Life expectancy at birth

Did you know?

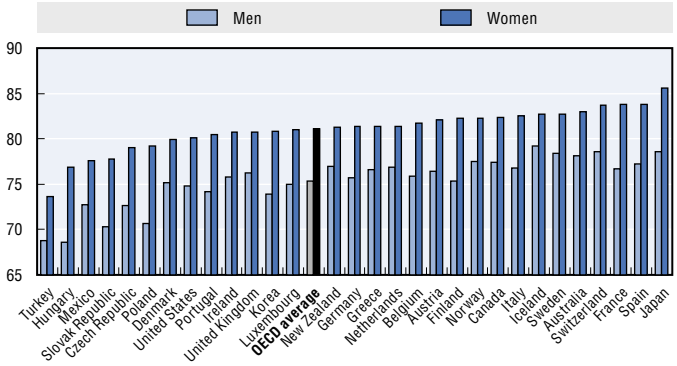
Japan, Iceland, Spain and Switzerland have the highest life expectancies in the World – just over 80 years. Botswana, Malawi, Zimbabwe and Zambia have the lowest – all under 40 years. The lowest regions are all Sub-Sahara Africa at 47 years and the Indian sub-continent at 64 years.

In virtually all countries life expectancies at birth are higher for women than for men. For the world as a whole female life expectancy is currently about 6% higher than for men.

For the OECD total, the life expectancy gender gap in favour of women is now just under six years; it is eight years or more in Hungary, the Slovak Republic and Poland and is lowest in the United Kingdom, Iceland and Sweden.

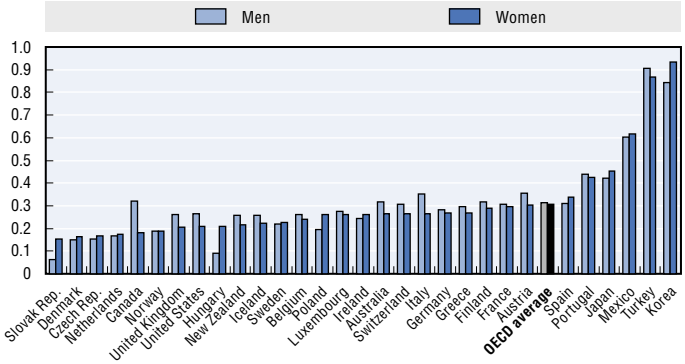
Why do women live longer than men? Differences in longevity can in part be explained by their different behavioural, lifestyle and working patterns. Women are also thought to have a possible genetic advantage which makes them more resistant to a range of conditions.

Life expectancy at birth (2004)



Since 1960 life expectancies at birth have been rising in all countries. The chart below shows that the increase has been most marked in Korea, Turkey, Mexico, Japan and Portugal where life expectancies were low at the beginning of the period. In recent years men have been raising their life expectancies faster than women in most countries. This seems to be due to a reduction in "risk factor behaviour" by men – notably smoking and alcohol consumption – and an increase in these risk factors for women.

Average annual percentage growth in life expectancy
1960-2004 or nearest years available



Source: OECD (2005), *Health at a Glance – OECD Indicators 2005*, OECD, Paris; OECD (2006), *OECD Health Data 2006*, OECD, Paris; OECD Development Centre, Gender, Institutions, and Development database (GID), *www.oecd.org/dev/institutions/GIDdatabase*; Measures of Australia's progress 2004, Australian Bureau of Statistics, 2004, p. 32.

Further reading:

OECD (2004), *The OECD Health Project: Towards High-Performing Health Systems*, OECD, Paris.

Causes of death

Did you know?

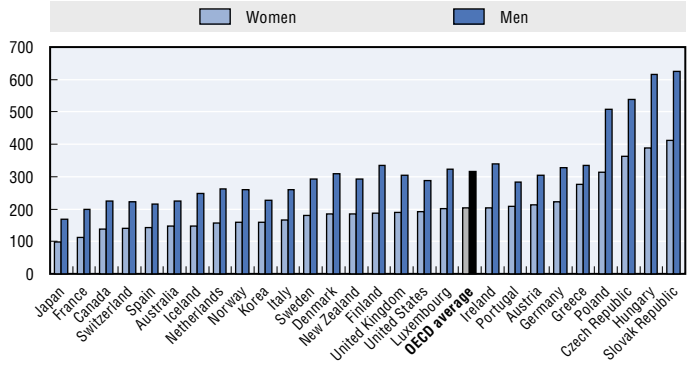
For the population as a whole, the four main causes of death are *circulatory diseases* such as strokes and heart attacks, *cancers*, *respiratory diseases* such as bronchitis and emphysema, and *external causes* such as suicide, homicide and traffic accidents.

