

Why is this issue important?

Gender-based inequalities in health have been consistently documented.^{1,2,3,4} Since gender is a measure of both biological/genetic and social differences, inequalities are likely to be a result of a combination of behavioural/environmental and biological/genetic factors.^{5,6,7}

Many men are reluctant users of traditional health services, such as GPs and pharmacies, and do not always respond to mainstream health awareness campaigns to the same extent as women.⁸ However, most men care about their health and do respond to messages when the information is presented in formats that appeal to them: many men are enthusiastic users of a wide range of new technologies – online systems, mobile phone applications, social networking, gaming, etc. Harnessing this interest in new technologies to develop health services, information and products that engage men could help them to take action to improve their health.⁹

Health is affected by socio-economic status. Socio-economic factors also help to mediate the relationship between gender and health. The different experiences of men and women in terms of employment, financial independence and domestic responsibilities, amongst other factors, contribute to gender differences in health status through life.

The NHS spends more time and money dealing with the impact of domestic and sexual violence than any other agency, and so action to tackle the causes and consequences is not only cost-effective but contributes to the health and wellbeing of the

population. For example, more women suffer rape or attempted rape than have a stroke each year, and the level of domestic abuse in the population exceeds that of diabetes many times.¹⁰

Key outcomes

None of the indicators in the Public Health, NHS or Adult Social Care Outcomes Frameworks are specifically focused on gender. However gender is a 'protected characteristic' in the Equality Act 2010 and public sector organisations are required to have due regard to the need to advance equality of opportunity and eliminate discrimination faced by people based on their gender.¹¹

Impact in Brighton & Hove

Brighton & Hove has an even population split by gender with 50% (141,990 people) of the population being female and 50% (143,286 people) male.¹² There is a younger age structure for men in the city, which is also seen nationally, mainly due to lower life expectancy for men. The proportion of male to female residents remains at around plus or minus 5% until around the age of 80 and thereafter the gap widens until for residents aged 90+ there are 1,700 females (71%), two and a half times the number of males (700 people, 29%).¹³

By 2024 the number of males (155,100 people, 51%) is predicted to be higher than the number of females (148,400 people, 49%). The largest increase in the male population compared to the female population is predicted to be in the age groups 26 to 40 and 74 and older. Males aged 26 to 40 are predicted to increase by 4,800 people (14%) compared to females 800 people (2%). Males aged 74 and over are predicted to increasing by 2,700 people (34%) compared to females by 1,600 people (13%), with male aged 90 or over set to double

¹ Nathanson C. Illness and the feminine role: A theoretical review. *Social Science and Medicine*. 1975;9:57-62.

² Verbrugge L. Females and illness: Recent trends in sex differences in the United States. *Journal of Health and Social Behavior*. 1976;17:387-403.

³ Nathanson C. Sex, illness, and medical care: A review of data, theory and method. *Social Science and Medicine*. 1977;11:13-25.

⁴ Macintyre S, Hunt K, Sweeting H. Gender differences in health: Are things really as simple as they seem? *Social Science and Medicine*. 1996;42:617-624.

⁵ Verbrugge L. Female illness rates and illness behavior: Testing hypotheses about sex differences in health. *Women and Health*. 1979;4:61-79.

⁶ Verbrugge L. The twin meet: Empirical explanations of sex differences in health and mortality. *Journal of Health and Social Behavior*. 1989;30:282-304.

⁷ Bird C, Rieker P. Gender matters: An integrated model for understanding men's and women's health. *Social Science and Medicine*. 1999;48:745-755.

⁸ <http://www.independent.co.uk/life-style/health-and-families/features/why-do-men-die-younger-843401.html> [Accessed 23/06/2016]

⁹ Prus SG, Gee E. Gender differences in the influence of economic, lifestyle, and psychosocial factors on later-life health. *Canadian Journal of Public Health*. 2003 Jul-Aug;94(4):306-9

¹⁰ Department of Health. Taskforce on the Health Aspects of Violence Against Women and Children. 2010.

¹¹ Equality and Human Rights Commission.

