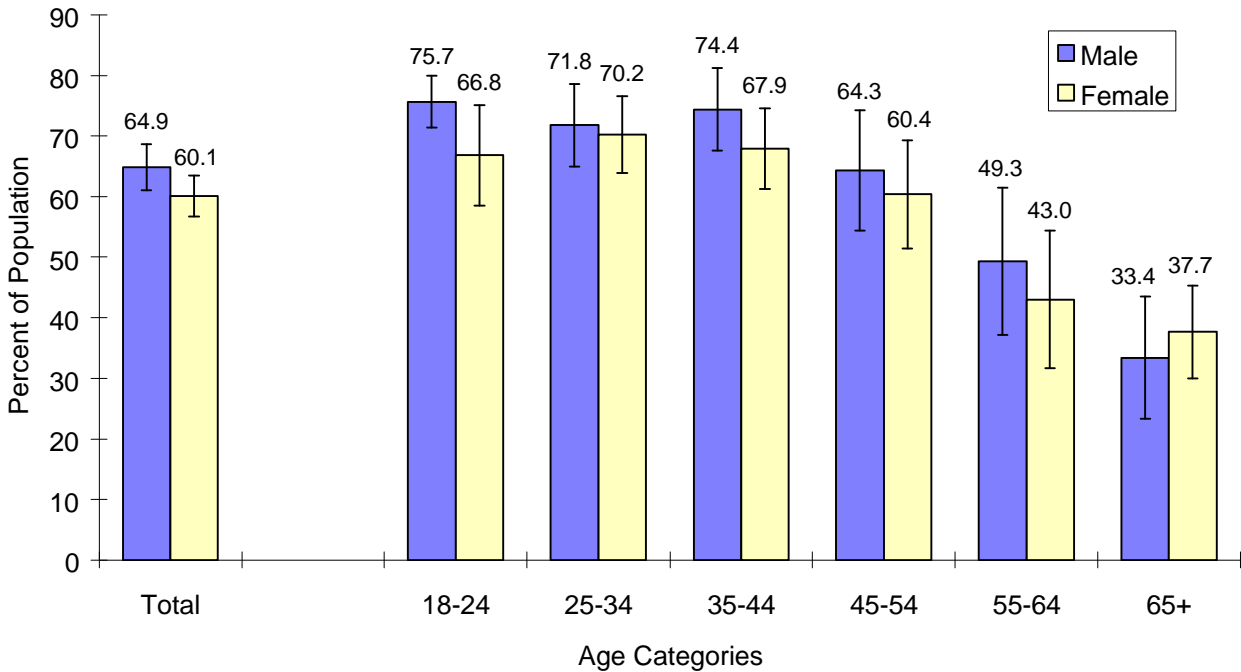


Although women outlive men, there is evidence that women's perceptions of their own health are not as positive as are men's. When asked in surveys, women are more likely than men to report having health problems. This effect has been found in various populations, across time, and is relatively independent of the measurement mechanism. It is found in all age groups except in older age groups (65 and over) where women tend to report being healthier than men. Women also make more health care visits than men, even excluding visits for reproductive health care.

Women also report having more sick days, whether for poor physical health, poor mental health, or functional limitation of activities.

The reasons for these differences are not clear. For example, it may be at least partly due to differences between men and women in educational attainment or income. Men and women may also have different ways of coping with illness that lead to different expressions of illness. A good example is suicide, where women are more likely to attempt, but men to complete suicide.

Proportion of Utah Men and Women Who Reported Their General Health as Excellent or Very Good, 1994



Source: 1994 Behavioral Risk Factor Surveillance System

One factor limiting our understanding is the greater availability of data on conditions that cause death than on those that are non-life threatening but crippling, such as arthritis. In addition, whether by chance or because more research has been performed, diseases such as heart disease, that preferentially affect men, are better characterized pathologically and easier to diagnose than diseases that preferentially affect women, such as arthritis and depression.

