Does the male-female health-survival paradox exist in rural Ghana? An examination of gender disparities in health and survival in the Kassena-Nankana District of Ghana

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Introduction and Background

Despite their generally longer life expectancy women tend to bear a greater share of the total burden of disease. Data from various parts of the world have pointed to a discrepancy between the health and survival of men and women. Generally, men are physically stronger, report better health and have fewer disabilities than women (Olsen and Dahl 2007). On the other hand, men have higher mortality at all ages compared to women even in poor societies (Barford et al. 2006). This discrepancy, commonly referred to as the male-female health-survival paradox, has long attracted the interest of demographers.

Common explanations for this apparent contradiction include: biological risks, risks acquired through social roles and behaviors, illness behavior, health reporting behavior, physician diagnostic patterns and differential health care access, treatment, and use (Christensen 2008). It is increasingly recognized that multiple factors (including biological, social and psychological) play a role in this discrepancy. Nevertheless, the fact remains that around the globe, males have a shorter lifespan despite the fact that they report better health status than women.

The existence of this paradox has been documented in the developed world (Oksuzyan et al. 2008). In sub-Saharan Africa however, the situation remains unclear largely due to the scarcity of health data for the general population. Consequently, we know very little about the extent of this discrepancy in rural African communities, let alone what accounts for the discrepancy between the health and survival of men versus women in such communities. Moreover, the level of public awareness and explanation of this discrepancy remains unexplored. How common is the notion of “women are sicker but men die quicker” in the general population? What are the prevailing explanations for this phenomenon? Answers to these questions would be useful in guiding public health programs, especially those aimed at promoting the health of adults in rural communities.

This paper examines the male-female differences in health and survival in the context of a rural community in Ghana – the Kassena-Nankana District. The paper seeks to explore community perceptions regarding the health and survival of adult men and women and their explanations for the differences in the health and survival of men and women.

Methods

The study combines quantitative and qualitative data collected in the Kassena-Nankana district of northern Ghana. The quantitative data come from the demographic

surveillance system run by the Navrongo Health Research Centre (NHRC). Since 1993 the NHRC has collected basic demographic information (birth, death, and migration) on the population of the Kassena-Nankana District at regular intervals. We used this information to examine age-sex mortality trends in the district from 1995-2010 to highlight the differences in mortality between men and women.

In 2007 the NHRC conducted a survey on Adult Health and Aging in the Kassena-Nankana District. This survey assessed the health of adults through self reports. Data from this survey were used to examine the health status of men and women in the district.

To explore what community members think about the health and survival of men and women we used focused group discussions (FGDs) and key informant interviews (KIIs). Focus group discussions were conducted among various subgroups of adults defined by literacy, sex, and age. These interviews explored issues pertaining to general health problems of adults, use of health services by men and women, perceived differences in the health and survival of men and women, and reasons for the differences. We also conduct key informant interviews with health providers in the district (community health officers, community health volunteers, traditional health practitioners, medical assistants, and medical doctors) to ascertain their views on male-female differences in health and survival in the district. Both the KIIs and FGDs were tape recorded and transcribed verbatim and entered into a computer. Data were organized and analyzed using the QSR Nvivo software for qualitative data analysis.

Preliminary results

Analysis of mortality among adults for the period 1995-2009 suggests mortality has declined over the period. The decline in mortality notwithstanding, higher mortality has persisted throughout the period (Figure 1).

In terms of reported health status, the data show that the percent of adults reporting poor health tends to increase with age. Irrespective of age however, males tend to report better health than their female counterparts. In Figure 2 more females than males report their health status as poor, while in Figure 3 females report higher disability scores in all age categories.