<https://www.equalityhumanrights.com/en/equality-act/protected-characteristics/> [Accessed 23/06/2016]

¹² Office for National Statistics. Mid-Year Population Estimates for England, 2015. Available at

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalescotlandandnorthernireland> [Accessed 23/06/2016]

¹³ ONS 2015 Mid-Year Population Estimates by age and gender available at <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalescotlandandnorthernireland> [Accessed 23/06/2016]

4.2.1 Gender

(300 people, 51%) compared to an increase of just 100 females (5%).¹⁴

An estimated 87% of military veterans are men.¹⁵ The proportion of female veterans (13%) is higher than for serving personnel which reflects the World War II conscription of single women in their 20s.

Where we are doing well

The gap in life expectancy between men and women is narrowing, but men still tend to develop and die from conditions much sooner than women.

Local inequalities

As evidenced in other sections of the report, we know that there are the following gender inequalities in the city:

Life expectancy:

- For 2012-14, life expectancy at birth in Brighton & Hove is 79.0 years for males and 83.5 years for females. A gap of 4.5 years. However, the gap between healthy life expectancy is similar, males (62.6 years) and females (63.1 years)¹⁶
- The main causes of death (for all ages) are similar for males and females. The main difference is the higher proportion of deaths in males from external causes (mainly accidents, suicide and drug or alcohol poisoning).
- For males, the proportion of deaths from circulatory diseases and cancer are similar, but for females a higher proportion of deaths are due to circulatory diseases than cancer.
- The premature death rate (2012-14) is much higher among men (452 deaths per 100,000 men under 75) than among women (277 deaths per 100,000).¹⁷
- Hospital emergency admission rates are significantly higher in men than women.

- Of the 725 people with a learning disability aged 18-64 years living in Brighton & Hove who were known to the City Council, 435 were male (60%) and 290 were female (40%).
- Men are more at risk of developing Autistic Spectrum Conditions than women. Prevalence is estimated to be 1.8% in men and 0.2% in women.¹⁸ There were an estimated 1,771 men and 189 women with Autistic Spectrum Conditions in Brighton & Hove in 2015.

Mental health

- Women are more likely to suffer from depression and from anxiety. Prevalence rates have consistently been found to be between 1.5 and 2.5 times higher in women than men for both.^{19,20}
- There are an estimated 1,915 young people aged 16-19 years in Brighton & Hove with a neurotic disorder (mixed anxiety & depression, generalised anxiety disorder, depressive episode, all phobias, OCD and panic disorder) the majority of whom 1,330 (69%) are female.²¹ 68% of young people with a conduct disorder are male.
- It is estimated that 559 children aged 5-16 years in Brighton & Hove will have multiple mental disorders;²² 77% are male, reflecting the high proportion with conduct disorders.²³
- Referrals to the Tier 4 Urgent Help Service for Brighton & Hove patients, to prevent hospital admissions have increased by 48% between 2010/11 and 2014/15. Over half (59%) of referrals were for depression, 40% self-harm and 68% of referrals were for females.²⁴

¹⁴ ONS 2014-based Subnational Population Projections for England. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>

¹⁵ The Royal British Legion. Profile of the Ex-service community in the UK (revised copy). 2005

¹⁶ Public Health England, Public Health Profiles, available at <http://fingertips.phe.org.uk/search/Life%20expectancy> [Accessed 01/08/2016]

¹⁷ Public Health England, Public Health Profiles, available at <http://fingertips.phe.org.uk/search/premature%20death#page/0/gid/1/pat/6/par/E12000008/ati/102/are/E06000043/iid/108/age/163/sex/2> [accessed 15/08/2016]

¹⁸ Health and Social Care Information Centre. Autism Spectrum Disorders in adults living in households throughout England: Report from the Adult Psychiatric Morbidity Survey 2007. 2009

¹⁹ NICE. Guidelines: Depression: the treatment and management of depression in adults. 2009. Accessed 2013 May. Available at: <https://www.nice.org.uk/guidance/cg90> [Accessed 30/08/2016]

²⁰ NICE. Guidelines: Generalised anxiety disorder and panic disorder in adults: management. 2011. Available at: <https://www.nice.org.uk/guidance/cg113> [Accessed 30/08/2016]

²¹ ONS mid-year population estimates for 2014. Singleton et al. 2001.

