

Personal Health Practices

– Different Patterns in Males and Females

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Introduction

Males and females not only differ in their preference for certain health-related habits but also in their health concerns or attitudes towards health. This article compares the personal health practices among 3,302 male and 3,456 female Singapore residents aged 18 to 69 years who participated in the National Health Surveillance Survey (NHSS) 2007. The survey was carried out by the Ministry of Health between July 2007 and March 2008.

The NHSS 2007 is a national survey conducted to obtain information on the general health status and lifestyle practices of Singaporeans. Data on a wide range of personal health behaviors such as dietary practices, physical activity, dental care, sedentary behaviour, smoking and alcohol consumption were collected.

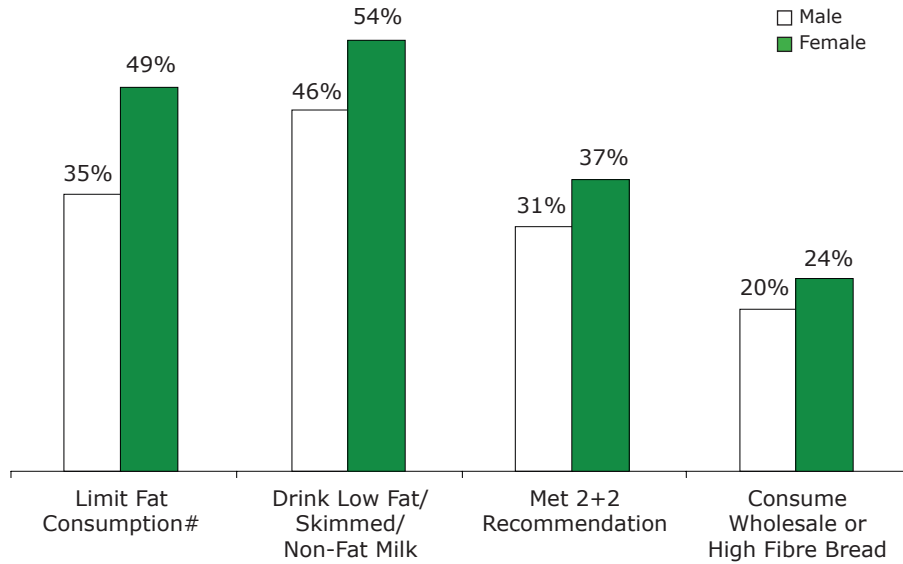
Healthy Eating

Eating is an essential and important part of life as food gives us the calories and nutrients

we need to survive. Food also provides us with the energy we need to go about our daily business. The food we eat has a direct impact on our physical, mental, and emotional health. Healthy eating involves consuming a diet that combines a balance of all the nutrients that the body needs to function properly.

Results from the NHSS 2007 showed that female Singapore residents tended to make healthier food choices and were more weight conscious than males. About 49 per cent of the females compared to 35 per cent of males removed all the visible fat/skin when they eat meat or poultry (Chart 1). A higher proportion of females (24 per cent) consumed wholemeal/high fibre bread compared to males (20 per cent). Females were also more likely to drink low fat/skimmed/non-fat milk compared to their male counterparts (54 per cent versus 46 per cent). A greater proportion of females than males (37 per cent versus 31 per cent) met the Health Promotion Board (HPB)'s recommendation of having 2 servings of fruits and 2 servings of vegetables daily to stay well nourished ('2+2' recommendation).

CHART 1 PROPORTION REPORTING USE OF SELECTED STRATEGIES TO EAT WELL BY GENDER, 2007



Removing all the fat/skin when eating meat with visible fat or poultry such as chicken and duck.

Physical Activity

Physical activity is important for maintaining good health. It has been shown to reduce the risk of premature death in general and in particular the risk of coronary heart disease, hypertension, and non-insulin-dependent diabetes. In addition, physical activity improves mental health, prevents unhealthy weight gain and is important for the health of muscles, bones and joints. Physical inactivity has been established as a major risk factor for cardiovascular disease.

According to findings from NHSS 2007, females were significantly less physically active than males. About 51 per cent reported

that they did not participate in any sports or exercise or walking¹ during their leisure time, compared to 41 per cent for males (Chart 2). They also tended to exercise less regularly² than males (22 per cent versus 25 per cent).

