Health Statistics Division

How healthy are Canadians?

A Summary – 2001 Annual Report

Statistics Canada Statistique Canada

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Canada

The health divide: How the sexes differ

This report summarizes a special issue of *Health Reports*, Volume 12, Number 3 (82-003) entitled "The Health Divide: How the Sexes Differ," released by Statistics Canada on April 26, 2001. It is the second in the annual series, "How healthy are Canadians?". This edition examines differences between men and women in matters of health.

Statistics Canada and the Canadian Institute for Health Information (CIHI) are reporting jointly on the health of the population and the performance of the health care system. The aim is to give Canadians and decision-makers information to better judge the factors that contribute to health. A companion publication, released by CIHI on May 8, 2001, focuses on the health care system.

The measures of health in this report come primarily from the National Population Health Survey (NPHS). Additional data are from the Canadian Vital Statistics Database, the Canadian Cancer Registry and the Census of Population.

Summary

This special report compiles information about differences between the sexes in attitudes and behaviours toward health, as well as in illnesses and mortality.

Some of the findings are paradoxical. Women experience more stress, illness, and years of disability than men do. But even after diagnosis of fatal diseases, women survive longer than men. To some degree, this may be because, compared with men, women take better care of themselves.

On a day-to-day basis, men are more likely than women to adopt a lifestyle that may be associated with the development of health problems. But women are more likely than men to encounter higher levels of personal and work stress, both of which are related to the onset of physical and emotional problems.

Women's food selections are more likely than those of men to be governed by health concerns, and women are more likely to be an appropriate weight for their height. Men drink and smoke more than women do, and are more likely to be overweight. Yet vigorous leisure-time activity is more common among men.

Women make greater use of the health care system, largely in relation to their reproductive role and female-specific health care needs. However, even when they have a relatively minor ailment such as a cold or the flu, women are more likely than men to respond initially by treating it themselves or by going to the doctor. Men have a greater tendency than women to ignore symptoms altogether.

Women born at the outset of the 20th century could expect to live 50.1 years, four years longer than men. By 1981, this gap had widened to 7.1 years. During the 1990s, life expectancy gains for both sexes were smaller than in previous decades, and less for women than for men. Consequently, by 1997, women's life expectancy was 81.4 years, compared with 75.8 for men, a difference of 5.6 years.

Much of this narrowing of the male-female life expectancy gap stems from a reduction in the difference in mortality rates for smoking-related respiratory cancers. While the male death rate for these cancers continues to surpass the female rate, the rate for men is falling, while that for women is on the rise.

Taking Risks/Taking Care

- Women are more likely than men to consider overall health, weight, and specific diseases when they select food. They are also more likely to use vitamins regularly.
- Except for those involved in heavy labour on the job, women are less likely than men to pursue vigorous leisure-time activity.
- Regardless of age, women are more likely than men to be in an acceptable weight range. About 56% of men are overweight/obese, compared with 38% of women.

Compared with men, women pay more attention to nutrition. They are more likely than men to consider overall health, weight, and specific diseases when they select food.

In 1998/99, 80% of women versus 63% of men reported that they were concerned about maintaining or improving health when choosing food. While 59% of women considered weight when they selected food, just 41% of men did so. About 48% of women considered heart disease, compared with 38% of men. Similarly, women were more likely than men to think about osteoporosis, high blood pressure, cancer and diabetes.

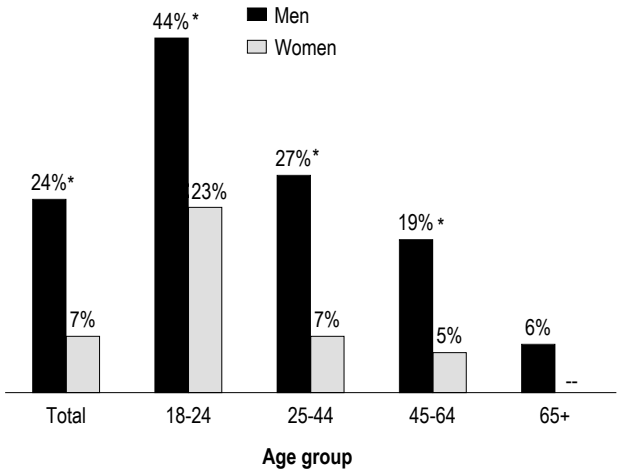
Not surprisingly, the tendency to make food choices with particular diseases in mind was much higher among people who had been diagnosed with those diseases. And once they had been diagnosed with heart disease, high blood pressure or diabetes, the proportion of men who made food choices with these conditions in mind was just as high as the proportion of women.

