GENDER

Gender-Based Analysis

"Gender-based analysis challenges the assumption that everyone is affected by policies, programs, and legislation in the same way regardless of gender, a notion often referred to as 'gender-neutral policy.' ... Originally it was believed that equality could be achieved by giving women and men the same opportunities, on the assumption that this would bring sameness of results. However, same treatment was found not necessarily to yield equal results. Today, the concept of equality acknowledges that different treatment of women and men may sometimes be required to achieve sameness of results, because of different life conditions."

Excerpted from *Gender-Based Analysis: A Guide for Policy-Making*, Status of Women Canada.

NATIONALLY, WE KNOW:

- Although some differences in health experienced by men and women are the result of biological differences, others appear more complicated and are perhaps the result of social and environmental differences.
- Men have a life expectancy that is six years less than that for women, and have higher death rates for each of the ten leading causes of death. Although *rates* of death for some common diseases are higher among men, the *numbers* of deaths are sometimes higher among women because women live longer and, therefore, the population of older women is much higher.
- Men are two times more likely than women to die from unintentional injuries and five times more likely than women to die from firearm-related injuries.
- Motor vehicle deaths among males are twice the rate among females; homicide deaths among males are three times the rate among females.
- Heart disease death rates continue to decline for the whole population, but the decline is not as great for women as it is for men.
- Death rates for women are rising for some major diseases such as lung cancer, while men's death rates have slowed.
- Women are more likely to be disabled.
- Women are more likely to be diagnosed with a chronic condition such as Alzheimer's disease, arthritis, and osteoporosis, autoimmune disorders such as lupus and multiple sclerosis, and mental illnesses such as major depression (twice as likely) and anxiety disorders.
- Women are more likely to be the victims of domestic violence.
- Men are less likely than women to seek routine medical care, and they are also less likely to engage in preventive health care and activities. Only 82% of men report an ongoing source of primary care, compared to 90% of women. Men are also more likely to lack health insurance (17% of adult men under age 65, compared to 15% women under age 65). They are more likely to delay obtaining medical care when they have symptoms. All these factors may contribute to men's increased death rates from preventable diseases.
  (Sources: BRFSS, 2000 and 1999.)
- Men are three times more likely to binge drink than women.
- Smoking prevalence among men is 25%, compared to 22% among women.
- Women are more likely to eat the recommended number of fruits and vegetables.

- Women in the US earned only 73 cents for every dollar men were paid in 1999, according to Census figures.
- The proportion of women living in poverty has historically been greater than that for men. Older women especially are more likely to live in poverty and live alone. Women account for most nursing home patients.
- Women are more likely to be caregivers and make the majority of health care decisions within families.
- Historically, women's health has focused largely on reproductive and childbirth issues. However, for years, women of childbearing age were excluded from medical research trials; resulting in medical research and practice being largely based in a male-centric, scientific view of biology and human nature.

Median Age By Gender, 1999

	Maine	US
Females	38.6	36.6
Males	36.9	34.3

Source: Census.

- Very little information exists on health disparities experienced by transgender populations, in large part because data systems generally do not ask transgender status. (See Sexual Orientation chapter for more information, since this chapter also covers sexual minorities in general.)

IN MAINE WE KNOW:

- The average age of women is higher than men since women's life expectancy is longer. Because of Maine's higher proportion of older people, the average age of Maine women and men is older than the US average.
- Maine women are more likely to live in poverty than their male counterparts. Approximately one in six women in Maine live in poverty. About half of Maine women with incomes less than $16,000 have no health insurance.

Maine Women's Health Campaign

In 1996, The Maine Women's Health Campaign (MWHC) was established by the Department of Human Services' Bureau of Health, the Department of Mental Health, Mental Retardation and Substance Abuse Services (now the Department of Behavioral and Developmental Services), the American Cancer Society, Medical Care Development, and other private women's health and advocacy organizations to provide a structure for working together to better address women's health issues. Since that time, *Women's Health: A Maine Profile* has been published in 1998 and 2002; *Girls' Health: A Maine Profile*, was published in 2001; action plans for women's health and girls' health were published in 1999 and 2001, respectively; and women's health and girls' health summits were held in 1998 and 2001, respectively.

To obtain copies of the above publications or other information on the Maine Women's Health Campaign, contact Medical Care Development at (207) 622-7566, ext. 256. The coordinator for Women's Health in State Government is Sharon Leahy-Lind at (207) 287-4577.

