



Gender Disparities and Non Communicable Diseases



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Presentation Plan:

- ✓ NCDs in general
- ✓ Why gender disparities
- ✓ Some statistics
- ✓ Realities related to Gender issues
- ✓ Strategic approaches for solution



Non Communicable Diseases (NCDs), namely cancers, cardiovascular disease, chronic respiratory diseases, and diabetes share common modifiable risk factors and are a major cause of poverty, a barrier to economic development and a serious public health problem.

In 2009, the UN Secretary General Ban Ki-moon described the global NCD epidemic as a “public health emergency in slow motion”

NCDs IN THE WORLD:

NCDs are the world's number one killer, causing **63 %** of all deaths globally (due to CV diseases, diabetes, cancers and COPDs).

80 % of NCD deaths take place in low and middle income countries.

29% of NCD Deaths are under the age of 60 years
NCD deaths are expected to be increased between the years 2010-2020 by **15 %**.



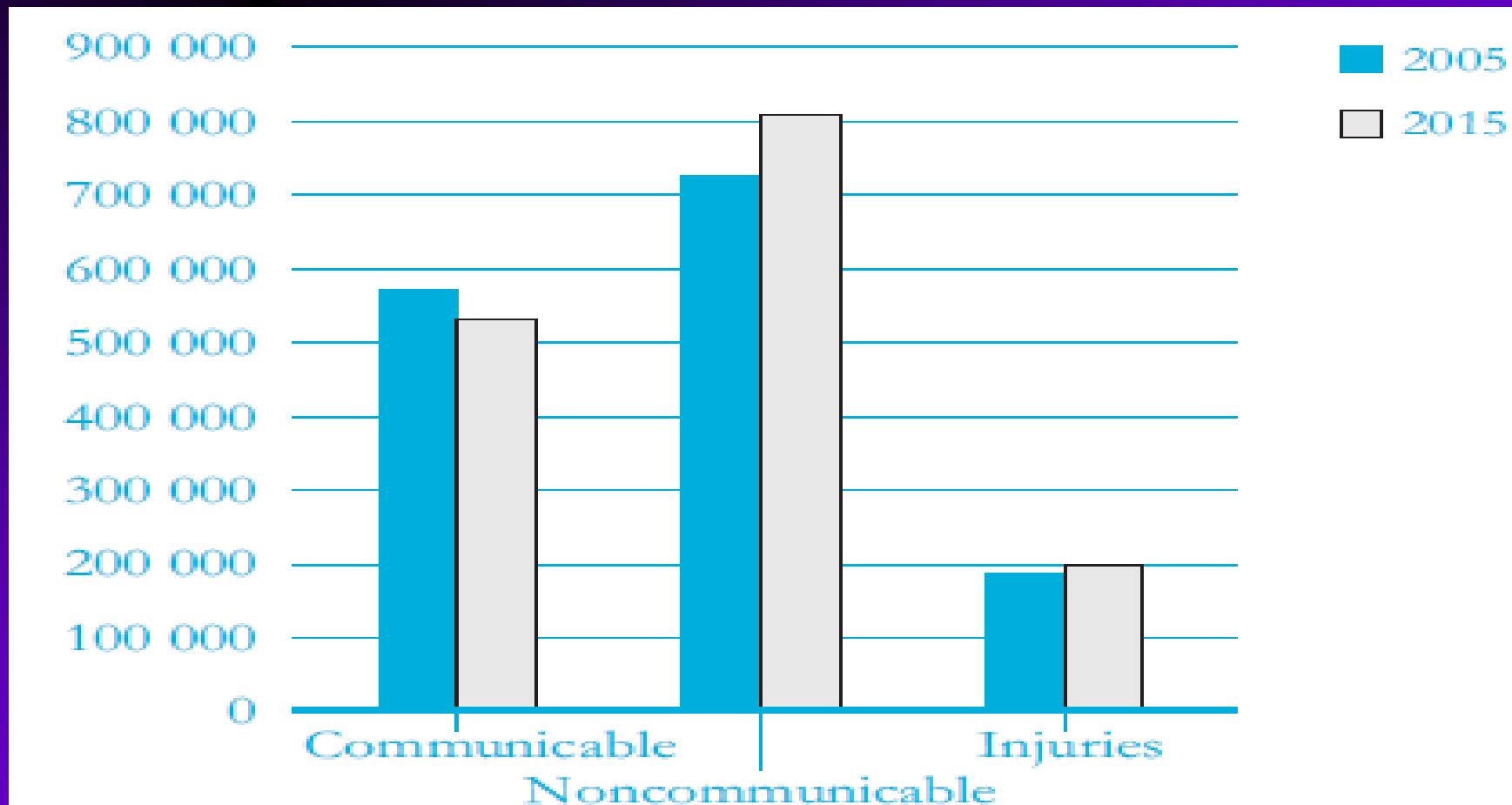
WHO Global Status Report on NCD, 2010

Leading Causes of Diseases Burden Worldwide for Males & Females 15 years old and Above

Males	DALYs (%)	Females	DALYs (%)
1. HIV/AIDS	7.4	Unipolar depressive disorders	8.4
2. Ischaemic heart disease	6.8	HIV/AIDS	7.2
3. Cerebrovascular disease	5.0	Ischaemic heart disease	5.3
4. Unipolar depressive disorders	4.8	Cerebrovascular disease	5.2
5. Road traffic injuries	4.3	Cataracts	3.1
6. Tuberculosis	4.2	Hearing loss, adult onset	2.8
7. Alcohol use disorders	3.4	Chronic obstructive pulmonary disease	2.7
8. Violence	3.3	Tuberculosis	2.6
9. Chronic obstructive pulmonary disease	3.1	Osteoarthritis	2.0
10. Hearing loss, adult onset	2.7	Diabetes mellitus	1.9

Source: World Health Organization 2003.

Projected Changes in the **Global Burden of Disease** (DALYs ' 000)



Source: World Health Organization 2002c.

- Some 35 million people die every year from these silent killers, of which 18 million are women.
- NCDs represent the biggest threat to women's health worldwide,
- Increasingly impacting on women in developing countries in their most productive years.
- The costs of NCDs to families and societies are high and escalating, in terms of healthcare and lost productivity.
- For these reasons, NCDs have been identified as a global risk, and one of the most important threats to businesses and economies.