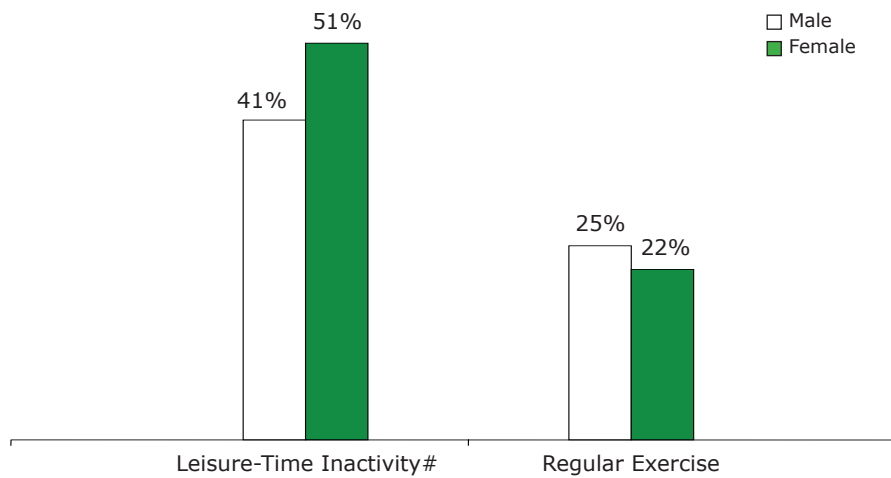
Dental Care

Oral health is a crucial aspect of maintaining general health. Proper dental care can reduce the presence of bacteria, which reduces strain on the immune system. Regular dental visits allow for early identification and treatment of oral conditions and infections before they develop into serious problems.

1 Continuous walking for at least 10 minutes.

2 Participation in at least moderate-intensity sports or exercise for at least 20 minutes, for 3 or more days a week.

CHART 2 PHYSICAL ACTIVITY LEVEL BY GENDER, 2007



Did not participate in any sports or exercise or walking (i.e. continuous walking for at least 10 minutes) during leisure time.

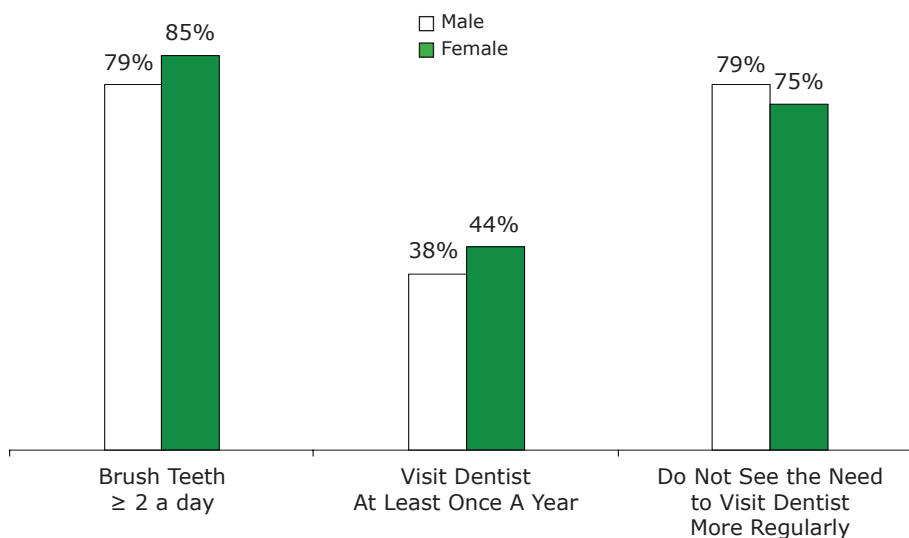
Based on findings from NHSS 2007, females paid more attention to their dental health than males, with a higher proportion brushing their teeth twice or more times daily (Chart 3). About 44 per cent visited the dentist at least once a year compared to 38 per cent of males, as the latter were more likely to deem it unnecessary to visit a dentist more regularly.

Smoking

Cigarette smoking is a major risk factor for hypertension, heart disease, stroke, cancer and respiratory problems and has been identified as the single most avoidable cause of death.

In 2007, smoking³ prevalence in males was 24 per cent whilst that in females was

CHART 3 DENTAL CARE BY GENDER, 2007

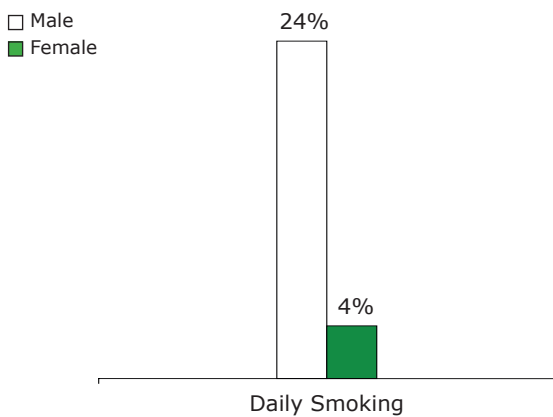


³ Smokes at least once a day.

4 per cent (Chart 4). Males also smoked more cigarettes daily. The mean number of cigarettes smoked per day by male smokers was 13 sticks compared to 9 sticks among female smokers.

The main reason for smoking also differed between the two genders. Females cited "to feel relaxed/to relieve stress/to help me cope with problems" (33 per cent) as their top reason while for males, it was "addiction" (31 per cent).

