

*A summary and discussion of the implications of data from the Gender Audit of Statistics [Breitenbach, E. and Wasoff, F. Scottish Executive Social Research 2007] relating to care and caring prepared by S. Macpherson, Engender Associate and E. Thomson.*

## **Gender Audit Findings**

### **Mortality and Morbidity:**

- Women have a higher life expectancy than men at 79.5 years compared with 74.5 years in 2005. Predictably, death rates become progressively higher for both sexes as age increases, although death rates in all age groups are consistently higher for males than for females. For instance in the 65-74 age band in the period 2001-05, there were 32.8 per 1000 deaths for males compared with 20.5 per 1000 deaths for females.
- In relation to the three main causes of death in Scotland (cancer, stroke and coronary heart disease) we see that for cancers that both men and women are both susceptible to, men have higher death rates than women. Death rates for cancer have increased for both men and women from 272 per 1000 for men and 218 per 1000 women in 1970-72 to 312 per 1000 for men and 283 per 1000 for women in 2005.
- Looking at gender specific cancers we note that the death rate for prostate cancer has steadily increased from 14 per 1000 in 1970-72 to 31 per 1000 in 2005. Breast cancer increased between 1970-72 and 1990-92 from 40 per 1000 deaths to 48 per 1000 deaths. By 2005 however the rate was in decline, having reduced to 43 per 1000.
- Men are more likely than women to die of coronary heart disease, although death rates for both sexes have significantly reduced. Women on the other hand are more likely than men to die of strokes, although there has also been a significant decline in death rates for both sexes.
- Cancers (all types taken together) represent the highest death rates for both men and women. The frequency of breast cancer is greater among women (43 per 1000 deaths) than prostate cancer among men (31 per 1000 deaths).

### **Mental Health:**

- Men have been found to report higher levels of psychological well-being than women. For example, in 2003, 68% of men compared with 61% of

women reported high levels of well-being, while 13% of men compared with 17% of women reported low levels of well-being.

- Prevalence rates of anxiety and depression from data collected by GPs suggest even greater gender differences in mental health. In 2005, for example, female patients were more than twice as likely as male patients to be recorded as suffering from anxiety (90.3 per 1000 population compared with 43.8 per 1000 population) and depression (80 per 1000 population compared with 37.4 per 1000 population).
- In contrast, men are more likely to commit suicide. In 2005 the suicide rate was 21.5 per 100,000 for males compared with 7.8 per 100,000 for females.

#### Reproductive Health:

- As noted in the discussion on Population, Household and Families, there has been an overall decline in the birth rate, with the number of births to women of all ages reducing from 65,287 in 1985 to 52,974 in 2005.
- There has been a change in the age profile of mothers, with fewer women having children in the 20-24 age band (reducing from 20,785 births in 1985 to 9,689 in 2005) and the 25-29 age band (reducing from 22,982 in 1985 to 12,894 in 2005). On the other hand, there have been a more births to women aged 30-44 years, rising from 15,068 births in 1985 to 26,219 births in 2005. The majority of this trend relates to increases in births to women aged 35-39 years (rising from 3,468 to 8,856 births) and women aged 40-44 years (rising from 543 to 1,643 births).
- There is also a reduction in births to younger women, from 6,421 births to women aged under 20 years in 1985 to 4,113 in 2005.
- The rate of abortion has remained relatively constant since the early 1990s. The abortion rate was 1.5 per 1000 women aged 15-44 years in 1968 (a year after the Abortion Act was passed) rising to 9.1 per 1000 women in 1990 and 11.8 per 1000 women in 2004.

#### Health Behaviours:

- There are now more men and women who report never having smoked (an increase from 35% in 1995 to 46% in 2003). The Scottish Household Survey (the preferred data source for national smoking prevalence rates) confirms a decline in smoking by both men and women (a reduction from 30% in 1999 to 26% in 2005).
- The Scottish Health Survey 2003 highlights that 27% of men and 14% of women were consuming over the recommended weekly limit of 21 units of alcohol for men and 14 units of alcohol for women. There has however been a reduction in the proportion of men consuming over the weekly recommended alcohol limit from 33% in 1995 to 27% in 2003. For women there has been a very slight rise from 13% in 1995 to 14% in 2003.