- Maine women earn 75 cents for every dollar earned by their male counterparts, but women ages 15–44 have out-of-pocket expenses for health care services that are 68% higher than those of men the same age.
- Sixty-one (61%) of Maine females 16 years and older are in the labor force.
- About three out of four nursing home residents in Maine are women.
- Maine data also indicate higher rates of preventive care and activities and health insurance, as well as lower death rates from preventable diseases among women compared to their male counterparts.
- The estimated prevalence of smoking among Maine men is slightly higher than among Maine women – 25% of men and 23% of women in Maine report current cigarette smoking. (See the Substance Abuse chapter of *Healthy Maine 2010: Longer and Healthier Lives*.)
- However, there are two disturbing trends seen among Maine women and smoking. These trends point out the importance of gender analysis of health data. First, over the past 10 years smoking rates among Maine men have declined from 31% in 1990 to 25% in 2000, while smoking rates among Maine women have not changed (23% in 1990, 23% in 2001).

Erik Steele, D.O. Family Physician and Vice President of Patient Care Services, Eastern Maine Medical Center

"With men dying at younger ages than women and with studies showing they are less likely to get medical care and carry out preventive health activities, it is important that we figure out ways to get men to take better care of themselves. This isn't just a men's health issue but a family issue."

"With such low rates of preventive care such as screening tests, we really don't even know the true rate of some diseases in men."

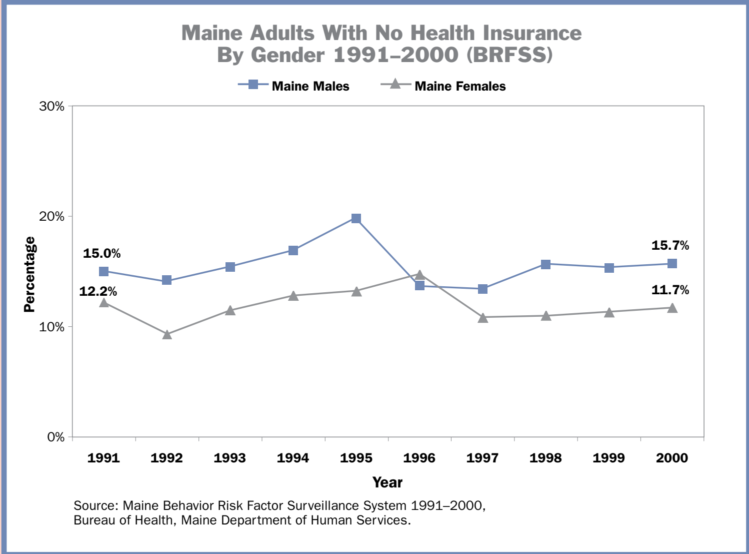
- Secondly, disturbing trends exist among Maine girls regarding smoking. Among Maine middle school students, it appears that girls are slightly more likely to be current smokers (12%) compared to their boy counterparts (7.7%) (YRBS 2001). Likewise, among Maine high school students, it appears that girls are slightly more likely to be current smokers (27%) than their boy counterparts (23%) (YRBS 2001). Unlike their adult counterparts, it appears that Maine middle and high school girls smoke at higher rates than boys. Again, this closer look at smoking rates shows the importance of gender analysis of health data.
- Rates of death among Maine men from:
  - heart disease are 49% higher than among Maine women;
  - stroke are 9% higher than among Maine women;
  - lung cancer are 71% higher than among Maine women;
  - diabetes are 16% higher than among Maine women;
  - suicide are almost four times higher than among Maine women;
  - motor vehicle crashes are about twice as high than among Maine women; and
  - firearm-related injuries are about five times higher than among Maine women.

- Although heart disease death rates continue to decline for the whole population, in Maine the decline for women is not as great as it is for men.
- Lung cancer death rates have declined for Maine men in recent years, while they have risen for Maine women.
- Although rates of death for some common diseases are higher among men, the numbers of deaths are sometimes higher among women because women live longer and, therefore, the population of older women is much higher:
    - More Maine women die from heart disease than men (about 1,800 per year versus 1,700).
    - More Maine women die from stroke than men (about 470 per year versus 300).
    - Maine women are more likely to be a victim of reported domestic assault with resulting physical injuries.
- While overall crime in Maine is declining, violent crime, rape, and domestic violence all increased in 2000.
    - Rapes increased by 19.2% from 1998 to 1999 and by 16.5% from 1999 to 2000.
    - There were 4,468 domestic assaults in 2000, an increase of 12.5% following two years of decline. Male assaults on females are approximately five times more frequent than female assaults on males. (See the Injury chapter of *Healthy Maine 2010: Longer and Healthier Lives* for more information.)