²² ChiMat. 2014

²³ ONS. *Mental Health of Children and Young People in Great Britain, 2004*. Summary Report

²⁴ Brighton & Hove City Council and Brighton & Hove CCG. Children and young people's mental health and wellbeing needs assessment. February 2016. Available at: <http://www.bhconnected.org.uk/content/needs-assessments> [Accessed 30/08/2016]

Wider determinants of health

Parenting: Within the Triple P parenting programme in Brighton & Hove, 15% of parents are male and 85% female.

Children in need: There are more female children subject of a Child Protection Plan with; 49.2% female, 48.4% male and 2.8% unborn. This is in contrast to the England average where 50% of children who are the subject of a CPP as at 31st March 2015 are male and 48% are female (2% unborn or unknown gender).²⁵

Education:

- In 2015, 65% of girls in the city achieved five or more A*-C grades at GCSE compared with 57% of boys, a gap which has narrowed by 3 points from the previous year.²⁶
- There are more women than men at our local universities. In 2015, 60% of students at Brighton University and 54% of students at Sussex University were women.^{27,28}

Employment and work:

- For the period November 2015 to January 2016 on average 4.7% (338 people) of the city's young people with the academic age 16 to 18 were not in education, employment or training (NEET). There was an even split by gender, 171 males and 167 females.²⁹
- In 2015 the employment rate for females (70.0%) in the city is slightly lower than for males (73.3%). However, the female employment rate in Brighton and Hove is broadly similar to that in the South East (71.9%) and Great Britain (68.7%) but the male employment rate is lower than that seen in the South East (81.9%) and Great Britain (78.6%).³⁰
- There is a gender divide in average weekly earnings of residents and how much people who work in the city are paid. Full-time female residents earn on average £517.20 per week

compared with £566.40 per week for males in the city, a 9% difference. However, the differential is much lower in Brighton & Hove than across Great Britain (17%) or the South East (20%). A full time female working in Brighton & Hove on average earns £492.50 compared to £537.20 for males, an 8% difference. Again the differential is lower in the city than in the South East (19%) and Great Britain (17%).³¹

- Nationally, sickness absence is consistently higher for women than for men.

Community safety and crime reduction:

- Young men account for 75% of the population supervised by Brighton & Hove Youth Offending Service which is in line with national figures.
- National research has suggested death rates of male community offenders aged 15 to 44 years were found to be four times the rate of the general population.³²
- Research has showed that female offenders have higher levels of mental health and relationship problems; while male offenders have higher levels of alcohol problems
- Assaults, particularly alcohol-related assaults, disproportionately involve young men, both as perpetrators and as victims.
- Women are more likely to report feeling unsafe after dark. Three times more women (16%) feel unsafe in their local area after dark than do men (5%). In Brighton & Hove city centre, nearly a third of female residents (30%) feel unsafe compared to 13% of male residents.³³
- Males aged 50 years and over are more likely to be victims of crime than women aged 50 years and over.

²⁵ Carefirst Data, June 2016

²⁶ Available at <https://www.gov.uk/government/statistics/revised-gcse-and-equivalent-results-in-england-2014-to-2015>

²⁷ University of Sussex, Equality Report 2015

²⁸ University of Brighton, Student Equalities Report 2014-15

²⁹ NCCIS website, available via registration at <https://www.nccis.org.uk/portal/>

³⁰ ONS, Brighton & Hove Labour market Profile Available at <https://www.nomisweb.co.uk/> [Accessed on 06/07/2016]

³¹ ONS, Brighton & Hove Labour market Profile Available at <https://www.nomisweb.co.uk/> [Accessed on 06/07/2016].

³² Sattar G. Rates and Causes of Death Among Prisoners and Offenders under Community Supervision. Home Office Research Study 231; November 2001.

