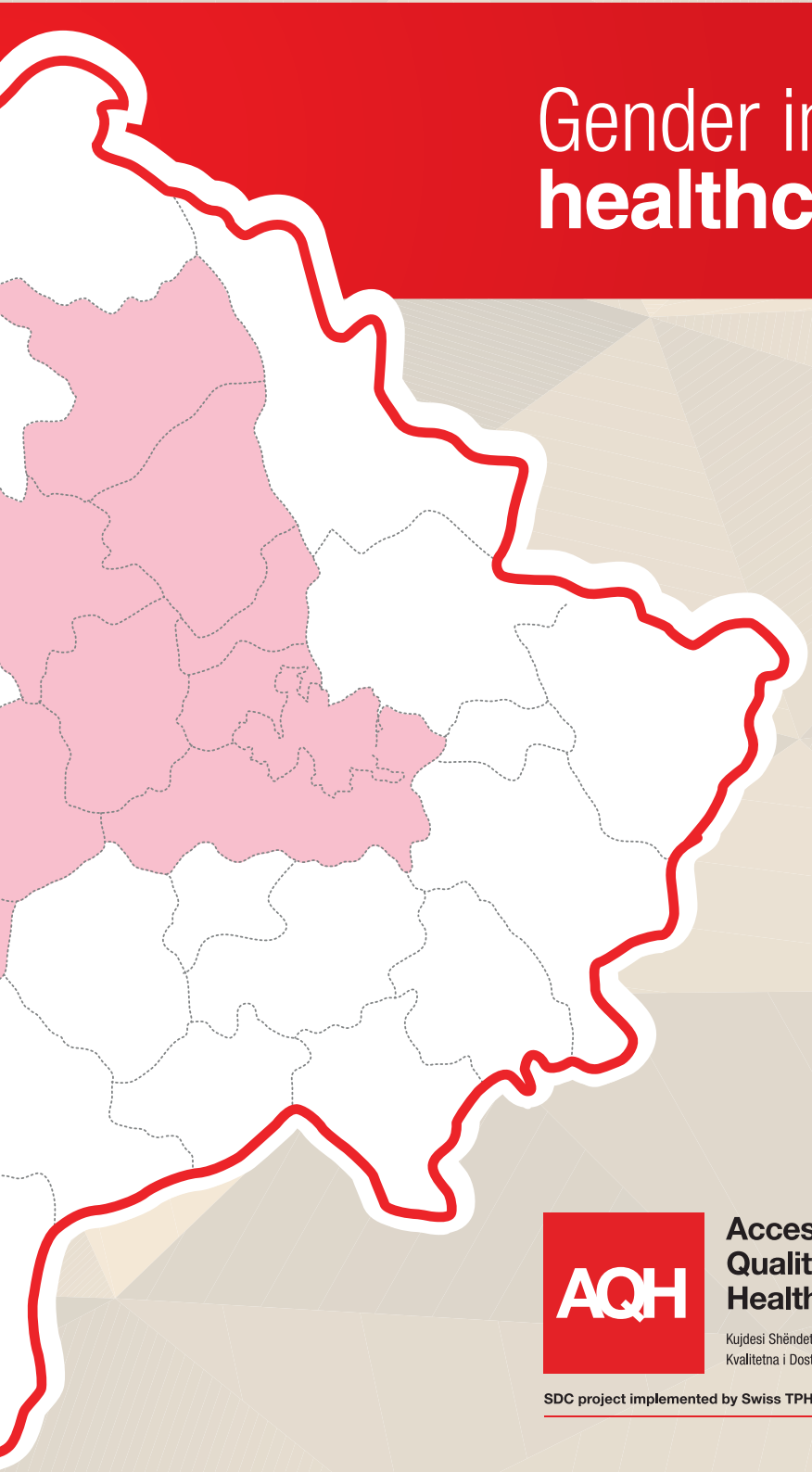
Gender in **healthcare**



AQH

Accessible Quality Healthcare

Kujdesi Shëndetësor i Qasshëm dhe Cilësor
Kvalitetna i Dostupna Zdravstvena Zaštita

SDC project implemented by Swiss TPH and Save the Children

The Accessible Quality Healthcare project

The Accessible Quality Healthcare (AQH) project is designed to support the implementation of the national reform agenda and complement other donor-supported programmes with a focus on the Primary Health Care (PHC) level and non-communicable diseases (NCDs).

