



# ADDRESSING THE UNIQUE NEEDS OF MEN AND WOMEN IN NON-COMMUNICABLE DISEASE SERVICES

## Background

Non-communicable diseases (NCDs) have emerged as a major global health concern. Each year more than 36 million people die due to NCDs. In 2008, this was around 60% of total global deaths (WHO 2013). NCDs include stroke, cardiovascular disease (CVD), cancer, chronic respiratory illness, diabetes, common mental illnesses, substance abuse, and consequences of violence. Previously NCDs were thought to predominantly affect people in higher-income countries, but changing lifestyles and lack of resources needed to prevent NCDs have led to a rapid increase in morbidity and mortality in low- and middle-income countries (LMICs). Almost 80% of deaths from NCDs now occur in LMICs (WHO 2011), making NCDs the leading cause of premature death and disability. In fact, disease burden related to NCDs is now higher than the combined mortality due to infectious diseases including HIV/AIDS, in all regions except Sub-Saharan Africa.

There are four key behaviors that contribute to the development of NCDs: tobacco use, physical inactivity, excessive use of alcohol, and unhealthy diet. These aforementioned behaviors are often first adopted during adolescence. NCDs are no longer the disease of “old age.” Men and women are now affected by NCDs at an earlier age; 29% of NCD-related deaths in developing countries occur before age 60 (WHO 2011) which can affect productivity, increase opportunity costs, and further burden the

health care systems and thwart economic growth. These factors are exacerbated by rapid urbanization, economic transition, and increasingly sedentary lifestyles in LMICs.

Even though the life expectancy of people living in these countries is improving, disparities based on the availability and affordability of services directed towards the prevention of NCDs persist and add to the morbidity and premature mortality due to NCDs, of which the poor bear a disproportionate burden. There is growing evidence that a combination of population-based interventions (e.g., tobacco tax) and individual NCD prevention and control measures (e.g., hypertension prevention and control) considered as “best buys” by WHO are highly cost-effective, achievable, and effective in reducing NCD morbidity and premature mortality.

### Gender issues in NCD services:

- Different gender-related risk factors for males and females
- Differences in access to care and care-seeking behavior among men and women
- Different treatment by providers
- Lack of sex-disaggregated data and gender-sensitive indicators

## Gender Issues in NCD Services

Different gender-related issues affect NCD programming and need to be taken into account when designing, implementing, and evaluating NCD intervention strategies and services. If left unaddressed, these issues can undermine program effectiveness and individual patient outcomes.

### *Risk factors for males and females*

#### **Alcohol and tobacco consumption**

Males and females face different levels of susceptibility to NCDs based on their genetic makeup as well as on prevailing gender norms that influence behavioral risk factors for NCDs. For example, 48% of men smoke globally, compared to just 12% of women (WHO 2011); women are thus much less likely to die from lung cancer than men (WHO 2005). Tobacco use has been associated with manhood among men and boys, although in recent years it has also been associated with being modern among women who seek to enter a “man’s world.” Coupled with marketing targeting women, this has led to increasing rates of smoking among women, a trend expected to continue in the next few decades. Alcohol consumption is also higher among males, and in many cultures it is acceptable for men to consume large quantities of alcohol, which puts men at a heightened risk for developing certain types of NCDs, including cancer and cardiovascular disease.

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## Environmental factors and pollutants

The different roles of males and females in the household lead to different levels of exposure to environmental risk factors and pollutants, an important contributing risk factor to NCDs. Indoor air pollution from solid fuel causes almost 2 million deaths globally and contributes to respiratory diseases, including chronic obstructive pulmonary disease, asthma, and lung cancer. Due to their domestic roles, women and girls tend to be more exposed to the smoke, dust, and soot caused by cooking solid fuels. Over half of all deaths linked to indoor air pollution from solid fuel use are concentrated in LMICs, and women in low-income groups and especially in rural areas are most at risk (Kagawa-Singer et al. 2010). Women also tend to be more likely than men to develop adult asthma. Secondhand smoke is another pollutant which increases susceptibility to NCDs, and women are disproportionately affected. Roughly 47% of deaths caused by secondhand smoke are in women, while just 26% are in men (WHO 2011). Power imbalances can cause women to be less able to negotiate smoke-free spaces in work places, social gatherings, and in their own home.