³³ Brighton & Hove City Tracker autumn 2015, available at: <http://www.bhconnected.org.uk/content/surveys>

Nationally, research shows³⁴:

- Around 27% of women and 13% of men aged 16-59 report experiencing any domestic abuse since the age of 16.
- In 2014/15, 81 women were killed by a current or former partner: 44% of female homicide victims were killed by a partner or ex-partner, with an additional 17% killed by other family members; the respective numbers for men are 6% and 14%.
- 20% of women and 10% of men aged 16-59 report experiencing stalking (by any person, including a partner or family member) since the age of 16.
- 19% of women and 4% of men report experiencing a sexual assault since the age of 16, with young women at the greatest risk
- The NHS spends more time and money dealing with the impact of domestic and sexual violence than any other agency, and so action to tackle the causes and consequences is not only cost-effective but contributes to the health and wellbeing of the population. For example, more women suffer rape or attempted rape than have a stroke each year, and the level of domestic abuse in the population exceeds that of diabetes many times.³⁵

Sustainable communities and places:

- Women (86%) and men (87%) are just as likely to be satisfied with Brighton & Hove as a place to live. However, women (88%) are slightly less likely to be satisfied with their local area as a places to live than are men (91%).³³
- Around 30% of asylum seekers are young men. In 2013 only 27% of asylum applications were made by women.
- Around 90% of rough sleepers in the City are male and 84% of hostel residents.
- 55% of people attending hospital following a road traffic collision are female.

Wellbeing and community resilience

- In the city, 58% of carers are women rising to 62% of those providing care for 50 hours or more a week. This is mirrored in the South East and England.³⁶
- Women are more likely to volunteer and volunteer more regularly. A half of women (50%) have undertaken some form of volunteering in the last 12 months compared to 40% of men. Nearly a third of women (31%) give unpaid help to a group, club, or organisation at least once a month, compared to only 23% of men.³³
- Women are also more likely to be users of local charities and community groups, with 44% having done so in the last year compared to 36% of men.³³
- The 2012 Health Counts survey showed that females are significantly more likely to have to have medium to high satisfaction with life and to feel the things they do are worthwhile. Males however are significantly more likely to have had very low or low levels of anxiety on the previous day. There was little difference in how happy people felt on the previous day by gender.

Developing well

- Boys are considerably more likely to do more physical activity or sport, both within or outside school, than girls. 21% of boys and 11% of girls have participating for at least an hour for the seven previous days.³⁷
- Locally, and nationally, a higher proportion of boys are obese than girls. Locally in 2013-14, 7% of pupils in reception class and 13% of pupils in year 6 were obese. However, local obesity prevalence is around 1% higher for boys than girls in reception year and 3% higher in year 6.
- Older girls (14-16 years) are significantly more likely to smoke than boys. For pupils aged 11-14, there is not much difference between girls and boys who have tried smoking (girls 13%, boys 12%). However this changes with age and for pupils aged 14-16, girls are more likely to

³⁴ Office for National Statistics. The Crime Survey for England and Wales: Focus on: Violent Crime and Sexual Offences, 2014/15. 2016

³⁵ Department of Health. Taskforce on the Health Aspects of Violence Against Women and Children. 2010.

³⁶ Office for National Statistics. 2011 Census table LC3305EW

³⁷ Brighton and Hove City Council. Safe and Well at School Survey 2015, available at <http://www.bhconnected.org.uk/content/surveys>

have smoked (49%) compared to boys (39%). Also for pupils aged 14-16, girls are more likely to be regular smokers (12%) compared to boys (7%).³⁷

- Whilst having tried alcohol is similar for boys and girls (42% and 43%) for 11-16 year olds who have reported drinking alcohol in the last four weeks, girls (40%) aged 14-16 years are more likely than boys (34%) to report 'drinking to get drunk' either often or every time they drink.³⁷
- Among pupils aged 11-16, there is not much difference between boys and girls who have tried non-prescribed drugs (11% and 10% respectively).³⁷
- In 2014, there were 128 referrals from A&E to the young people's alcohol worker. Of these 56% were male and 44% were female.
- Girls (83%) are more likely than boys (79%) not to have had sex. Those who use another word to describe their gender are significantly less likely than girls but not boys, not to have had sex (61%).³⁷
- Females are significantly more likely to accept screening for chlamydia than males who account for only about 30% of screens.
- Over two thirds of children and young people recorded as being disabled are male.

