Gender Differences in Cause-Specific Mortality in Historical and Contemporary Societies

Universitat Oberta de Catalunya (UOC), Barcelona, 18–19 March 2027

CFP deadline: 15 December 2027

Call for Papers

The male mortality disadvantage is a prominent feature of contemporary population health, with men generally experiencing higher mortality and shorter life expectancy than women. Although biological differences contribute to this pattern, its extent and causes have changed over time. The gap widened during the epidemiological transition, as infectious diseases declined and chronic conditions, particularly cardiovascular diseases and cancer, became increasingly prominent. These changes interacted with gendered behaviours and exposures, including smoking, alcohol consumption, occupational hazards and risk-taking, which disproportionately increased male mortality (Beltrán-Sánchez, Finch, & Crimmins, 2015).

Historical evidence nevertheless reveals a more complex and variable picture. In many eighteenth- and nineteenth-century European populations, women experienced higher mortality than men at particular ages, especially during late childhood, adolescence and young adulthood. This disadvantage was associated with infectious diseases such as respiratory tuberculosis, the risks of pregnancy and childbirth, and inequalities in access to resources and care. A more consistent female survival advantage was evident during infancy and at older ages (Alter, Manfredini, & Nystedt, 2004; Garrett & Reid, 2022; McNay, Humphries, & Klasen, 2005; Pujadas-Mora, 2024; Tabutin & Willems, 1998). Women also retained a survival advantage in several populations exposed to severe famines and epidemics, demonstrating that extreme hardship did not necessarily reverse this pattern (Zarulli et al., 2018).

In both historical and contemporary societies, mortality differences between women and men reflect the interplay of biological characteristics, gendered norms and behaviours, living and working conditions, and access to resources and healthcare. The relative importance of these factors varies across time and place, shaped by broader demographic and epidemiological changes and by inequalities associated

with social class, occupation, religion, ethnicity, race, migration status and place of residence.

Despite extensive research on differences in mortality between women and men, important gaps remain in our understanding of the historical development of male mortality disadvantage. Existing studies often concentrate on contemporary populations, individual countries, or specific mortality crises. More comparative and long-term research is needed to understand how sex- and gender-related mortality patterns emerge and change, how their causes vary across populations, and how historical developments relate to inequalities observed in contemporary societies.

Organised as part of the **COST Action GREATLEAP**, this workshop aims to bring together research on gender- and cause-specific mortality in historical and contemporary settings. We welcome theoretical, empirical, and methodological contributions from demography, history, epidemiology, sociology, public health, economics, geography, and related disciplines. Contributions may address any geographical setting or historical period and draw on quantitative, qualitative or mixed-methods approaches.

Possible themes include, but are not limited to:

- Historical and contemporary patterns of female and male mortality across the life course and different stages of the epidemiological transition;
- Age- and cause-specific contributions to differences in mortality and life expectancy between women and men;
- Biological, behavioural, social, cultural, occupational and environmental determinants of mortality;
- Gendered inequalities in reproductive health, living and working conditions, health-related behaviours, and access to resources and healthcare;
- Intersections of gender with social class, occupation, ethnicity, race, religion, migration status, marital status and geographical context;
- Mortality during epidemics, famines, wars, environmental disasters and periods of social, economic or political transformation;
- Comparative approaches, new data sources, cause-of-death classification, data harmonisation and other methodological developments and challenges.

Submission Details

Please submit a 300–500-word abstract by **15 December 2026** to **mraftakis@uoc.edu** and **jpujadasmo@uoc.edu**.

Accepted papers will be notified in early January.