With its three outcomes the project aims to stimulate use of quality primary health care services by all Kosovo citizens, with particular attention to the needs and inclusion of socially vulnerable populations.

AQH selected Municipalities are: Fushë Kosovë, Gjakovë, Gllogoc, Graçanicë, Junik, Lipjan, Malishevë, Mitrovicë, Obiliq, Rahovec, Skenderaj, Vushtri.

Objective

The health of the population of Kosovo has improved, with strengthened healthcare providers and managers able to meet the needs of the patients (especially vulnerable groups), who are more aware of their rights and needs.

3 project outcomes are:

AQH

Outcome 1

Primary Health Care providers in project municipalities deliver quality services that respond better to communities' needs, including those of vulnerable groups

AQH

Outcome 2

Health managers in project municipalities improve their performance in guiding service delivery towards continous quality improvement that responds to communities' needs

AQH

Outcome 3

Health awareness and care seeking behaviour of the population in project municipalities (in particular of vulnerable groups) and communities are empowered to demand the right to quality services and better access to care

Project phase duration:
01.01.2016 – 31.12.2019

Health, Gender and Sex

Sex:

"The biological characteristics that define humans as female, male or intersex. Sex is based on biology (external genitalia, chromosomes, hormones and the reproductive system), usually assigned at birth." [1]

Gender:

"Refers to women's and men's roles and responsibilities that are socially determined [constructed]. Gender is related to how we are perceived and expected to think and act as women and men because of the way society is organized - and not because of our biological differences" [2]

Gender influences health

Gender may influence health status in the following ways:

- exposure, risk or vulnerability
- nature, severity or frequency of health problems
- ways in which symptoms are perceived
- health seeking behavior
- access to health services
- ability to follow prescribed treatments
- long term social and health consequences [3]

Origin of Differences in Health Profiles

The interaction of biological and social factors on health could be further understood by examining specific health situations or problems. [4]

Biological differences

a) anatomical/physiological;
b) anatomical, physiological and genetic susceptibilities;
c) anatomical, physiological and genetic resistances/immunities

Social differences

a) roles and responsibilities;
b) access and control;
c) cultural influences and expectations;
d) subjective identity

Health situations, conditions and/or problems

1. Sex specific;
2. Higher prevalence in one or other sex;
3. Different characteristics for men and women;
4. Generate different response by individuals/family/institutions depending on whether the person is male or female

WHO (2002) Gender Analysis in Healthhttp://apps.who.int/iris/bitstream/10665/42600/1/9241590408.pdf

Incidence
Prevalence
Diagnosis
Risk factors
Treatment efficacy
Disease progression

All influenced by gender and sex [3]

Key facts

- Men are known to have higher blood pressure than women through middle age, but after the menopause, systolic pressure increases in women to even higher levels than in men

- On average, women have cardiac infarction 10 years later than men, because oestrogen protects them from coronary heart disease in their childbearing years

- Rates of cancer mortality are 30-50% higher among men than among women [5]

- In women, smoking is linked to lower fertility, cancer of the cervix, osteoporosis, and difficulties with both menstruation and menopause

- Men and women currently undergo the same investigations to diagnose lung cancer, despite being diagnosed with different histological types [3]

- Men tend to present at a later stage of depression, to a specialist service and when symptoms become severe [6]

Mainstreaming Gender in Heart Health

The table below provides further details on the differences between men and women related to heart diseases