Living well

- In 2012, locally men (47%) are significantly less likely to be a healthy weight than women (59%), and since underweight prevalence is 3% for males and females this therefore means they are more likely to be overweight or obese. Furthermore, males are less likely to be a healthy weight in all age groups.³⁸ Nationally, women are more likely to be severely obese.³⁹ The percentage of males and females of a healthy weight falls with age up until 65-74 years but then rises in those aged 75 years or over. Men are less likely to be a healthy weight across all age groups.

- Eating five fruits or vegetables a day is significantly more common in females (59%) than males (46%). For females, the percentage increases with age from 18-24 year (50%) to 65-74 years (75%) but falls in those aged 75 years or over. For males there is an increase in the percentage eating five a day from 32% at 18-24 years to 52% of 35-44 year olds, the figures for those aged 45-74 are then similar with a fall to 48% for those aged 75 years or over.³⁸
- Men and women were equally likely to use parks or open spaces at least once a week. However, women aged 18-44 years were more likely than men of the same age to use parks and open spaces at least once a week
- Males are more likely than females to meet the recommendations for physical activity (27% for males and 22% for females). Males were more likely to meet the recommended physical activity level in all age groups with the exception of 55-64 year olds.
- The burden of sexual ill-health is not shared equally; younger people (under 25 years old) and men who have sex with men (MSM) are disproportionately affected. Rates of STIs in these groups far exceed those of the general population locally and nationally.
- The uptake of Chlamydia testing for 15-24 year olds is higher in females than males.
- There is no significant difference in smoking prevalence between males and females (males 25%, females 22%). By the age of 75 years or over, for males and females, smoking prevalence reaches its lowest point (5% for males and 10% for females).^{Error! Bookmark not defined.}
- According to the 2012 Health Counts survey, having ever taken drugs is higher for males than females but drinking at increasing/higher risk levels is similar for males and females.
- Men aged 35-54 years have the highest rate of long term alcohol-related health problems. Young men aged 19-29 years old were the most frequent group attending A&E for alcohol or assault reasons.

³⁸ Brighton & Hove City Council. Health Counts in Brighton & Hove 1992-2012. Available at <http://www.bhconnected.org.uk/content/surveys>

³⁹NOO. Severe obesity. 2015. Available at:

http://www.noo.org.uk/NOO_about_obesity/severe_obesity

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- Women now make up 29% of the substance misuse treatment population.
- Of the 180 women receiving counselling from the Brighton Women's Centre in 2011/12, 96% had experienced relationship issues, 74% low self esteem/confidence, 38% had experienced sexual abuse, 42% domestic abuse and 29% childhood abuse (See Table 1).⁴⁰
- Although domestic and sexual violence and abuse and associated crime types are disproportionately experienced by women and girls, they also affect men and boys.
- Healthy life expectancy and disability free life expectancy at age 65 years is similar for males in Brighton & Hove and in England, but longer for females.
- Nationally, falls are more common amongst older women than older men.

Preventing ill-health

- Men have lower awareness of cancer screening programmes than women.
- Men have twice as many decayed teeth as women and women have more filled teeth than men.
- Self-harm is significantly higher in females (13%) than males (8%). Amongst females under 25 there has been a 77% increase in the last ten years in inpatient admissions due to self-harm.⁴¹ Young females are more likely than males to present to A&E with serious self-harm. Of the young people under 18 presenting to A&E with serious self-harm in 2012, 88% were female.
- In Brighton & Hove, as in England, the male suicide rate is three times higher than the female rate.⁴²
- As in previous years in England and Wales, there were more excess winter deaths in females (18,240) than in males (13,040) in 2012-13.

⁴⁰ Brighton Women's Centre. Inspire and Women's Counselling Service data and feedback. June 2013.