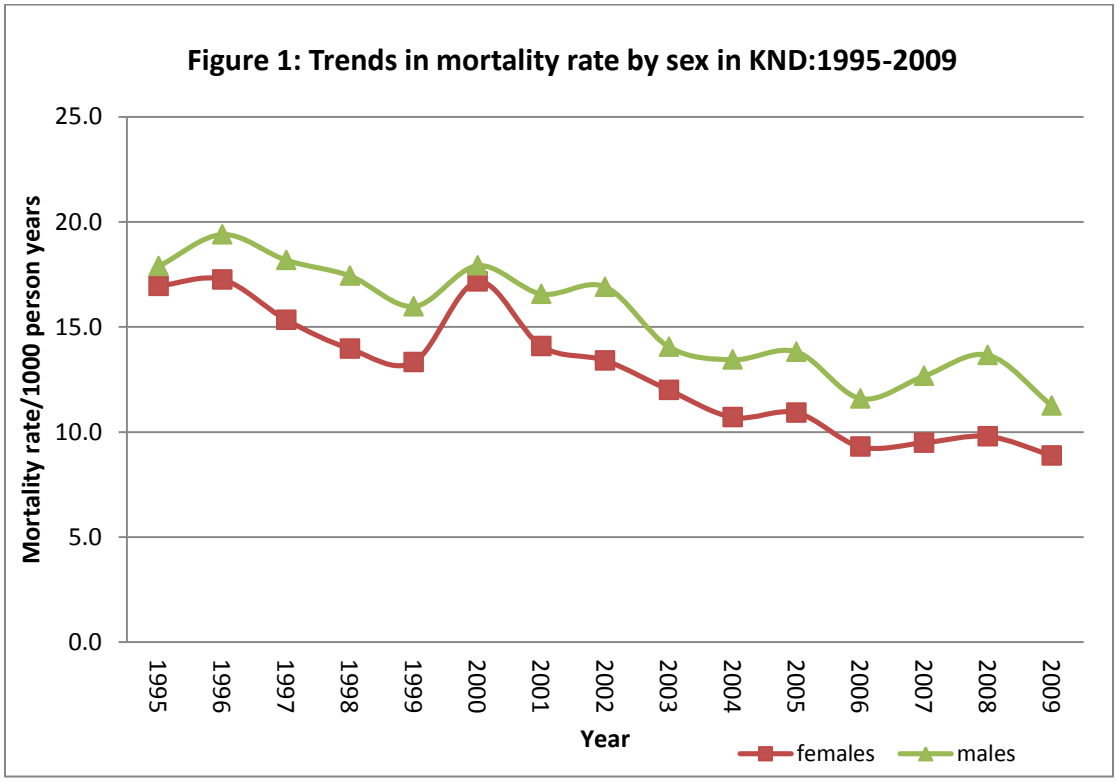
Excerpts from the qualitative interviews suggest that men and women link their health to the various roles they play in society, with each group describing themselves as facing greater health challenges than the opposite sex. Men and women play different and multiple roles in society, and the demands of these multiple roles often put a strain on their health.

In terms of mortality however, both men and women acknowledge that men die more often and earlier than women. FGD participants point to the greater numbers of widows compared to widowers in their community as evidence that men die more than women. This phenomenon is largely attributed to the behavior and lifestyle of men. Community

members identified behaviors such as alcoholism, smoking, sexual promiscuity and occultism as some of the factors that often result in the death of men. As one FGD participant put it:

> "The women sit at one place and won't roam about; but the men will go out and look for problems for themselves and that contributes to their short lives."

The paper discusses the challenges and opportunities for public health intervention in the context of the community perceptions regarding the health and survival of men and women.



