

Male Susceptibility and Female Emancipation

Studies on the Gender Difference in Mortality

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ABSTRACT

The aim of this thesis is to examine the social determinants of gender mortality differences - generally a higher mortality for men than for women. In Sweden this has been observed since 1751. Sociologists have often tended to leave explanations of these differences to biologists because sociological theory has not seemed to offer satisfactory explanations. In this thesis I therefore advocate an interdisciplinary theoretical framework for a better understanding of gender mortality differences.

The data materials used here are time-series data from official statistics in Sweden, 1945-1992, and individual data from the Swedish Census-linked Deaths Registries, in which census information has been linked to all subsequent mortality for the follow-up periods 1970-80 and 1980-86. The statistical methods employed are time-series analysis and event-history analysis.

A review of the literature revealed that a wide range of biological, genetic, behavioural as well as social factors may contribute to excess male mortality. While a number of biological factors (such as cholesterol levels) seem to promote women's greater survival potential, behaviours that are more common among men than among women (such as smoking, heavy alcohol drinking and risk-taking) clearly contribute to excess male mortality. Women's improved social standing may also have increased their survival advantage this century.

The results show that economic growth has been more beneficial to female than male survival in Sweden. This is due in particular to the link between economic growth and male behaviour, since it was found that changes in alcohol and cigarette consumption were the two most important factors contributing to changes in excess male mortality after 1945. Changes in women's social status, as indicated by changes in the male:female wage ratio, may also have contributed - in particular to women's mortality decline.

Are men generally more susceptible than women after marital break-up? There was no general support for this hypothesis. Two groups are particularly vulnerable subsequent to divorce, namely male unskilled manual workers and women who are not employed. Among the widowed, however, there was a greater increase in mortality risk for men than for women. In all, gender-specific effects of marital break-up do not contribute to excess male mortality.

The hypothesis that men's work, through greater involvement in physically risky jobs contributes to excess male mortality was not supported when factors such as women's greater exposure to jobs of low status and poor psychosocial working conditions were taken into account.

In conclusion, of the social factors studied here, it is behavioural factors which best explain excess male mortality, sometimes in interaction with biological factors. When one considers such factors in their theoretical context it seems likely that excess male mortality from a variety of causes (accidents, suicide as well as heart disease) may have common social determinants early in the causal processes. These are gendered socialization (the gender system), gender identity and socioeconomic and cultural processes. I suggest that it would be most fruitful to focus on changes in the traditional male role if we want to reduce the mortality gender gap further. Recent developments show that such changes are in progress in many developed countries.