

Longevity and Gender Differences in Health

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ABSTRACT

In contemporary populations, females tend to outlive males consistently. Various research endeavors have delved into the underlying biological factors contributing to this female advantage, while others have highlighted the significance of social influences. This idea underscores how gender influences the social, economic, and biological aspects leading to tropical diseases, thereby yielding distinct health outcomes for men and women. Some gender-related health patterns are well-known and evident, such as the statistical fact that men tend to smoke more regularly. On the other hand, certain correlations are more intricate; for instance, in affluent nations, the female advantage has expanded over time, possibly due to historical factors like the disproportionate impact of infectious diseases on women a century ago. As medical advancements reduced the long-term health burden from such diseases, particularly for survivors, women's life expectancy saw a notable increase.

Keywords: gender, longevity, life expectancy, estrogen, behavioral traits, diseases, age.

INTRODUCTION

The term "gender" describes a wide range of socially constructed responsibilities and connections, personality traits, attitudes, behaviors, beliefs, and the level of authority and influence that society assigns to the two sexes on a separate basis (Vlassoff, 2007). Gender is relational; gender roles and features are not isolated but rather defined in connection to one another and via the interactions of girls and boys, women and men, and other pairs of genders. Simply expressed, gender relates to societal distinctions, while sex refers to biological distinctions.

METHODOLOGY

This research paper employed a qualitative, secondary research methodology to investigate the topic of longevity and gender differences in health. The choice of this methodology was justified by the need to synthesize existing knowledge and insights from a wide range of sources, including academic literature, research papers, and data from various regions and contexts. The goal was to provide a comprehensive overview of the complex and multifaceted factors influencing gender disparities in longevity, including biological, behavioral, social, and environmental aspects. By drawing upon existing research and data, this methodology allowed for a comprehensive analysis of the topic and facilitated a deeper understanding of the intricate relationships between gender and longevity.

RESULTS

A person's or a group of people's shown lifespan on average is their longevity (Vlassoff, 2007). Several factors, including genetics, way of life, environment, health services, and societal factors, have an impact on how long someone lives. The average number of years that a newborn can anticipate living, based on the population's current mortality rates, is called life expectancy at birth (Ortiz-Ospina & Beltekian, 2018). This number is frequently used to determine how long someone will live.

The female advantage in longevity tended to be smaller in rich countries, therefore defining some characteristics of life expectancy at birth by sex in the United States from 1790 to 2014. Men and women in the US now live much, much longer than they did a century ago. This is the first upward trend. This is consistent with global life expectancy rising throughout history (Ortiz-Ospina & Beltekian, 2018). In particular, life expectancy increased significantly for both men and women in 1955, with an average increase of 73 years for women and 67 years for men. Both men and women in 1790 showed almost the same life expectancy of 44 years on average, but between 165 years, women increased to more than 29 on average, and men showed a relatively shorter lifespan than women with 23. This has widened the gap between men and women over the past 100 years (Ortiz-Ospina & Beltekian, 2018). Women's advantage in life expectancy was very small, but it has increased significantly over the past century.

The disparity between males and females is one of the most obvious patterns of longevity. Women often live longer than men around the world, in practically every nation and region. According to the United Nations (2023), the average global life expectancy as of 2023 was 73.4 years for men and 76.0 years for women.

Globally, there was a 5.2-year difference in life expectancy between men and women, but regional and national differences were very large. Women typically lived longer than men by 6.2 years in Western Europe, the region with the greatest median life expectancy (82.7 versus 76.5 years), in contrast to Western Africa, the region with the lowest life expectancy (58.4 versus 56.7 years), where the difference was only 1.7 years (2023). There were variances within areas and nations as well, based on socioeconomic level, societal factors, race, religion, and other elements.

DISCUSSION

Many varying factors contribute to gender differences in longevity. The health and survival of men and women are impacted in various ways by a variety of biological, behavioral, social, and environmental factors, which cannot be explained by a single, straightforward element.

Behavioral Factors: The main cause is typically behavioral, as men are more likely than women to engage in risky and unhealthy activities such as cigarette smoking, drinking, using drugs, reckless driving, and violence (Ortiz-Ospina & Beltekian, 2018). These actions can result in deadly mishaps, wounds, infections, cancers, and long-term illnesses. In comparison to women, men are also less likely to accept medical advice, go for preventive care, or stick with a treatment plan (Ortiz-Ospina & Beltekian, 2018). The societal expectations of masculinity may also put greater anxiety and tension on them, which may harm their psychological well-being and mental health.