CHART 4 DAILY SMOKING BY GENDER, 2007



Alcohol Consumption

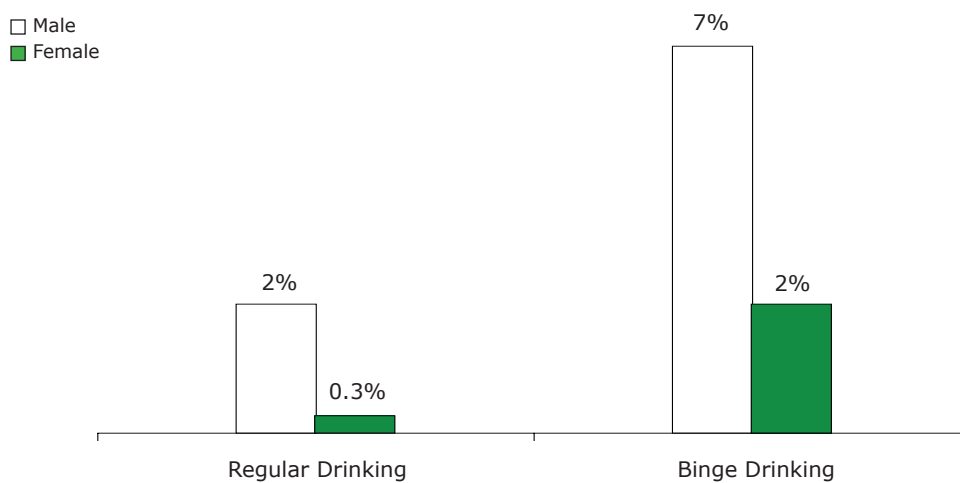
Excessive alcohol consumption is associated with an increased risk of hypertension, stroke and certain cancers. It may also lead to liver cirrhosis, inflammation of the pancreas and damage to the brain and heart.

More males than females drink alcohol. In 2007, the proportion of males (2 per cent) who consumed alcohol regularly⁴ was close to 7 times that of females (0.3 per cent) (Chart 5).

Binge drinking is defined as consumption of five or more alcoholic drinks⁵ for men or four or more alcoholic drinks for women in any one drinking session during the past month preceding the survey. The prevalence of binge drinking was also more common among males (7 per cent) than females (2 per cent).

Close to two-thirds of all male drinkers chose beer as their most preferred alcoholic

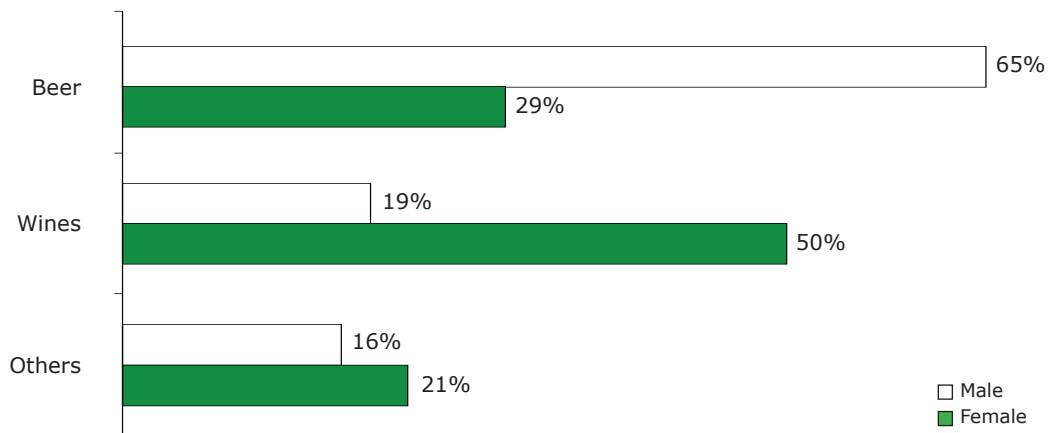
CHART 5 ALCOHOL CONSUMPTION BY GENDER, 2007



4 5 or more days a week.

5 One alcoholic drink refers to 1 can/small bottle (~285mls) of beer or 1 glass (~120mls) of wine or 1 measure (~30mls) of spirits.

CHART 6 MOST PREFERRED ALCOHOLIC DRINK BY GENDER, 2007



drink (Chart 6). In comparison, half of all female drinkers ranked wine as their most preferred type of alcoholic drink.

Health Care Utilization

Females tend to value health more than males and are more likely to seek care during the initial stages of a health disorder.

In 2007, a higher proportion of females (40 per cent) than males (37 per cent) reported that they had a regular family doctor or general practitioner whom they would consult when they have a health problem. More females also indicated that they would usually visit a private general practitioner or a polyclinic when they contracted mild illnesses such as colds or coughs (28 per cent versus 24 per cent).

The use of preventive medical services also differed among the elderly of both genders in 2007. Screening coverage for some chronic diseases such as hypertension and high blood cholesterol were higher in elderly females aged 60 to 69 years

compared to males in the same age group. About 77 per cent of females aged 60 to 69 years had at least a blood pressure check for hypertension in the past one year compared to 75 per cent among males. In addition, a higher proportion of females compared to males had their blood cholesterol checked at least once in the past three years (91 per cent versus 86 per cent).

Conclusion

Survey findings from NHSS 2007 showed striking gender differences in health practices with females reporting overall better health behaviour. They took greater conscious effort to achieve healthy nutrition such as limiting fat-intake and eating sufficient fruits and vegetables. Females were also less likely to consume alcohol and indulge in binge drinking, and more likely to practise good oral hygiene, make regular visits to the dentist, and access health care services with the onset of mild ailments.