Drinking patterns of men and women differ sharply. "Binge drinking," defined as consuming at least five alcoholic drinks at one sitting, is far more common among men. In 1998/99, nearly a quarter of men (24%) indulged in binge drinking at least once a month, compared with 7% of women. And 9% of men binged at least once a week, compared with 2% of women. Binge drinking was strongly related to age, particularly among men. At ages 18 to 24, fully 44% of men reported bingeing at least once a month, compared with 23% of women.

Taking walks is the most popular leisure-time physical activity. In general, women report taking walks more often than do men. The second most common physical activity for women is home exercise, including workouts on stationary bikes, rowing machines or stair climbers, while gardening/yardwork ranks third. For men, gardening/yardwork places second, and home exercises, third. Men, however, are more likely than women to engage in vigorous activity in their leisure time.

Despite their higher likelihood of being vigorously active, in 1998/99, 56% of men were overweight/obese, compared with 38% of women. This is based on body mass index (BMI), calculated by dividing weight in kilograms by the square of height in metres.

Binge drink† at least once a month, population aged 18 or older, by age group, 1998/99



Data source: *National Population Health Survey, household component*
† At least 5 drinks in one sitting
-- Coefficient of varaition greater than 33.3%
** Difference between sexes is statistically significant (p ≤ 0.05).*

Top five leisure-time physical activities, population aged 12 or older, 1998/99

Males		Females	
	Average sessions per month		Average sessions per month
Walking	8	Walking	11
Gardening/Yardwork	3	Home exercises	4
Home exercises	3	Gardening/Yardwork	3
Bicycling	2	Swimming	1
Weight training	2	Bicycling	1

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

Stress and well-being

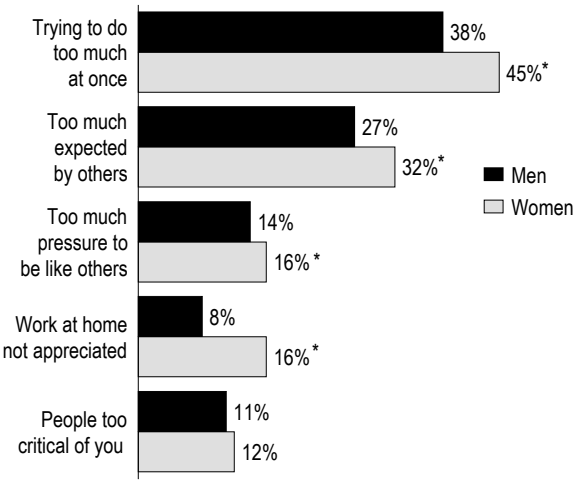
- Women are more likely than men to experience stress. To some extent, this may account for their higher prevalence and incidence of health problems.
- Men and women who have the same disease have equal odds of having an activity limitation. But in the long run, women seem to be more resilient.
- In some measure, this resilience may have to do with the greater tendency of women to build support networks.

Although the exact mechanisms are not fully understood, stress can increase an individual's susceptibility to mental and physical health problems.

In 1994/95, far more women than men suffered from high personal stress and work stress.

Women who reported high personal stress in 1994/95 had increased odds by 1998/99 of having been diagnosed with arthritis, ulcers, asthma, back problems or chronic bronchitis/emphysema, compared with women who had not reported such stress. Among men, the list was shorter. High personal stress in 1994/95 was associated with later diagnoses of arthritis, ulcers and migraine headaches.

Percentage of population aged 18 or older experiencing personal stress, by type of stress, 1994/95



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

In addition, women who reported high personal stress in 1994/95, with no history of a major episode of depression in the previous year, had over twice the odds of having symptoms of depression two years later. For men, high personal stress was not related to subsequent symptoms of depression.

However, for both men and women, one form of work stress—job strain—in 1994/95 was predictive of reporting symptoms of depression two years later.

Generally, non-fatal chronic conditions tend to be more common among women. For instance, in 1998/99, larger percentages of women than men reported having arthritis, non-arthritic back problems, migraine and urinary incontinence. However, men and women who had the same disease had equal odds of having an activity limitation.

Moreover, in the long run, women seem to be more resilient. A comparison of men and women of the same age and with the same conditions in 1994/95 shows that by 1998/99, men had significantly higher odds of being in poor or fair health, or of having died. The odds of dying remained higher for men, even taking into account other medical, psychosocial, behavioural and demographic factors.

