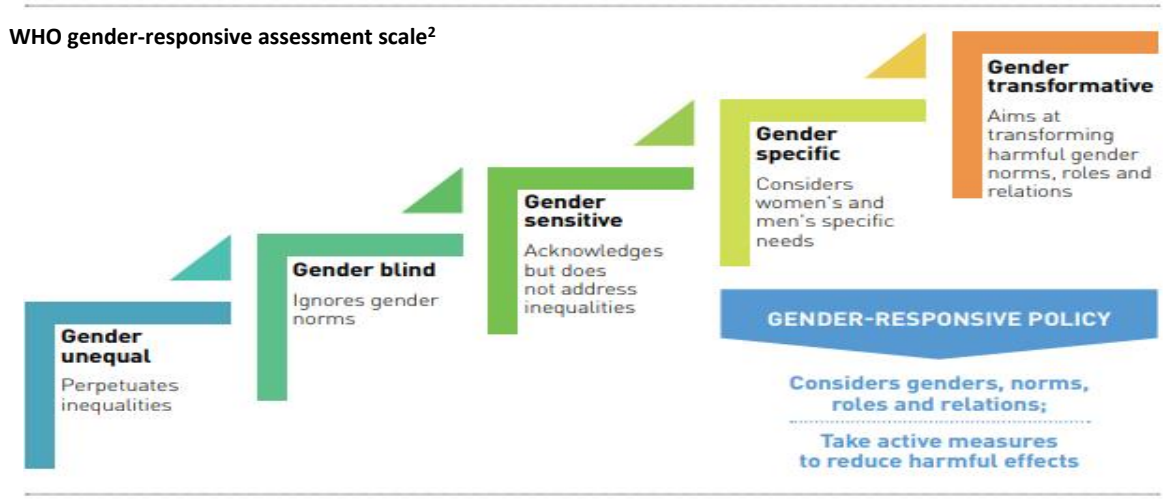
Country profiles of NCDs using a gender analysis approach

Gender and rights-based approaches are imperative to accelerate transformative and sustainable progress towards the SDGs, and the *Strategy on women's health and well-being in the WHO European Region* and the *Strategy on the health and well-being of men in the WHO European Region* strengthen the links between SDGs 3 and 5 in the WHO European Region while providing a comprehensive working framework for improving health and well-being in Europe through gender-responsive approaches. Commitments by Member States towards accelerating action in reducing NCDs and improving well-being in the Region have been demonstrated at high-level meetings Health Systems Respond to NCDs and the WHO European High-level Conference on Noncommunicable Diseases.

Country profiles

To strengthen this effort with evidence and knowledge exchange, country profiles of Armenia, Belarus, Georgia, Kyrgyzstan, the Republic of Moldova, and Turkey have been created using a gender relevant analysis on data gathered through the STEPs NCD Risk Factor Survey. Evidence generated within the country profiles is meant to provide an evidence-base and rationale for countries to strengthen the response of the health systems to the prevention, detection, management and control of NCDs, particularly at primary care levels by making it gender-responsive. NCDs are the leading cause of death, disease, and disability in the WHO European Region and are estimated to account for 86% of all deaths and 77% of the disease burden in the Region.[1]



A gender analysis:

- Considers socially constructed norms, roles, behaviours and attributes that a given society considers appropriate for women and men and how this infers differential degrees of power between and among women and men.
- Recognizes that women and men are not homogenous groups and that their health opportunities and risks vary according to social, economic, environmental and cultural influences throughout their lifetime;
- Considers how gender intersects with other factors behind social inequalities, such as age, income, education, ethnicity, or place of residence.

A gender analysis of STEPS NCD Risk Factor Survey data:

- Describes how risks factors for chronic diseases differ between and among men and women.

[1] http://www.euro.who.int/en/health-topics/noncommunicable-diseases/noncommunicable-diseases

[2] Gender mainstreaming for health managers: a practical approach. Geneva: World Health Organization; 2011 (https://apps.who.int/iris/bitstream/handle/10665/44516/9789241501064_eng.pdf?sequence=2&isAllowed=y).