## Obesity and physical inactivity

Globally, women are more likely to be obese than men, due to an array of cultural norms. In certain societies it is not acceptable for women and girls to exercise, especially in public, while the same is not true for males. Physical inactivity is a contributing factor to obesity, which increases a person's risk of becoming diabetic and developing other types of obesity-associated NCDs such as hypertension. Even women who work in agriculture and who are physically active do not always have access to the foods they farm; these women often lack autonomy and authority, and their produce is usually sold by their husbands or partners for income. Poverty also affects food consumption. Women tend to consume foods that are high in carbohydrates and fats, which further increases their risk of NCDs, either due to their inability to access healthy food options or because some cultures favor women with higher body weight, which is seen as a sign of wealth and prosperity.

## Mental health and illnesses

Mental illness and consequences of gender-based violence (GBV) are other examples of NCDs that affect women and men differently. Globally, women are subjected to GBV more frequently, which can be detrimental to their physical and mental health. Rates of depression are 3 to 4 times higher among women exposed to childhood sexual abuse or physical partner violence (WHO factsheet 2014). In the absence of a strong system to respond to their needs, men and women in some cultures may increase their alcohol consumption and drug use to try to help them cope with mental health issues, which puts them at risk and further affects their health outcomes.

## Access to care and care-seeking behavior

Gender relations also affect accessibility to preventive care and treatment for NCDs. Women constitute the majority of the world's poor, making women less likely to have the resources or the money to seek care. When factoring in the unpaid work women do in the home, women's total work hours are, on average, longer than men's in all regions of the world. This additional work burden makes women often less able to access care. Social and cultural beliefs can also prevent women from accessing NCD services due to social customs which limit their physical mobility. Gender-related power inequalities also have implications for NCD treatment, as women and girls may depend on their husbands or partners for health care decision-making, access, and expenditures.

Care-seeking behavior is another gender-related issue affecting the prevention and treatment of NCDs. In many cultures and societies, seeking health care is perceived as being weak and not masculine, which influences many men to not seek care in relation to NCD prevention or treatment. In almost all countries, women are more likely to visit health care providers than men. Men are more reluctant to seek medical help and may, as a result, suffer from preventable illnesses or make unhealthy lifestyle choices, such as engaging in substance abuse, or adopting poor eating or exercise habits.

Certain diseases, such as CVD, are thought to be a "man's disease." Lack of awareness among women and health care providers of the equivalent risk faced by women may negatively affect health-seeking behaviors, prevention, and early detection and treatment of this serious disease.

Some cultures do not accept females that suffer from NCDs, prompting women to keep their disease "hidden" so they are not subjected to scrutiny. Families of girls who suffer from diabetes or CVD sometimes try to hide the condition due to their fear of eliminating her opportunities to be married, and this may reduce girls' access to medical care, therefore affecting their health outcomes.

## Equality of treatment by providers

Research suggests that males can be provided comparatively better treatment than their female counterparts in the same facilities; one reason for this is provider bias. Examples include taking a more aggressive response to heart attack prevention among at-risk men than among at-risk women; conducting more in-depth testing on men when the same symptoms are reported by men and women; and even providing better quality products, such as pacemakers, to men as compared to women. Additionally, it is important to mention that the biology of women and men leads to differences in symptoms and warning signs for certain NCDs in males and females. Historically, the majority of NCD studies have been conducted on men. Medical staff may be unaware of differences in the symptoms used to diagnose males and females for certain diseases. For example, women are less likely to experience traditional symptoms of CVD, which is the top killer of women worldwide. Because women are less likely to present the same symptoms as men and undergo testing, they are less likely to be treated for the disease than men (DeVon 2008).

## Sex-disaggregated data

Worldwide, there are disparities in the prevalence of NCDs among men and women. Yet there is still a shortage of rigorously analyzed sex-disaggregated data related

to NCDs in LMICs, which makes it difficult to accurately determine the influence of gender-related factors on NCD morbidity and mortality and to establish the extent to which gaps exist in treatment for males and females.

