

*Women use health care services more frequently than men do. Several possible explanations for this difference have been offered. It may be that women actually have more need of health care, given their higher prevalence and incidence of many chronic conditions. As well, pregnancy and childbirth, along with female-specific diagnostic and preventive needs, may require regular contact with health care providers. Also, socialization and gender roles may encourage women to be more responsive to illness and to be more active in seeking medical care.<sup>1,2</sup>*

## HEALTH CARE/SELF-CARE

*Researchers have stressed the need to further investigate the pattern of gender difference in health care utilization,<sup>1,4</sup> in order to understand the reasons that underlie women's higher use of various types of health care. If women's greater use of services reflects greater health needs, then such understanding may shed light on the male–female biological differences in health.*

### Physician visits

Females are more likely than males to contact physicians. Among people aged 12 or older in 1998/99, 85% of females, compared with 72% of males, reported that they had consulted a general practitioner in the previous year. The corresponding proportions reporting consultation with a specialist were 31% and 19%. Contact increased with age, but rates were generally higher among females.

Not only was the likelihood of any physician contact greater for females than males, but a higher percentage of females had frequent physician contact. Overall, 14% of females, compared with 8% of males, reported at least 10 doctor visits in the previous year.

### Physician consultations in past year, population aged 12 or older, by age group, 1998/99

|              | At least one consultation with: |            |            |            |                          |            |
|--------------|---------------------------------|------------|------------|------------|--------------------------|------------|
|              | General practitioner            |            | Specialist |            | 10 or more consultations |            |
|              | Males                           | Females    | Males      | Females    | Males                    | Females    |
|              | %%                              | %          |            |            |                          |            |
| <b>Total</b> | <b>72</b>                       | <b>85*</b> | <b>19</b>  | <b>31*</b> | <b>8</b>                 | <b>14*</b> |
| 12-24        | 67                              | 80*        | 10         | 25*        | 3†                       | 12*        |
| 25-44        | 68                              | 84*        | 17         | 32*        | 6                        | 14*        |
| 45-64        | 75                              | 86*        | 24         | 35*        | 11                       | 13         |
| 65+          | 88                              | 90         | 32         | 29         | 22                       | 20         |

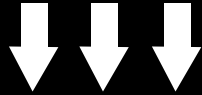
**Data source:** National Population Health Survey, household component

† Coefficient of variation between 16.6% and 25.0%

\* Difference between sexes is statistically significant ( $p \leq 0.05$ ).

Although higher rates of doctor contact among females are in line with their greater prevalence and incidence of chronic conditions, much of the difference reflected high rates among younger

women. At these ages, reproductive events and diagnostic and preventive health care largely account for the female excess in doctor contact (see *Women's health care needs*).



## Women's health care needs

Data from the 1998/99 National Population Health Survey (NPHS) echo the results of previous studies, which have shown that pregnancy, childbirth, and uniquely female diseases and preventive and diagnostic needs are major factors behind women's greater use of mainstream health services.<sup>1,3,4</sup>

In 1998/99, women aged 20 to 49 (the childbearing years) were more likely than men in the same age range to have consulted a general practitioner at least once in the past year (84% versus 66%). Women of these ages also reported about double the rate of consultations with specialists (32% versus 17%), compared with their male contemporaries. As well, the hospitalization rate of women in this age range (9%) surpassed the rate for men (3%).

Women's poorer health status has been commonly perceived as a major contributor to their greater use of health care services. Yet when controlling for health status (chronic conditions, general health, pain and distress), the odds that women would have consulted a general practitioner or a specialist in the previous year, or would have been hospitalized, were still more than double the odds for men. However, when female-specific needs (pregnancy/childbirth, mammograms, Pap smear tests and the use of birth control pills) were also taken into account, the odds that women aged 20 to 49 would consult a physician or be hospitalized were no greater than the odds for men in this age range.

The odds that women would have consulted a general practitioner in the past year were significantly high for those who had had a Pap smear (3.6) or a mammogram (2.8) in that period, or had taken birth control pills (2.2) in

the past month, compared with women who had not. By contrast, being pregnant or giving birth did not significantly raise the odds of having consulted a general practitioner.