The health care and public health systems, including doctors, patients, managed care organizations, public health agencies, and other entities, could make advances in understanding and improving the health of people and populations by paying more attention to each person’s experience of his or her own health

## Morbidity

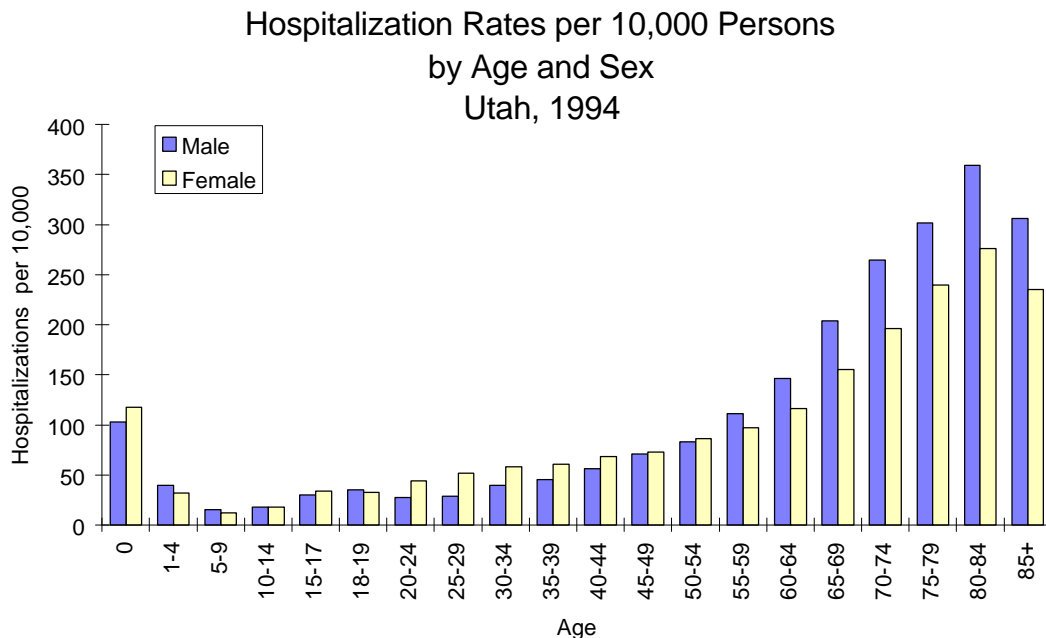
Morbidity means any departure, subjective or objective, from a state of physiological or psychological well-being,<sup>2</sup> that is, all sickness and illness. We have substantially less information on

non-fatal illness than on death, but a review of the reasons people seek health care can augment the picture of the population's health and well-being provided by death rates alone.

### Acute Conditions

In 1994, Utah females were hospitalized nearly 118,400 times, compared to only 77,500 times for males. After excluding discharges related to pregnancy and childbirth, women 20 to 54 years

of age still had higher hospitalization rates than men in the same age groups. Males were more likely to be hospitalized than females 1 to 9 and 18 to 19 years of age.



Note: Newborns (principle diagnosis, ICD-9 V30-V39) and deliveries (DRG 370-375) were excluded.

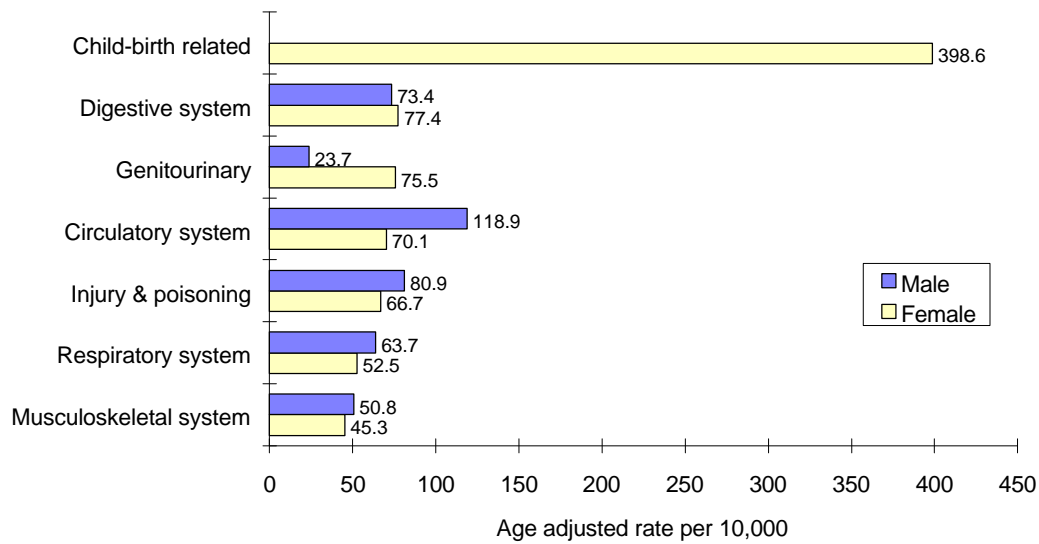
Source: Utah Hospital Discharge Database, Office of Health Data Analysis, Utah Department of Health