- No longer diseases of the rich and elderly, NCDs are a significant cause of female death during childbearing years and for women with young families in developing countries.
- Although on average women live longer than men, they are in poor health for many of those years as a result of NCDs.



Causes and consequences of NCDs

Common Modifiable Risk Factors

- Unhealthy diets
- Physical inactivity
- Tobacco use
- Harmful use of alcohol

NCDs

Poverty and underlying social determinants of health & GENDER

Limit the ability to reach The Development Goals

Impact of NCDs and their risk factors on individuals and families

- Premature death, disability and suffering
- low productivity
- Higher household expenditures, including for health

GENDER: Refers to women's and men's roles and responsibilities that are socially determined which change by years and cultures.



REALITIES RELATED TO GENDER ISSUES



World Health Organization



Between men and women there are biological/physiological differences

Different levels of exposure and vulnerability to NCD Risk factors

Women are; poor, obese, smoking is increasing

WHY GENDER IS AN IMPORTANT DETERMINANT OF HEALTH ?

Women have unequal say in decision

The cost of medical care is more prohibitive for women
Less likely to be diagnosed & treated early
Majority of studies on NCDs carried out on men

WHY WE SHOULD PAY ATTENTION TO GENDER DISPARITIES IN NCDs ?...

- ✓ Men and women biologically are different
- ✓ Their physiological responses to the etiological risk factors are different
 - ✓ Evidences show that man and woman at the same age exposed to smoking in similar amount and duration woman likely to develop lung cancer earlier than man
 - ✓ Women's and men's anatomy puts them at risk for sex- specific cancers (cervical and prostate cancer)
- ✓ Women and men have different levels of exposure, and vulnerability to NCD risk factors.
- ✓ women are significantly more likely to be obese than men

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- ✓ Women's higher rates of obesity leads to their increased vulnerability to NCD, particularly diabetes.
- ✓ Many societies view tobacco smoking as a desired masculine norm.
- ✓ Worldwide 48% of adult men smoke compared to 12% of women.
- ✓ As a result, men are significantly more likely to die due to lung cancer.
- ✓ While men's smoking rate is slowly declining, the rate of female smokers is expected to increase to 20% by 2025.

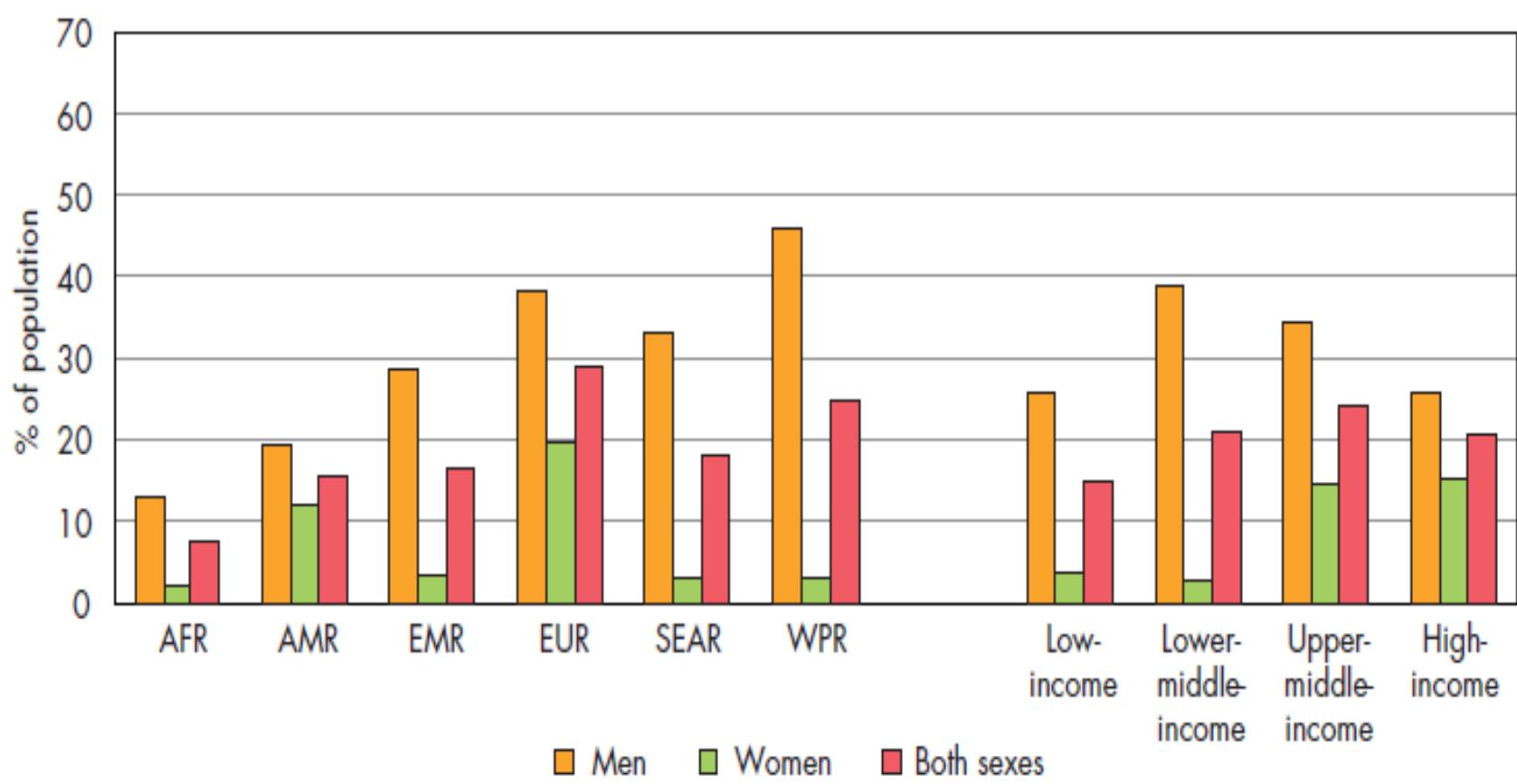
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- ✓ Cigarette manufactures advertise smoking as a way of improving women's social and political status, possibly causing more young women to initiate smoking .
- ✓ Women and men manifest certain NCD symptoms and risks differently.
- ✓ The majority of studies on NCD diagnosis and research for medicines have been undertaken on men and as a result women may be less likely to be diagnosed with an NCD at the early stages and treated.
- ✓ Women also experience less apparent symptoms of cardiovascular disease than do men and, consequently are less likely to be diagnosed and treated.

