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# Brief Notes

## Non-communicable diseases (NCDs): what makes women and girls special?

### Key Messages

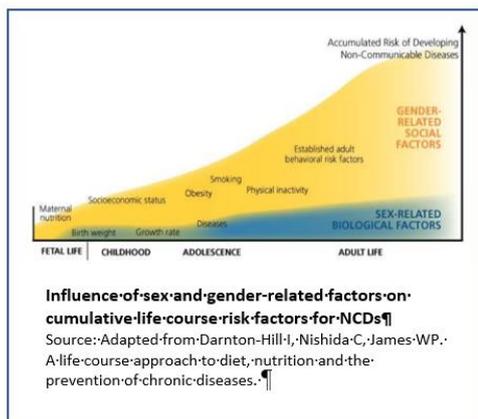
Gender plays an important role in risk factors that increase susceptibility, access and care seeking that affect screening, diagnosis and management. Women are also predominantly responsible for the informal care at homes and in the community, which can result in additional stress and impact on health and wellbeing.

There are promising models of community care that place women and communities in *partnership* with health systems, creating opportunities for co-design of interventions that can be responsive to needs and ensure sustainability

NCDs include diabetes, heart conditions, stroke, cancers, mental illness and injuries. Combined, they are the leading cause of death globally and in the South-East Asia Region (SEAR), with an estimated 7.9 million deaths (55% of all deaths) annually due to NCDs. It is estimated that 34% of annual NCD mortality in the SEAR occurred before the age of 60 years, compared to 23% in other parts of the world.<sup>1</sup> NCDs are the leading cause of death and disability for women worldwide, increasingly impacting women in their most productive years, particularly those in developing countries.<sup>1</sup> The largest contributors to morbidity and mortality are cardiovascular diseases, type 2 diabetes, cancers, and chronic respiratory disorders.<sup>3, 4</sup>

The chronic nature of NCDs make them a significant threat to development. In addition to costs incurred by the patient, a significant burden is also placed on families and communities, both financially and in the need to provide care to patients. Efforts to manage the growing numbers of people with at least one NCD have focused on individual life choices. It is clear now that this strategy is somewhat misdirected; in the absence of readily available healthy foods, or environments that promote physical activity and the economic means, healthy ‘choices’ are not possible. The recommended ‘best buys’ from the World Health Organisation include smoking cessation, reduction in harmful levels of alcohol consumption, reduction in salt intake and elimination of trans fat from diets and increased physical activity.

Women are uniquely vulnerable to NCDs at all stages of their life course, mainly because of gender related factors.



- ✿ Girls are less likely to engage in sports and physical activity, often for social and cultural reasons. Obesity rates are therefore significantly higher.
- ✿ Perinatal depression has a major impact – in this region, the rates range from 18-25% of all pregnancies.
- ✿ Gestational diabetes remains a significant risk in pregnancy accounting for 85% of high blood glucose. This also significantly increases the risk of NCD
- ✿ 86% of the 266,000 (preventable) deaths from cervical cancer occur in low and middle-income countries. While cervical cancer relates to women’s health, the human papillomavirus is sexually transmitted.
- ✿ There are still significant numbers of women who carry the multiple burden of HIV and NCDs
- ✿ There is significant evidence to suggest that cardiovascular disease in women is underdiagnosed and poorly managed because women present with symptoms that may be different from classically recognised symptoms of heart disease.
- ✿ Women often feel mistreated in clinical interactions and are therefore more likely to avoid regular review, resulting in poorly managed chronic disease.
- ✿ Widowhood can result in social isolation, clinical depression and poorly managed chronic illness.
- ✿ Women are often primary caregivers of people with chronic illness – a situation that can have a major impact on health and wellbeing, and in contexts that often do not have welfare, respite or social support systems.

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Women that need to be targeted for interventions are often those subject to intersections of multiple factors that result in health inequities. Poor, marginalised women, with limited formal education are also least likely to have access to diagnosis, management and treatment services(1).

**Ways forward:**

- ✿ Health literacy, including within health systems, needs to be improved to recognise the links between all aspects of women's health, across the life course.
  - ✿ Universal health coverage, which has been particularly promoted within the 2030 Global Goals agenda, has been proposed and is being promoted as a comprehensive strategy that particularly consider critical values that include equity, human rights and high quality services.
  - ✿ There are promising results in community based programs, led by rural women, in the reduction of depression and improvements in mental health and wellbeing(2). Care models that actively involve and empower communities in co-design and implementation have a greater chance of success than approaches that are top-down driven.
  - ✿ Monitoring through surveillance systems will provide critical information to continue to develop and strengthen quality of care. In addition, disaggregation of data will enable identification of women in communities that have a high risk of being marginalised and left behind.
  - ✿ NCDs cannot be managed through ministries of health alone. Innovative partnerships across government sectors, communities, non-government organisations and the corporate sector will need to be formed to support greater investment to address chronic illness and its impact on women.
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1. Azenha GS, Parsons-Perez C, Goltz S, Bhadelia A, Durstine A, Knaul F, et al. Recommendations towards an integrated, life-course approach to women's health in the post-2015 agenda. Bull World Health Organ. 2013 Sep 1;91(9):704–6.

2. Thapa S. Women helping women prevent HIV in resource-limited settings. The Lancet. 2018 Feb 24;391(10122):738–9.

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# Sexual and reproductive health and rights: an unfinished agenda across the life course.