The leading reasons for hospitalization were categorized according to *Clinical Classifications for Health Policy Research, Version 2: Hospital Inpatient Statistics*, published by the Agency for Health Care Policy and Research, U.S. Department of Health and Human Services in 1996.

The leading reasons for hospitalization are somewhat different for men and women. After excluding childbirth-related hospitalizations, the top three reasons for hospitalization of Utah women in 1994 were diseases and conditions of the digestive, genitourinary, and circulatory systems.

Though a larger problem for males, “Injury and poisoning” was the fourth reason for women of all ages to seek inpatient care and the second most common reason for girls under age 15.

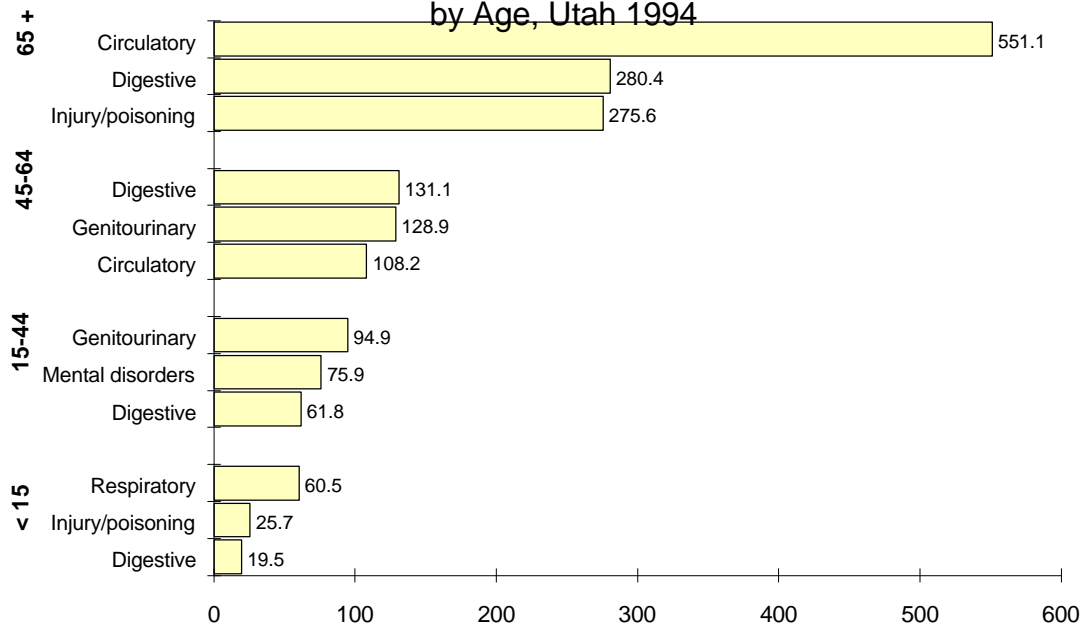
**Leading Reasons for Hospitalization by Gender  
Utah 1994**



Rates were age-adjusted to the Utah 1990 population.

Source: Utah Hospital Discharge Database, Office of Health Data Analysis, Utah Department of Health

**Top Three Reasons\* for Hospitalization of Females  
by Age, Utah 1994**



\* excluding childbirth-related hospitalizations

Source: Utah Hospital Discharge Database  
Office of Health Data Analysis, Utah Department of Health