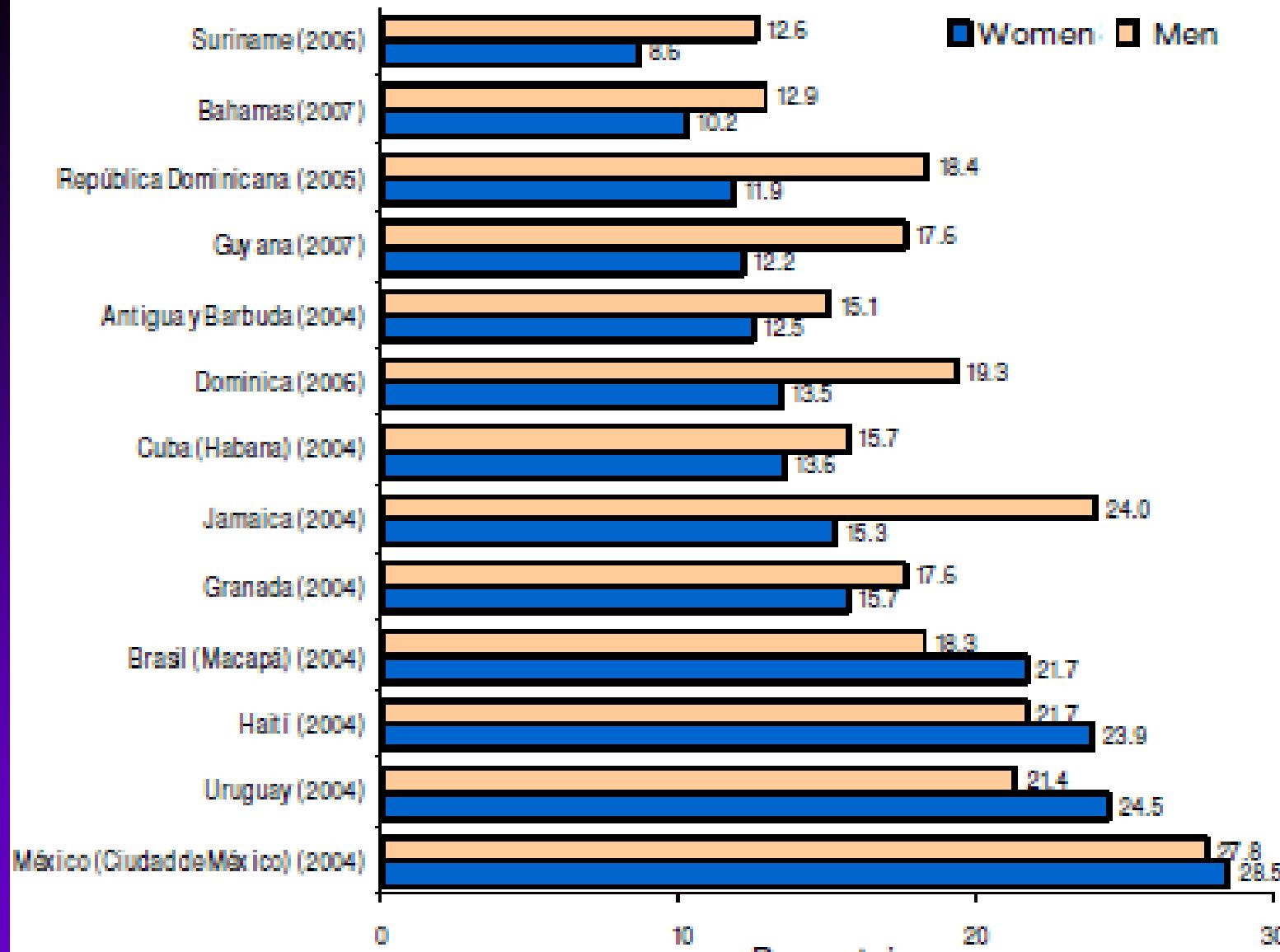
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- ✓ NCD result in high health care costs, lost productivity.
The majority of the world's poor are women, who are least able to allocate funds for NCD treatment.
- ✓ Women also may have unequal say in decisions pertaining to health expenditures
- ✓ The cost of medical care is more prohibitive for women, who often have less disposable income than men, making women less likely to seek health care.
- ✓ Health seeking behaviour and access to health services is impacted by gender dimensions.
- ✓ This affects speed of disease diagnosis, access to treatment and care.

