In Canada, as in other developed countries, health statistics have long shown that when men and women of the same age are compared, women have a higher prevalence of chronic disease and use more medical services, but men have higher mortality rates. This apparent paradox has been a major area of theory, investigation, and speculation for many years.

INTRODUCTION

Sex differences in health are affected by a variety of factors. They likely include male–female differences in biological susceptibility, exposure to various risks at different stages of the life course, and cultural influences. Socio-economic status is also important. Higher socio-economic status is associated with better health for both men and women. The generally lower socio-economic status of women may contribute to their higher rates of illness. Nonetheless, women's life expectancy is longer than that of men.

Focusing on data from the National Population Health Survey (NPHS), vital statistics, the Canadian Cancer Registry, and the Census of Population, this special issue of *Health Reports* examines health differences between Canadian men and women. A wide array of indicators is presented. Some, such as death rates and life expectancy, have traditionally been used to describe health. Others are measures that have only recently become available on a population basis, such as the prevalence of stress and incidence of disease, disability and dependency. Lifestyle and health care practices, which may contribute to sex differences in health, are also examined.

The aim is to provide an accessible and comprehensive comparison of the health of men and women based on the most current data. The overall approach is descriptive, although some detailed analyses focus on specific topics of particular relevance to policy makers and health practitioners in their efforts to optimize the potential for good health among Canadians.

The report comprises four main sections. "Taking Risks/Taking Care" looks at sex differences in health behaviour, including nutrition, physical activity, body mass index, alcohol consumption and smoking. An analysis of people followed over time examines the relationship between specific risk factors and later diagnosis of chronic disease.

"Stress and Well-being" deals with emotional and physical health. Figures are presented on personal and work stress, depression, and the incidence and prevalence of major diseases. This section also contains information on injuries, chronic pain, activity limitations, and dependency. Data on social support show differences between men or women in their likelihood of having networks of family and friends that may buffer the impact of stress, depression and physical illness. Further analyses examine the association of stress with the later onset of specific diseases and the sex-specific odds of developing activity limitations or of dying associated with chronic conditions.

"Health Care/Self-Care" presents information on men's and women's use of mainstream health care—such as physicians and hospitals—and alternative health care. The ways in which each sex responds to minor illness are compared, and figures on medication use and home care are shown. Additional analysis focuses on factors related to women's greater use of physicians and hospital services.

Finally, "Death—Shifting Trends" contains statistics on life expectancy and causes of death. Increases in life expectancy and the persistent gap between the sexes during the 20th century are explored, along with the shifting positions of Canadian males and females in international rankings over the past 40 years. Trends since 1950 in male and female mortality attributable to major causes of death are shown. Recent data focus on the top ten causes of death for males and females and the causes that account for most mortality before age 75. Additional analyses compare the number of years males and females can expect to live free of activity limitations, and relative survival rates for common types of cancer.

Age, of course, is strongly associated with health, a reflection of accumulated risks and gradual decline in physiological resistance and resilience. As well, socio-economic status has repeatedly been shown to be related to health. Therefore, age and household income were examined and are noted in the text when a significant association emerged.

A "Methods" section at the end of the report describes the data sources, analytical techniques and limitations. Except for vital statistics, most analysis refers to the population in private households. Unless otherwise noted, residents of institutions are excluded.