

# Common beliefs about gender and health

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Lay perceptions about gender differences in health are the subject of new research published today in the International Journal of Epidemiology (IJE), edited in the Department of Social Medicine at Bristol University.

Professor Sally Macintyre and colleagues in the MRC Social and Public Health Sciences Unit at the University of Glasgow analysed responses from 466 women and 353 men, aged 25, 45, and 65, to a postal questionnaire that asked whether they thought men or women (or both equally) were more likely to have heart disease, cancer, mental illness and accidents, to be fit and to live longer.

They found that there was a tendency for each gender to think risks were higher for their own sex than the other gender perceived.

Previous studies have suggested that lay people and health professionals operate on stereotypes about the gender patterning of certain types of health problem and health behaviour. For example, coronary heart disease tends to be perceived as a 'male disease' even though it is the leading cause of mortality amongst women in the UK. (One study found that 30 year old women with chest pain were much less likely than 30 year old men with the same symptoms to be given a cardiac diagnosis, much more likely to be given a psychiatric diagnosis, and around seven times more likely to be considered not to need medical treatment.)

The Glasgow study found that the majority of respondents said that men and women were equally likely to have accidents, cancer, be fitter, and have mental illness, and that men were more likely to get heart disease,

and women to live longer. When a respondent considered one sex more at risk than the other, men were thought more likely to have accidents and women to have cancer and mental illness.

-- Accidents: 48 per cent of males compared to 37 per cent of females said men were more likely to have accidents; 58 per cent of females chose 'both', compared to 50 per cent of males.

-- Cancer: around two thirds of both sexes said they believed men and women were 'equally likely' to experience cancer; 12 per cent of males compared to 3 per cent of females said that men were more likely to have cancer, and 30 per cent of females compared with 24 per cent of males said that women were.

-- Fitness: Both genders thought men and women were likely to be equally fit.

-- Heart disease: 79 per cent of males and 59 per cent of females said men were more likely to get heart disease; women were twice as likely to choose both equally

-- Longevity: 87.5 per cent of all respondents said women lived longer

-- Mental illness: 31 per cent of females compared to 18 per cent of males believed women were more likely to suffer from mental illness, and 72 per cent of males compared with 61 per cent of females said 'both equally'.

Professor Macintyre said: "In general these lay perceptions mirror professions perceptions. However, what is novel and unexpected here is that when there was a gender difference in attribution of relative likelihood, respondents tended to perceive the risks as higher for their own sex than for the opposite sex. This tendency was also evident in the one condition – fitness – posed in positive terms.

"Previous studies on personal risk assessments suggest a tendency to underestimate one's own risk of illness compared to one's peers – this is often referred to as 'optimism bias'. Our findings suggest in contrast that

what may be going on in response to these type of questions is neither an optimistic nor negative bias for one's own sex, but rather a bias towards thinking any health experience, whether positive or negative, is more probable for one's own sex than the opposite sex thinks.”

**Paper:** Sally Macintyre, Laura McKay and Anne Ellaway: ‘Who is more likely to experience common disorders: men, women, or both equally? Lay perceptions in the West of Scotland’ *Int J Epidemiol.* 34; 461-466

The analysis used data from the West of Scotland Twenty-07 Study: ‘Health in the Community’. The Twenty-07 Study began in 1987 and is following three cohorts (born in 1932, 1952 and 1972), using home-based interviews and postal questionnaires, over 20 years. The objective of the study is to explore the social processes which produce or maintain social patterning in health. The authors, and the study, are funded by the UK Medical Research Council

Source: Bristol University

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