

Review Article

Asian Men's Health: Gender Disparity and Life Expectancy

Christopher Ho CK^{1*}, Teo CH², Ng CJ², Zulkifli MZ¹, Tan MH^{2,3}

¹Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre, Jalan Yaacob Latif, Bandar Tun Razak, Cheras, 56000 Kuala Lumpur, Malaysia.

²Department of Primary Care Medicine, Faculty of Medicine, University of Malaya, Jalan Universiti, 50603 Kuala Lumpur, Wilayah Persekutuan Kuala Lumpur, Malaysia

³Department of Urology, Sime Darby Medical Center, 1, Jalan SS 12/1a, SS 12, Subang Jaya, Selangor, Malaysia

Abstract

The aim of this review was to analyze the gender disparities found as well as the life expectancies in Asia. An analysis of the data on gender disparities as well as life expectancies of the different Asian countries was done based on the World Health Organization (WHO) Global Health Observatory Data Repository as well as the regional government databases. Middle Eastern countries have the highest male to female population ratio. The results show that in terms of population pyramid, Asia is moving towards a more geriatric population. Qatar has the highest life expectancy for men and is the only country in Asia where men live longer than women (difference of 2 years). In general, women in Asia live longer than men. High income countries like Hong Kong, Japan and Singapore have higher life expectancies as compared to those on the lower income nations. The life expectancy of Asian men still lags women. Men's health care needs to be addressed urgently. The disparity in income-status reflecting the lifespan of men is an impetus for us to narrow the gap of health in Asian countries.

Keywords: Asia, male, gender, population, life expectancy

Correspondence:

Dr. Christopher Ho Chee Kong, Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre, Jalan Yaacob Latif, Bandar Tun Razak, Cheras, 56000 Kuala Lumpur, Malaysia. Tel: +60391455555 Fax: +60391456684 Email: chrisckho@ppukm.ukm.edu.my

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Introduction

Globally, the field of men's health is gaining momentum. The European Men's Health Report commissioned by the European Union generated tremendous interest in elevating men's health status in Europe (1). We, therefore, reviewed the state of men's health in Asia focusing on the gender disparities found as well as the life expectancies across the nations.

Materials and Methods

Key databases that contained information on the health status of men from Asian countries were identified (3,4,5,6). When limited data were available, findings

from independent studies were sought to supplement the data. Only health data that compared men and women, and selected the database with the most recent data were included.

We used the World Health Organization (WHO) Global Health Observatory Data Repository as the key reference source in this paper (3). It contains the most comprehensive and updated data comparing health status between men and women across a range of medical conditions and countries in Asia. As for Hong Kong and Taiwan, we used the regional government databases as they were not included in the WHO database (4,5). All Asian countries were included while non-Asian countries were excluded. We

obtained the lists of member countries in Asia from the WHO and CIA databases (7,8). The final list comprised 47 countries and two regions.

Microsoft Excel 2010 and Statistical Package for Social Science 21 were used to analyze the data. Age-standardized mortality rate was used as it allows comparison between countries after adjusting for the population age. Subgroup analysis was performed based on sex and income groups (gross national income per capita: low b USD 1,035; lower middle USD 1,035–USD 4,085; upper middle USD 4,085–USD 12,615; high N USD 12,615) (9).

Results

The final Asian list comprised 49 countries with five regions.

Figures 1 and 2 shows the male to female population ratio of Asian countries. As can be seen, the Middle Eastern countries have the highest male to female population ratio. Qatar has 3 times more males than females. This is followed by United Arab Emirates, Kuwait, Bahrain, Oman, and Saudi Arabia with a male to female population ratio of 2.01, 1.45, 1.34, 1.28 and 1.20. Among the countries where women outnumber men, Russia, Armenia, Hong Kong and Georgia have the lowest male to female ratio of 0.86, 0.87, 0.87 and 0.89 respectively. In the two most populated countries, i.e. China and India, men outnumber women by about 52 and 42 million.

Figure 3 shows the population pyramid for Asia in 1950, 2010 and 2050. The number of men (2.24 billion) is higher than that of women (2.15 billion) in Asia. The population growth has been phenomenal. Between 1950 and 2010, the Asian population has increased more than twofold. In 1950, children constituted the highest proportion of the population. However, in 2010, most of the Asian population are young adults. It is predicted that by 2050, the middle-age group (35-45 years) will become the largest group. In other words, we are moving towards a more geriatric population.