Connie Adler, M.D., Family Physician, Pine Tree Women's Care in Farmington, former Medical Director of Maine's Breast and Cervical Health Program

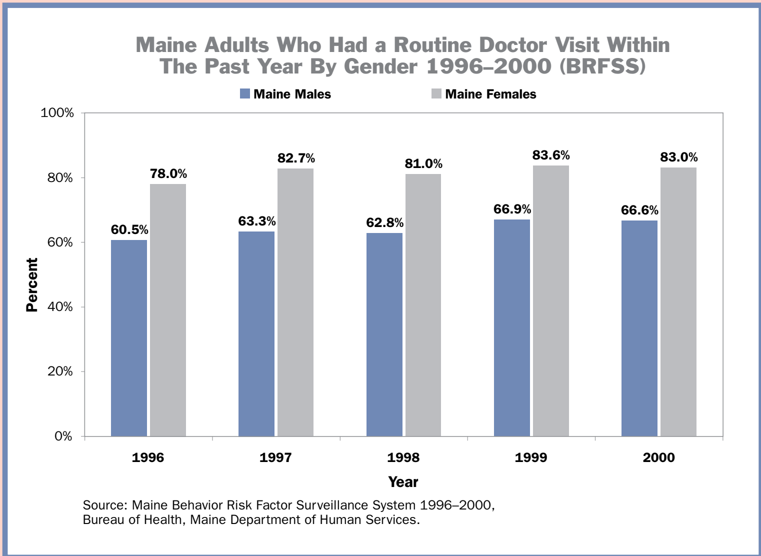
"Violence against women is one of the huge public health issues that needs to be addressed in Maine. Access to care in rural areas is clearly another big issue. There is a shortage of health care providers who are experienced in women's health issues, including menopause. The lack of mental health facilities and access to counseling is also of concern."

"Smoking is a huge problem among women in Maine. As a health care provider, I need more reporting of gender-specific results from studies of smoking prevention and cessation interventions and the health effects of tobacco products. This will help me to tailor my work to best address the needs of women in my practice."

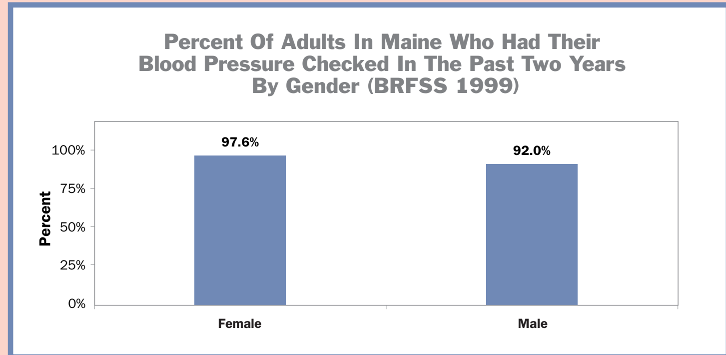


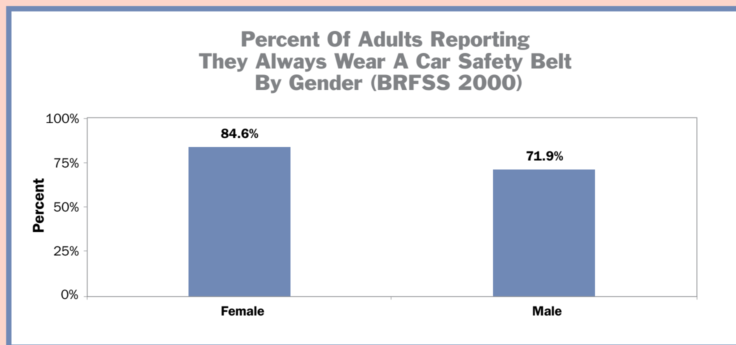
Maine women usually have higher rates of having health insurance than men. This is, at least in part, due to MaineCare's coverage of women during pregnancy – up to 200% of Federal poverty level.

Maine women are more likely to have made a routine doctor visit within the past year than Maine men.



