KEY CONCEPT The variations in health status as experienced by males and females and the factors that explain the differences

MALES VS FEMALES

DIFFERENCES IN POPULATION GROUPS
DIFFERENCES IN HEALTH STATUS

THE HEALTH STATUS OF MALES IN AUSTRALIA HAS ALWAYS BEEN BELOW THE HEALTH STATUS OF FEMALES. THERE HAVE BEEN SOME IMPROVEMENTS IN RECENT DECADES, BUT MALES ARE STILL NOT EXPECTED TO LIVE AS LONG AS FEMALES AND THEY EXPERIENCE A RANGE OF CONDITIONS AT HIGHER RATES THAN THEIR FEMALE COUNTERPARTS.
KEY DIFFERENCES IN HEALTH STATUS - HIGHER

• MALES HAVE GREATER RATES OF BURDEN OF DISEASE THAN FEMALES.

• MALES EXPERIENCE HIGHER RATES OF PREMATURE DEATH THAN FEMALES — 62 PER CENT

• MALES HAVE HIGHER RATES OF INJURY THAN FEMALES.

• MALES HAVE HIGHER RATES OF DEATHS DUE TO SUICIDE, ROAD TRAUMA AND VIOLENCE

• MALES GENERALLY SUFFER HIGHER RATES OF CANCER

• MALES HAVE HIGHER RATES OF DIABETES

• MALES EXPERIENCE HIGHER RATES OF KIDNEY

• MALES ARE MORE LIKELY TO BE DIAGNOSED WITH CARDIOVASCULAR DISEASE AND EXPERIENCE HEART ATTACKS

• MALES HAVE HIGHER MORTALITY RATES FROM CHRONIC OBSTRUCTIVE PULMONARY DISEASE
KEY DIFFERENCES IN HEALTH STATUS - LOWER

• Males experience lower rates of osteoporosis
• Males experience lower rates of arthritis than females
• Males report slightly fewer cases of long-term mental and behavioural problems
• Males are less likely to experience very high levels of psychological distress than females
• Males are less likely to experience a severe or profound core activity limitation than females
KEY DIFFERENCES IN HEALTH STATUS - LOWER

FIGURE 4.38 Trends in death rates for injury and poisoning, 1907–2015

Source: ABS, Causes of death, various years.
FACTORS CONTRIBUTING TO VARIATIONS IN THE HEALTH STATUS- BIOLOGICAL

BODY WEIGHT

Levels of obesity are the same in males and females (27.5 per cent). However, the proportion of overweight individuals is much higher in the male population (42.2 per cent of males compared with 28.2 per cent of females), contributing to higher rates of hypertension, cardiovascular disease and type 2 diabetes.
FACTORS CONTRIBUTING TO VARIATIONS IN THE HEALTH STATUS- BIOLOGICAL

BLOOD PRESSURE

MALES ARE MORE LIKELY TO EXPERIENCE HYPERTENSION UNTIL THEY ARE IN THE 65–74 AGE GROUP. FROM THIS AGE GROUP ONWARDS, FEMALES ARE MORE LIKELY TO EXPERIENCE HYPERTENSION. ACROSS ALL AGE GROUPS, 23.4 PER CENT OF MALES EXPERIENCE HYPERTENSION COMPARED TO 19.5 PER CENT OF FEMALES, CONTRIBUTING TO HIGHER RATES OF CARDIOVASCULAR AND KIDNEY DISEASE AMONG MALES.
FACTORS CONTRIBUTING TO VARIATIONS IN THE HEALTH STATUS - BIOLOGICAL

GLUCOSE REGULATION

In the Australian Health Survey, 2011–12 (ABS), males were more likely to experience impaired glucose regulation than females (4.1 per cent and 2.1 per cent respectively), which increases the risk of type 2 diabetes and kidney disease.
FACTORS CONTRIBUTING TO VARIATIONS IN THE HEALTH STATUS- BIOLOGICAL

GENETICS

MALES TEND TO STORE MORE FAT AROUND THEIR ABDOMEN. THIS IS ASSOCIATED WITH GREATER HEALTH RISKS — ESPECIALLY CARDIOVASCULAR DISEASE, WHICH IS MORE COMMON IN MALES IN ALMOST ALL COUNTRIES AND CULTURES AROUND THE WORLD. RESEARCH IS STILL BEING CONDUCTED TO ASCERTAIN THE EXACT GENETIC DIFFERENCE THAT LEADS TO THIS VARIATION.
FACTORS CONTRIBUTING TO VARIATIONS IN THE HEALTH STATUS - BIOLOGICAL

GENETICS - HORMONES

DECLINING AMOUNTS OF OESTROGEN AT MENOPAUSE HAVE BEEN SHOWN TO ACCELERATE THE LOSS OF BONE DENSITY IN WOMEN. IN MALES, TESTOSTERONE IS RESPONSIBLE FOR MAINTAINING BONE DENSITY. THIS DIFFERENCE CONTRIBUTES TO THE HIGHER RATES OF OSTEOPOROSIS AMONG FEMALES OVER THE AGE OF 60.

HIGHER LEVELS OF TESTOSTERONE AMONG MALES HAVE BEEN LINKED TO INCREASED RISK-TAKING BEHAVIOURS CONTRIBUTING TO THE HIGHER LEVELS OF INJURIES EXPERIENCED COMPARED TO FEMALES (SEE FIGURE 4.38).
FACTORS CONTRIBUTING TO VARIATIONS IN THE HEALTH STATUS- SOCIOCULTURAL

UNEMPLOYMENT

MALES WHO ARE UNEMPLOYED EXPERIENCE GREATER RATES OF MORBIDITY AND MORTALITY COMPARED TO UNEMPLOYED FEMALES. SPECIFICALLY, RATES OF OBESITY, CARDIOVASCULAR DISEASE AND SUICIDE ARE HIGHER FOR UNEMPLOYED MALES.
FACTORS CONTRIBUTING TO VARIATIONS IN THE HEALTH STATUS - SOCIOCULTURAL

SOCIOECONOMIC STATUS

According to the ABS (2014), males employed on a full-time basis earn higher incomes on average than females employed full time ($1560.50 per week compared to $1274.40 per week). As a result, males often have a higher socioeconomic status than females, especially those who are single parents.
FACTORS CONTRIBUTING TO VARIATIONS IN THE HEALTH STATUS: SOCIOCULTURAL

CULTURAL FACTORS

• MEDIA REPRESENT BEAUTY, ESPECIALLY OF FEMALES, HAS CONTRIBUTED TO INCREASING RATES OF EATING DISORDERS AMONG FEMALES COMPARED TO MALES.

• PEER PRESSURE CAN HAVE DIFFERING IMPACTS ON MALES COMPARED TO FEMALES ENCOURAGING RISK TAKING BEHAVIOURS
FACTORS CONTRIBUTING TO VARIATIONS IN THE HEALTH STATUS- ENVIRONMENTAL

The work environment is the main environmental factor that contributes to differences in health status between males and females.

- Males are more likely to work in industries such as trades, farming and mining.

Of the 190 work-related deaths recorded in 2013, 176 (92 per cent) involved male workers.

- Males are more likely to work outside and therefore have increased exposure to UV rays.

- Males are also more likely to work in transport.