

**GENDER DIFFERENTIALS IN HEALTH STATUS OF THE ADULT
POPULATION IN THE KANCHANBURI DSS**

KHURELMAA DASHDORJ

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR
THE DEGREE OF MASTERS OF ARTS
(POPULATION AND REPRODUCTIVE HEALTH RESEARCH)
FACULTY OF GRADUATE STUDIES
MAHIDOL UNIVERSITY
2003**

ISBN 974-04-3778-8

COPYRIGHT OF MAHIDOL UNIVERSITY

GENDER DIFFERENTIALS IN HEALTH STATUS OF THE ADULT POPULATION IN THE KANCHANABURI DSS**KHURELMAA DASHDORJ 4538011 PRRH/M****M.A. (POPULATION AND REPRODUCTIVE HEALTH RESEARCH)****THESIS ADVISORS: PHILIP GUEST, Ph.D., ORATHAI ARD-AM, Ph.D.
(Candidate)****ABSTRACT**

Gender differences in the health status of the adult population continues to be of great interest because of unresolved scientific questions and policy implications. The research suggests that the health of men and women is influenced by the socio-economic and cultural context. Gender attributes and characteristics are socially constructed and culturally defined therefore we would expect that health would vary between men and women and that some component of the gender differential could be explained by differences between men and women in their socio-economic characteristics. Also behavior that adversely affects health varies by gender. In this thesis selected aspects of the relationship between gender and health are investigated for a predominately rural area of Thailand. The main argument is that differences in demographic, socio-economic and household characteristics of men and women and variations in health risk behavior among men and women, can explain gender differences in health status. Additionally, it is argued that many developing societies including Thailand are undergoing transitions in which gender roles are changing in ways that reduce inequalities between men and women. It was expected that this would result in reduced variations in health outcomes between men and women. Data from the 2001 Kanchanaburi Demographic Surveillance System is used to assess these arguments. Health status is measured by reported sickness and morbidity. Health risk behaviors such as smoking, alcohol, stimulant drinking and drug use were considered as intervening variables in the analysis and demographic, social and economic variables are treated as control variables. Results of the study reveal that being a man or a woman has an effect on having different health status in terms of sickness and certain types of disease. Women were significantly more likely to report sickness during the one-year period before data collection than were men. Of those persons who reported sickness the most common form of morbidity for both men and women were communicable diseases. However, women were more likely than men to report a non-communicable disease and men were more likely than women to report accidents. The difference in health outcomes between men and women cannot be attributed to the differences of men and women in health risk behavior and demographic and socio-economic characteristics. The research recommends that different types of attention be paid in health programs when targeting men and women in health campaigns. The thesis also recommends a number of actions to improve the quality of data on health and health risk behavior.

KEW WORDS: GENDER DIFFERENTIALS / HEALTH STATUS / ADULT POPULATION / KANCHANABURI DSS**99p. ISBN 974-04-3778-8**