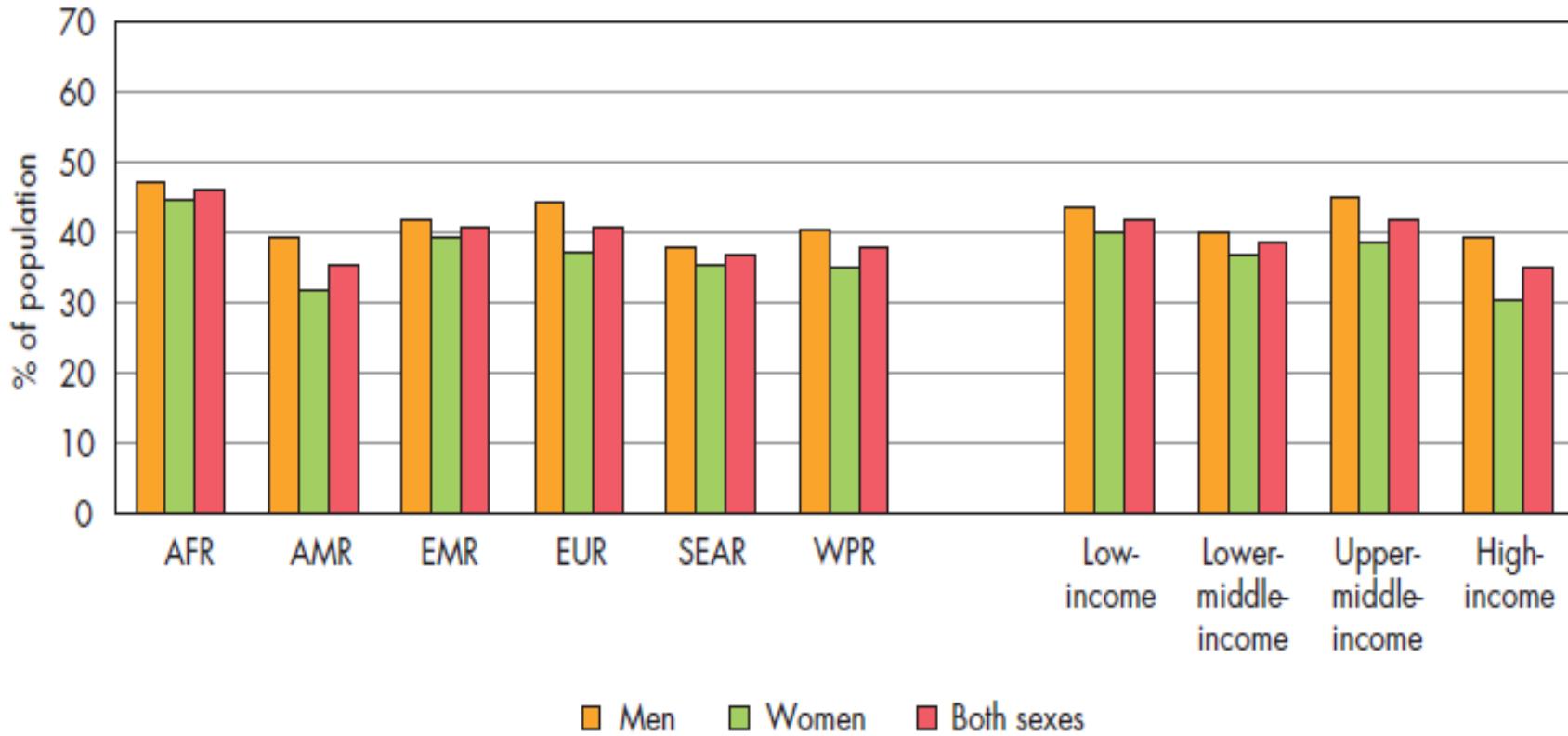
Age -standirdezed prevalence of daily tobacco smoking in adults aged 25+ years, by WHO Regions and World Bank income group, comparable estimates, 2008



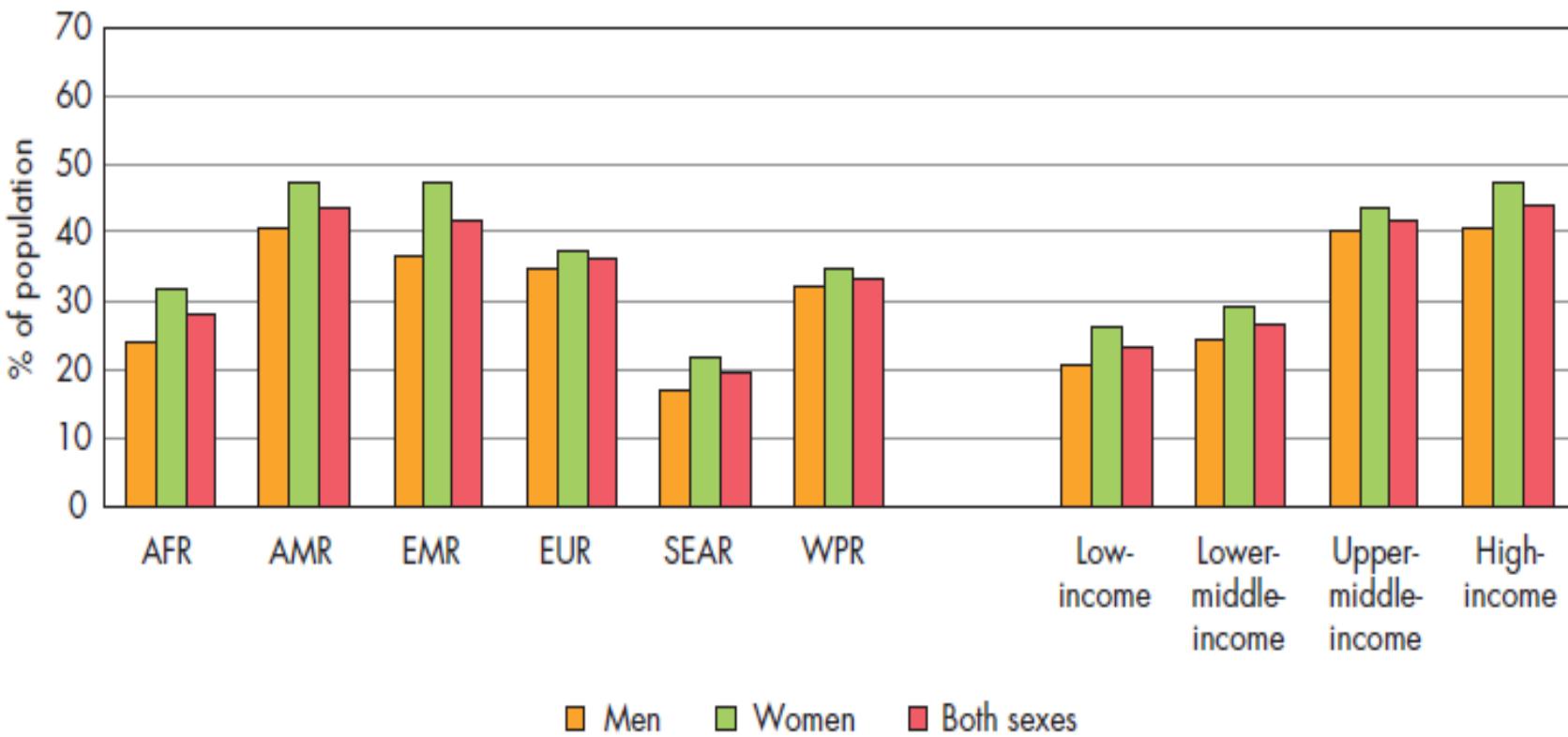
Prevalence (%) of Smoking in Adolescents (13-15 yrs)¹³