... women are entitled to reproductive health care services, goods and facilities that are: (a) available in adequate numbers; (b) accessible physically and economically; (c) accessible without discrimination; and (d) of good quality

Office of the High Commissioner for Human Rights

In spite of a commitment to gender equality, women still struggle for autonomy over their bodies at all age groups. Good sexual and reproductive health is a state of complete physical, mental and social well-being in relation to sexuality. To maintain one's sexual and reproductive health, access is needed to accurate information and a safe, effective, affordable and acceptable contraception method of choice, and able to access services that will enable a healthy pregnancy, safe delivery and healthy baby when they decide to have children.<sup>1</sup> It is important to note as well that sexuality and sexual health are also important to older persons and is an important consideration for healthy ageing and quality of life.

Cultural attitudes towards menstruation mean that young girls often do not have access to information about their bodies, menstrual hygiene, management of dysmenorrhoea (painful periods) or other irregularities that might indicate early warning signs of underlying pathology. In parts of Asia and Africa, women and girls are isolated from their families during menstruation and are not allowed to touch food intended for male members of the household. While in some cases, this might present a relief from otherwise onerous chores, the exclusion fuels discrimination against the girl child, has an impact on self-image and confidence and can hinder access to services to address health concerns when needed(1)

Globally, one in 10 women and girls who want to limit their pregnancies have an unmet need for contraception today. This year alone, an estimated 85 million women and girls will face unintended and unwanted pregnancies due to their inability to access family planning services and information. Approximately 303,000 women will die due to complications from pregnancy or childbirth. Over 88 per cent of these women will come from the world's poorest countries.<sup>2</sup>

In 2012, nearly 70 per cent or 2.9 billion people in Asia and the Pacific region were aged between 15 and 64 years.<sup>3</sup> At the regional level, the proportion of women aged 20 to 24 years who were married or in a union before 15 years was 12.3%, and between 15 and 18 years it was 34% – significantly higher than the global averages of 7% and 18% respectively. In South and south-west Asia, three in every 20 women aged 20-24 in this subregion were married or in union before reaching the age of 15 and another eight before they were 18 years old.<sup>4</sup>

A significant proportion of young people in the region are sexually active, and while for many the onset of sexual activity is associated with marriage, an increasing number are initiating sex before marriage.<sup>5</sup> Studies suggests that most young people are ill-prepared for this transition, having insufficient knowledge and life-skills to negotiate safe and consensual relationships and facing considerable barriers to accessing services and commodities needed to avoid unsafe sex and its consequences. Additionally, a significant proportion of adolescent girls and young women report coerced sex and up to half have experienced sexual violence. Rates of violence are also high among young female sex workers, men who have sex with men, and young transgender people. As a result, young people are at risk of poor

<sup>1</sup> <http://www.unfpa.org/sexual-reproductive-health>.

<sup>2</sup> [https://www.ippf.org/sites/default/files/2017-07/IPPF\\_Underserved\\_Overlooked.pdf](https://www.ippf.org/sites/default/files/2017-07/IPPF_Underserved_Overlooked.pdf)

<sup>3</sup> United Nations [2013] Statistical Yearbook for Asia and the Pacific 2013 <http://www.unescap.org/sites/default/files/publications/ESCAP-SYB2013-full.pdf>

<sup>4</sup> UNESCAP [2016] [http://www.unescap.org/sites/default/files/ESCAP\\_SYB2016\\_SDG\\_baseline\\_report.pdf](http://www.unescap.org/sites/default/files/ESCAP_SYB2016_SDG_baseline_report.pdf)

<sup>5</sup> UNFPA [2015] Sexual and reproductive health of young people in Asia and the Pacific. A review of issues, policies and programmes <http://unesdoc.unesco.org/images/0024/002435/243566E.pdf>

This fact sheet was prepared in conjunction with International Women's Day 2018 by the female staff of UNU-IIGH with the assistance of Surekha Garimella. For further information on Global Health and the work of UNU-IIGH, contact [iigh-info@unu.edu](mailto:iigh-info@unu.edu)

outcomes such as early and unintended pregnancy, unsafe abortion, sexually transmitted infections, and HIV. Poor sexual and reproductive health not only impacts on the health and well-being of young people, but also has significant socioeconomic implications, impacting on education, economic participation and poverty. These negative consequences extend to young people's families and future generations, and can perpetuate a cycle of poor health and disadvantage.

Sexuality and sexual health concerns do not end after the reproductive years. For middle aged women, particularly in low and middle income countries, support for perimenopausal symptoms is largely unavailable. As with menarche, cultural attitudes to menopause do not encourage women to seek support. Menopause and postmenopause impact on the experience of sexuality for many women. A recent study funded by UNFPA in Malaysia, highlighted that less than 10% of older women seek expert medical advice despite recognising problems with sexual dysfunction and experiencing pain during intercourse. An analysis of the availability of clinical support for women showed that for most medical specialisations, the overwhelming majority of practitioners are male, which is a disincentive to seek care. Almost 60% of Obstetrician / Gynaecologist on the professional register in Malaysia are male.

#### Ways forward.

- ✿ Taboos remain a significant barrier to access to information and services regardless of age. Innovative communication strategies are required to enhance access to accurate and candid information and current best practice evidence for women and girls as well as for practitioners.
- ✿ Incentives are required for women to specialise and remain in clinical practice to enhance women's access to obstetricians and gynaecologists of choice.
- ✿ Universal health coverage to enable high quality services to women and ensure none are left behind are critical.
- ✿ There are significant research gaps, particularly in the SE Asia region, on the sexual health needs of middle aged and older women; this needs to be addressed to enhance both sexual and mental health wellbeing. Of concern are how these interact with other chronic diseases.

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