The other 49.6% - why gender parity is vital for women's health

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© Jessica Alderman, Courtesy of Photoshare: A member of a women's microfinance group sells produce at a market in Gulu, Uganda.

The theme for this year's International Women's Day on Tuesday 8th March focuses on gender parity, and is a timely reminder that NCDs disproportionately affect women around the world.

Gender inequality limits opportunities for women and girls throughout their lives, with detrimental gaps in health, access to education, rates and manner of employment, political representation and beyond. Progress on achieving parity in any one of these areas impacts on the advances made in others.

In 2014, the World Economic Forum predicted it would take until 2095 to achieve global gender parity [1]. One year later in 2015, they estimated that a slowdown in the already leaden pace of progress meant the gender gap wouldn't close entirely until 2133 [2] – 117 years from today. Even worse than this catastrophically slow timescale is that since 2006 almost 40% of countries are *going backwards* on closing the gender gap in health. This is unacceptable.

> *We must join together to urge our leaders to take action towards gender equality within and across all sectors.*

Poor health, including non-communicable diseases (NCDs), restricts women's and girls' opportunities to study, work and progress professionally. This in turn inhibits them from securing a reliable income, or engaging in politics - whether as respected citizens or far less so as the much-needed influential leaders to champion women's rights. And thus the cycles of gender inequality and ill health among women and girls are reinforced.

Why do women suffer disproportionately from NCDs?

Women and girls bear the greatest burden of NCDs for reasons including risk factor exposure, the sex-specific nature

of some NCDs, access to care, stigma and discrimination, and provision of care to family members. These factors are often exacerbated in low- and middle-income countries (LMICS), and indeed NCD age-standardised death rates for women are 85% higher in LMICs than in high-income countries.

Risk factors: Low socio-economic, legal and political status of women and girls increases their exposure and vulnerability to the risk factors of NCDs. For example, in 2010, 27% of women did not reach the recommended level of physical activity, compared to 20% of men. This is in part due to the fact that sporting activities are often designed for and dominated by men, and that in many settings it is not culturally appropriate for women to undertake physical activity in public. Though smoking is traditionally higher in men, many tobacco companies specifically target women and girls through messaging which associate smoking with independence, beauty, femininity and sex appeal. Women and girls are also at higher risk of exposure to indoor air pollution due to indoor cookstoves, thereby increasing their risk of chronic respiratory diseases.

Sex-specific NCDs: Notably, women and girls bear an added burden in terms of of sex-specific NCDs, such as cervical cancer (the leading cause of cancer death among women in developing countries) and gestational diabetes, which not only jeopardises women's health during pregnancy but is associated with increased risk of type 2 diabetes in later life.

Access to care: Women experience economic, socio-cultural, geographic and even clinical barriers to receiving treatment. Globally, women account for 60% of the world's poor. Many young women and girls are unable to make decisions about care for themselves or their children without the explicit approval of their husband or another family member, and frequently have lower levels of health literacy. Geographical distance can be a significant barrier to accessing healthcare for women, particularly for those living in remote rural settings. Women tend to be less mobile than men, as they are less likely to have their own form of transport or be able to afford public transport, deterring them from travelling long distances to access care. Differences in the way that NCDs manifest in women and men can also impede treatment. For example, clinical definitions of symptoms associated with cardiovascular disease (CVD), are often based on characteristics reported in men - warning signs in women are therefore often regarded as 'atypical' and can go unrecognised or misdiagnosed *[3]*.

Stigma and discrimination: Women, girls, men and boys can all suffer discrimination related to NCDs. In particular, women and girls with NCDs can be discriminated against in terms of marriageability, which may discourage families in some societies from seeking diagnosis and treatment. In some cases, women with NCDs may be divorced or abandoned by their husbands, leaving them financially vulnerable.

Care for family members: Adding to the burden of NCDs experienced directly by women and girls, female family members most commonly bear the responsibility of caring for sick family members, which interrupts both educational and employment opportunities.

What can be done?

In order to address both prevention and control of NCDs in women, it is essential that the inequality in exposure to NCD risk factors and access to quality treatment for women and girls is addressed. For example, in terms of physical inactivity, tailored programmes to encourage physical activity among women are key. More broadly, action must be taken to transition to more gender-responsive health systems. This will necessitate greater involvement of women and girls in programme and policy design, and promotion of women and girls as change agents in NCD prevention and control. In order to address sex-specific NCDs, integration with the women's and children's health agenda will be instrumental to ensuring comprehensive care. More widely, there is a need to build capacity to collect and share gender disaggregated NCD data - not only on mortality but on risk factors, of which there is a critical lack - in order to first demonstrate gaps and subsequently measure success. This can be achieved through alignment with established monitoring frameworks such as sustainable development goal (SDG) target 3.4 on NCD mortality, and the WHO Global Monitoring Framework on NCDs.

Comprehensive action is needed if women and girls are to have equal opportunity to health as men, and if sustainable and inclusive human development across non-health areas is to be realised.

> *As the NCD Alliance, we will therefore not only be raising our voice this International Women's Day, but will be actively engaging at the Commission on the Status for Women (CSW) later this month and hosting side events and sessions at the Women Deliver Conference in May. We also commit to continually advocate and*

> *support the work of the World Health Organization and United Nations to accelerate progress towards gender parity. We will not tolerate 117 years more of inequality.*

#PledgeforParity [4]

[5]

Transformative action is needed for women to have equal opportunities to health as men #IWD2016 #NCDs

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> *"My great grandmother was mocked eighty years ago for keeping her daughter in education, and stood by her principles. In the majority of the developing world, this is still a reality. I support International Women's Day because every woman should have the opportunity to fulfil her potential, for the benefit of women and men worldwide."*

Featured:
Related Resource: Noncommunicable Diseases: A Priority For Women's Health And Development [7]
Related Link: International Women's Day [8]
Related Content: Women and NCDs [9]

Links
[1] http://reports.weforum.org/global-gender-gap-report-2014/
[2] http://reports.weforum.org/global-gender-gap-report-2015/
[3] http://www.oxfordmartin.ox.ac.uk/downloads/briefings/women's-health.pdf
[4] http://www.internationalwomensday.com/Theme
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