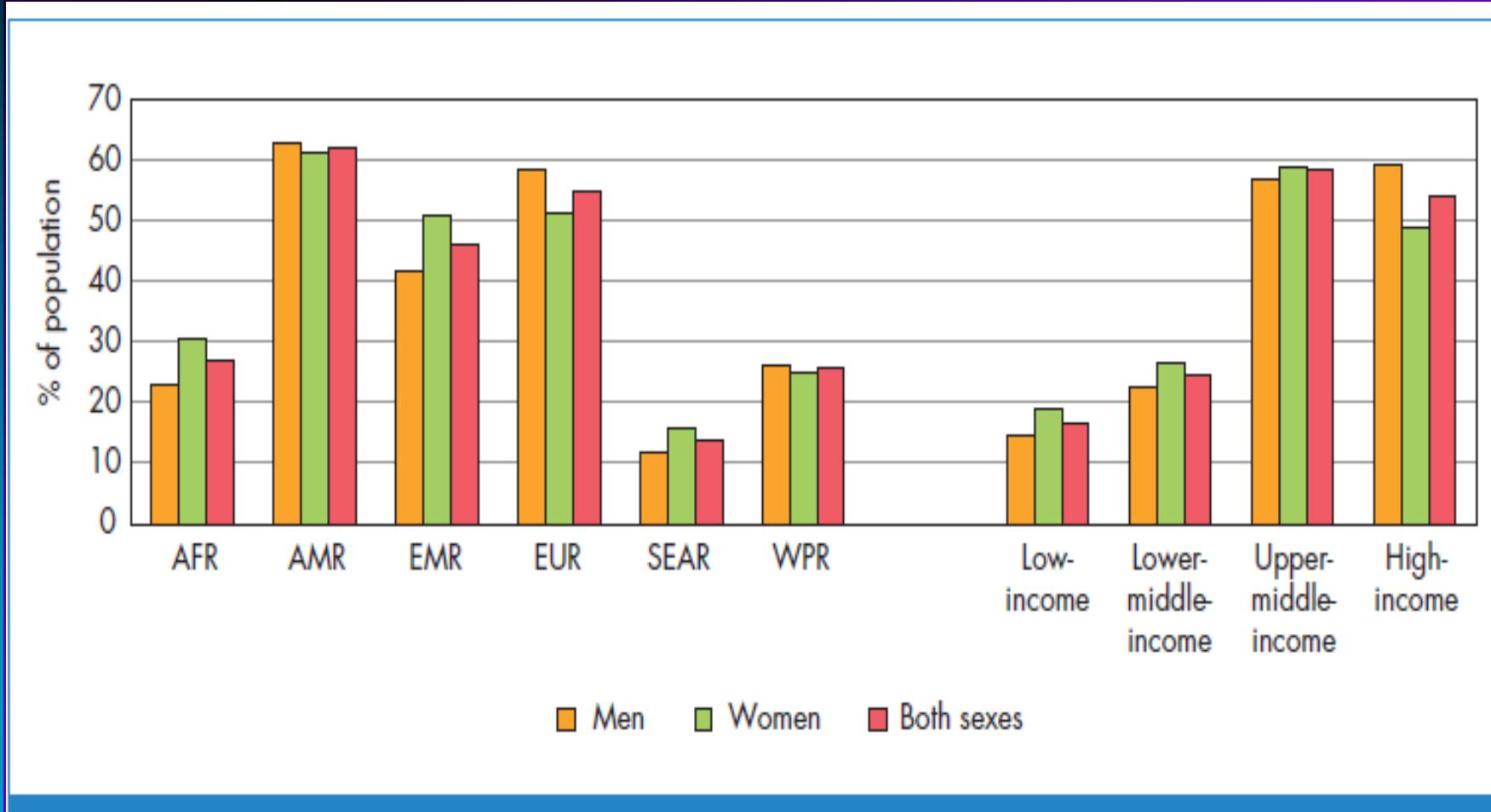
Age -standardized prevalence of raised BP in adults aged 25+ years, by WHO Regions and World Bank income group, comparable estimates, 2008



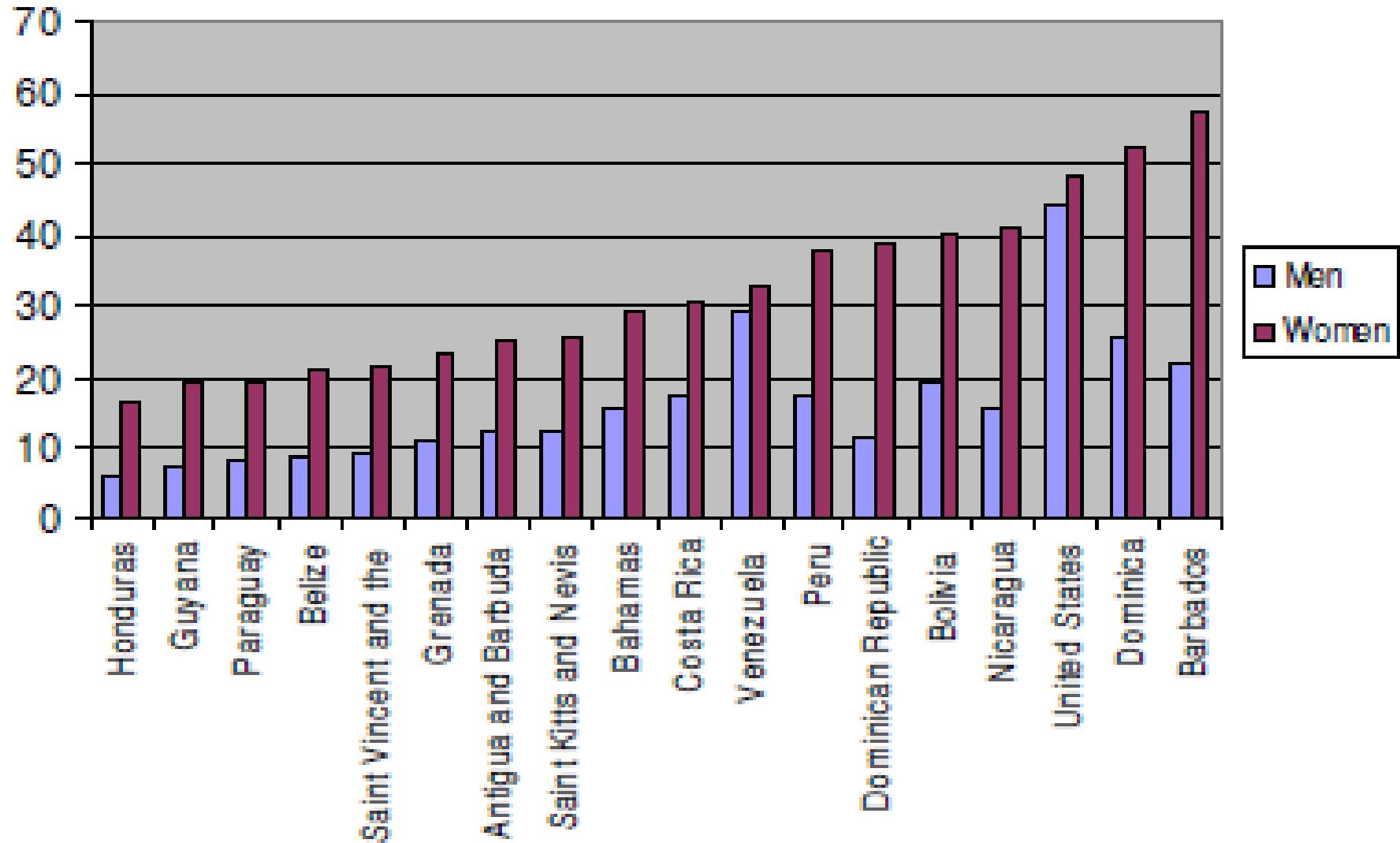
Age -standirdezed prevalence of insufficient physical activity in adults aged 25+ years, by WHO Regions and World Bank income group, comparable estimates, 2008



