

## Concept Note

**Title:** Gender Responsive Approaches to Non-Communicable Diseases  
at the United Nations High Level Meeting on Non-Communicable Disease

**Date:** Tuesday, 20 September 2011

**Time:** 08:15-09:45am

**Venue:** Conference Room 7, United Nations Headquarters, 42<sup>nd</sup> Street, New York

**Co-Sponsors:** Governments of Trinidad and Tobago, Nicaragua, and Mexico; the Commonwealth Secretariat; the NCD Alliance; and the Gender, Diversity, and Human Rights Office of the Pan-American Health Organization.

**Background:**

The prevalence of non-communicable diseases (NCDs) and their risk factors differ between males and females, and vary across regions and countries. The increasing burden of NCDs is causing considerable ill health and premature death (before the age of 60 years) across the globe. Within the 54 Commonwealth member countries, premature death among men ranges from 67% of all deaths in Kiribati to 13% in Cyprus and the United Kingdom. For women in the Commonwealth, premature deaths from NCDs ranges from 58% in Sierra Leone compared to 8% in the United Kingdom.

Of all major risk factors for these diseases, tobacco use alone accounts for one in six of all NCD related deaths, and its use differs significantly between males and females. Globally, tobacco use is highest amongst males, but there is evidence that some tobacco companies are now targeting women and girls, particularly in low and middle income countries. Alarmingly, in 2008 over 50% of women from the European, Eastern Mediterranean and Americas Regions were found to be overweight; with nearly every second woman in high-income countries found to be insufficiently physically active.

The prevalence of NCDs differs between males and females. In 2008, the overall NCD age-standardized causes of death in low and middle income countries were 65% for males and 85% for females. The leading cause of NCD deaths globally in 2008 was due to cardiovascular diseases (48%). Cancer rates are rising globally and are now the third cause of death in females, with breast and cervical cancers the most common types. Furthermore, the global prevalence of diabetes in 2008 was 10%. Women in the American region are at greater risk than men for diabetes complications and death. The Pan-American Health Organization's 2007 CAMDI study revealed that, of adults in Managua, Nicaragua, 71% of women and 59% of men are overweight, 29% of women and 21% of men have hypertension, and 9% have diabetes. Diabetes can result in complications such as blindness, renal and neural damage, and cardiovascular disease. Gender affects the risk, progression, and treatment of diabetes. Sex differences in diabetes mortality and morbidity rates are associated with men's and women's differing genetics, diet, overweight, hypertension, access to health services, and management of

the disease. To be effective in lowering risk for diabetes, health programs must be designed and implemented to address sex differences in disease risk and preventative behavior. Finally, sex differences affect the risk of chronic respiratory diseases. For example, evidence suggests that women exposed to tobacco smoke have an increased risk of developing adverse respiratory consequences than men. Women are also more likely to be exposed to gases from the burning of solid fuels for cooking within the home. This increases their risk of developing chronic obstructive pulmonary diseases.

In many cases, women with NCDs find it difficult to balance their health with their gender roles. Within many countries, women and girls act as principal carers for household members who become unwell. As NCDs continue to rise throughout the world, and health systems struggle to provide chronic care to patients, the burden of care will continue to fall upon women and girls within the household setting. This often results in significant social and economic consequences. Women's care for other family members or the household causes women to abandon plans to control their weight, diet, and medication. Additionally, women may be less willing to exercise to lower their weight, believing physical activity not to be feminine or not their right. Further, the cost of medical care and transportation is more prohibitive for women, who often have less disposable income than men, making women less likely to seek medical care for diabetes or complications of diabetes. Women may also lack knowledge about their health and how to maintain it, resulting in women's adoption of behaviors and eating practices that put them at risk for diabetes.

Finally, health seeking behaviour and access to health services is impacted by gender dimensions. This affects speed of disease diagnosis, access to treatment and chronic care.

*Description:*

Panelists will discuss two initiatives to address non-communicable disease risks and responses in a gender-integrating manner. Mexico and Trinidad will describe the results of a technical cooperation among countries (TCC) project that translated and adapted to Trinidad's needs, culture, and ethnic groups best practice on gender and diabetes prevention from Mexico.

Nicaragua will report the results of interviews of one hundred male and female adolescents at public high schools in Managua about their participation in physical activity and the gender-related barriers to participation in physical activity, including sports and exercise.

Panelists will provide recommendations to change national and international non-communicable disease policies and practices so that these respond to the specific needs of men and women.

*Proposed Panelists:*

1. Dr. Aurora Del Rio, Deputy General of Gender Equity, Ministry of Health, Mexico
2. Dr. Carolina de Valle, Gender and Health Consultant, Pan-American Health Organization, Nicaragua

3. Ms. Yvonne Lewis, Director Health Education Division, Ministry of Health, Trinidad and Tobago
4. Minister of Health, Lesotho/Kenya/S Africa (tbc)

*Contact Information:*

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