Being pregnant or giving birth did, however, significantly raise the odds of having consulted a specialist. The odds that a woman aged 20 to 49 would have visited a specialist were 2.2 times the odds for women who had not been pregnant or given birth. The odds of a specialist visit were also high (2.2) for women who had had a Pap smear, compared with those who had not.

Of course, pregnancy and childbirth were strongly associated with hospitalization. Compared with other women aged 20 to 49, those who had been pregnant had 14.5 times the odds of having been hospitalized in the past year.

Administrative data from hospitals tell the same story. In 1996/97, there were 11,450 hospital admissions per 100,000 women aged 20 to 49. Fully half of these admissions were attributable to pregnancy and childbirth. The hospitalization rate for men in the same age group that year was 4,500 admissions per 100,000.

### Percentage of women aged 20 to 49 in 1998/99 who reported that they:

|   | %  |
|---|----|
| Had mammogram in past year                    | 5  |
| Were pregnant or gave birth in past two years | 6  |
| Took birth control pills in last month        | 9  |
| Had Pap test in past year                     | 29 |

**Data source:** National Population Health Survey, household component

**Note:** Information on male-specific health care is not available from the NPHS.

Consultations with physicians tend to rise with age among both sexes, particularly men. At 65 or older, almost the same percentages of men and women reported contact with general practitioners and specialists. And after age 45, there was no difference between the proportions of men and women reporting 10 or more contacts.

### Hospital stays

In 1998/99, just 7% of the household population aged 12 or older reported that they had spent at least one night in hospital in the past year. Hospitalization was more common among females than males: 9% versus 6%. The higher overall rate for females was attributable to the youngest age groups (12 to 24 and 25 to 44), and is largely related to pregnancy and childbirth. From age 45 on, men and women had similar hospitalization rates.

Females (5%) were also significantly more likely than males (4%) to have spent three or more days in hospital. Once again, much of the difference reflects the situation at younger ages. However, for both sexes, the highest rates of prolonged hospitalization were at older ages, and differences between senior men and women were not significant.

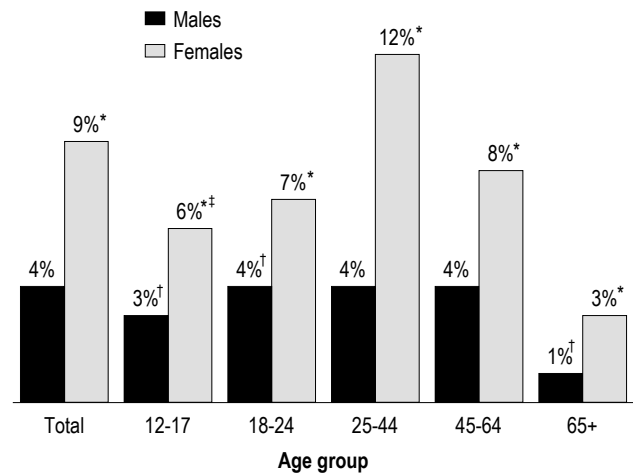
### Consultations for emotional health

Canadians can seek help for mental or emotional problems from a number of health care professionals, including general practitioners, psychiatrists, psychologists, and social workers or counsellors. In 1998/99, 6% of the population aged 12 or older (about 1.5 million people) reported having contacted a health care professional about their mental or emotional health in the past year.

At every age, and at all household income levels, the proportion of females reporting a consultation for mental/emotional health exceeded that for males. While the overall male–female figures were 4% versus 9%, the most striking gap was among 25- to 44-year-olds: 4% versus 12%.

However, among people who had sought help for mental or emotional problems, there was no statistically significant overall difference by sex in

### Population aged 12 or older reporting consultation for mental or emotional health in past year, by age group, 1998/99



**Data source:** National Population Health Survey, household component

† Coefficient of variation between 25.1% and 33.3%.

‡ Coefficient of variation between 16.6% and 25.0%.

\* Difference between sexes is statistically significant ( $p \leq 0.05$ ).

the average number of consultations: 10 visits for males and 9 for females.