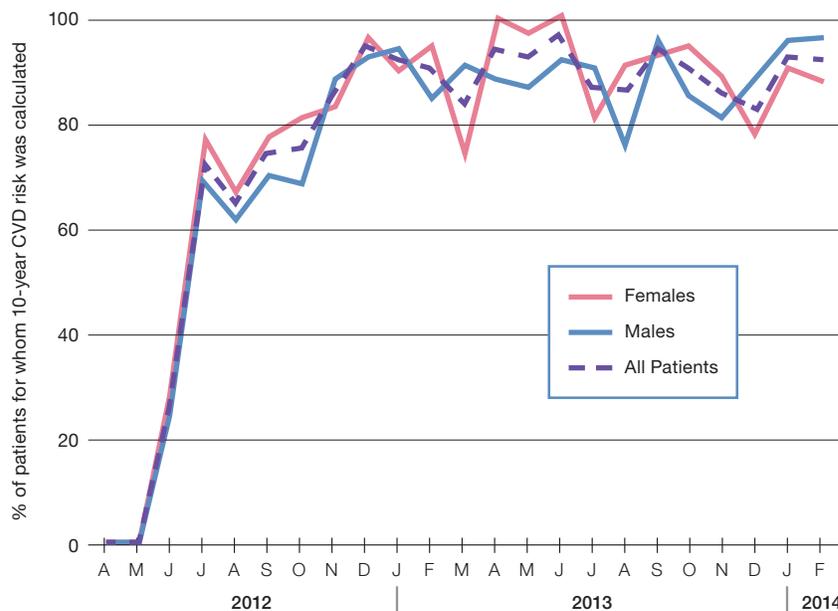
In Georgia, routine monitoring results conducted by the USAID Health Care Improvement (HCI) and ASSIST projects identified a gap in CVD risk calculation. In February 2014, 88% of female patients had their 10-year CVD risk calculated, while 96% of male patients had their CVD risk calculated (see Figure 1). The difference could be explained by providers' perception that CVD is more prevalent in men than in women, underestimating the existence of disease in female patients. This suggests that a portion of women who are at a high risk of CVD are not receiving the proper health services and treatment. The USAID HCI and ASSIST projects have worked to improve the screening and management of CVD risk factors in primary care in Georgia. As a result of the quality improvement interventions in selected ambulatories, calculation of 10-year CVD risk improved dramatically.

This example highlights the importance of disaggregating data by sex, as it sheds light on the gaps in provider practices and contributes meaningful data necessary for the planning of further improvements. The ASSIST team in Georgia has begun to initiate gender-sensitive interventions to close the gap in this very important screening process, considered a best buy by WHO.

## Considerations for Integrating Gender into NCD Programming

There are many gender-related considerations that need to be taken into account when developing strategies for prevention and treatment of NCDs. Collecting and analyzing sex-disaggregated data enables the systematic identification and analysis of gaps in inputs and processes related to NCD prevention, screening and management practices, and outcomes between men, women, boys, and girls. If differences in outcomes are present, using an improvement approach provides the op-

**Figure 1. 10-year CVD risk calculated in 17 ambulatory clinics and village solo practices in Imereti, Georgia**  
April 2012 – February 2014



portunity to evaluate the causes of poorer outcomes among one group and design activities to respond to the unique needs of males or females to close the gap and improve outcomes. The following strategies can help improve NCD prevention, screening, and management practices and have a positive influence on outcomes among men, women, boys, and girls.

### 1. Strengthen the capacity of health care providers and systems to make NCD services gender inclusive and equitable

- Strengthen the capacity of health care providers responsible for NCD care to identify and respond to gender-related issues in their programs through trainings and by developing gender-sensitive guidelines and protocols.
- Sensitize health care providers to different cultural norms that affect health-seeking behaviors, care, and treatment among women, men, boys, and girls.
- Review treatment protocols and guidelines to ensure that gender-related issues are addressed and support their implementation.

- Develop job aids, care algorithms, and other decision support tools that help providers address gender-specific issues in NCD prevention and care.

### 2. Collect and analyze sex-disaggregated data on NCDs

- Systematically collect sex- and age-disaggregated data to better understand the prevalence of NCDs and how NCDs impact women, men, boys, and girls in a population.
- Analyze the data regularly to determine whether discrepancies in outcomes are present among males and females, evaluate what gender-related issues and gaps might be causing poorer outcomes among one sex, and design activities to respond to the needs of either males or females.
- Develop gender-sensitive indicators to enable providers to measure progress against activities designed to achieve better outcomes among males and females, close gaps, and ensure equality.