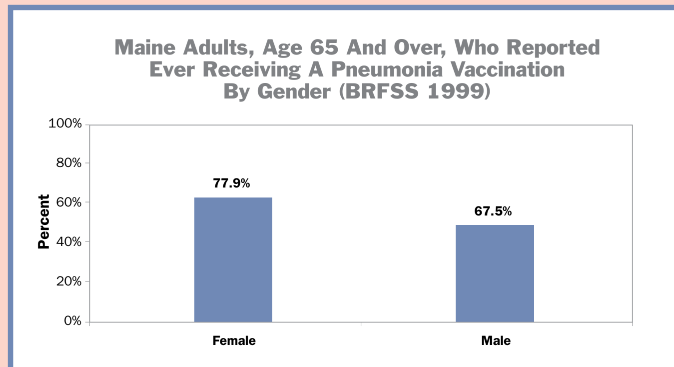
Maine women are more likely to have had their blood pressure checked in the past two years than Maine men.



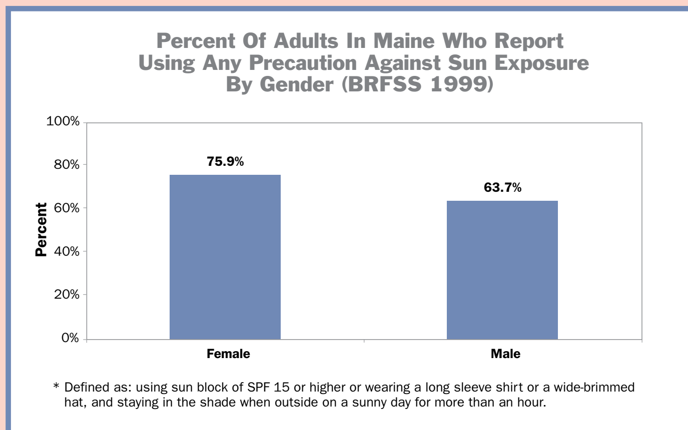


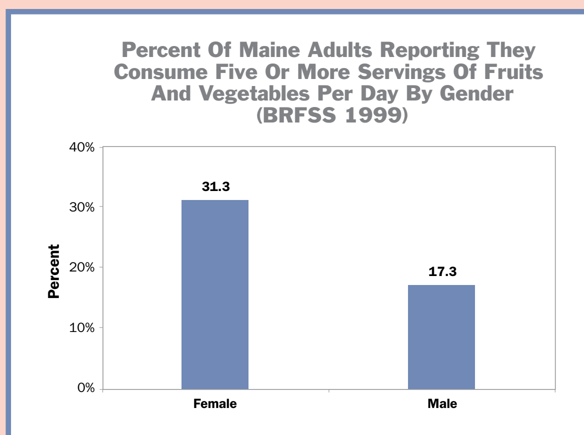
Maine women are more likely to report always wearing a car safety belt than Maine men.

Maine women aged 65 and over are more likely to receive a pneumonia vaccination than their male counterparts.

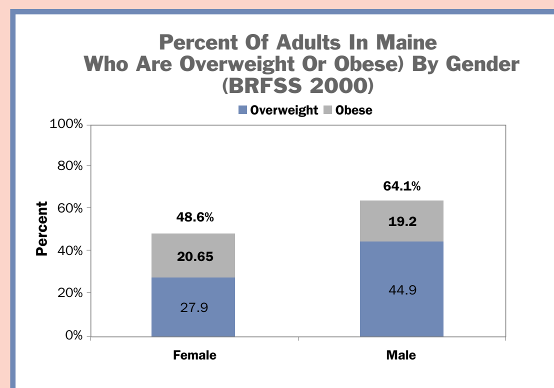


Maine women are more likely to use some type of sun protection (sun block or protective clothing) against the sun than their male counterparts.

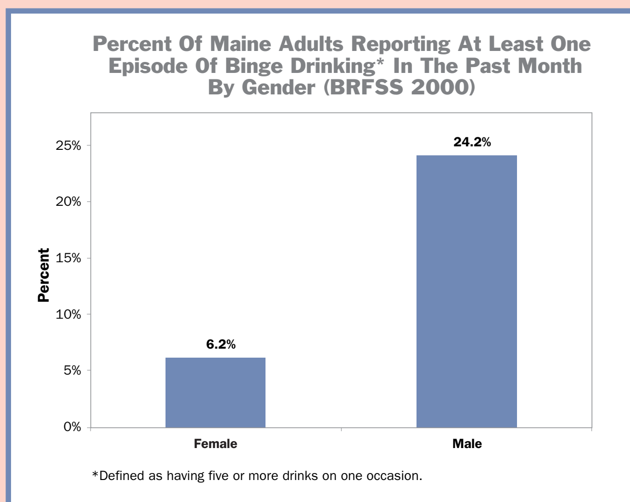




Maine women are more likely to eat five or more servings of fruits and vegetables per day than Maine men.