⁴¹ Young Minds press release 2.12.11. Available at: www.cisionwire.com/youngminds

⁴² Office for National Statistics death registrations

Table 1: Needs assessed for women clients accessing the Brighton Women's Centre Counselling Services, 2013

Issues	Application	Assessment	Counselling
Relationship	70%	85%	96%
Depression	20%	22%	22%
Anxiety	17%	25%	30%
Physical Illness	8%	9%	12%
Sexual Violence	22%	36%	38%
Domestic Abuse	21%	32%	42%
Low Self Esteem/ Confidence	55%	60%	74%
Substance Misuse	11%	15%	17%
Self Harm	5%	8%	12%
Bereavement	3%	3%	6%
Eating Issues	2%	4%	5%
Childhood Abuse	5%	11%	29%

Source: Brighton Women's Centre. Women's Counselling Service data and feedback. June 2013. Based upon 180 women.

Migrants, refugees and asylum seekers

- Asylum seekers tend to be young men. In 2013 only 27% of asylum applications were made by women. However the gender balance of other international migrants is predicted to be more even with only small variations in the ratio of males and females⁴³
- The Saving Lives, Improving Mothers' Care 2014⁴⁴ identified that women born outside the UK were significantly more likely to die in or near to childbirth than those born in the UK. Refugee and asylum seeking women make up 12% of all maternal deaths, but only 0.3% of the population in the UK. Pregnant asylum seeking women are seven times more likely to develop complications and three times more likely to die during childbirth than the general population.^{45,46}

⁴³ ONS, 2012 based Population Projections - Components of Change.

⁴⁴ Saving Lives, Improving Mothers' Care 2014. MBRRACE-UK and NPEU; Available from; <https://www.npeu.ox.ac.uk/mbrance-uk/reports> [Accessed on 06/07/2016]

⁴⁵ The Children's Society. Report of the parliamentary inquiry into asylum support for children and young people 2013. Available at; http://www.childrenssociety.org.uk/sites/default/files/tcs/asylum_support_inquiry_report_final.pdf. [Accessed on 06/07/2016]

⁴⁶ Perinatal Mortality Surveillance Report 2013. Maternal, Newborn and

- In certain migrant populations female genital mutilation is more prevalent and this can lead to obstetric complications.

Improving health and promoting independence

- Brighton & Hove has nearly double the national average of independent active older people and a smaller proportion with high care needs. Healthy life expectancy and disability-free life expectancy at age 65 years are higher for females in Brighton & Hove than in England.⁴⁷
- In 2015, it is predicted that 9,111 residents aged 75 or over living in the city, live alone. Of these nearly two thirds (72%, 6,527 people) will be female and 28% (2,584 people) male. A half of all residents age over 75 are predicted to live alone. However, 61% of females aged 75 or over live alone compared to only 34% of males.⁴⁸
- By 2025 the number of females (976 people) aged 75 or over living alone in the city is predicted to increase by more than the number of males (850), however the rate of increase for males (33%) is double that predicted for females (15%). The rates of increase for both females and males aged over 75 living alone in the city is much smaller than the rates predicted for both the South East (49% and 36% respectively) and England (45% and 32% respectively).⁴⁹
- Nationally men are more likely than women to have a mild or severe learning disability. In Brighton & Hove 59% of those with learning disabilities known to the City Council are male.
- There were an estimated 1,618 men and 172 women with Autistic Spectrum Conditions in Brighton & Hove in 2012. Nationally, prevalence is estimated to be 1.8% in men and 0.2% in women.
- From the age of 40, a higher proportion of men than women develop hearing loss.
- Diabetes is more common in men.
- Male coronary heart disease emergency admission rates to hospital are 2.9 times greater than for females.
- Emergency admission rates for stroke are significantly higher than for men than women. Deaths from stroke are also higher for men.
- Nationally, prevalence rates of respiratory diseases appear to be increasing in women and to have reached a plateau for men.
- Cancer incidence and mortality is higher in men than women but, due to women's longer life expectancy, more women than men are living with or beyond a diagnosis of cancer.
- As Brighton & Hove has significantly poorer (higher) mortality rates for causes considered preventable than England and the South East, and in particular under 75 mortality from respiratory disease. A Preventing Premature Mortality Audit⁵⁰ has been carried out using data from all GP practices in the city for patients dying of cardiovascular diseases (CVD) or with diabetes or chronic obstructive pulmonary disease (COPD). The majority of deaths were in patients aged 55-74 years and two thirds were males.
- Women are more likely than men both to report and to be diagnosed with depression and anxiety, and more women are treated.
- More men than women are admitted to the mental health trust overall for mental illness: 64% of people admitted are men.
- There are more men than women in housing commissioned to support mental health by the local authority, though there is one female-only house.
- Around 90% of the HIV infected population of the city are male and around 10% are female.⁵¹ Prevalence of HIV infection in women giving

