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Gender and health care utilization: The role of mental distress and help-seeking propensity

Gerrit T. Koopmans*, Leida M. Lamers

Department of Health Policy and Management, Erasmus University Medical Center, P.O. Box 1738, 3000 DR Rotterdam, The Netherlands

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Abstract

Many studies report higher levels of health care utilization among women. Understanding how gender influences health care utilization is still unresolved. We developed a model that could explain these gender-related differences. The possible pathways assumed by this model that relate gender to utilization, can be summarized as follows: (1) utilization may be influenced by somatic morbidity, mental distress, perceived symptoms, poor subjective health and propensity to use services; (2) women have higher levels of these variables than men (mediating effect); and (3) the direct effects of some of these variables on utililization are moderated by gender, i.e. they are stronger for women than for men (moderating effect). Data were drawn from a community-based sample of adult enrollees of a sickness fund in the Netherlands, who had responded to a mailed health survey ($N = 8698$). This survey contained questions on somatic morbidity, mental distress and other mediating variables. Health care utilization was measured prospectively, using data extracted from a claims database held by the sickness fund that covers all types of general health services except general practitioner consultations. The model was tested using structural equation modelling. Women reported more somatic morbidity and mental distress than men did, as well as elevated levels of other mediating variables, which might explain—at least partly—gender related differences in utilization. Differences in propensity to use services were not found. The expected moderating effect of gender could not be demonstrated. That is, we did not find gender related differences in the strength of the relations between mental distress, other mediating variables and utilization. Mental distress is related to utilization in a way that is not gender specific, however, because women report higher levels of mental distress (as well as somatic morbidity), this results in a greater utilization of somatic health care services.

Keywords: Mental distress; Health care utilization; Gender differences; Structural equation modelling; The Netherlands

Introduction

It is a well-known fact that women use more health care services than men do, even after correcting for the use of health care services that are specific for women, such as gynaecology (Briscoe, 1987; Corney, 1990; Green & Pope, 1999; Ladwig, Marten-Mittag, Formanek, & Dammann, 2000; Svarstad, Cleary, Mechanic, & Robers, 1987). Differences in utilization can partly be explained by differences in somatic morbidity. Women tend to have more minor (transient) illnesses and nonfatal chronic diseases, while men have more fatal chronic diseases and higher mortality rates (Lahelma, Martikainen, Rahkonen, & Silventoinen, 1999; Wingard, Cohn, Kaplan, Cirillo, & Cohen, 1989).

*Corresponding author. Tel.: +31 10 4088577.
E-mail addresses: g.koopmans@erasmusmc.nl (G.T. Koopmans), l.lamers@erasmusmc.nl (L.M. Lamers).

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These differences in morbidity can be found from early adolescence (Sweeting, 1995). However, whether these differences are consistent across the life span is less clear-cut than is generally assumed (Kandrack, Grant, & Segall, 1991; Macintyre, Hunt, & Sweeting, 1996).

A higher frequency of affective disorders or mental distress among women compared to men seems to be a consistent finding (Hankin & Abramson, 2001; Macintyre et al., 1996; Popay, Bartley, & Owen, 1993; Rojas, Araya, & Lewis, 2005; Silverstein, 2002). This might also partly explain the greater use of general health care by women (Koopmans, Donker, & Rutten, 2005a, 2005b).

Several factors have been suggested to explain these gender-related differences in health care utilization and morbidity, such as acquired risks, psychosocial factors and health-reporting behaviour (Verbrugge, 1989). Such factors may exist at different levels in men and women, and the impact of these factors can be different depending on gender. For instance, in a study of Green et al. (Green et al., 2004) the effects of prior depression on health care costs appeared to be stronger for men than for women.

Based on findings from the literature, we developed a model that could explain these gender-related differences in health service use. We first describe this model as shown in Fig. 1, then explain and support the proposed mechanisms.

The possible pathways to utilization that this model assumes can be summarized as follows:

1. utilization may be influenced by physical illness, mental distress, perceived symptoms, poor subjective health and propensity to use services;
2. women have higher levels for these variables than men, especially for mental distress, physical illness and utilization propensity (thus the effect of gender on utilization is mediated by these variables);
3. the effects of some of these variables on utililization are also moderated by gender. That is, they are stronger for women than for men, especially the effects of mental distress on symptom perception and poor perceived health are stronger among women compared to men (gender has a moderating effect on these relations).

The model implies that gender does not have a direct relation with utilization, but is indirectly related to utilization through several pathways (mediated by the variables just mentioned). As we do not expect a direct relation between mental distress and utilization, this path is depicted as a dotted line in the diagram.

The first pathway linking gender and utilization is through mental distress. We assume no direct link between mental distress and utilization, but assume that it is linked to utilization via poor perceived

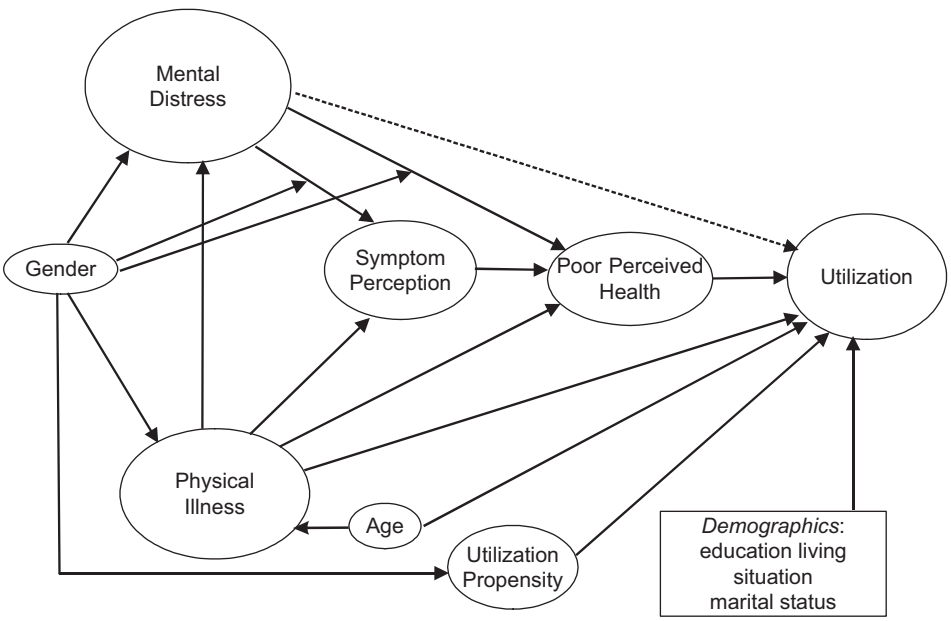

Fig. 1. Conceptual model to predict health care utilization. *Note:* dotted line means association will be tested, but no association expected.