### Alternative care

Although Canadians continue to rely on mainstream health care, they also seek alternatives. In 1998/99, an estimated 16% of people aged 12 or older—around 4 million—reported that they had consulted an alternative health care provider in the previous year, compared with 14% in 1994/95. Overall, the proportion of females who sought alternative care in 1998/99 significantly surpassed that for males: 18% compared with 14%.

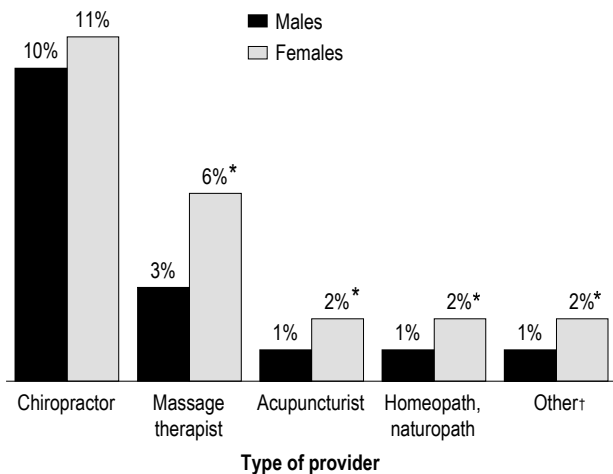
Chiropractors, massage therapists, homeopaths or naturopaths, and acupuncturists were the alternative health care providers most commonly consulted. Males and females were equally likely to have seen a chiropractor, but females were more likely to have sought treatment from each of the other types of practitioner.

Individuals with higher household incomes were significantly more likely than those at lower income levels to report using alternative health care, a finding consistent with previous studies.<sup>5,6</sup> Further, at higher income levels, women were more likely than men to have consulted an alternative practitioner.

Use of alternative care was most common in young and middle adulthood. Nearly 20% of people aged 25 to 44 and 45 to 64 reported the use of alternative services, compared with about 10% of people aged 12 to 24 or 65 years or older.

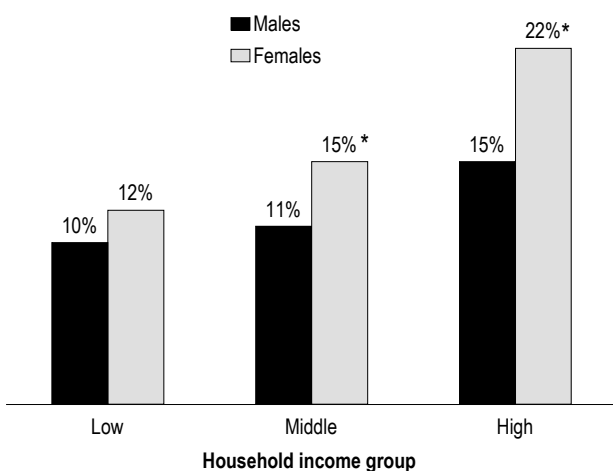
Most Canadians (96%) who reported seeking alternative forms of treatment in 1998/99 had also consulted mainstream health care professionals such

#### Population aged 12 or older consulting alternative health care provider in past year, by type of provider, 1998/99



**Data source:** National Population Health Survey, household component  
 † Includes Feldenkrais, Alexander or biofeedback teacher, relaxation therapist, herbalist, reflexologist, spiritual or religious healer.  
 \* Difference between sexes is statistically significant ( $p \leq 0.05$ ).

#### Population aged 12 or older consulting alternative health care provider in past year, by household income group, 1998/99



**Data source:** National Population Health Survey, household component  
 \* Difference between sexes is statistically significant ( $p \leq 0.05$ ).

as nurses or general practitioners, social workers or psychologists, or physiotherapists. It is not known, however, whether the consultations were for the same health problem(s). Females were more likely than males to have consulted both alternative and mainstream health care providers.

#### Medication use

During the course of a month, a majority of Canadians take some type of over-the-counter and/or prescription medication. Most common, by far, are pain relievers. In 1998/99, close to two-thirds of people aged 12 or older (65%) reported that they had taken a pain reliever such as acetylsalicylic acid, acetaminophen, medicine for arthritis, or an anti-inflammatory. Cough/cold remedies ranked second (20%), followed by stomach remedies and blood pressure medications (about 10% each). Allergy medicine, penicillin or other antibiotics, and asthma medications were the next most commonly reported drugs. This ranking prevailed among both sexes, but for each medication, a higher percentage of females reported use.