- Approximately 21% of all adults were found within the Scottish Health Survey 2003 to be eating five or more portions of fruit and vegetables a day. There is little difference between men and women in the consumption of fruit and vegetables, with 5% of both men and women reporting having less than one portion of fruit or vegetables a day and 15% of men and 16% of women reporting having 3-4 portions. There are slightly higher rates for women reporting eating five or more portions of fruit and vegetables a day (22% as compared with 20% for men).
- At the same time, there has been an increase in the proportion of people who are overweight or obese. The proportion of men who were either overweight or obese increased from 55.6% in 1995 to 65.4% in 2003, while the proportion of women who were either overweight or obese increased from 47.2% in 1995 to 59.7% in 2003.
- Men are slightly more likely than women to walk at least 30 minutes every day (66% compared with 61% in 2004). Data from the Scottish Household Survey (the preferred data source for information on physical activity) also indicates that men are more likely than women (42% and 30% respectively) to achieve high levels of physical activity<sup>1</sup>.

#### Use of Health Services:

- There are high levels of take up of cervical screening by women aged 20-60 years, with 78% of women in 2005/06 having undertaken cervical screening in the last 3.5 years and 84% of women having undertaken cervical screening in the last 5.5 years. Data on breast screening programmes also shows high levels of take up, with 75% of women eligible taking up this service in 2004/05.
- Men were slightly more likely than women to be in-patients in hospital, at 169 per 1000 of the male population compared to 166 per 1000 of the female population in 2005. Women were more likely than men to be day patients, at 79 per 1000 of the male population compared to 69 per 1000 of the female population in 2005. Women were also more likely than men to be outpatients, 317 per 1000 of the female population compared to 242 per 1000 of the male population in 2005.
- Women are more likely than men to consult their GP, with women making on average 3.3 visits to their GP in 2004/05 and men making on average 2.15 visits to their GP in the same year. There are differences in rates of consultation by the age of males and females: for males the frequency of consultation is greatest in children aged 0-4 years and in older men (55 years and over); for females the frequency of consultation is greatest from 65 years and over.

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<sup>1</sup> 20 or more occasions of moderate or vigorous activity of at least 30 minutes' duration in the last 4 weeks (at least five days a week)

## Health Workforce:

- In 1995 women were 34.8% of all GPs, this figure rising to 45.7% by 2005. Men were likely to occupy more senior positions within General Practices, making up 67.8% of all Performer GPs in 1995 and 59% in 2005. Women were more likely to be in more junior positions e.g. as Performer Registrars (trainees), representing 60% of this group in 1995 and 58% in 2005.
- There are gender divisions in many occupations in the NHS. In 2005 the majority of NHS dentists (59%) and HSHC medical and dental staff (57%) were male, while the majority of nursing and midwifery (90%), therapeutic (89%), pharmacy (81%) and administrative and estates staff (76%) were female.

## Discussion

Health is a key area of devolved policy in Scotland. Policy commitments to reducing waiting times, improving service provision, developing the workforce and improving levels of health in Scottish society are being carried forward by the SNP to build on policy priorities of previous political administrations. Preventative action and reducing health inequalities have been highlighted as key concerns within the SNP political Manifesto.

The differences between men and women in relation to health, illness and mortality are similar to those in other parts of the UK and Europe. The reasons behind these variations are complex and shaped by both biological and social factors. Women for instance experience health and health services differently from men as a result of their reproductive roles and generally living longer. Gender specific diseases, and differences in symptoms and prognosis of some diseases, for example coronary heart disease, suggest that genetic, hormonal and metabolic differences between men and women can play an important part in the experience of disease for both sexes.

Men are suggested to be putting their health at risk as a result of constructions of masculine identity which mean that men are less likely to engage with health services and to seek medical advice when symptoms of disease emerge. Men are also more susceptible to occupational diseases and injuries related to their continued dominance in the labour market and the type of work men do. Further, men are more likely to engage in 'risky' behaviour e.g. dangerous driving or unsafe sex.

Gender differences in women and men's working and living conditions, and levels of reported anxiety and depression, suggest that women and men's social position plays an important part in health, particularly in the context of limited resources (specifically finances and time). Socio-economic position is therefore an important element to consider in relation to developing responses to the health needs of different groups of women and men.