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COMMENTARY
Health status of the Italian people: gender inequalities

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Abstract
Differences between male and female affect diseases onset, evolution and prognosis. In terms of survival, women have a higher life expectancy at birth than men, with strong differences at regional level (the highest values in Trento AP and the lowest in Campania). Smoking, alcohol consumption, overweight and obesity and physical activities indicators are analyzed among men and woman. A reduction in smokers and number of smoked cigarettes is observed, especially among men. Men also show a higher number of ex-smokers than woman. Also for alcohol consumption, the prevalence of consumers at risk is higher among men than women. Overweight and obesity are more prevalent among men than women, the same as physical activity played continuously and occasionally. Gender differences are also shown in hospitalization rate and mortality rate for ischemic heart disease, affecting men twice more than women. The analysis shows a good health status condition of Italian people, but it is important to be aware that gender is one of essential characteristics in health care field, independently of people age.

Key words
- health status
- gender inequalities

Gender, healthcare status and population age structure are some of the most important elements for clinical activity and healthcare policy and intervention planning. Differences between male and female, in fact, in terms of anatomical, physiological, biological, functional, cultural and psychological aspects, affect diseases onset, evolution and prognosis. Thus, gender oriented medicine has been developing in order to study health and disease related processes during the last years.

Several indicators referring to demography, healthcare supply services, healthcare effectiveness and quality were selected to evaluate the Italian health status. Firstly, population characteristics (age, gender and citizenship) were investigated *(Figure 1)* [1].

The progressively ageing population emerged: there are more elderly than young people. Aging subjects need complex healthcare services, require lots of qualified professionals and represent a constant burden for the National Health Services. This situation implies, therefore, the need and urgency to adopt strategies and intervention measures to cope with the aging of the population, both focused on the health status and healthcare services offer.

Regarding gender differences, it is shown that, at older ages, this is heavily biased in favor of women who have a higher survival than men. Life expectancy rate at birth was 80.3 years for men and 85.0 years for women, in 2014.

Difference in average length of life of men and women continues to shrink, remaining, however still considerable (+ 4.7 years for women). At regional level, there are still strong differences. For both gender the highest values of life expectancy are observed in Trento AP (women: 86.1 years; men: 81.3 years), the lowest in Campania (women: 83.3 years; men: 78.5 years) [2].

In Italy, the amount of foreign residents (the darker area in *Figure 1*) has considerably increased in the last years, with consequences on health needs and healthcare demand.

Italy has one of the lower fertility rates among European Countries. Total fertility rate is 1.39 children per women, in 2013. This value does not reach the replacement fertility rate level, approximately 2.1 children born per woman, that would ensure generational replacement. Even though women over 30 and foreign women determined a fertility rate growth during the Nineties, this phenomenon was stopped by the economic and financial crisis that continues to invest our Country [3].

Smoking, alcohol consumption, overweight and obesity and physical activities indicators are analyzed as

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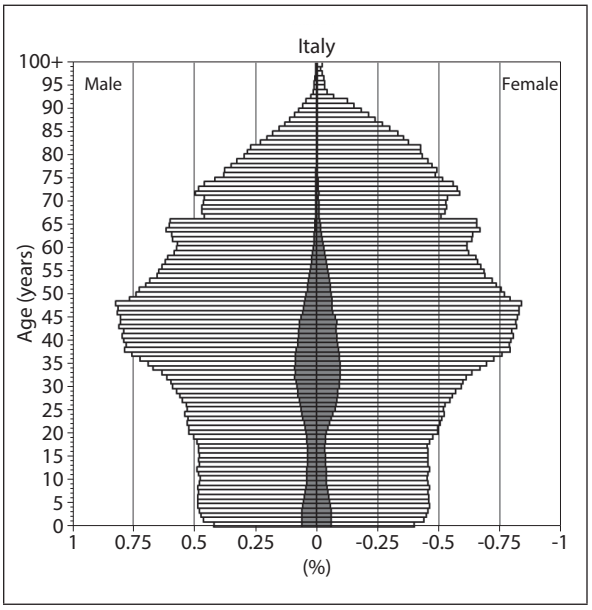

Figure 1
Pyramid population: Italian people and foreigners (January, 1st 2014). The white colour refers to the Italian population, the darker colour to the foreigners amount. Data source: Istat. *Demografia in cifre*. Year 2015.

some of the most important risk factors.

Since 2003, thanks to the anti-smoking legislation and many prevention campaigns, important goals have been achieved. Nevertheless, interventions among young and people who want to stop smoking are still needed.