The most pronounced difference was for pain relievers: 71% of females said they had used such medications in the previous month, compared with 58% of males. This may be partly related to females' higher prevalence of painful conditions such as arthritis and migraine. Cultural differences may also

#### Population aged 12 or older taking selected medications in past month, 1998/99

| Type of medication           | Both sexes | Males | Females |
|------------------------------|------------|-------|---------|
|                              | %          |       |         |
| Pain†                        | 65         | 58    | 71*     |
| Cough/Cold                   | 20         | 19    | 21*     |
| Stomach                      | 11         | 10    | 11*     |
| Blood pressure               | 10         | 8     | 11*     |
| Allergy                      | 9          | 8     | 10*     |
| Penicillin/Other antibiotics | 8          | 7     | 10*     |
| Asthma                       | 6          | 5     | 7*      |
| Heart                        | 4          | 5*    | 4       |
| Diabetes‡                    | 3          | 3*    | 2       |

**Data source:** National Population Health Survey, household component  
 † Includes acetaminophen, acetylsalicylic acid, arthritis medicine, anti-inflammatories.  
 ‡ Includes insulin and pills to control diabetes.  
 \* Difference between sexes is statistically significant ( $p \leq 0.05$ ).

play a role; for instance, males may be less likely to acknowledge pain.

Medications for heart disease and for diabetes were used less frequently: no more than 4% of the total population. Reflecting the higher prevalence of these conditions among males, they were more likely than females to report recent use of heart and diabetes medications.

Much medication use is age-related. The younger the person, the more likely the use of cough/cold remedies and allergy medicine. On the other hand, the use of medications for blood pressure, heart disease, diabetes and stomach ailments rises with age.

### Treating sore throats, colds and flu

Some of Canadians' medication use is attributable to colds and flu. About a third of adults will have a sore throat, cold or flu in any given month. And, generally, such illnesses are more common among women.

In 1998/99, 34% of women aged 15 or older said that they had been sick with a sore throat, cold, or flu in the previous month. By comparison, about 27% of men reported the same ailments. This excess for women was apparent from ages 15 to 64, but disappeared by age 65.

Just 17% of seniors had had a sore throat, cold or flu in the past month. By contrast, 46% of 15- to 24-year-olds reported symptoms. This may reflect younger individuals' greater exposure to illness and their lower acquired immunity.

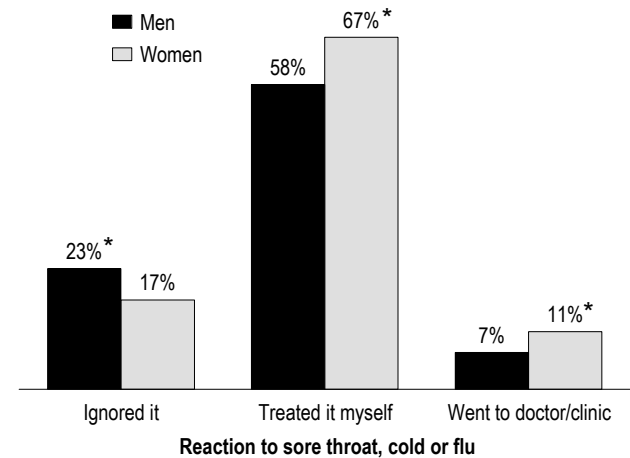
People who have colds or flu tend to take care of themselves rather than seek care elsewhere. Close to two-thirds (63%) of those who reported cold/flu

### Population aged 15 or older who had sore throat, cold or flu in past month, by age group, 1998/99

|              | Both sexes | Men       | Women      |
|--------------|------------|-----------|------------|
|              |            | %         |            |
| <b>Total</b> | <b>30</b>  | <b>27</b> | <b>34*</b> |
| 15-24        | 46         | 39        | 52*        |
| 25-44        | 35         | 31        | 38*        |
| 45-64        | 25         | 21        | 29*        |
| 65+          | 17         | 16        | 18         |

**Data source:** National Population Health Survey, household component  
\* Difference between sexes is statistically significant ( $p \leq 0.05$ ).