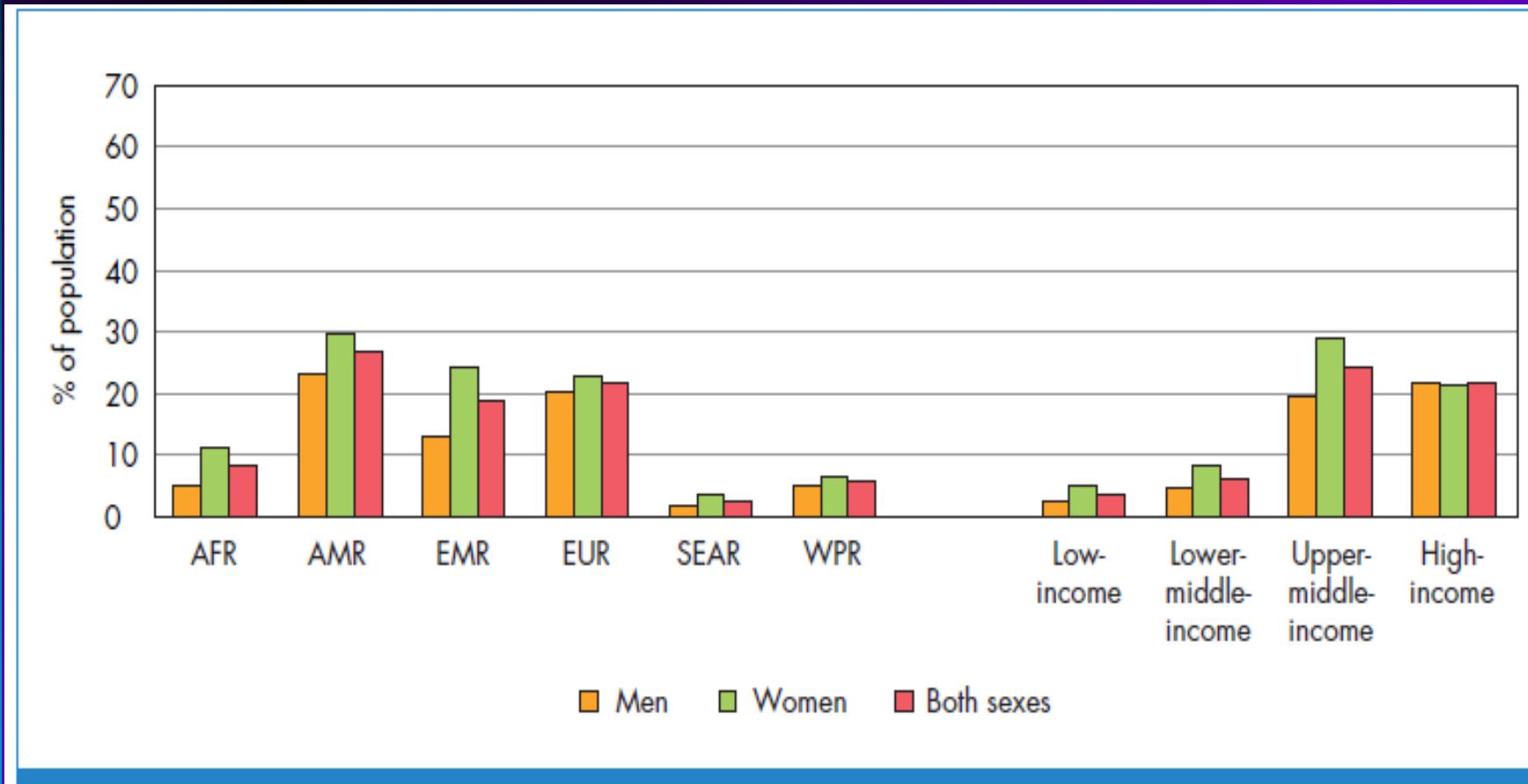
Age -standirdezed prevalence of overweight in adults aged 25+ years, by WHO Regions and World Bank income group, comparable estimates, 2008