At any given age, men are more likely to die from one of these conditions than are women. However, eventually these same sources of mortality are the reason why most women die as well – they are just more likely to strike women at an older age.

Men are more prone to die from circulatory diseases than women in all OECD countries, once adjustments are made to reflect the differences in age structures. Mortality rates from circulatory diseases are particularly high in the Slovak Republic, Hungary, the Czech Republic and Poland and are lowest in Japan and France. Clearly, diet explains at least part of these differences.

Deaths from circulatory diseases

Number of deaths, standardised for differences in age structures, per 100 000 population (2003 or latest year available)

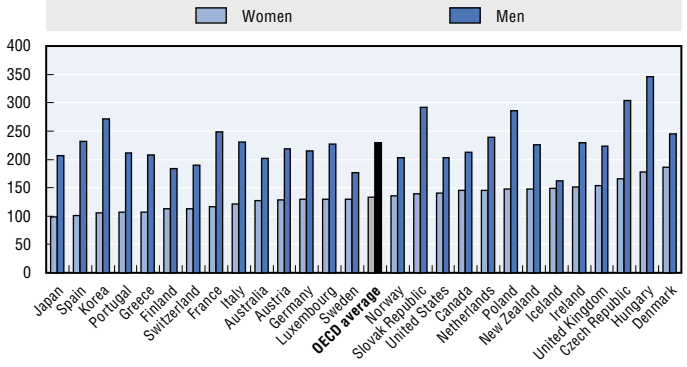


Cancer is the second leading cause of death in most OECD countries, accounting for between 25% and 30% of deaths among men and women. In all countries, mortality rates from cancer are higher among men than among women. The gender gap is particularly large in Spain, France, Korea and the Slovak Republic. Lung cancer still accounts for the greatest number of cancer deaths among men in all OECD countries (except Sweden and Iceland), while it is one of the main causes of cancer mortality among women. As the gap in tobacco consumption between men and women declines, so will differences in rates of lung cancer.

Some cancers of course affect one sex more than the other – breast cancer and prostate cancer. These diseases are very widespread. Fortunately, advances in screening and treatment mean many women and men now survive these cancers.

Deaths from cancer

Numbers of deaths, standardised for differences in age structures, per 100 000 population (2003 or latest year available)



Source: OECD (2005), *Health at a Glance – OECD Indicators 2005*, OECD, Paris; OECD (2006), *OECD Health Data 2006*, OECD, Paris.

Tobacco consumption

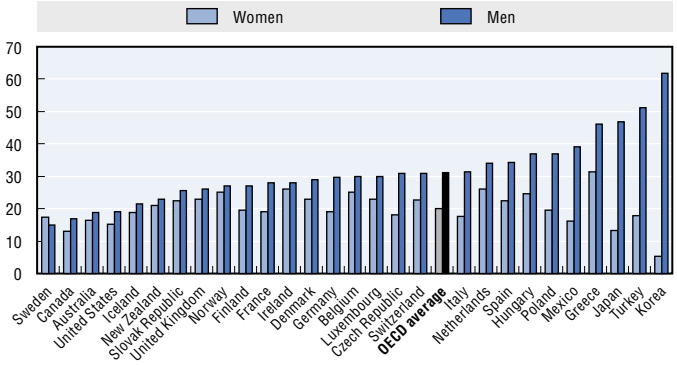
Did you know?

The *World Health Organisation* estimates that over 15 billion cigarettes are smoked each day. One in three of these is smoked in China. The United States is the next biggest cigarette market followed by Japan, Russia and Indonesia.

Globally, far more men than women smoke although the gender gap is falling and cigarette advertising is increasingly aimed at women in Asia and other developing countries. In OECD countries, however, the most important change has been a decline in smoking by men. Women do also smoke less than previously, but the rate of decline has been much slower.

More men than women smoke in all OECD countries except Sweden. In 2004 (or the latest year available), the gender gap in smoking rates was particularly large in Korea, Turkey and Japan and, to a lesser extent, in Greece, Mexico and Poland.

Percentage of men and women reporting that they smoke daily
2004 or latest year available

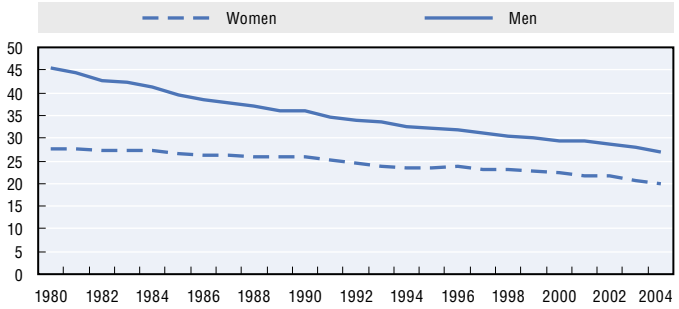


The proportion of daily smokers among adult women and men varies greatly across OECD countries. Sweden, Canada, Australia and the United States have the lowest overall percentage of daily smokers, with less than 18% of adults reporting smoking each day in 2004. Greece reported the highest rate of 39%.