Figure 4 shows the life expectancy at birth. Life expectancy ranged from 59 years (Afghanistan) to 83 years (Qatar). Qatar has the highest life expectancy for men and is the only country in Asia where men live longer than women (difference of 2 years). In general, women in Asia live longer than men. The greatest disparity in the life expectancy between men and women are seen in Russia and Kazakhstan (12 and 10 years). The difference in life expectancy for men between the highest (Qatar) and lowest (Afghanistan)

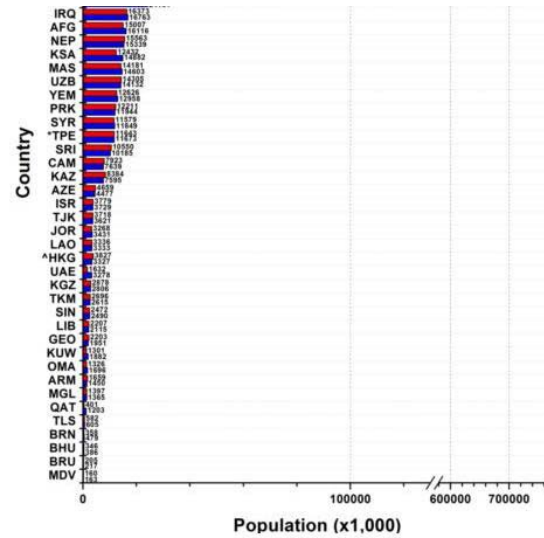


Figure 1: Overall male to female population sex ratio in Asia, 2012. Source: WHO, 2012 (3), Census and Statistics Department, Hong Kong SAR (4), National Statistics, Republic of China, Taiwan (5)

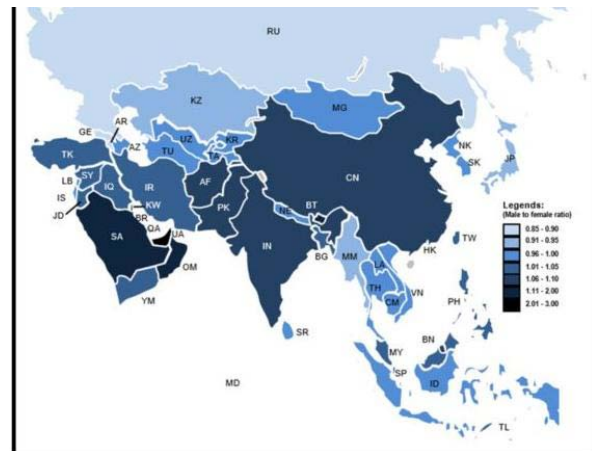


Figure 2: Distribution of male to female ratio in Asia. Source: Source: WHO, 2012 (3), Census and Statistics Department, Hong Kong SAR (4), National Statistics, Republic of China, Taiwan (5)

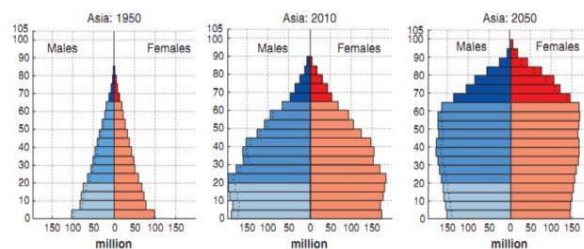


Figure 3: Asian population pyramid. Source: UNESCAP, 2012 (6)

is 24 years. In Europe, it is 15.5 years (57). For women in Asia, it is 26 years (Hong Kong and Afghanistan). In Europe, it is 10.3 years.

Figure 5 shows the life expectancy according to the income status of Asian countries. It can be seen that high income countries like Hong Kong, Japan and Singapore have higher life expectancies as compared to those on the lower income nations like Afghanistan and Cambodia.

Discussion

It is interesting to note that the Middle-eastern countries have quite a high proportion of men as compared to women with Qatar having three times more men whereas the United Arab Emirates has double the number of men as compared to women. This could be due to the influx of foreign workers being wooed to these countries to work in the oil industry. Being wealthy countries, men are attracted here due to the high salary and the added bonus of their income being tax-free. China and India too have a large proportion of men and compared to women and this could be due to the cultural preference for baby boys.

The population pyramid mirrors that of Europe (1). It is a worldwide phenomenon that we are seeing a shift towards a more geriatric population. The improvement of health care and living standards has increased the lifespan of men. This may have an economic impact on us as there is an increased burden of caring for the elderly and diminishing workforce. The preference to delay marriage and have fewer children will further exacerbate this aging phenomenon.

