

Non-Communicable Diseases and Gender

Success in NCD prevention and control depends on attention to gender roles

How do non-communicable diseases relate to gender?

Non-communicable diseases (NCDs), including cardiovascular disease, cancer, chronic respiratory disease, and diabetes, are the leading cause of sickness and death for women and men, accounting for 35 million deaths or 60% of all deaths worldwide.¹ In the Americas, equal numbers of men and women, 250 million people, live with NCDs, which often require long periods of treatment and care.² Globally, the NCD rates will increase by 17% in the next ten years, largely due to population aging and growth, globalization, and urbanization.¹ The biggest rate of NCD increase will be in women.³

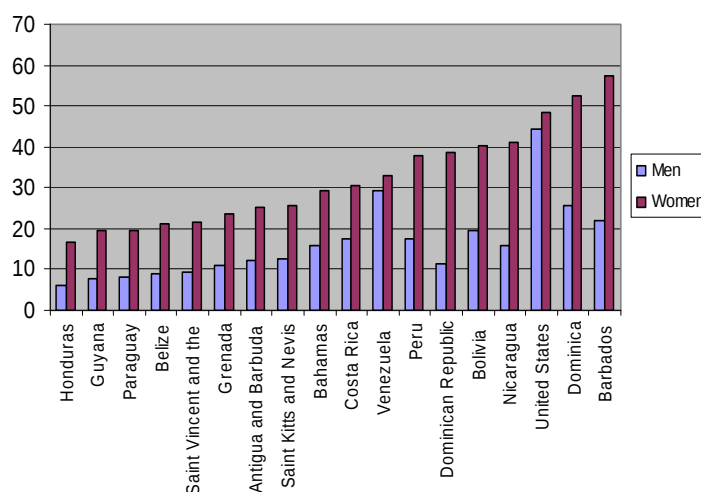
The four main NCD risk factors for women and men are unhealthy diets, physical inactivity, tobacco use and the harmful use of alcohol. All of these factors are modifiable, and elimination of these factors would prevent 80% of all heart disease, stroke, and type 2 diabetes and over 40% of cancer.⁴ Biological difference, gender roles, and social marginalization expose women and men to different NCD risks, dictate whether people can modify their NCD risk behaviors, and determine the success of NCD interventions.

What are gender-related challenges to addressing NCD?

Women and men have different levels of exposure and vulnerability to NCD risk factors. Women are significantly more likely to be obese than men. An 18 country study of the Latin America and the Caribbean found that 40% of women in Canada and over 70% of women in Nicaragua and Belize are overweight or obese.⁶ Women's higher rates of obesity leads to their increased vulnerability to NCD, particularly diabetes.⁶

Gender norms can predict current and future NCD risk. Social customs related to physical mobility may reduce women's opportunities for activity, reflected in disparities between men and women in physical activity levels.⁷ Additionally, many societies view tobacco smoking as a desired masculine norm.³ Worldwide 48% of adult men smoke compared to 12% of women.⁸ As a result, men are significantly more likely to die as a result of lung cancer.⁴ However, while the men's smoking rate is slowly declining, the rate of female smokers is expected to increase to 20% by 2025. Cigarette manufactures advertise smoking as a way of improving women's social and political status,⁹ possibly causing more young women to initiate smoking.⁹

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



Women and men manifest certain NCD symptoms and risks differently. The majority of studies on NCD diagnosis have been undertaken on men, and women may be less likely to be diagnosed with an NCD at the early stages. Women also experience less apparent symptoms of cardiovascular disease than do men and, consequently, are less likely to be diagnosed and treated.¹⁰

NCD result in high health care costs, lost productivity, and catastrophic expenses.⁴ The majority of the world's poor are women, who are least able to allocate funds for NCD treatment.¹¹ If a household has money available for health care, these funds often are spent only on men's health needs.¹² Women also may have unequal say in decisions pertaining to health expenditures; in Colombia, for example, husbands independently make 20% of large expenditure decisions, including those that affect their wives.¹² Further, women often are sole caregivers for those with NCD. This unpaid caregiving, among other types of informal work in which women are overrepresented, increases women's impoverishment because they are unable to participate in the formal economy and access social benefits.