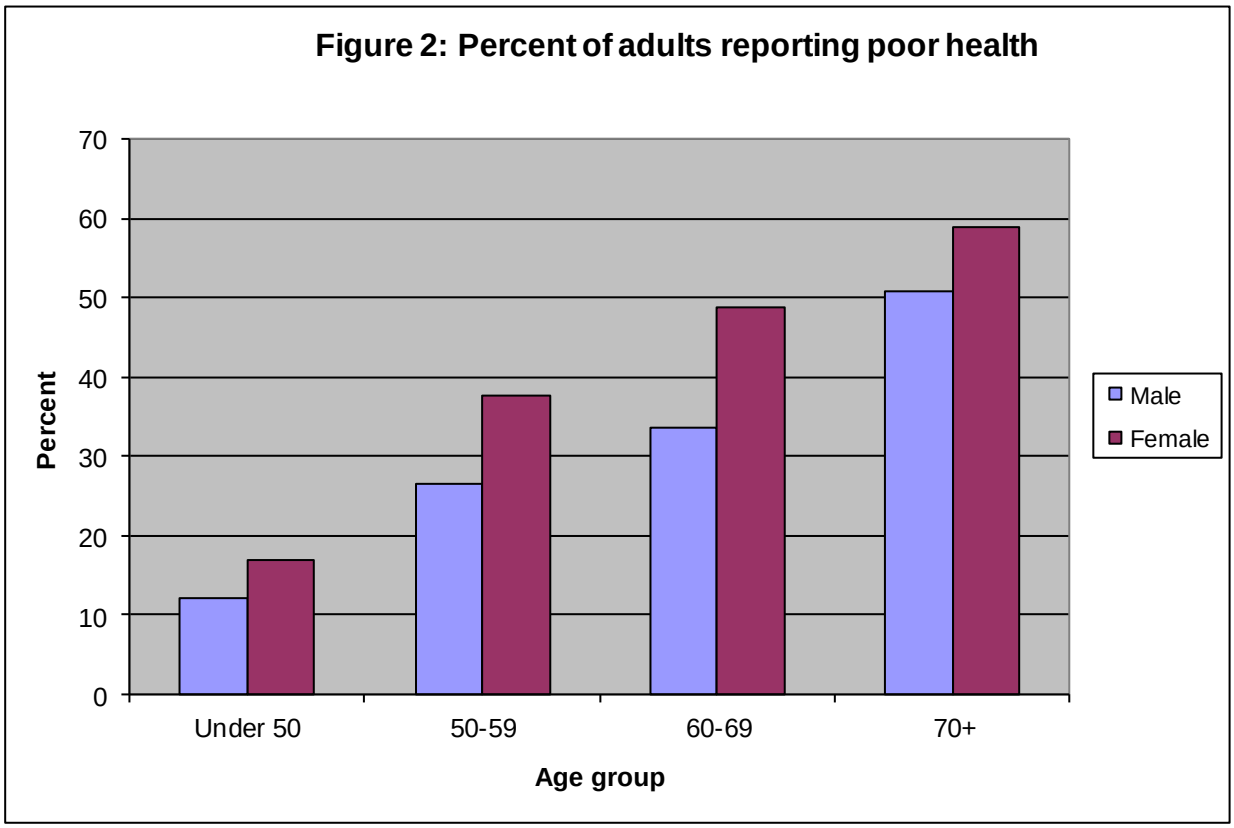


Figure 2: Percent of adults reporting poor health
70
60
50
40
30
20
10
0
Percent
Male
Female
Under 50
50-59
60-69
70+
Age group

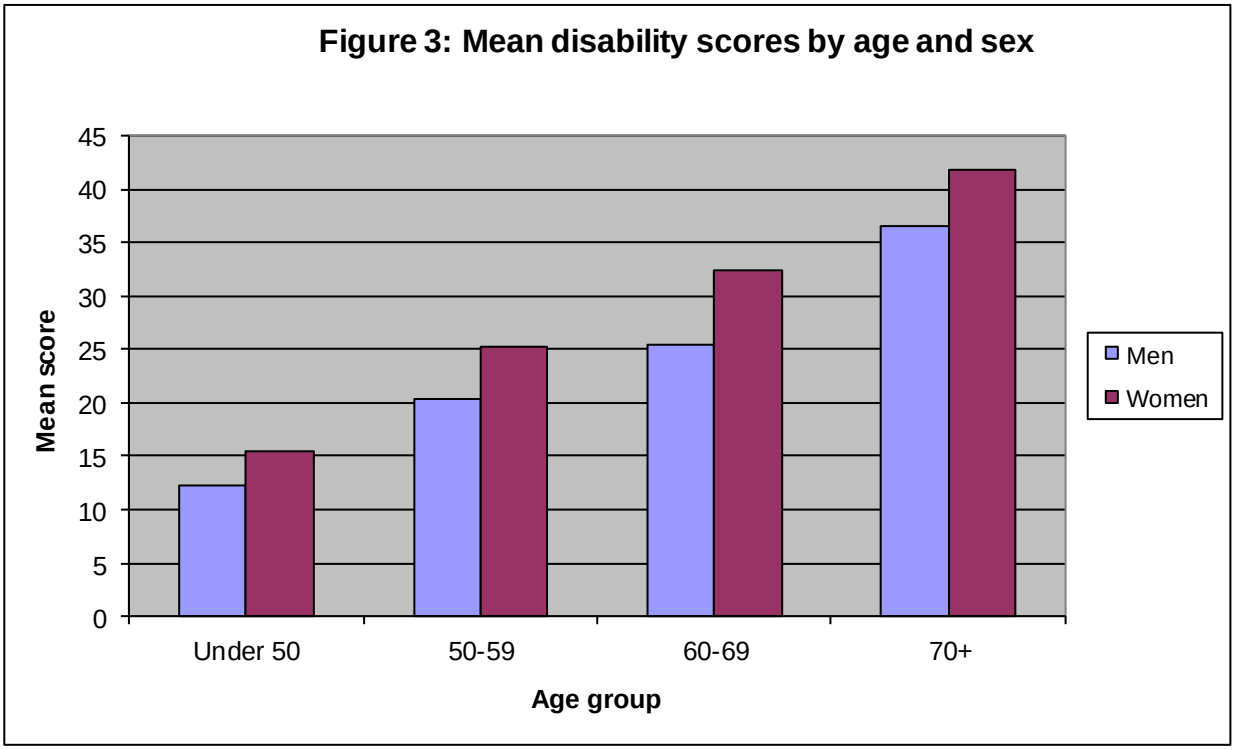


Figure 3: Mean disability scores by age and sex
45
40
35
30
25
20
15
10
5
0
Mean score
Men
Women
Under 50
50-59
60-69
70+
Age group