The Social Factors: Men are more likely than women to work in dangerous industries like mining, construction, firefighting, and military combat (Ortiz-Ospina & Beltekian, 2018). They are subjected to physical stress, toxic chemicals, loud noises, emotional trauma, and other hazards at work that could shorten their lives and ruin their health. Men are also more likely than women to have been homeless, in prison, or homicide victims, which puts them at risk for violence, illness, and hardship (Ortiz-Ospina & Beltekian, 2018).

Biological Factors: Because women have a pair of copies of the X chromosome that carries numerous genes involved in survival and immunity, they are biologically more likely than males to live longer (Ortiz-Ospina & Beltekian, 2018). Women typically have more fat sitting just under the skin, but men typically have more fat around the organs. This variation, which affects longevity since fat around the organs is a predictor of cardiovascular disease in females, is influenced by both estrogen and the existence of the second X chromosome (Ortiz-Ospina & Beltekian, 2018). Estrogen, a hormone with preventive effects on the cardiovascular system, is also found in larger concentrations in women. Men are more prone to genetic disorders and diseases since they only have one copy of the X chromosome and produce less estrogen than women do (Ortiz-Ospina & Beltekian, 2018). Additionally, when men age, some of their cells lose the Y chromosome, which could affect their immune system and raise their risk of heart failure.

Environmental Factors: Given their biological and behavioral traits, men may be more susceptible than women to the detrimental effects of climate change, pollution, and infectious diseases. Men may be more vulnerable to heat, stress, and, respiratory infections; for instance, because of their lowered immunity, increased exposure, and decreased potential for adaptation (Ortiz-Ospina & Beltekian, 2018).

These variables are not all-inclusive or predetermined. Individuals and populations come with a wide range of variances and exceptions. Furthermore, each of these factors is neither static nor independent. They engage in mutual interaction and evolve through time. The intricacy and context of gender disparities in longevity must also be taken into account. It is crucial to understand that these differences do not remain constant or unalterable, though. Fortunately, numerous ways may be followed that can improve both men's and women's longevity.

Gender mainstreaming is a method to incorporate gender perspectives into all facets of health policies and services (OECD, 2023). The goal of gender mainstreaming is to guarantee that the various needs and preferences of men and women are taken into account and satisfied equitably. By conducting gender analyses, gathering sex-disaggregated data, using gender-sensitive indicators, assigning suitable resources, monitoring and evaluating results, and guaranteeing accountability, gender mainstreaming can be accomplished.

To attain health for all, gender equality is both a prerequisite and a fundamental human right. Women and men should have equal opportunities, rights, and responsibilities, as well as access to resources and services in all areas of life, according to the concept of gender equality. By dismantling negative assumptions and practices that restrict their options and potential, equality between the sexes also benefits men. Empowering girls and women in all facets

of their lives, involving men and boys as change partners, reducing violence against women, and defending the rights and reproductive health of women's feminist movement promotion.

The social determinants of health, which include the circumstances of birth, development, living, working, and aging that have an impact on a person's health; these factors include, among others, the following: age, income, career, living environment, culture, religion, racial or ethnic background, and sexual orientation. The social factors that influence the quality of health are frequently influenced by unequal power dynamics that produce injustices between various social groups. The social determinants of health must be addressed through a multifaceted approach that includes cooperation between the health and non-health sectors, community involvement, human rights advocacy, the implementation of health coverage for all, the offering of social protection, a decrease in poverty, the abolition of discrimination, and the creation of supportive environments.

CONCLUSION

We anticipate a time when life expectancy increases for all people on the planet. When we collaborate to realize a shared goal based on tried-and-true methods, we can achieve this future. Because of the decline in infectious diseases during the 20th century, women in wealthy nations saw a disproportionately large rise in lifespan. However, this gain was not directly related to a decrease in mortality. Even though there was a large decline in the number of people dying directly from infectious diseases, this was not the main cause of the widening gender disparity in life expectancy. The indirect long-term impact on survivors appeared to have made the difference in terms of disparity. People who survive pandemics frequently deal with health issues that have an impact on their organs, rendering them more susceptible to vulnerability in later life. The COVID-19 pandemic has exposed and widened the gender longevity difference, making this future crucial. In addition, a major potential drawback of this study is that the research subjects are based in countries around the world, which reduces accuracy and intimacy. Because each country has different environments such as culture, religion, history, etc., it is difficult to generalize all these communities. For these basic issues to be resolved at all, it seems necessary to conduct additional research and take rapid action to rebuild better and more fairly without leaving anyone behind.

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