## Gender Differentials in Health Status

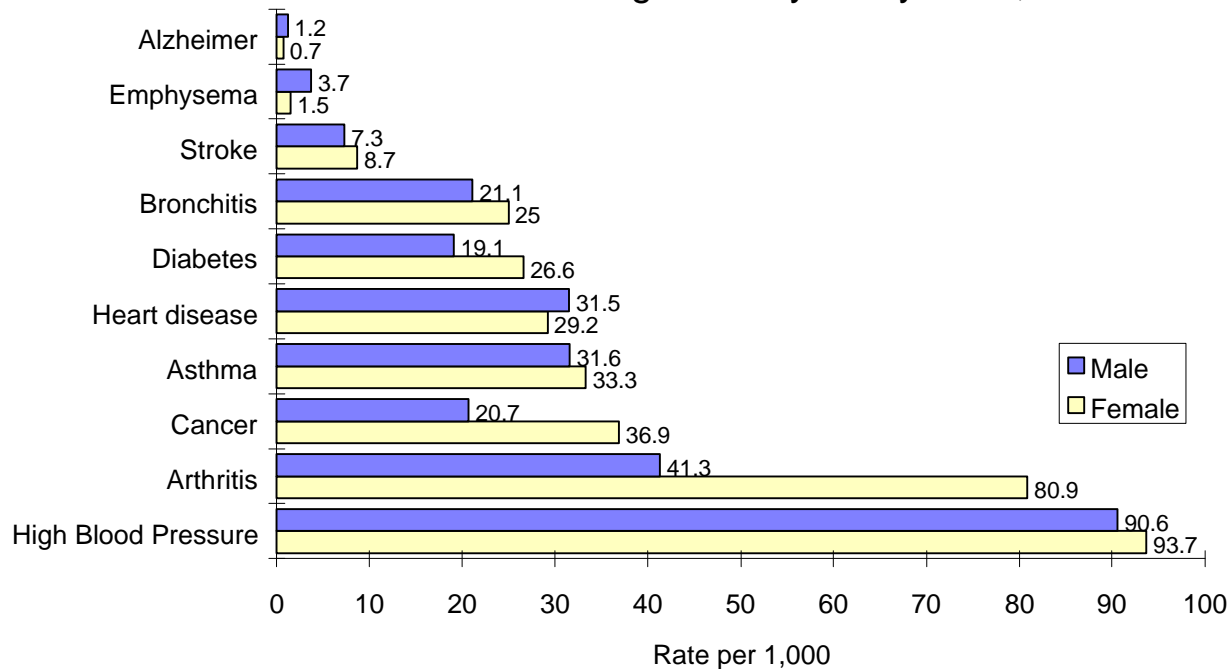
### Chronic Diseases

Chronic diseases are conditions that are long-lasting and require prolonged treatment or care. Chronic diseases often have longer latency periods, so that efforts to prevent them or modify their effects may need to begin years before the diseases become evident.

The figure below shows the proportions of Utahns who were reported to have selected chronic diseases (diagnosed by a physician) in 1991. Women reported higher prevalence rates for most of the chronic conditions shown. The differences between rates for men and women were greatest

for cancer and arthritis. Arthritis is an example of an illness that seldom causes death, but can cause substantial suffering and loss of function over many years. The arthritis prevalence rates were higher for women than men at all ages with the gender difference generally increasing with age.<sup>3</sup> Prevalence of cancer was also substantially higher for women than for men. Prevalence of cancer reflects both the rate at which new cases occur and how long those persons live. Chronic diseases affect women more often than men, partly because women live longer than men.

Frequency (Prevalence) Among Utah Men and Women of Chronic Diseases Ever Diagnosed by a Physician, 1991



Note: For diabetes, high blood pressure, Alzheimer's disease, cancer, stroke, and heart disease, prevalence indicates ever being diagnosed; for asthma, bronchitis, emphysema, and arthritis, prevalence indicates being currently under medical care for that condition.

Source: Utah Health Status Survey, 1991, Bureau of Vital Records, Utah Department of Health