Estimated Adult Obesity (BMI >30) Prevalence (%), 2010⁵



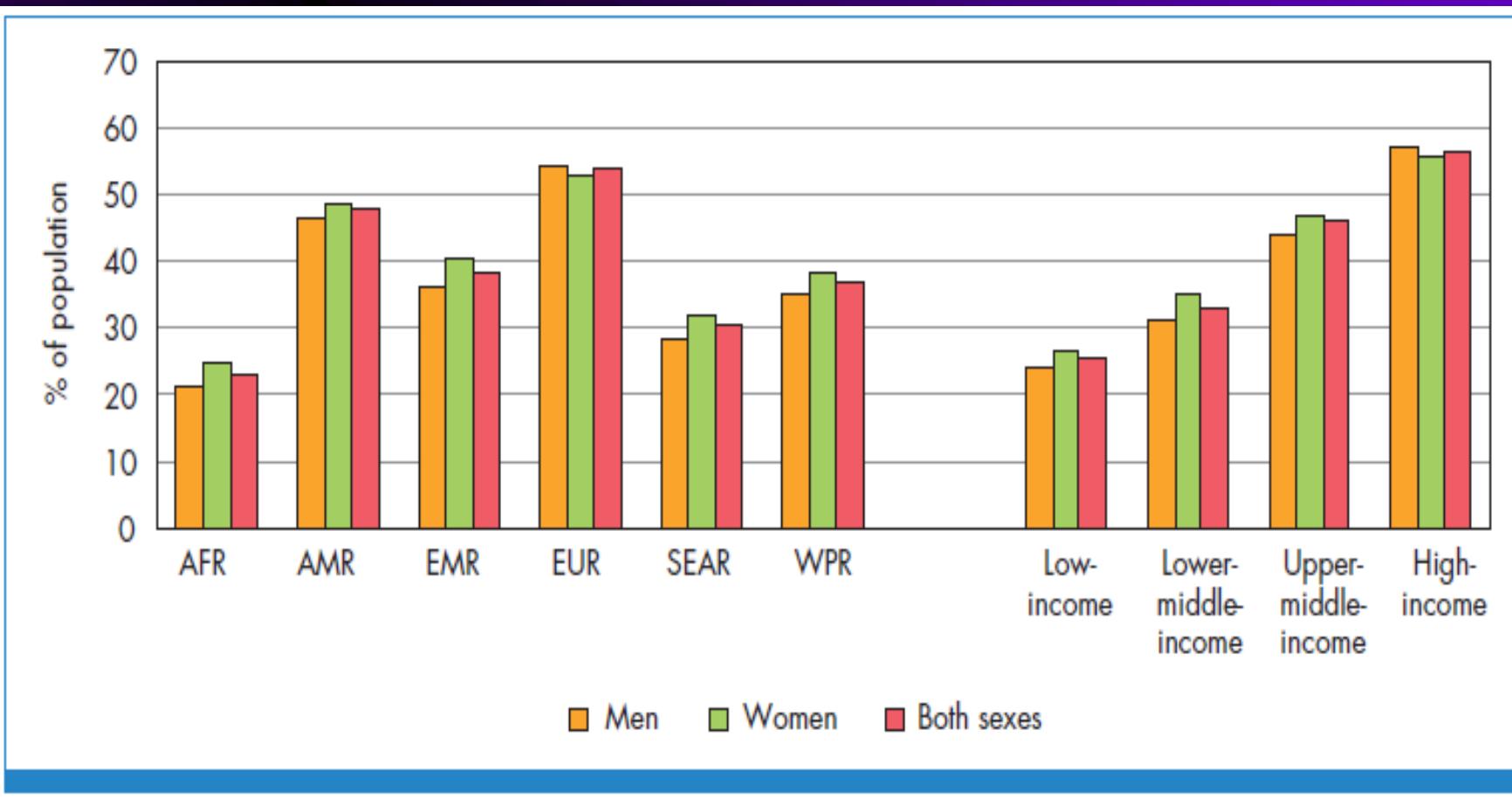
Age -standirdezed prevalence of obesity in adults aged 25+ years, by WHO Regions and World Bank income group, comparable estimates, 2008



Age -standardized prevalence of diabetes in adults aged 25+ years, by WHO Regions and World Bank income group, comparable estimates, 2008



Age -standardized prevalence of raised total cholesterol in adults aged 25+ years, by WHO Regions and World Bank income group, comparable estimates, 2008



“Challenges are different for women.

Women need special attention in health agendas for three main reasons.

- First, their role as care-givers makes them an important resource.
- Second, they are susceptible to special health problems and a heightened risk of mortality.
- Third, and most important, women are agents of change. They can lift households and communities out of poverty.

Dr Margaret Chan, Addressed to 60th WHA ;

“WHO needs to do much more for women, to protect their health, and to realize their enormous potential.”

Strategic approaches for SOLUTION:

The gender-focused policies should be implemented in controlling NCDs

- * Empowering women with easy and equitable access to knowledge and resources will strengthen their capacity to prevent NCDs in their families and better safeguard their own health.
- * Women's health is critically important to the health of future generations.
- * Women who are informed of the importance of their own health when pregnant and understand the risk factors associated with NCDs are better equipped to avoid NCDs both for themselves and for future generations.

Gender-sensitive health policies should be implemented

- * Policies based on accurate, sex disaggregated data should address the different NCD prevention and treatment needs of men and women with the aim of early diagnosis of, and response to NCDs.
- * Gender-responsive health systems pay adequate attention to different gender needs and priorities.
- * **Gender mainstreaming (GEM) :**
Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies, research or programmes, in any area and at all levels.

The ultimate goal of mainstreaming is to achieve gender equality and eliminate gender discriminations

Use of primary health care for NCD prevention and control

- * Women usually seek their health care through the PHC system. Community-level clinics could amplify the NCD response by proving patients simple, low-cost methods for diagnosis and treatment.
- * MCH services have a high level of coverage and are opportunities to provide NCD screening, management, treatment and education, and for detecting vulnerability to NCD risk factors.