A reduction in smokers and number of smoked cigarettes is observed, especially among men (2014, women: 14.8%; men: 24.5%). Furthermore gender differences emerged: the number of women ex-smokers is lower than the number of men (2014, women: 15.3%; men: 30.4%) [4].

Also for alcohol consumption, the prevalence of consumers at risk is higher among men than women. Behaviors at risk differ between men and women; in fact, men prefer binge drinking while women a daily excessive consumption [4].

Overweight and obesity are a worldwide public health problem, depending on environmental and socio - economic factors that influence food habits and lifestyle. In Italy, in 2014, 48.8% of men aged ≥18 are overweight and 10.8% are obese while 28.2% of women are overweight and 9.7% are obese. The phenomenon is more prevalent among men than among women and this probably comes from a different habit in the frequency of weight control.

The differences that are found among Italian regions are considerable and the North-South and Islands gradient is confirmed: the southern regions have the highest prevalence of obese and overweight people. However, it should be noted that there is a decrease in men obesity [4].

The long term data on physical activity show an increase in percentage of people usually playing sport especially among men: 27.1% play sport continuously, 10.3% play sports occasionally, while among women the percentage is 19.2% and 7.0%, respectively. The gender analysis shows a large differences about sedentary attitude: the amount of sedentary people is 44.1% among women and 35.5% among men. The North-South and Islands gradient is confirmed [4] .

In the last years screening organized programs for cancer prevention activities had a large diffusion, however their territorial distribution is irregular. There is a strong geographical North-South and Islands gradient about program spread and its efficiency.

With regard to female screening for mammography exam, as a preventive measure, in the period 2011-2014, at national level, 51% of target population (50-69 years) joined the programs, while for cervical cancer 42% of target population (25-64 years) took part to screening.

With regard to colorectal cancer screening, the adherence was only 41% for both gender between 50-69 years [5].

Cardiovascular diseases are a relevant public health problem because of their high burden of disease in population, especially among elderly people, and their economic and organizational impact for the Italian National Health Service.

Hospitalization rate for ischemic heart disease affects men almost twice more than women (2014, men: 892.4 per 100 000; women: 315.2 per 100 000). The hospitalization rate for cerebrovascular disease are also higher in men than women (2014, men: 669.7 per 100 000; women: 494.3 per 100 000). There is a downward trend for ischemic and cardiovascular hospitalization rates for both gender.

Furthermore, the mortality rate for ischemic disease affects men almost twice more than women too (2014, men: 13.32 per 10 000; women: 7.33 per 10 000) [6].

Concerning chronic diseases, diabetes represent one of the major health problems with economic and social implications. Healthcare targeted to diabetic patients is essential to prevent serious complications. Diabetes could affect different organs and compromise life quality if not diagnosed and cared promptly.

Concerning hospitalization, the data 2012-2014 show a continuous decline for both gender (men: 94.57 *vs* 83.35 per 10 000; women 62.59 *vs* 53.63 per 10 000). This trend may be due to better application of Guidelines and to an improved efficiency in local services organization. In the last years, in fact, several specialized organization were created in order to reduce the hospitalization rate and to guarantee quality of care, by an integrated approach among professionals. The contribution of general practitioner in patients training on right life styles and on organization choice is one of the most important parts.

At regional level hospitalization rates are higher in the South and Island among men [1].

The introduction of effective therapy and better diagnostic capability has strongly modified cancer epidemiology in the last decades.

The incidence and prevalence of colorectal, breast and prostate cancer were used to evaluate the 2014 trend of oncological diseases.

The analysis shows a not homogenous incidence distribution due to different population risk profiles and screening organized program. Prevalence data underline the relevance to correctly allocate resources in order to supply patients health needs in terms of clinical assistance and rehabilitation [7].

Finally, in the whole health services context, we analised data related to hospitalization, that allow us to measure the use of hospital services by the population. The picture that emerges shows, in the years 2013-2014, a greater hospitalization rate among women with a downward trend. This trend is due both to the hospital network rationalization process and the greater integration with local services [1].

In conclusion, the analysis show a good health status condition of Italian people. However it is important to promote focused prevention campaign and increase healthcare supply, often inadequate especially in South and Islands.

Indicators monitoring on critical areas is fundamental in order to not invalidate significant results obtained.

It is important to be aware that gender is one of the essential characteristics in health care field, independently of people age.

Conflict of interest statement

There are no potential conflicts of interest or any financial or personal relationships with other people or organizations that could inappropriately bias conduct and findings of this study.

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