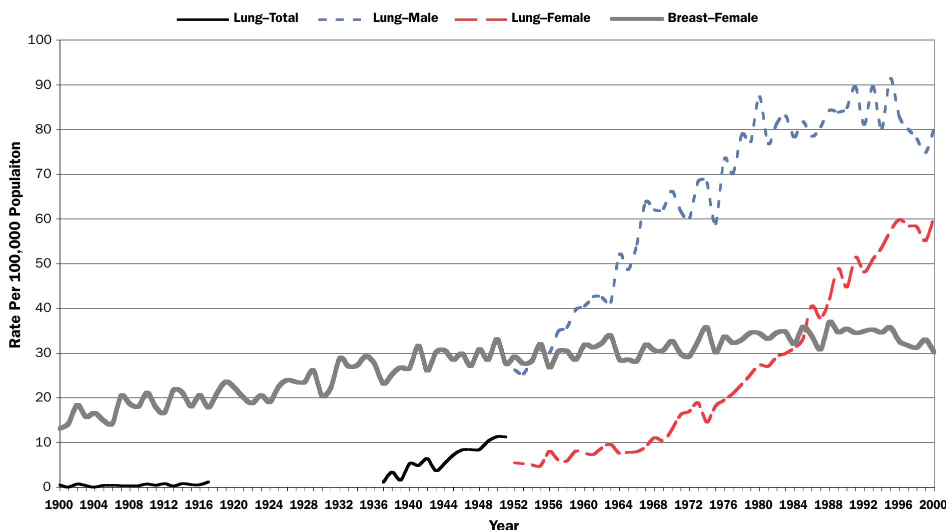
Maine men are more likely to be overweight and about equally likely to be obese compared to Maine women.



Maine men are more likely than Maine women to binge drink.

CHALLENGES:

- Research is making it increasingly clear that gender-specific and gender-appropriate strategies to address health issues are often needed. Differences between genders must be acknowledged in the following ways to assure this is achieved:
  - Gender-based analysis of all health data; and
  - Gender-specific interventions when appropriate.
- Because male and female gender are included in most major health data systems, it should be possible to identify, focus, and evaluate existing efforts to address health needs experienced by male and females.
- A major challenge Maine faces is building the capacity to collect, analyze, and appropriately disseminate health data by gender to assure its effective use, as well as increasing the ability of program planners and policymakers to appropriately consider and address gender in interventions. In addition, public health interventions must be increasingly targeted to reach men and women in gender appropriate ways. The new (2002) Coordinator of Women's Health should help start building these capacities.
- What about men's health? Currently, there is a focus on women's health because health research has traditionally focused on men and, therefore, many current interventions are implemented on entire populations with a male-orientation and without knowledge of gender differences. Additionally, because women are most often the primary health caregiver of a family and because they consult a doctor 150% more frequently than men, it is important women understand health issues of all their family members. However, particularly because men use preventive health services less frequently and because their death rates are higher, it is important to focus on specific men's health strategies as more resources become available.
- The differences between girls and boys are equally important as those between women and men, yet few health data systems are focused on youth.
- Almost no health data address transgender status. (See the Sexual Orientation Section beginning on page 61.)



Sources:
Mortality Data: Maine Vital Statistics annual reports, 1892–1998; electronic files, 1999–2000.
Total Population: Maine Vital Statistics annual reports, 1892–1900; revised estimates, 1991–1999; US Census, 2000.
Gender Population: US Census Bureau, 1880–1960, 1980, 1990; CDC Wonder, 1970–1979; ORDRVS intercensal estimates, 1981–1989, 1991–1999 (revised estimates).

NOTE: Number of breast cancer deaths for 1900–1909, 1920–1934 and 1946–1951 are for all persons, not just females. Lung cancer data are not available from 1918–1936.

NOTE: Data are not age-adjusted.

Women's rates of death from lung cancer have corresponded with their smoking, with approximately a 20-year lag from significant changes in smoking rates. In the 1980s, women's rates of death from lung cancer surpassed death rates from breast cancer, and their rates of death from lung cancer continue to rise. Among men, lung cancer death rates began to decline in the early 1990s.