Leading Causes of Premature Death in Men

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Overview on leading causes globally, nationally and locally

The World Health Organization attributes from a global perspective 75% of men's health burden from addictive substances and occupational risks. Women, by comparison, suffer mostly from lack of contraception, death by iron deficiency and two thirds by sexual- and child-abuse by men (WHO, 2004, p.9). The allocation for the highest causes of death for men depends on the frame of reference we chose, such as low-, middle- or high-income countries. (WHO, 2004, p.10).

On national level the leading factors in the USA for men's mortality are heart disease, cancer, unintentional injuries, chronic lower respiratory disease, stroke, diabetes and Alzheimer's (Center for Disease Control, 2011, p.11).

In Los Angeles for example the leading causes of premature death in men are, in this order, coronary heart disease, homicide, motor vehicle crash, liver disease, suicide, drug overdose, lung cancer, HIV and diabetes. Practically all are lifestyle and risk behavior related. Leading causes of death for boys between 0-14 years are perinatal conditions. Homocide and motor vehicle crash rank highest for young men between 14-24 years while drug overdose, homicide and suicide ranks highest for the group between 25-44 years of age. Coronary heart disease and lung cancer appear highest for males between 45-64 years of age (County of Los Angeles, 2006).

Biological Causes

Wells (2002) argues that the evolutionary natural selection of traits maximizes maternal reproductive fitness which proves to be stable given any degree of early environmental stressors (Wells, p.73-74). Male infants are more prone to die of perinatal conditions and congenital abnormalities than female infants (UN, 2011, XV). A higher testosterone-cortisol ratio, predominantly in young men, is linked to stimulate social aggression and risk-taking behavior (David & Honk, 2009).

Testosterone appears neutral for longevity for men with lower serum testosterone levels in older men associated with increased risk for CHD. In terms of metabolic effect estrogen is associated with increasing HDL ('good') cholesterol levels while both men and women have similar LDL ('bad') cholesterol levels. Diabetes is on the rise for both sexes, but slightly more for men than for women (11% versus 10%). Biological causes based on genetics and hormones remain inconclusive or weak (Harvard Medical School, 2010) with the biological robustness of women leading as argument (Kirkwood, 2010), especially in regard to changed living conditions (Hubbard & Rockwood, 2011).
Psychological Causes

Psychological and social causes are strongly intertwined. Moeler-Leimkuehler (2002) proposes a model of male vulnerability explaining premature male deaths by reduction in social role opportunities leading to social exclusion and individual isolation. After vehicle accidents, suicide among young men between 15-24 years has become a leading cause of death in several European countries (Hawton, 1998). Moeler-Leimkuehler’s model states causality between individuation of modern society and the traditional masculine gender role which originated in agricultural society. The conflict between these historical developments creates inevitable psychological conflict such as social exclusion (e.g., by unemployment, being single and low social support with externally perceived locus of control) leading to reluctance of help-seeking (Morrison & Bennett, 2009, p.45) and physiological stressors that culminate in self-destructive behavior (Moeler-Leimkuehler, p.7).

Social Health Risk Behavior

Globally, smoking causes 12% of all male death due to the development of lung cancer, chronic respiratory disease and coronary heart disease which is double the percentage for women. Alcohol and substance abuse contributes world-wide to another 6% of all deaths in men as compared to 1.1% for women (WHO, p.21). The rest of indirect alcohol-related deaths are caused by motor vehicle accidents (20%), oesophageal- and liver cancer, homicide (30%) and liver cirrhosis (50%), all causes predominantly affecting men. Disagreeing with the set-out premise that men are ‘hardwired’ by biology to aggression and higher risk behavior, Creighton & Oliffe (2010) suggest that much of male risk health behavior and construction of masculinity is based on amendable cultural and societal norms. Masculinity is partially regarded socially learned behavior.

Conclusion

To boost longevity for men individual interventions such as avoiding tobacco, eating healthily, exercising, moderating alcohol consumption, avoiding risky behavior and going for regular medical check-ups are immediately accessible (Harvard Medical School, 2010). Social normative behavior and behavior modification however can only be addressed on societal level.

(700 words)
References