Between 1980 and 2004, the percentage of smokers in the male populations of all OECD countries has declined. The same is true for women in most countries although in at least two – Finland and France – a greater proportion of women now smoke than in 1980.

For the 16 OECD countries for which unbroken time series are available from 1980, the decline in smoking by men has been more marked than for women so that the gender gap is narrowing. In 1980 the gap was 18% but had narrowed to 7% by 2004.

Long-term fall in tobacco consumption in 16 OECD countries
Percentage of men and women 15 years or older who report that they smoke daily 1980-2004



Source: OECD (2005), *Health at a Glance – OECD Indicators 2005*, OECD, Paris; OECD (2006), *OECD Health Data 2006*, OECD, Paris.

World Health Organisation (2006), *www.who.int/tobacco/en/atlas8.pdf*

Further reading:
OECD (2005), *Health at a Glance: OECD Indicators 2005*, OECD, Paris.

Overweight and obese

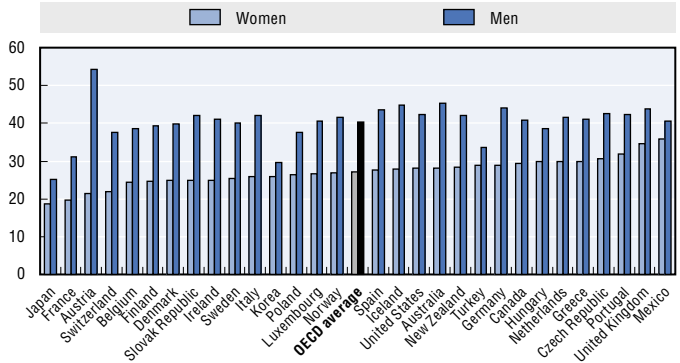
Did you know?

The standard test of being overweight is the *Body Mass Index* or BMI. It is calculated by dividing a person's weight in kilograms by the square of their height in metres (kg/m²). According to the World Health Organisation guidelines, a BMI of 25 to 30 is considered "overweight" and more than 30 is considered "obese".

More men than women are overweight but obesity is pretty evenly distributed in all OECD countries. For most countries in the charts below, the statistics were obtained by "self assessment" surveys, but in Canada, New Zealand, Australia, the United Kingdom and the United States, actual measurements were made. The percentages for these five countries are among the highest in the OECD region. This is no coincidence.

More men than women are overweight in all OECD countries. In Austria, more than twice as many men are overweight as women, but there are also large gender gaps in Australia, Iceland, Italy and the Slovak Republic.

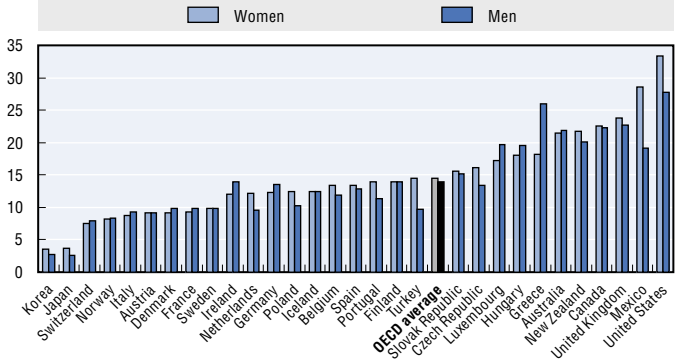
Percentage of adults considered overweight
(Body Mass Index between 25 and 30kg/m²)
2004 or latest year available



Obese men are substantially more numerous than obese women in Greece whereas the reverse is true in the United States and Mexico. In other countries the gender gaps are small. The low percentages for both men and women in Korea and Japan are most likely associated with their traditional diets which are low in carbohydrates.

In most countries, data on weight and height are self-reported. Evidence suggests that both men and women underestimate their weight and/or overestimate their height, so leading to an underestimate of the true prevalence of overweight and obesity problems. For example, evidence from Canada is that 13.3% of women and 15.4% of men were obese in 2003 based on self-reported data, whereas when actual measures were used in 2004, 22.5% of women were obese as were 22.3% of men.

Percentage of adults considered obese
(Body Mass Index exceeds 30kg/m²) 2004 or latest year available



Source: OECD (2005), *Health at a Glance – OECD Indicators 2005*, OECD, Paris; OECD (2006), *OECD Health Data 2006*, OECD, Paris.

Further reading:
OECD (2005), *Health at a Glance: OECD Indicators 2005*, OECD, Paris.