In some measure, women's resilience may have to do with their greater tendency to build support networks. Women were more likely than men to have people who would do such things as listen when they needed to talk, give advice in a crisis, and understand their problems. On the other hand, men were more likely than women to have someone to help if they were confined to bed, to prepare meals, and to help with chores—in other words, tangible social support.

Health Care/Self-Care

- Women are more likely than men to use health care services. This may reflect greater awareness and concern about health care matters. But it is also related to women's reproductive role and female-specific health care needs.
- A higher percentage of women than men seek alternatives to mainstream health care, such as acupuncturists, massage therapists, homeopaths or naturopaths. Women also make greater use of over-the-counter and/or prescription medication.
- Even when they have relatively minor ailments, such as colds or flu, women are initially more likely than men to take care of themselves. Although relatively few people ignore symptoms altogether, this reaction is more common among men than women.

Pregnancy, childbirth and uniquely female preventive and diagnostic needs are major factors behind women's greater use of health care services. In 1998/99, about 84% of women aged 20 to 49 had consulted a general practitioner at least once in the previous year, compared with 66% of men the same age. Women also reported about double the rate of consultations with medical specialists. But when female-specific health care needs were taken into account, these gaps largely disappeared.

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
	%		%		%	
Total	**72**	**85***	**19**	**31***	**8**	**14***
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 ($p \leq 0.05$).*

To a great degree, the higher rate of hospitalization among women aged 20 to 49 can be explained by pregnancy and childbirth. In 1996/97, there were 11,450 hospital admissions for every 100,000 women aged 20 to 49. Fully half of these hospitalizations were pregnancy- and childbirth-related. The hospitalization rate for men in the same age group that year was 4,500 admissions per 100,000.

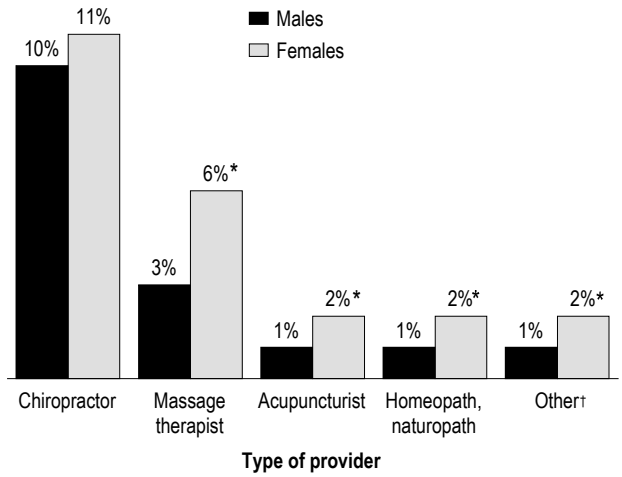
Women are more inclined than men to seek alternatives to mainstream health care, such as acupuncturists, massage therapists, homeopaths or naturopaths. In 1998/99, about 18% of women reported that they had consulted an alternative health care provider in the past year, compared with 14% of men.

Women tend to use over-the-counter and/or prescription medication more than men do. While 71% of women said they had used pain relievers in the previous month, the figure was 58% for men. This may be related to the higher prevalence of conditions such as arthritis and migraine headaches among women.

Women are far more likely than men to consult a doctor for their mental or emotional health. In 1998/99, 12% of women aged 25 to 44 reported that they had done so in the past year, three times the proportion of men.

Men and women also respond differently to minor illnesses. A higher percentage of women than men initially respond to cold or flu symptoms by using some type of self-treatment or by going to a doctor. Men have a greater tendency than women to ignore symptoms altogether.

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 ($p \leq 0.05$).*

Death — Shifting Trends

- During the last half of the 20th century, mortality rates among women for all causes combined declined 52%, considerably surpassing the 39% decrease for men. From 1990 to 1997, however, the death rate fell 8% for men, compared with 4% for women.
- Men have a higher risk than women of earlier death for most major causes. These include conditions such as heart disease, as well as external events such as motor vehicle accidents.
- For both men and women, the top 10 causes accounted for about 83% of deaths in 1997. The top two causes were reversed: slightly more men died of cancer than heart disease, while the opposite was true for women.