Women on the whole, live longer than men. This is also seen across Europe (1). In Europe, the lifespan of men ranges between 66.3 yrs for men in Latvia to 80 yrs for men in Iceland (1). It is interesting to note that Qatar is the only country in Asia where men live longer than women. This could be a contributing factor to seeing Qatar having a disproportionate number of men compared to women. Further research should be done into the health status of women in Qatar. What is more important is that men's life expectancy lags women in Asia. This could reflect the state of men's health in Asia. Concrete steps need to be taken to address this.

The difference in the male life expectancy between the best record for Asian country (Qatar) and the worst (Afghanistan) is an amazing 24 years. For Asian female, the difference is a record level of 26 years. This is in contrast with Europe where the life expectancy

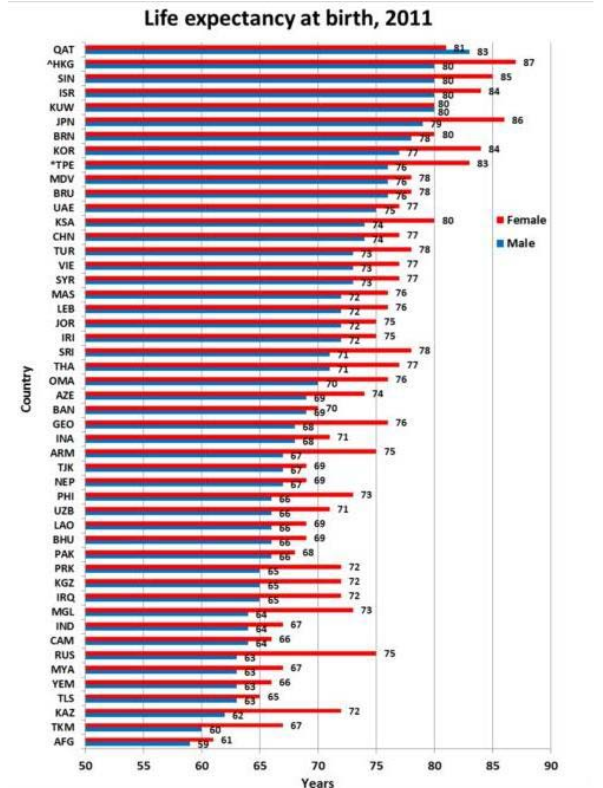


Figure 4: Life expectancies across Asia Source: WHO, 2012 (3), Census and Statistics Department, Hong Kong SAR (4), National Statistics, Republic of China, Taiwan (5)

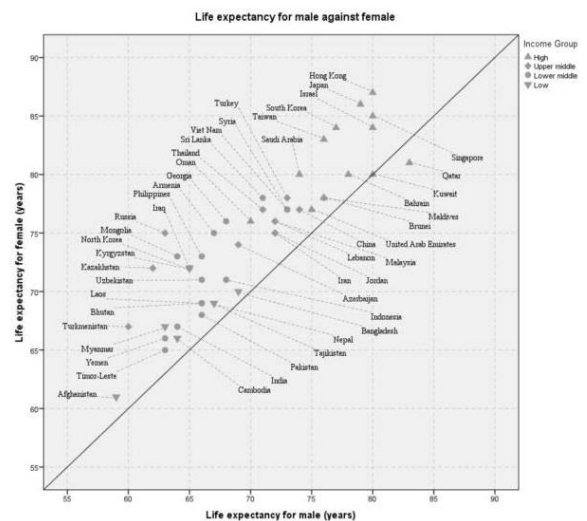


Figure 5: Life expectancy according to income group

difference is only 15.5 years for male and 10.3 years for female (1). What this shows is that there is a large disparity in the healthcare of Asian countries and more needs to be done to narrow the gap.

Figure 5 vividly shows the relationship between the wealth status of the country and its life expectancy.

The higher income nations have better life expectancies as compared to the middle and lower income groups. The life expectancies for high-income groups are concentrated at the upper end of the graph (right top end), and on the other extreme. The left lower end of the graph reflects the lower income countries. The middle-income countries were found to be scattered in between the two extremes in life expectancies. This distribution of differences in life expectancies can be attributed to the better healthcare with better wealth, especially for countries that have achieved Gross National Income (GNI) of above \$12,746 and labelled as high-income country by the World Bank Atlas method (9,10). Therefore, more needs to be done to alleviate poverty to improve healthcare resources and in the long run lead to better life expectancy for men.

Conclusion

The life expectancy of Asian men still lags women. Men's health care needs to be addressed urgently. The disparity in income-status reflecting the lifespan of men is an impetus for us to narrow the gap of wealth in Asian countries.

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