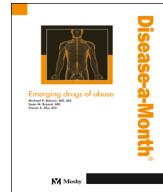




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Gender and health disparities: The case of male gender

Martin S. Lipsky, MD, MS, Melissa Cannon, BS,
M. Nawal Lutfiyya, PhD, FACE

Introduction

Over the past few decades, many academic centers, institutions, and hospitals developed centers addressing women's health with the goal of improving the quality of health for women. Only recently in the United States has men's health emerged as an equally important topic of interest and discussion.^{1–3} In a society where men are typically advantaged economically, socially, and politically, it is not surprising that health disparities experienced by men often remain unrecognized. In addition to the obvious differences related to reproductive health, men and women face different patterns of disease, mortality, and disability.^{4,5}

Feminist scholars were among the first to explore the connection of sex to health and to bring attention to gender-related health disparities.^{6–8} This association grew out of the recognition that researchers commonly overrepresented men in clinical trials and a growing awareness that male outcomes in clinical trials might not apply equally to females.⁸ However, the connection of gender to health remained almost exclusively associated with *women's health*, despite evidence that men also experience health-related disparities, defined as unjust and potentially avoidable differences in morbidity and mortality. In most developed countries, men are more likely to die prematurely than women and many of these deaths are associated with preventable risk factors. Despite evidence that being male is a major health determinant, few researchers have examined gender-related health disparities from the male perspective.

Like women's health, however, men's health should not be considered solely a male issue but should be viewed as a community issue because a man's health profoundly affects his children, family, and spouse.^{9–11} For example, women whose male partners die prematurely experience a far greater risk for living in poverty than those with healthy male partners. About 40% of widows fall into poverty for at least some time within the first 5 years after the death of their husbands.^{9,11} More than half of elderly widows who live in poverty were not poor before the death of their husbands.

Men's health incorporates physiological, psychological, cultural, and environmental issues that are frequently different from those pertaining to women. In this article and its

companion pieces, we will review some health disparities experienced by men. An appreciation of men's health as a distinct and important issue may help health care providers target strategies to improve therapies, and an increased awareness of the unique health issues faced by men and an understanding that can lead to strategies that improve the overall health of men.

The longevity gap

Since the turn of the century, the overall trend in life expectancy has been one of gradual improvement. In 2010, life expectancy at birth in the US was 78.7 years, an increase of 11% since 1900.¹² Although longevity is increasing for both men and women, on average men in the US still live about 5 years fewer than women. Changes in life expectancy over the past century suggest, however, that the gap in longevity is not fixed and there may be opportunities to increase male life expectancy and to reduce the disparity in longevity between the sexes. In 1920, the life-expectancy gap between men and women was smaller—about 2 years—and rose in the 1970s to almost 8 years. The gap in life expectancy is narrowing and while the reasons are multifactorial, key factors include a proportionately larger increase in lung cancer mortality in women compared to men and a proportionately larger decrease in mortality from heart disease among men. Even though mortality differences for heart disease between men and women are narrowing, nearly 3 out of 4 persons who die before the age of 65 years from a heart attack are male, and premature death from heart disease accounts for more than half of the difference in life expectancy.^{1,13} In addition to premature death from heart disease, the years of lost life for men from suicide, accidental injury, and motor vehicle accidents remain twice that of women and represent opportunities to increase male life expectancy.¹² Although a gap in life expectancy exists for all ages, the longevity gap is greatest in adolescents and young adults largely due to greater risk for men dying from an accident, a violent act, or suicide. As men and women get older, the difference in life expectancy narrows between them. By the age of 65 years there is only approximately a 2-year difference, and by the age of 100 years the gap is negligible. Few men, however, live to be among the oldest, and at the age of 85 years women outnumber men by more than 2.2 to 1. Only 1 in 4 centenarians is male.¹⁴

The gender gap is not unique to the United States. Virtually all developed countries with reliable health statistics demonstrate differences in longevity that favor women over men.¹⁵ The consistently shorter life span for men across multiple cultures, environments, and health care systems suggests that there are likely some fundamental biological and intrinsic genetic differences affecting the health and longevity of men and women. Yet, the significant variations in life expectancy found across a range of cultures and societies imply that modifiable environmental and societal factors contribute significantly to the longevity gap.

Causes of death

An examination of death rates for the leading causes of death in the US reveals a disparity between genders. All but 20% of deaths in the US are accounted for by the 15 leading causes of death (see [Table 1](#) for the list by rank of the 15 leading causes of death in the US for 2010 and the relative risk of death of men compared to women expressed as a ratio).¹² Ratios based on age-adjusted death rates show that males have higher rates than females for 12 of the 15 leading causes of death for 2010 ([Table 1](#)). For 4 of the leading causes of death, Parkinson's disease, chronic liver disease and cirrhosis, suicide, and unintentional injuries, the age-adjusted risk of death was at least 2 times higher for men than for women.¹²

While differences in biology likely account for some of the disparity, differences in lifestyle clearly play a role. Men in the US are less likely to adopt healthy behaviors and more likely to engage in risky behaviors.^{14,16} Specific beliefs about what constitutes masculinity and "toughness" are deeply rooted in society and may influence men in ways that negatively

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