### 3. Address the different needs of females and males in health and nutrition

- Identify what are the specific barriers to use of NCD preventive services by men and by women, including cultural norms that affect health-seeking behaviors, care, and treatment.
- Conduct a gender analysis and develop comprehensive strategies that consider local barriers that impact the prevention and treatment of NCDs among men, women, boys, and girls in the community to reduce disparities. Illustrative sample questions could include:
  - Do women and men have equal decision-making power in their relationships, and if not, how does this impact their ability to access NCD prevention and treatment services?
  - Do women and men face any additional constraints related to financial and other resources and time needed to access and benefit from NCD services?
  - What are the health-seeking behaviors of men in the community? Are they less likely to seek care due to the perception in the community that it is not masculine?
  - What are the health-seeking behaviors of women in the community? Are they less likely to seek care due to fear of stigma associated with certain conditions?
  - What are the expectations of women and men in the community in relation to NCDs? Are women expected to exercise? Are men expected to eat healthy? Do women and men expect to be treated differently by health providers?

### 4. Design strategies that encourage men and women to access available health care services

- Address the specific disadvantages that women and girls tend to face which cause them to be less likely to access NCD services in certain communities, such as lack of the decision-making

## Resources to learn more

**World Health Organization Pacific Region, “Integrating Poverty and Gender into Health Programmes Module on Noncommunicable Diseases.” 2007.** Available at: <http://www.wpro.who.int/publications/docs/MODULEONNCD.pdf>. This module is part of a set entitled *Integrating Poverty and Gender into Health Programmes: A Sourcebook for Health Professionals*. The module is designed to improve the awareness, knowledge, and skills of health professionals regarding poverty and gender concerns in the prevention, treatment, and control of NCDs. It also details the links between poverty and NCDs, and how gender and poverty interact to produce unique disadvantages, specifically for poor women.

**The NCD Alliance, “A Priority for Women’s Health and Development.” 2011.** Available at: <http://www.cancer.org/acs/groups/content/@internationalaffairs/documents/webform/acspc-028380.pdf>. This publication focuses on the needs and challenges of girls and women related to NCDs. It draws attention to NCDs as a priority for women’s health and discusses policy on particular issues related to girls and women. The report highlights the different impact of NCDs on women’s health and development across the lifecycle compared to men’s.

**PATH, “The growing chronic disease burden: Implications for reproductive health.” Vol 26, Number 1, 2009.** Available at: [http://www.path.org/publications/files/RH\\_outlook\\_26\\_1.pdf](http://www.path.org/publications/files/RH_outlook_26_1.pdf). This report discusses the chronic disease burden and its connection with reproductive health. It focuses specifically on cardiovascular conditions, diabetes, and obesity. These conditions all have strong connections with reproductive health and represent a high burden of illness. The report compares and contrasts rates of NCDs among men and women and discusses prevention, screening, and treatment issues.

power and their economic inability to access and benefit from NCD programming.

- NCD services must also specifically target men, who tend to be more reluctant to seek medical help and as a result, suffer from preventable illnesses.

### 5. Address the different health- and nutrition-related needs of females and males

- Raise awareness among the public and educate both male and female clients about health and good nutrition practices, the importance of healthy eating and exercise habits, and abstaining from alcohol and tobacco use to decrease their susceptibility to NCDs.
- Address the gender-related health and nutrition issues prevalent in the community, such as under-nutrition or lack of exercise among females, high levels of alcohol use, tobacco use, or lack of preventative behaviors among men.

- Work with both men and women to promote healthy nutrition among pregnant women and breastfeeding to improve the nutritional status of mothers and babies.

### 6. Raise awareness about environmental issues affecting females and males, such as second-hand smoking and solid fuel cooking

- Raise awareness among clients, their families, and communities about the harmful effects of household air pollution (specifically inefficient cooking stoves and their link to heightened risk of NCDs).
- Discuss the harmful effects and increased risk of NCDs caused by secondhand smoke with female and male clients and highlight the elevated importance of preventing pregnant women’s secondhand smoke exposure due to the detrimental effects that exposure to toxic chemicals has on a fetus.