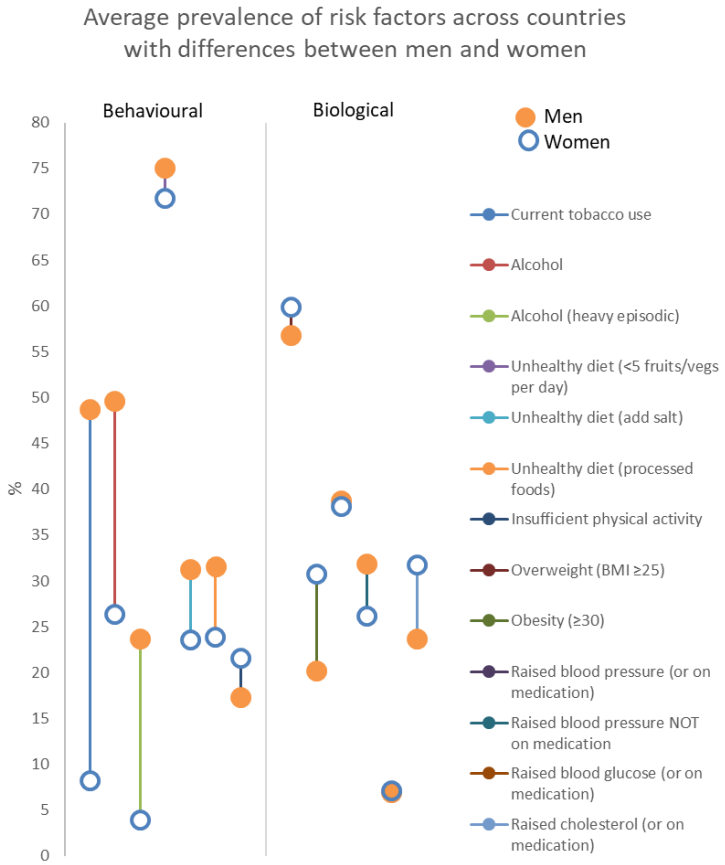
- Explores and track the direction and magnitude of trends in risk factors and how this differs between and among women and men.
- Plans or evaluate gender responsive health promotion or preventive campaigns.
- Collects data from which to predict likely future demands for health services and how this differences between and among different groups of women and men.

Differences in behavioural and biological risk factors

The STEPs data focuses on behavioural and biological risk factors, specifically tobacco use, harmful alcohol consumption, unhealthy diet (low fruit and vegetable consumption, diet high in salt and/or processed foods), and insufficient physical activity for the behavioural factors and overweight/obesity, raised blood pressure, raised blood glucose, and raised cholesterol for the biological factors. Highlighting where the differences exist helps uncover where gender norms, roles, behaviours and inequalities are likely to have the greatest effect on risk factors.

Differences in the way men and women access services

The STEPS survey also includes data on accessing services, including being measured for risk factors, taking medications for diagnosed conditions, and receiving lifestyle advice from a health care professional. These differences are also relevant in determining the influence of gender norms, roles, behaviours and inequalities on behaviours surrounding access to services and resources such as medication.



Key findings of country profiles:

1. Higher percentages of men engage in behavioural risk factors, but higher percentages of women are found with most of the biological risk factors.
2. Men and women not only engage differently in behavioural risk factors but also have different risk factor trajectories over the life-course.
3. Higher levels of male premature mortality could also contribute to lower prevalence of risk factors among male survivors at older ages.
4. Prevalence of both behavioural and biological risk factors varies in subgroups of men and women, and these subgroups are not equal in their relation to the risk factors.
5. Identifying groups most at risk requires disaggregation of data and a gender analysis of not only sex but age and other relevant demographic variables.
6. Higher percentages of men have not been measured for biological risk factors, but a higher percentage of women report being given lifestyle advice on most behavioural risk factors.
7. To improve prevention and management of NCDs for men and women, identifying gender specific barriers to access and lifestyle change is needed, as well as providing gender sensitive and culturally appropriate interventions.
8. Barriers are gender specific and disease specific in that men and women experience barriers differently depending on the risk factor and other sociodemographic groups.