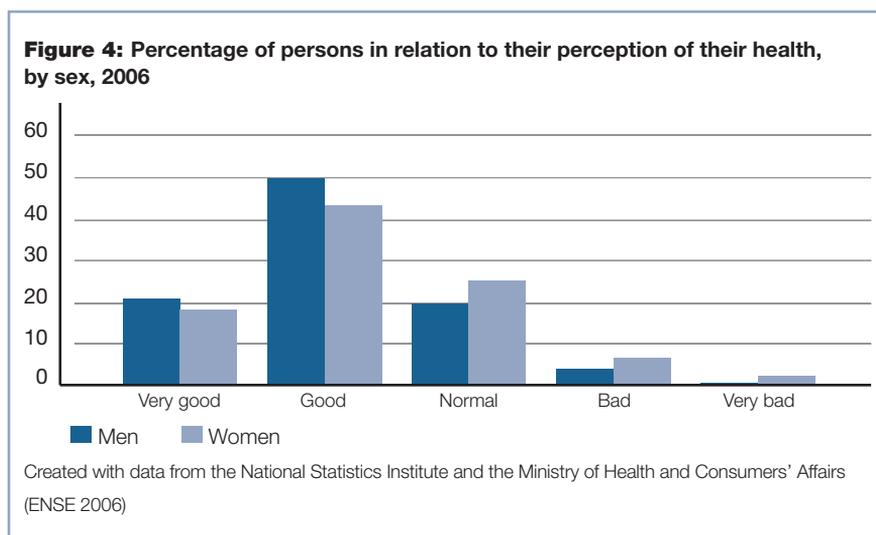


Monitoring the health conditions of the population

The preliminary findings of the Spanish National Health Survey (ENSE 2006) indicate that, in general, most men and women (68.8%) consider themselves to be in good health. It is men who declare themselves subjectively to enjoy better health than women (74.09% and 63.62% respectively). The male population believes itself to enjoy better health, and in the categories of normal, poor and very poor health, the percentage of women is higher (fig. 4). Apart from this, when age is taken into account, it becomes apparent that the perception of good health is lower among older persons. Only 36.8% of the population over 64 declared a positive state of health.

Men and women also visit their doctors and the emergency services with different frequencies and for different reasons. There are also differences in their hospitalisation and in the prescription of their medicines. The percentage of women who consider themselves as suffering from a serious level of handicap due to illness is higher than the rate among men (32.2% compared with 26.8%)⁴. The percentage of men who experience difficulties in carrying out everyday activities is higher in younger age groups (below 44 years of age) than that of women. However, this situation is reversed among more elderly age groups.



4 Data from the Conditions of Life Survey 2005, by the National Statistics Institute.

In this context, 22.3% of the population affirm that a medical condition causes them to have difficulty in carrying out everyday activities (18.6% of men and 25.6% of women). These difficulties are more frequent in the population at more advanced ages. 42.7% of the population aged 65 or over (33.9% of men and 48.9% of women) suffer from some impediment which limits their activity in their daily life (table III).

Table III: Limitations for everyday activities in the last 6 months.
Percentage distribution by sex and age groups, 2006