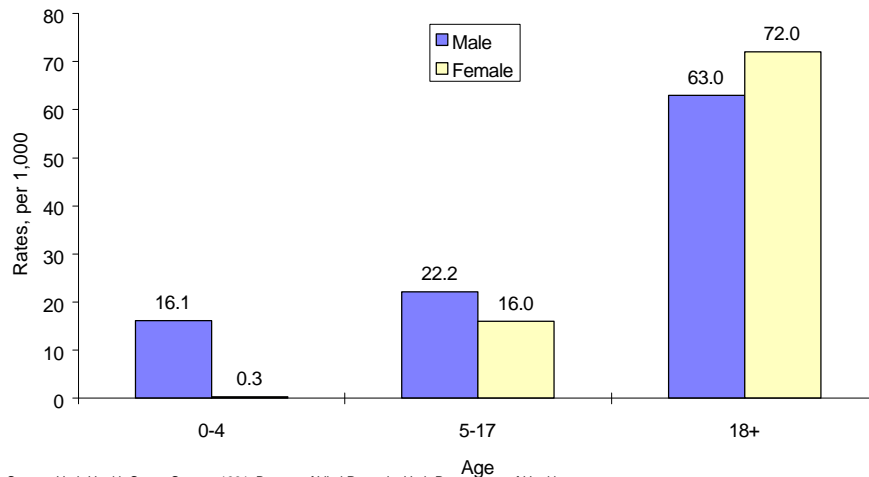


**Limitations of Usual Activities**

The following figure, from the 1991 Utah Health Status Survey, shows that women 18 years and older were more likely to report being limited in performing usual activities due to a health impairment, problem or injury than men in the same age range. Such a limitation was reported for 72 percent of women and 63 percent of men. The situation was reversed among Utahns under age

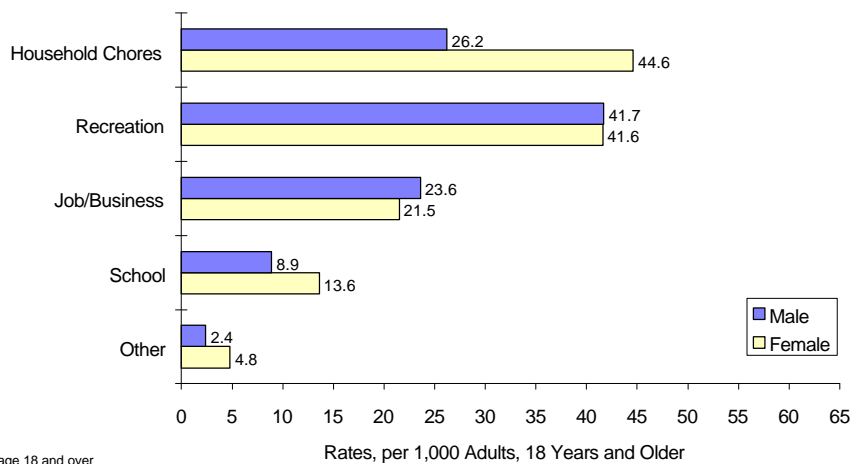
18, where boys were more likely to suffer a limitation in performing usual activities. Among those whose health impairment, health problem or injury prevented them from performing their usual activities, the greatest difference between men and women was in the proportion who reported being limited in performing household chores.

Limitation Rates of Usual Activities by Age and Gender  
Utah, 1991



Source: Utah Health Status Survey, 1991, Bureau of Vital Records, Utah Department of Health

Adults\* Whose Impairment, Health Problem, or Injury Limited Them From Usual Activities by Type of Activity and Gender, Utah, 1991



\*\* age 18 and over

Source: Utah Health Status Survey, 1991, Bureau of Vital Records, Utah Department of Health

## Gender Differentials in Health Status

### Mental Health

The American Psychiatric Association has estimated that 25 percent of women develop depression in their lifetime compared to 10 percent of men. It is not known to what extent that difference reflects a higher incidence of depression, a greater tendency to seek care for depression, or a greater tendency by health care providers to diagnose depression in women.

