

**Myrkassymova Akbope**

**PhD student (Public Health), National Institute of HealthGERC**

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### **Gender differences in life expectancy in Kazakhstan in 2018**

#### Abstract

**Objectives.** To analyze the gender differences in life expectancy in Kazakhstan and its regions in 2018, and to determine age groups and causes of death that mostly contribute to that gap.

**Methods.** We obtained data on mortality for 2018 from the Department of Public Health Policy of the Ministry of Health in Kazakhstan. We applied Arriaga's method to decompose life expectancy gap by age groups and 10 main causes of death.

**Results.** Females lived much longer than males in Kazakhstan and its regions in 2018. The largest gender gap in mortality was seen North Kazakhstan whereas the smallest gender gap was found in Almaty city. Mortality difference between males and females in the 60–74 age group made the largest contributions to the gender gap in life expectancy in Kazakhstan and in most of its regions. Among causes of death, cardiovascular disease (CVD), external causes, diseases of respiratory system, neoplasms, and diseases of digestive system made the largest contributions to the gender gap in mortality. While CVDs were the largest contributor to the gap, together with external causes they account for almost 50% of the gender gap in 2018. The role of external causes in the gender gap was particularly pronounced in the age groups 15-19 to 60-64. In contrast, CVDs significantly contributed in older age groups peaking at 60-69 years. Contributions from neoplasms, diseases of respiratory and digestive system were similar to those from CVDs with the most importance in age group 65-69 years. However, the excess deaths in males from above causes of death were partially offset by excess death of females from neoplasms in the age group 35-49 years. Similarly, in age group 65-69 and 75+ years, there were more deaths from endocrine, nutritional and metabolic diseases in females than in males. Excess death numbers in a group of females aged 85+ years were mostly due to other and ill-defined causes of death.

**Conclusions.** Public health policy efforts to reduce excess mortalities from cardiovascular disease, external causes, and diseases of respiratory system among males, and neoplasms and diseases of digestive system among females might narrow the gender gap in life expectancy in Kazakhstan and its regions. In addition, there is high demand for focus on social and economic determinants of the gender gap in mortality, followed by the formation of better policies in narrowing the gender gap in the use of preventive medical care, behavior towards their own health and access to health care and treatment.