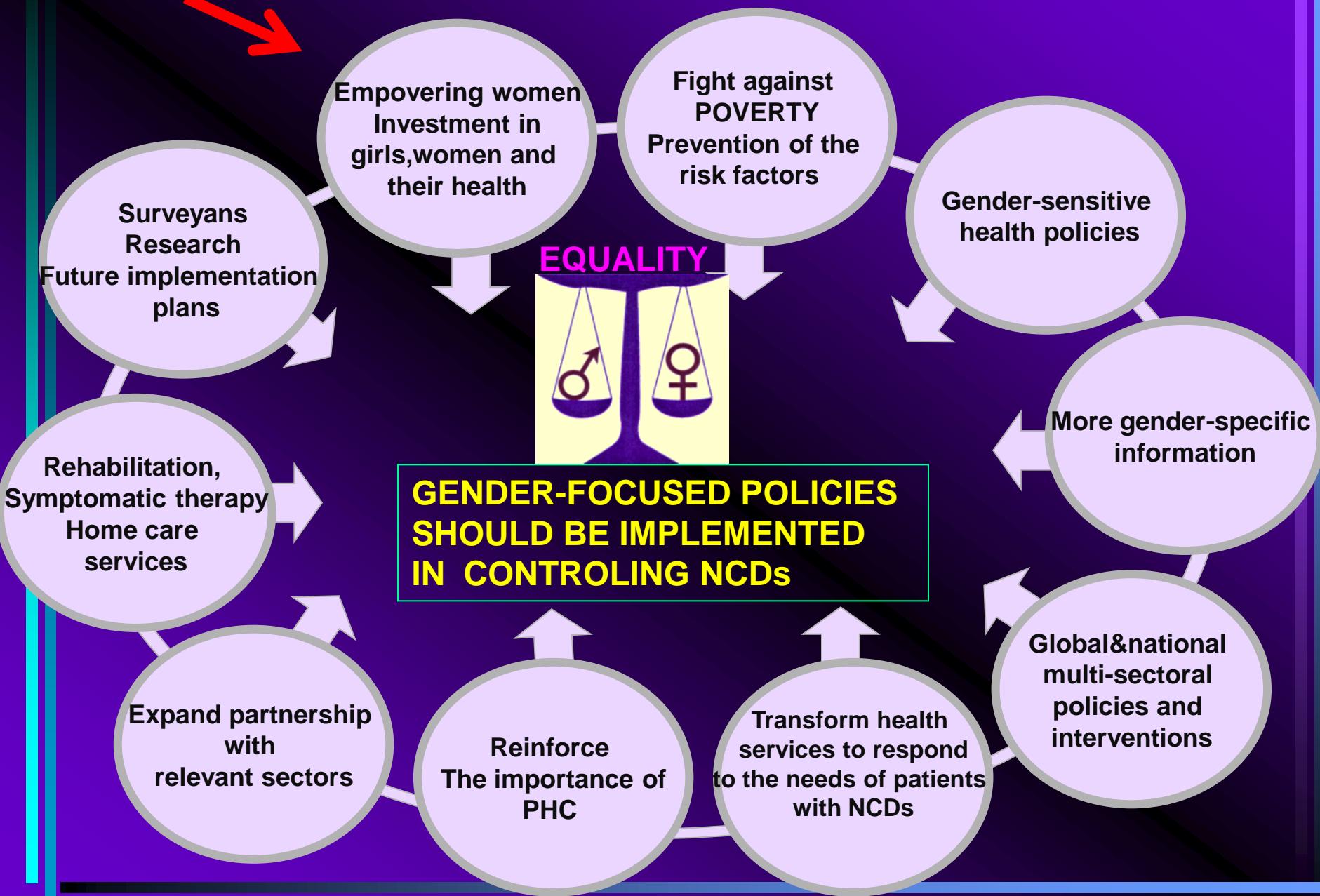
Investment in girls, women, and their health

- * Girls and women are powerful and influential partners in the challenge against NCDs and the adoption of healthy lifestyles.
- * Research has shown that when mothers are able to control their financial resources they allocate more to nutrition, health, and education
- * Educating girls in schools could prevent future NCDs through teaching about healthy nutrition and the avoidance of alcohol and tobacco.
- * Schools should involve girls and boys equally in physical exercises and sports, which Empowers girls and reduces their risk of being overweight.

In conclusion

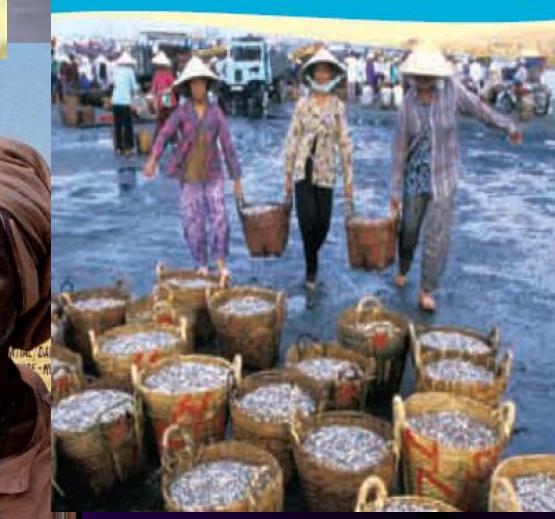
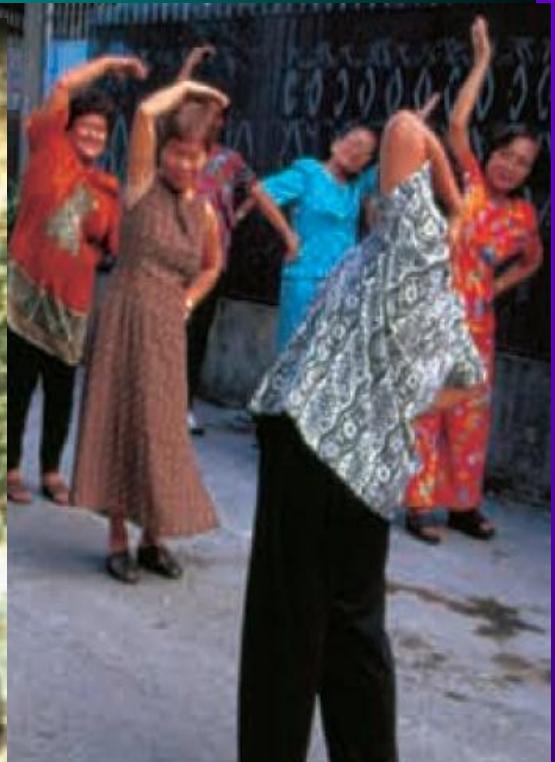
The global NCD epidemic is a gender, health and development issue

- The prevalence of NCDs are high and are influenced by several modifiable and un-modifiable risk factors. Intervention programmes should focus on these factors to put a halt and reverse the trend.
- To be effective in lowering risk for NCDs, health programs must be designed and implemented to address sex differences in disease risk and preventative behavior.
- We all should keep in our mind that: "**Success in NCD prevention and control depends on the level of attention to gender roles**".



Integrating Poverty and Gender into Health Programmes

A Sourcebook for Health Professionals



Prof.Joan Benach;

► “If you want to eradicate poverty you give the power to the POOR” (Chavez)

► “If you want to eliminate the gender discriminations and gender disparities you give the power to WOMEN



TEŞEKKÜR EDERİM

THANK YOU

