

# [Gender inequalities in health and illness](https://assignbuster.com/gender-inequalities-in-health-and-illness/)

Gender Inequalities in Health and Illness

This essay will look at the gender inequalities in health and illness statically. This essay will also look at how women live longer than men and what diseases and mental health symptoms affect both men and women in mortality and morbidity rates such as cancers and depression. Statistics will show how people are living longer and how this will continue as more people will become centenarians as the years go by. This essay will also show findings of stereotypes or stigmas attached to both genders and how this affects healthcare both physically and mentally along with how society thinks in regards to both genders and the impact this has. Finally it will look at masculinity and how and why this affects men going to the GPs about their healthcare and the effects of this.

Today women tend to live longer than men on average in industrialised countries, although this is true women experience more ill health through their lifetimes compared to men. More women rather than men suffer from somatic complaints such as aches and pains, headaches and tiredness to mention a few (Backes, G et al, 2008). Women’s mortality rates are often because of breast, cervix and uterus cancers whereas ischemic heart disease and lung cancer has a higher mortality rate in men (Bury, M, 2005). Although some researchers believe there is more consistency in studies that involve depression, anxiety and minor psychological illness compared to the studies of higher illness rates in women (Bartley, 2004). At all ages males have a greater mortality rate than women in the United Kingdom due to injuries and suicide. Cardiovascular disease and cancers are also one of the main reasons male mortality rate is higher than that of women’s. Depressive disorder, mental health, anxiety and disability all have higher morbidity rates for women than men (Acheson, 1998).

Higher mortality rates in men can be explained by social factors such as employment whereby males tend to be in employment that is ‘ risky’ such as exposure to toxic chemicals, environmental hazards and dangerous machinery. Driving under the influence of alcohol, dangerous sports and road traffic accidents are all major risk taking behaviours that men rather than women tend to participate in (Bury, M, 2005). Men used to have a higher smoking rate than women resulting in lung cancer but today it is seen that young girls under fifteen years of age are more likely to smoke than boys of the that same age group. The recommended daily intake of alcohol is usually acknowledged by women whereas men in all age groups tend to drink more than the recommended daily intake (Scambler, 2008).

One third of babies born in 2013 will live to they are one hundred according to the office for national statistics. Of these 797, 000 babies that were less than one in 2013 in the UK, 151, 000 of these will be women and 123, 000 will be men that live to one hundred in 2113 (Office for national Statistics, 2013). Whereas only 8% of men and 14% of women who were sixty-five in 2013 would go on to live until they are one hundred around 85, 000 altogether. Looking further back in time there were only six hundred centenarians in 1961, ninety of these being men, this has increased every year since then for example in 2013 there were a total of 14, 000 centenarians in the United Kingdom (Office for national Statistics, 2013). It is expected that 111, 000 people will live to one hundred or more by 2037. Women are expected to become centenarians more so than men in all years as in 1961 there were five hundred this rose to 12, 000 in 2013 and is expected to rise higher resulting in 77, 000 women becoming centenarians by 2037 and 293, 000 by 2062. Men have had a rapid rise in centenarians from 1961 where there were only ninety centenarians this rose to 2, 000 in 2013. It is estimated men living to one hundred or over will rise to 34, 000 by 2037 and 163, 000 by 2062 (Office for national Statistics, 2013).

The latest figures from the Office for National Statistics show that in ‘ good’ health men in the least deprived areas could live to 70. 5 years whereas men in the most deprived areas could live to 52. 2 years. Women on the other hand can live in ‘ good’ health in the least deprived areas for up to 71. 3 years whereas women in the most deprived areas can live to 52. 4 years. When measured by the range there were nine years difference between men in the most deprived areas compared to the men in the least deprived areas (Office for National Statistics, 2015). Women when measured by the range had a 6. 9 year shorter life expectancy for women in the most deprived areas compared to the women in the least deprived areas. In ‘ good’ health men in the least deprived areas lived 19. 1 years longer and 19. 5 years for women (Bury, M, 2005).

There are a lot of assumptions around gender stereotypes that are socially constructed which to this day still exist in society. People or society expect a women to be a certain way or act a certain way such as staying at home looking after children and being a housewife rather than getting a job and that they are responsible for raising children (Cook, R and Cusack, S, 2010). Women are nurses rather than doctors, women do not need to have a career, and women should cook and do housework. Women do not or cannot have technical jobs such as being a mechanic these are some of the stereotypes associated with women (Cook, R and Cusack, S, 2010). People or society expect a man to enjoy working on cars, are doctors and not nurses, that men do ‘ dirty’ jobs such as construction or mechanics. Men do not do housework and are not responsible for taking care of children, men are in charge husbands tell their wives what to do and are lazy or messy these are just some of the stereotypes associated with men (Health Guidance, No date). These stereotypes can affect both genders mentally and physically and can have an impact on mortality and morbidity rates such as a man doing a ‘ dangerous’ job or a women having depression.