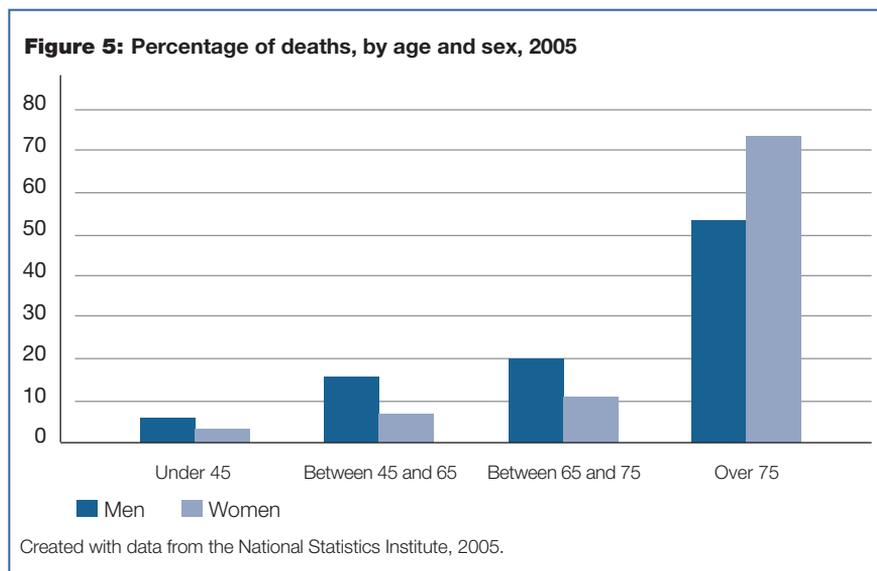
		Seriously limited	Limited but not seriously	Not limited
Men	Total	3.89	14.74	81.37
	From 0 to 15 years	0.70	7.93	91.36
	From 16 to 24 years	0.73	8.32	90.95
	From 25 to 44 years	3.22	13.00	83.78
	From 45 to 64 years	5.16	19.12	75.72
	65 years and over	9.50	24.46	66.05
Women	Total	4.63	21.27	74.09
	From 0 to 15 years	0.63	7.90	91.47
	From 16 to 24 years	0.44	12.36	87.2
	From 25 to 44 years	2.83	17.61	79.56
	From 45 to 64 years	5.09	26.17	68.74
	65 years and over	12.44	36.47	51.08

Created with data from the National Statistics Institute and the Ministry of Health and Consumers' Affairs. These statistical tables are derived from provisional national data, and are an advance of the results for the period from June 2006 to January 2007. The results given for the category of "Seriously limited" in the 16 to 24 age group should be treated with caution as they may be affected by sampling errors. The results given for the category of "Seriously limited" in the women's 0 to 15 age group should be treated with caution as they may be affected by sampling errors.

The life expectancy at birth in 2006, as we saw in the preceding section, was greater for women than for men. The percentage distribution of deaths among men and women by age groups corroborate this difference (fig. 5⁵).

In fact, as was mentioned previously, the life expectancy of women in Spain is amongst the highest in the world.

5 The results of 2006 are provisional and have been taken from the natural movement of the population in 2005.



Despite this, 21.4% of the adult population⁶ affirms having been diagnosed with osteoarthritis, arthritis or rheumatism, 20.7% with arterial hypertension, 16.1% with hypercholesterolemia, 14.7% with depression anxiety and other mental disorders and 12.4% with a chronic allergy. These illnesses are more frequently found among women than men. See table IV.

As regards children⁷, 11.9 % have been diagnosed with a chronic allergy and 70% with asthma. Both of these problems are more common among boys than girls.

As regards the causes of death, the most important are those illnesses which are related with the cardiocirculatory system, closely followed by tumours. Taken together they were responsible for 58.6% of the deaths that occurred in 2005⁸. The illnesses that are responsible for the greatest number of deaths among both women and men are therefore cardiovascular diseases and cancer. However, both of these have display different characteristics in the different genders. These differences can be partially explained by biological differences, but the research carried out is as yet insufficient to provide an adequate analysis from the point of view of gender, with the possible exception of ischaemic heart diseases.

6 16 years old and over (ENSE 2006).

7 Under 16 years of age (ENSE 2006).

8 The latest data published by the National Statistics Institute are from this year.

Table IV: Chronic or long-term illnesses or problems diagnosed by doctors in adults. Distribution in percentages by sex in the 16 and older age group, 2006

	Men	Women
Asthma	5.09	6.09
Cataracts	5.31	9.04
Chronic allergy	11.06	13.62
Chronic bronchitis	5.25	4.83
Depression/anxiety or other mental illnesses	8.69	20.49
Diabetes	6.13	5.97
Embolism	0.80	1.10
High blood pressure	18.20	23.16
High cholesterol levels	15.79	16.46
Malignant tumours	1.92	2.79
Myocardial infarction	3.20	1.62
Osteoarthritis, arthritis or rheumatism	13.87	28.55
Osteoporosis	1.38	9.00
Other heart conditions	4.91	6.24

From the Ministry of Health and Consumers' Affairs – National Statistics Institute. Spanish National Health Survey. These statistical tables are derived from provisional national data, and are an advance of the results for the period from June 2006 to January 2007.