Infant Clinical Outcome Review programme. Available from; <https://www.npeu.ox.ac.uk/mbrace-uk/reports>. [Accessed on 06/07/2016]

⁴⁷ Brighton & Hove Annual Report of the Director of Public Health 2010: Resilience. Available at: <http://www.brighton-hove.gov.uk/content/health-and-social-care/health-and-wellbeing/annual-report-director-public-health> [Accessed 09/12/2014]

⁴⁸ Institute for Public Care. Projecting Older People Population Information System (POPPI). Available at: <http://www.poppi.org.uk/> (registration required). [Accessed 22.08.2016]

⁴⁹ Institute for Public Care. Projecting Older People Population Information System (POPPI). Available at: <http://www.poppi.org.uk/> (registration required). [Accessed 22.08.2016]

⁵⁰ Preventing Premature Mortality Briefing, CCG Clinical Strategy Group, July 2015

⁵¹ Public Health England. Survey of Prevalent HIV infection Diagnosed (SOPHID): 2014

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birth within the region is highest in Brighton & Hove.

- Women living with HIV locally are on average younger than men living with HIV.
- Nationally, dementia is more common in women and two thirds of people with dementia are women. Research suggests early onset dementia is more common in men.

End of life care:

A higher proportion of men die at home (27%) than women (21%) and slightly more men die in hospital (45% men and 43% of women). A higher proportion of women die in a care or nursing home (25%) than men (13%).⁵² This is likely to be a result of women living longer than men.

What we don't know

Gaps in local knowledge about the health and wellbeing of the city's population by gender are highlighted in the individual sections of the JSNA.

Key evidence and policy

NHS services have to be designed differently to meet the needs of men and women. For example men tend not to use primary care as effectively as women.⁵³

Recommended future local priorities

1. The JSNA has systematically looked at whether there are local inequalities by gender. Where gaps in information have been identified, efforts should be made for this to be gathered. Where inequalities are evidenced, these should be considered by those commissioning and delivering local services.
2. Continue to record the difference in experience and outcome of health services for men and women.

3. Ensure that commissioning and activity focus on addressing gender differences and reduce inequalities.
4. Find ways to encourage men to access health services sooner.
5. Identify stakeholder groups, and support and engage with them to identify ways to address inequalities.
6. Special attention should be paid to the mental health needs of men and young people who are at high risk of suicide.

Key links to other sections

Gender is one of the equalities groups considered throughout the JSNA and so relates to every section

Further information

Brighton & Hove equalities profiles is available at <http://www.bhconnected.org.uk/content/reports>

WHO Gender Equality, Work and Health: A review of evidence (2006).

<http://www.who.int/gender/documents/Genderworkhealth.pdf>

Last updated

September 2016

⁵² Public Health England. EoL Profiles: Place of death Brighton & Hove CCG. Instant Atlas Report. Annual average for 2011-2013. Available at: http://www.endoflifecare-intelligence.org.uk/profiles/CCGs/Place_of_Death/atlas.html [Accessed 16/0/2016]

⁵³ Wilkins D et al. The Gender and Access to Health Services Study (final report), November 2008. Available at http://www.insidegovernment.co.uk/health/mens_health/