### Population aged 15 or older who had sore throat, cold or flu in past month, by initial reaction to problem, 1998/99

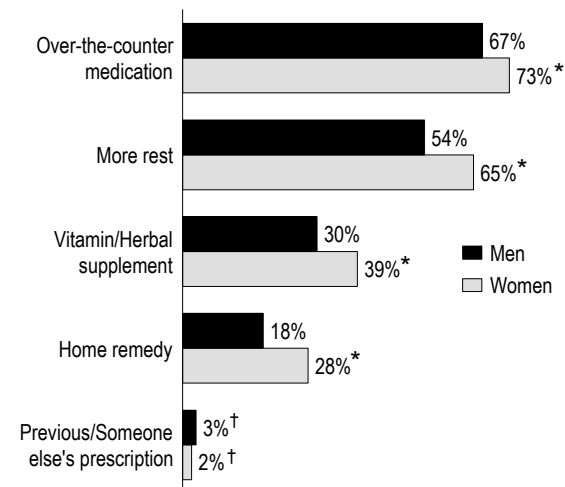


**Data source:** National Population Health Survey, household component  
\* Difference between sexes is statistically significant ( $p \leq 0.05$ ).

symptoms initially reacted by using some type of self-treatment. Women were more likely than men to do so, but they were also more likely to consult a physician. Only about a fifth of people ignored symptoms altogether, though men had a greater tendency to do this than did women.

Individuals who treated themselves for cold/flu symptoms used a variety of strategies, including

### Population aged 15 or older who had sore throat, cold or flu in past month and treated themselves, by type of self-treatment, 1998/99



**Data source:** National Population Health Survey, household component  
† Coefficient of variation between 16.6% and 25.0%  
\* Difference between sexes is statistically significant ( $p \leq 0.05$ ).

getting more rest and using home remedies, over-the-counter medications or vitamin/herbal supplements. Women were more likely than men to use each of these self-treatments. In addition, a small percentage of people reported using an “old” prescription medication, or one that had been prescribed for someone else.

### Home care

In 1998/99, less than 3% of the household population aged 18 or older received formal, government-supported home care—nursing, assistance with bathing or housework, or meal delivery, for example. As expected, the likelihood of being a home care recipient was much greater for seniors than for individuals younger than 65. Among seniors, no gender gap was evident; that is, the proportions of men and women who were home care recipients did not differ significantly, at 10% and 13%, respectively.

The proportion of people receiving home care did vary noticeably, however, by household income. Just over 1% of those in the highest income category were home care recipients, compared with about 7% at the lowest level. The variations by income may reflect a greater need for care among members of lower income households, because they are generally not as healthy as more affluent individuals.

The association between low income and home care use may be somewhat related to age. However, previous research focusing on people aged 65 or older indicates that even when the effects of age are taken into account, low income is independently predictive of receiving home care.<sup>7</sup>

It may also be that people with higher incomes are more likely to secure private care, rather than government-supported services. To some extent, this could be because some provinces means-test the provision of these services, and consequently, residents of high-income households would not be eligible.

No difference between the sexes emerged at the opposite ends of the income range. In the middle-income category, though, women were more likely than men to receive home care.

### Concluding remarks

According to data from the 1998/99 National Population Health Survey, females aged 12 or older tend to use health care services more than their male counterparts do.

For mainstream health care, such as consultations with general practitioners or specialists and hospital stays, females report higher overall rates of contact compared with males. But, when women’s reproductive role and female-specific health care needs during the childbearing years are taken into account, there is no significant difference in the amount of mainstream health care used by men and women in that age range. And after the reproductive years, use of such care differs little by sex.

However, females are also more likely than males to have had consultations about their emotional health, or with an alternative health care provider. In addition, they report greater use of medications, particularly pain relievers. This may be attributable to their greater likelihood of reporting certain painful chronic conditions, such as arthritis or migraine.

Even when they have relatively minor ailments, like colds or flu, women are more likely to take care of themselves than are men. Although relatively few people ignore symptoms altogether, this reaction is more common among men.

Women’s greater use of a variety of health care services may reflect a greater awareness and concern about health matters, as well as a more proactive and preventive approach to protecting their health.

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