Two more causes of death which are relatively important are suicide and traffic accidents. The number of fatalities in traffic accidents is gradually descending, unlike that of suicide which is slowly increasing (it has doubled in the last 25 years). It has however remained relatively stable in the last nine years, at about 3,000 suicides per year. The analysis of these phenomena, which are both external causes of death in women and men, reveals a coincidence that should be noted: in both traffic accidents and suicides, the percentages are higher among men than among women. For example, according to the latest figures, from the year 2004, the different rates were as follows; 3.95% and 12.65% in the case of suicide among women and men respectively, and 5.30% and 18.33% respectively in the case of traffic accidents.

As regards AIDS cases (Acquired Immunodeficiency Syndrome), it should be noted that the data from 2006, which is taken from the National Epidemiological Centre's National Register of AIDS cases, indicates that 79.5% of the total number of infected persons are male, while women make up the remaining 20.5 %. Even so, it is important to note that the rate of increase of AIDS cases is higher among women than among men.

Obesity is more common among women than among men from the age of fifty onwards. It is also more frequently found among women from less privileged social groups. In contrast, an insufficient body mass is more common among women in the most privileged social classes, and among men in the least privileged classes.

On the other hand, violence has a clear pattern as regards gender, and takes a toll of women's health. Violence against women is considered a top priority public health issue both because of its seriousness and because of the impact on the mental and physical health of those who suffer it, along with their children.

The Commission Against Gender Violence of the National Health System's Interterritorial Council has been working throughout 2006 on the creation of a protocol for the guidance of health care services when faced with a case of this nature, as well as on research and development of a group of health indicators for handling gender-based violence.

As regards those *lifestyle habits* which have a bearing on health, 30% of the adult population declare themselves to be smokers (32.2% of men and 22.1% of women), and 70.6% affirm that they consume alcoholic beverages⁹ (82.3% of men and 59.3% of women) 59.6% of the adult population practice some form of physical exercise in their leisure time (63.1% of men and 56.3 % of women).

It is estimated that more than 55,000 Spaniards die every year as a result of tobacco consumption, and that the age at which people start to smoke is one of the lowest in the European Union, at 13. It is to be hoped that the introduction of Tobacco Addiction Prevention Act of January 2006 will contribute to a reduction in the damage caused by tobacco in the Spanish population, prevent a number of possible smokers from ever acquiring the habit, especially among the young, and help those who aim to rid themselves of the habit.

The Observatory for the Prevention of Tobacco Addiction was set up in July 2006 as the reference point on a national scale for scientific and technical studies aimed at fighting tobacco dependency, and it aims to act as a channel for all the initiatives, actions and research which are taking place to reduce the presence of tobacco in our country.

Finally, as regards drugs, the Ministry of Health and Consumers' Affairs has approved an action plan for the period from 2005 to 2008 which will mobilise resources and apply initiatives with the aim of developing and revitalizing the national anti-drug strategy. In this context, it is interesting to look at some data on the juvenile population as recorded in the National Survey on Drug Use by Students in Secondary Education (ESTUDES) 2006-2007. It can be seen that the drugs most widely consumed among 14 to 18 year old students in secondary education in the year 2006 were alcohol, tobacco and cannabis.

The substances which were being consumed at the earliest ages were tobacco, volatile substances (a minority in this case) and alcohol, which children were starting to use on average between the ages of thirteen and fourteen. These were followed by tranquilisers and cannabis, at 14.2 years and 14.6 years, respectively. The initiation into the use of other substances such as cocaine, ecstasy, hallucinogenics and amphetamines took place at a

9 In the 12 months prior to carrying out the survey (NHS 2006).

later stage (15.4, 15.5 and 15.6 years, respectively). The spread of drug consumption among the student population between 14 and 18 years of age shows major variation by gender. Boys consume far more of the illegal drugs than girls, while the opposite is true regarding the consumption of tranquillisers and tobacco.

As regards the consumption of alcohol, the proportion of consumers is roughly similar. However, among those who consume, males can be seen to have a more intense pattern of consumption than females.