to 1993 and 1980 to 1999, respectively, before declining for both sexes. Age had a greater impact on mortality rates in women than in men (Krisztina et al, 2015).

Similarly, a study conducted in Japan that examined the mortality of heart disease (HD), ischemic heart disease (IHD) and cerebrovascular disease (CeVD) through an age-period-cohort (APC) analysis found that the period effects for all diseases decreased for both men and women during the studied periods. For all types of cardiovascular diseases, the cohort effects for men increased significantly from around 1940 to the 1970s. For both men and women, the cohort effects of HD decreased in cohorts born in the 1970s or later. However, in terms of IHD, the effects for women showed a steadily increasing trend in cohorts born in the 1960s or late (T O, 2020).

Payam Kabiri and el examined the impact of gender and place of residence on cardiovascular disease (CVD) events and related risk factors in the isfahan cohort study. Their study's findings revealed differences in CVD affecting the occurrence of sex-specific death based on place of residence (Kabiri, 2012; Antonio et al, 2012) . These findings are consistent with previous research (Antonio et al, 2012). Furthermore, preliminary findings from a similar cardiovascular disease assessment among rural populations revealed that some CVD risk factors, such as hypertension and abdominal obesity, were found to be associated with gender. When compared to men, women are more likely to be prevalent (Glushkov, 2019).

Study limitations.

As with most cohort studies, there was a significant loss-to-follow-up due to missing data for community and some health centre deaths. However, the significance of differences was not at the level that could severely affect the internal validity of the study. Despite the fact that all deaths in the community and other health centres were far from the scope of this study. As a result, risk factor patterns for CVD and sex-specific death may differ depending on where you live and your age.

In conclusion, women have higher absolute risks of death from CVD than men, with regard to where they live or their age. The difference is greater among people stratified by place of residence than among people stratified by age. Women have a higher relative risk of death as a result of their age and place of residence than men. This is important to remember when

investigating CVD risk factors in the population and developing a CVD prevention strategy, particularly in the female population, the focus will be based on age and place of residence as confounding factors.

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