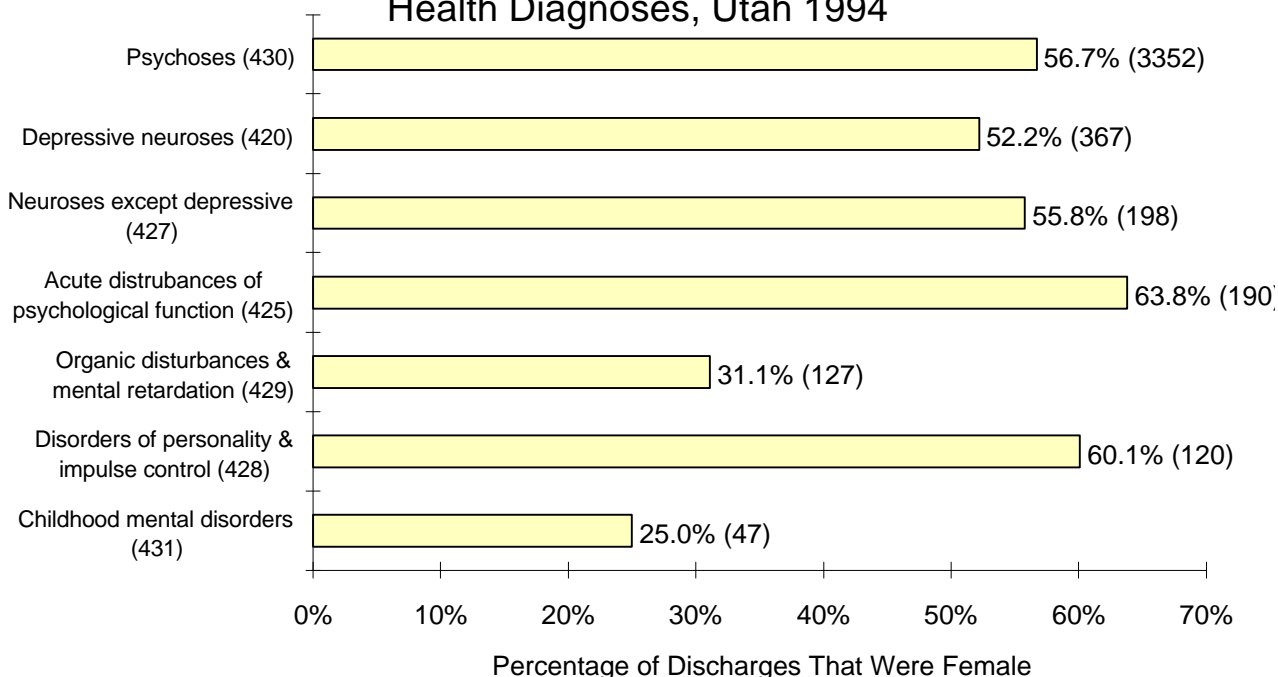
In Utah, as in the United States overall, hospitalization for psychosis accounts for the highest percentage of mental health hospitalizations. The category, "Psychosis," includes several different serious mental health disorders.

### *Mental Diseases And Disorders*

In 1994, 9,464 hospitalizations of Utahns occurred for treatment of mental illness. Fifty-three percent of such patients were females. The figure below shows that more hospitalizations of women than of men occurred for most mental health diagnoses. For each listed Diagnosis Related

Group (DRG), there were more discharges for women than men with the exception of Organic Disturbances and Mental Retardation and Childhood Disorders.

Percentage of All Discharges That Were of Females and the Number of Female Discharges for Selected Mental Health Diagnoses, Utah 1994



Numbers in parentheses indicate the Diagnosis Related Group (DRG) of that condition.

Source: Utah Hospital Discharge Database, Office of Health Data Analysis, Utah Department of Health

*Suicide*

Suicide death rates in Utah are among the highest in the United States, and boys and men are at a much higher risk of suicide death than are girls and women. Age-adjusted suicide rates in Utah during the period from 1989-1991 were 26 per 100,000 for men and 5.8 per 100,000 for women, compared to 18.8 and 4.5, respectively, for the United States.<sup>4</sup>

In contrast to suicide deaths, suicide attempts requiring hospitalization more commonly involved women than men. The suicide attempt rate was about 50 percent higher for women than men while the suicide death rate was about five times higher for men than for women (see table below).

**Suicide Attempts and Suicide Deaths by Sex, Utah 1992-93.**

	<u>Suicide Attempt</u> <u>Discharges*</u>	<u>Rate**</u>	<u>Suicide Deaths*</u>	<u>Rate**</u>
Women	1,217	65.6	83	4.5
Men	809	44.2	443	24.2
Total	2,026	55.0	526	14.3

\* 2 year total from 1992-93

\*\* crude rate per 100,000 per year

Source: ACTION-2000 accessed by Vital Records and Utah Hospital Discharge Database, Office of Health Data Analysis, Utah Department of Health

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References:

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2. Last, John M. ed. *A Dictionary of Epidemiology*. London: Oxford University Press. 1995.
3. Bureau of Vital Records, Utah Department of Health. *Utah's 1991 Health Status Survey: Chronic Disease*. Salt Lake City, Utah 1992.
4. Bureau of Surveillance and Analysis. Utah Department of Health. *Suicide in Utah: Descriptive Epidemiology*. Salt Lake City, Utah, 1995.

## **Gender Differentials in Health Status**

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