Masculinity ideology plays a vital role in men’s health, men believe they should be powerful, strong, brave, intelligent, healthy, mature and in control (Sabo, D and Gordon, F, 1995). When these statements are untrue or thought to be untrue it can have a negative impact on men resulting in substance misuse and criminality, depression and suicide to mention a few as a lot of men especially young men feel powerless, weak, fearful and do not pay attention to their mental, physical or emotional health (Key issues in promoting health, No date). It is a fact that women are more open to talk about health problems than men which is why women that suffer from depression and anxiety are seen to have higher morbidity rates according to statistics. It is thought that biological and social factors contribute to depression and are seen differently in both men and women (Mental Health Foundation, No date).

Men aged sixteen to forty-four are less likely to visit GPs than women due to worries of losing pay from their job if they take an appointment but also from masculinity problems such as thinking the environment in GP surgeries are too feminine and the general attitude men take towards healthcare and social expectation when they are ill (Harvey, S, et al, No date). It is also seen that because women are more open about their health, statistics show they visit the GPs more often than men and that they may go to the GPs for less severe symptoms of illness compared to men (Harvey, S, et al, No date).

In conclusion this essay has looked at the statistics of inequalities in health and illness. Such as the fact that today women tend to live longer in industrialized countries than men and it seems that it is going to continue in that way, at the same time there has been a rapid rise in men living longer with mortality rates decreasing due to different employment available in this present day. Women morbidity rates are higher than men’s due to women seeking medical advice more often and being more open about their healthcare issues, whereas men avoid GPs either because of worry of losing pay from work or masculinity reasons such as the stigma that ‘ men do not get sick’ (Bartley, 2004; Acheson, 1998; Scambler, 2008; Harvey, S, et al, No date).

Although life expectancy rates are higher for both men and women it also seems that people living to one hundred or more is on the rise from six hundred centenarians in the 1960s to fourteen thousand centenarians in 2013 and it is estimated to rise higher each year onwards. Stereotypes have also had an impact on both genders due to society having the thought that men should have ‘ dirty’ or ‘ dangerous’ jobs and women should stay at home or have ‘ clean’ jobs therefore it can result in physical problems or higher mortality rates for men and mental health problems such as anxiety or depression for women. Masculinity plays a vital role in men’s health due to the stigmas attached therefore mental health such as depression is seen different to professionals such as GPs in both men and women (Office for national Statistics, 2013; Office for National Statistics, 2015; Mental Health Foundation, No date; Harvey, S, et al, No date).

Bibliography

Books

* Acheson, D (1998). Independent Inquiry into Inequalities in Health Report. 1 st edn. London: The Stationary Office.
* Backes, G et al (2008) Gender, Health and Ageing: European Perspectives on Life Course, Health Issues and Social Challenges. 13 th edn. Springer Science and Business Media.
* Bartley, M (2004). Health Inequalities: An Introduction to Theories, Concepts, and methods. 1 st edn. Cambridge: Polity Press.
* Bury, M (2005). Health and Illness. 1 st edn. Cambridge: Polity Press.
* Cook, R and Cusack, S (2010). Gender Stereotyping: Transnational Legal Perspectives. 1 st edn. Philadelphia: University of Pennsylvania Press.
* Sabo, D and Gordon, F (1995). Men’s Health and Illness: Gender, Power, and the Body. 1 st edn. London: SAGE Publications, Inc.
* Scambler, A (2008). Women and Health in Scambler G (ed) Sociology as Applied to Medicine. 1 st edn. Elsevier Limited.

Websites

* Harvey, S et al. (No date) Why are men reticent to visit their GP? What can be done to address this situation? [Online] Available at: http://www. socialsciences. exeter. ac. uk/media/…/Mens\_Health\_Forum\_Project. docxAccessed: 22/03/15
* Health Guidance (No date) List of Gender Stereotypes. [Online] Available at: http://www. healthguidance. org/entry/15910/1/List-ofGender-Stereotypes. htmlAccessed: 20/02/15
* Key issues in promoting mental health (No date) Masculinity and mental health Dr Ken Harland. [Online] Available at: http://www. ycni. org/downloads/misc/masculinity\_mental\_health. pdfAccessed: 21/03/15
* Mental Health Foundation (No date) Mental Health Statistics: Men & Women. [Online] Available at: http://www. mentalhealth. org. uk/help-information/mental-health-statistics/men-women/Accessed: 20/03/15
* Office for National Statistics (2015) Inequality in healthy life expectancy at birth by national deciles of area deprivation: England, 2011 to 2013. [Online] Available at: http://www. ons. gov. uk/ons/rel/disability-and-health-measurement/inequality-in-healthy-life-expectancy-at-birth-by-national-deciles-of-area-deprivation–england/2011-13/index. htmlAccessed: 20/03/15
* Office for National Statistics (2013) One Third of Babies born in 2013 are expected to live to 100. [Online] Available at: http://www. ons. gov. uk/ons/rel/lifetables/historic-and-projected-data-from-the-period-and-cohort-life-tables/2012-based/sty-babies-living-to-100. htmlAccessed: 21/03/15