



## NONCOMMUNICABLE DISEASES AND GENDER

For many African women, noncommunicable diseases (NCDs) are a double burden. Not only are the most vulnerable among them often burdened with illnesses that may persist throughout their lives, but they also face greater difficulties in accessing and continuing the care they need. Complex intermixes of traditions, cultural factors and educational and financial barriers are often additional obstacles to their health.

TEXT BY / JESSICA MARZARO / DOCTORS WITH AFRICA CUAMM

### NCDS AND GENDER

The World Health Organization estimates that 37%<sup>1</sup> of deaths in the sub-Saharan region in 2019 were caused by NCDs; it uses the term “invisible numbers” to denote the true scale of the threat posed by these ailments. Indeed, NCDs, which are generally of slow progression, receive far less media attention than other diseases.

These numbers become even more “invisible” when it comes to African women, whose mortality rate from NCDs is 39%, while for their male counterparts it stands at 35%. Behind this percentage hides an array of challenges and difficulties<sup>2</sup> that impede women’s access to health care, including a lack of financial resources, the burden of daily work and low levels of education and emancipation.

### A COMPLEX BACKDROP

As reported in the Institute of Health Metrics and Evaluation (IHME)’s *Global Burden of Disease 2021 Study*, NCDs often begin to affect women in childhood, worsening with age.

The mortality rate due to NCDs (including congenital, autoimmune, metabolic and blood disorders such as anemia) in girls aged 5 to 14 in sub-Saharan Africa rose from 4.5% in 1990 to 7.7% in 2021.

Girls and young women in sub-Saharan Africa often form unhealthy lifestyle habits early on that become risk factors for the development of NCDs. For example, 39% of women in the region are estimated to be overweight or obese compared to 24% of their male counterparts, a condition that becomes a major risk factor for diseases or disorders like diabetes and hypertension, sometimes associated with pregnancy. In addition, due to their urbanized and overly sedentary lifestyles, some 20% of women in the region do not get enough regular physical activity. These factors often lead to the onset of NCDs in older women as well, with the most severe cases in those aged 50 to 69. Cardiovascular disease and cancer are the second

### NOTES

**1** NCD Data Portal, OMS, <https://ncdportal.org/Home> e Strain T, Flaxman S, Guthold R, Semenov E, Cowan M, Riley LM, Bull FC, Stevens GA; Country Data Author Group. National, regional, and global trends in insufficient physical activity among adults from 2000 to 2022: a pooled analysis of 507 population-based surveys with 5·7 million participants. *Lancet Glob Health*. 2024 Aug;12(8):e1232-e1243. doi: 10.1016/S2214-109X(24)00150-5. Epub 2024 Jun 25. PMID: 38942042; PMCID: PMC11254784.

and third leading causes of mortality in women in sub-Saharan Africa (20% and 13%, respectively), with the most common cancers being those of the breast and the cervix. This is driven in part by a lack of prevention including access to HPV vaccination, screening for early detection, and treatment services. For over-70 women in the region, the leading cause of mortality (29%) is cardiovascular disease; diabetes is the fourth, followed by neoplasms.

### WOMEN’S HEALTH IS COMMUNITY HEALTH

Sociocultural factors are among the complex root causes of the growing burden of NCDs. For example, tradition demands that girls engage in a range of domestic care duties including looking after their siblings when young and their own children once they become mothers, but also tasks such as cooking, collecting wood and field work. These often arduous responsibilities impact women’s health, with consequences that present especially in adulthood, including early death, long-term disabilities and other conditions that make it impossible for women to continue to work or do tasks, which in turn leads to impoverishment<sup>3</sup>. Girls also face numerous obstacles in terms of access to health services. This is due to factors including their distance from health facilities or from their childhood homes as well as the cost of services, which weighs heavily on household budgets in settings where there is no guarantee of affordable care. The cost of care for NCDs can easily put families at risk of impoverishment (catastrophic health spending), so here too, it is women who bear the burden, often going without care themselves since traditional family hierarchies prioritize and give control of household financial resources to men.

What is central to achieving universal health coverage? Furthering education and prevention, training health professionals, supporting rural communities in early NCD detection and treatment, but also expanding both financing and our understanding of the complex social determinants of NCDs while helping empower women in their household and community roles.

**2** van der Ham M, Boliijn R, de Vries A, et al. Gender inequality and the double burden of disease in low-income and middle-income countries: an ecological study. *BMJ Open* 2021;11:e047388. doi:10.1136/bmjopen-2020-047388.

**3** Universal Health Coverage, gender equality and social protection a health systems approach, UN Women <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Discussion-paper-Universal-health-coverage-gender-equality-and-social-protection-en.pdf>