ANNEX 6. HANDOUT – SELECTED ISSUES IN CONDUCTING
GENDER ANALYSIS OF NONCOMMUNICABLE DISEASES

The below information, organized by the health-related considerations of the GAM, include gender and health issues relevant to noncommunicable diseases. The list is not exhaustive but serves as a guide for group work activities of key issues to consider.

Risk factors and vulnerability
• **Age-related disability** may be more prevalent among women, as the oldest age groups are more represented by women than men.1,2
  - Women may be at higher risk of developing lung cancer than men at similar rates of exposure to tobacco smoke.3
  - However, the evidence is not definitive.
  - As more women than men tend to live in poverty, women may be more likely to struggle to fund ongoing treatment for chronic conditions common in old age. In several contexts, women tend to earn less, work for fewer years and work less often in a full-time capacity than men, especially when caring for small children. Where it exists, retirement income is based on earnings during working years; older women may be disadvantaged due to lower wages throughout their working lives.1,4 Men and boys may be given priority for receiving nutritious food in the household, exposing women and girls to malnutrition. Conversely, this may expose men and boys to overnutrition and consequent related risks of noncommunicable diseases. Both undernutrition and overnutrition increase the risk of and vulnerability to non-communicable diseases.5 Malnourished women can also give birth to low-birth-weight babies. Low birth weight increases the potential for chronic disease risk factors in the child.6 In addition, parents, especially mothers, of low-birth-weight infants may face a high child-care burden. Low-birth-weight babies can also lead to greater maternal stress and lower maternal well-being.7 8
  - **Alcohol use** is often culturally sanctioned for men and restricted for women. This may be why men generally report more alcohol consumption than women in many low and middle-income countries.1 Alcohol intake is a risk factor for several noncommunicable diseases.
  - Gender norms in many societies encourage **tobacco consumption** (either through smoking or chewing tobacco) among men but prohibit it among women. This can lead to greater risk of non-communicable diseases (such as various types of cancer and heart disease) among men. Women who smoke may try to hide their habit and therefore smoke with others in small spaces, with high exposure to second-hand smoke; may inhale faster or more deeply, which may lead to increased health risks. Women are also more likely to smoke low-tar or low-nicotine cigarettes, a practice with variable effects on health.1,6 8 Women and men may also use different types of chewing and smokeless tobacco.10 These can lead to oral cancer. The level of risk associated with each type of smokeless tobacco is unclear. Women’s and men’s anatomy puts them at risk for sex-specific cancers, such as cervical cancer among women and prostate cancer among men.

Access and use of health services
• **Access and use of health services**
  - Women may not be permitted to receive services from male health providers.1
  - Women’s mobility may restrict their ability to access services.1
  - In some settings, women’s health receives less attention and resources within the household than men’s health. In these settings, women and girls may be more likely to face preventable complications due to delays in seeking health care. Women may also suffer more serious effects of disease because of lack of treatment.5,12
  - Women may be more likely than men to lack resources to pay for transport, while men may be more likely to migrate away from remote areas for school or work. When health centres are located far away, those who have difficulty paying for transport or live in remote areas without good roads and infrastructure may have limited or no access to health services.
  - A lack of control over resources may lead women to become coerced into bartering sex for health and relief services and the commodities necessary for survival, especially in post-conflict or post-disaster situations.11
Health-seeking behaviour

- Women’s role as mothers and family caretakers may encourage them to give priority to the health of other family members above their own.
- Norms of masculinity may delay men in reporting pain or discomfort and may lead men to delay seeking health care.  
- Women’s lack of decision-making power within the home may mean they do not have full autonomy to decide when or how promptly to seek care for their symptoms.  
- Women are more likely to work in the informal sector or in unpaid labour. They are thus less likely to have access to a steady income and benefits such as health and social insurance.
- Women’s lack of access to resources may lead them to forego prompt seeking of health care or routine physical examinations due to costs.
- Women in many settings have higher levels of illiteracy and lower levels of education than men, due to gender norms and roles that may not give priority to their formal education – especially in resource-poor contexts. Lack of education or low literacy can result in reduced access to health information, awareness of available health services or knowledge about when services should be utilized. Without adequate information on the necessity of seeking care early, health-seeking may be delayed.
- Gender norms may restrict women from complaining about illness and seeking care promptly, since men, as recognized breadwinners, are given priority for household spending (even for health care) in some settings. Girls and older men may also face reduced care-seeking for this reason.
- Chronic conditions require long-term care and may therefore be particularly expensive to treat. Thus, girls, women and older men may be particularly unlikely to receive household resources in the event of chronic diseases.

Treatment options

- Antenatal care may be the only opportunity for detecting women’s diabetes or high blood pressure. In communities in which regular physical examinations or prompt health care seeking are not commonplace, pregnant women may be more likely to identify and control disease risk factors than others because of their contact with the health care system.
- Women are less likely than men to benefit from the modern management of noncommunicable diseases.
- Research and drug trials, especially in the past, have tended to include no or few women. This may have been because of fear of potential affects on the fetuses of women of childbearing age. At present, however, the reasons for women’s underrepresentation are unclear. This underrepresentation has led to women receiving treatments that have been tested and proven effective mainly on men, and may have restricted scientific progress on treatments specific to women.
- Decision-making power to allocate household finances towards health care and to decide which type of care to seek (such as allopathic care versus a traditional or local health centre versus a larger health facility) may reside with men or senior members of the household. Thus, women may not have the autonomy to decide their type of care and the speed with which to seek care.

Experiences in health care settings

- Studies show that health care workers underdiagnosed or undertreated lung cancer, kidney failure and heart disease among women, partly because lung cancer and heart disease were thought to be typically male conditions.
- General practitioners may be less likely to refer women than men to specialist psychiatric services for mental health problems. Young females and older men may be less likely than young males and older women, respectively, to receive treatment for mental health problems.

Health and social outcomes and consequences

- When male norms prevent men from seeking treatment for symptoms early, chronic conditions or severe symptoms and/or complications may develop.
- If the outcome is the death or disability of a woman, the children and family may be left without a household carer or the family may lose the secondary income brought to the family by women.
- If the outcome is the death of a man or head of household, women may be subject to cultural practices such as wife inheritance, and the household may lose its primary source of income putting them at risk of economic insecurity.
- Globally, more females than males face a lack of education and literacy, which may lead to poor access to health information.
References