A woman's health status also relates to the health and vulnerability of her children. Being born to a malnourished mother increases an infant's risk of under-nutrition, low birthweight, and increased vulnerability to NCDs in adulthood. Women's health is therefore critically important to the health of future generations.

What are three gender-focused opportunities to address NCD?

Pro-poor and gender-sensitive health policies

Policies that reduce or eliminate health care user fees can encourage both men and women to access health care. Limiting out-of-pocket costs for NCD prevention and treatment can be especially beneficial for women, who may otherwise be unable to afford essential NCD medication and treatment. Women also benefit from policies that provide health insurance and social protection for unpaid healthcare workers.

Treatment guidelines and NCD surveillance systems also must recognize that NCD affect men and women differently. Data should be collected for men and women, disaggregated by sex, and analyzed with a gender lens. Policies based on this 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.

Use of primary health care for NCD prevention and control

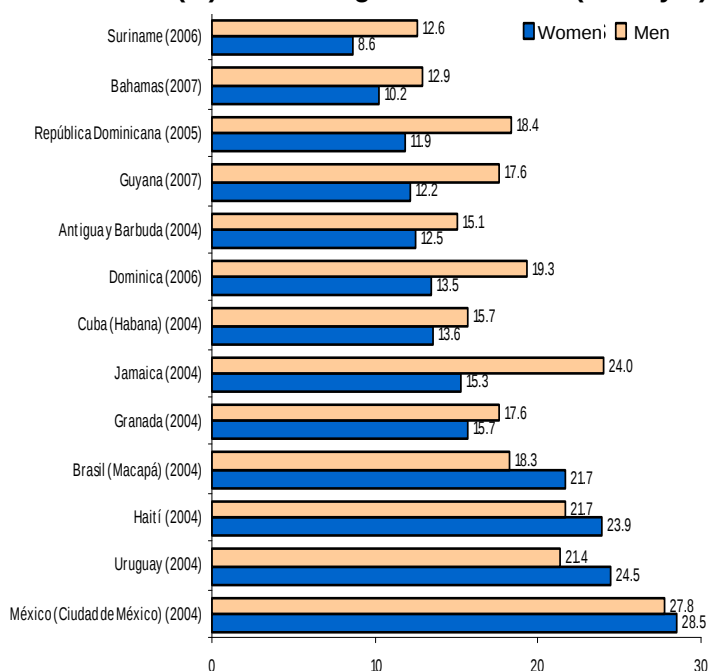
Women usually seek their health care through the primary care system. Community-level clinics could amplify the NCD response by providing patients simple, low-cost methods for diagnosis and treatment. Maternal and child health services have a high level of coverage and are opportunities to provide NCD 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 fight 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 education and sports, which empowers girls and reduces their risk of being overweight.

A long-term response to NCD should include support and training for home health caregivers. This strategy invests in the work currently undertaken by women and builds on these skills to lower future healthcare costs.

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



¹ The NCD Alliance (2010). The Global Epidemic.

² Pan American Health Organization (PAHO). (2011). Series: Chronic Disease Issue Brief 2: Chronic Diseases on Global Agendas.

³ World Health Organization (WHO) (2003). Gender and Health: Gender, Health, & Aging.

⁴ WHO (2005). Preventing chronic disease: a vital investment.

⁵ Ono T, Guthold R, Straong K. (2005). WHO Global Comparable Estimates.

⁶ PAHO (2011). Series: Chronic Disease Issue Brief 2: Chronic Diseases on Global Agendas.

⁷ WHO (2009). Women and Health: Today's Evidence, Tomorrow's Agenda.

⁸ WHO (2011). Tobacco Free Initiative: Gender and Tobacco.

⁹ Pathania, Vikram S. (2011). Women and the Smoking Epidemic: Turning the Tide. *Bulletin of the World Health Organization*. 89:162-162.

¹⁰ DeVon, H.A., Ryan, C.J., Ochs, A.L., Shapiro, M. (2008). Symptoms Across the Continuum of Acute Coronary Syndromes: Differences Between Women and Men. *American Journal of Critical Care*. 17(1):14-24.

¹¹ World Economic Forum (2005). Measuring the Global Gender Gap.

¹² Population Reference Bureau (2011). The World's Women and Girls. Datasheet.

¹³ PAHO (2007). Regional Initiative of Basic Health Data, System of Technical Health Information. Washington DC.