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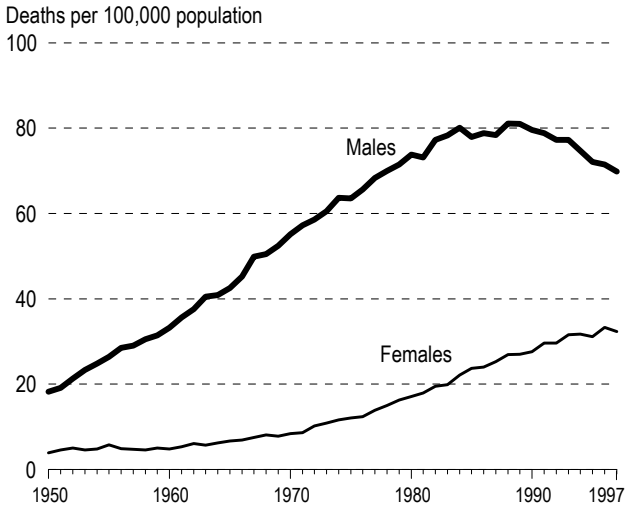
The most common sites in which cancer cases are detected are sex-specific: the breast for women and the prostate for men. For each sex, lung cancer now ranks second in new cases diagnosed, and colorectal cancer, third.

Lung cancer, however, causes the largest number of cancer deaths regardless of sex, and colorectal cancer ranks third. The second-ranking causes of cancer deaths are breast cancer for women and prostate cancer for men.

Respiratory cancers have probably had the greatest impact on mortality trends among men and women in recent years. The death rate for such cancers overwhelmingly reflects tobacco smoking, and thus, has historically been higher for men than for women. But after increasing steadily since 1950, the death rate from these cancers in men levelled off in the mid-1980s, then fell throughout the 1990s. For women, the rate began increasing only in the mid-1960s, and in contrast to the trend among men, continued to rise in the 1990s.

Age-standardized† mortality rates, cancer of trachea, bronchus and lung, 1950 to 1997



Data source: *Canadian Vital Statistics Database*
† Standardized to 1991 Canadian population

The concept of "potential years of life lost" is an indicator of premature mortality, calculated in this report by subtracting the age at which death actually occurs from age 75. For instance, death at age three would result in 72 years of potential life lost, and at age 69, six years. The risk of premature death from heart diseases is three times as high for men as for women; from suicide, four times as high; and from motor vehicle accidents, twice as high. Potential years of life lost are also higher among men for cancer, congenital anomalies, stroke and chronic obstructive lung disease, but the difference is less pronounced.

Another measure, "disability-free life expectancy," combines data on mortality rates and activity limitation to estimate the number of years of life that will be lived with a disability. Estimates for 1995 to 1997 indicate that women could expect to spend just over 12 years, or 15% of their lives, with a disability, compared with about 10 years, or 13%, for men. Clearly, women's longer total life expectancy does not mean that they have an equivalent advantage in disability-free years.

Life expectancy and disability-free life expectancy, 1995 to 1997

	Life expectancy	Disability-free life expectancy	Difference	
	Years	Years	Years	%
Both sexes	78.4	67.1	11.3	14
Male	75.4	65.5	9.9	13
Female	81.2	68.7	12.5	15

Data sources: *Canadian Vital Statistics Database; 1996 Census of Population*

For more information

The complete report is available in *Health Reports*, Volume 12, Number 3 (82-003).

Taking Risks/Taking Care (pages 11 to 20) analyzes differences between the sexes in health behaviour, including nutrition, physical activity, weight, alcohol consumption and smoking.

Stress and Well-being (pages 21 to 32) focuses on emotional and physical health. It presents data on stress and depression, along with estimates of the incidence and prevalence of major diseases. As well, this section contains information on injuries, chronic pain, activity limitation, dependency and social support.

Health Care/Self-Care (pages 33 to 39) deals with the use of health care services. It analyzes data on the use of mainstream health care, that is, hospitals and physicians, and alternatives to mainstream care, such as acupuncturists. It also compares the ways in which men and women initially respond to minor illness, and presents data on the use of medications and home care.

Death — Shifting Trends (pages 41 to 46) outlines data on life expectancy and causes of death. It explores increases in life expectancy and the persistent gap between the sexes during the 20th century. Trends since 1950 in male and female mortality attributable to major causes of death are analyzed. Recent data focus on the top 10 causes of death for men and women, and the causes that account for the most mortality before age 75. Additional analysis compares the number of years men and women can expect to live free of disability, and the proportions of men and women who survive cancer.

Access Statistics Canada's Web Site:

Summary of: www.statcan.ca/english/ads/82-003-XIB/sum2001.pdf

Full Report: www.statcan.ca/english/freepub/82-003-XIE/free.htm

For more data: http://www.statcan.ca/english/freepub/82-221-XIE/free.htm

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Health Reports is a quarterly journal produced by the Health Statistics Division at Statistics Canada. It is designed for a broad audience, including health professionals, researchers, policy makers, educators and students. Its mission is to provide high-quality, relevant and comprehensive information on the health status of the population and the health care system.

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