STAGE	WOMEN	MEN
PRESENTATION	• Women develop heart disease on average 10 years later than their male counterparts (i.e. around 55 years), and the incidence of heart attack among women can lag behind men by up to 20 years • Additionally, women have symptoms for a longer period than do men before they present for evaluation	• Men are younger, on average, than women when they begin to develop symptoms of heart disease (around 45 years) • Men have been found to experience difficulty around attending the GP/medical services
DIAGNOSIS	• Women with heart disease/attack may present with symptoms such as neck, shoulder or abdominal discomfort, dyspnea, fatigue, nausea or vomiting • Women are more likely than men to be misdiagnosed, and they are also more likely to die of their first infarction • For women, angina is more likely to occur at rest, during sleep, or during periods of mental stress than for men • Fewer women than men with suspected acute heart attack symptoms are referred for non-invasive tests	• Symptoms of heart disease/attack in men generally consist of severe and sustained chest pain or discomfort
TREATMENT	• Arteriography, percutaneous transluminal coronary angioplasty (PTCA), and coronary artery bypass graft surgery (CABG) are substantially lower in women than in men • Women are less likely than men to receive any secondary preventative therapy (e.g. aspirin, beta blockers), except statins • Women with angina are less likely to be referred to a specialist or to have revascularisation than men • Women have higher in-hospital mortality than men after heart attack even after adjustment has been made for age	• Hospitalisation rates for males with ischaemic heart disease and/or acute myocardial infarction are roughly double that for females • Slightly more men die from cardiovascular disease each year than women • Men are more likely to die prematurely (i.e. aged less than 65 years) from cardiovascular disease than are women

Mainstreaming Gender in Heart Health

STAGE	WOMEN	MEN
SERVICE DELIVERY ISSUES	• Peak age range for hospitalisation of females with ischaemic heart disease and/or acute myocardial infarction is 65 to 79 years • Older women may have other diseases such as arthritis or osteoporosis that can mask symptoms of heart disease	• Peak age range for hospitalisation of males with ischaemic heart disease and/or acute myocardial infarction is 60 to 74 years
HEALTH PROMOTION	• Sedentary lifestyle is the most common risk factor for cardiovascular disease in women. Teenage girls and older women in particular should be targeted for physical exercise health promotion activities as they have been found to have a higher prevalence of being sedentary than other age groups • Women may not be fully aware of their range of symptoms of heart disease	• 40% of men are classified as being overweight, compared to 25% of women, perhaps because men are more likely than women to frequently eat fried food. Young men, in particular, have been identified as being in need of nutrition advice and support • Men are more likely than women to smoke and to drink to excess
RESEARCH/ EVIDENCE	• Women have been largely ignored in clinical research on cardiovascular disease, as trials have largely concentrated on men and on manifestations of the disease among men • Service provision must take account of the effect of family responsibilities on women's access to and take-up of services – e.g. rehabilitation	• Health promotion campaigns must find new ways of communicating with men to encourage them to look after their own health more effectively

The Women's Health Council (Comharile Shlainte na mBan) (2007) A Guide to Creating Gender-Sensitive Health Services, 2nd Edition. http://health.gov.ie/wpcontent/uploads/2014/03/gender_manual.pdf

Gender Lens Tool

Using the Gender Lens Tool is one way that healthcare providers can identify gaps and differences in health information from a gender perspective. It can be used to examine any health related topic.

The tool can…

- focus our attention on gender differences
- identify aspects of medical care and disease that require further research
- build a framework for examining any area of medicine from a gender perspective
- identify gaps and differences in health information from a gender perspective

Gender incorporates both biological and psychosocial aspects of a person's life experience. Using a simple matrix the tool can be used to analyse the following factors:

- Biological differences
- Social differences
- Cultural differences
- Economic differences
- Political differences
- Educational differences

Gender Lens Tool

Step 1: Are there gender differences in… (the health issue)		**Step 2:** What factors (might) contribute to these differences?					
		Biological	Psychosocial				
			Social	Cultural	Economic	Political	Educational
Incidence/ Prevalence	Y N ?						
Diagnosis/ Investigation	Y N ?						
Risk Factors	Y N ?						
Natural History	Y N ?						
Treatment and Response	Y N ?						
Step 3: Identify the gaps and address the gaps							

Gender & Health (2009) http://www.genderandhealth.ca

Using the Gender Lens Tool

The matrix follows 3 steps to analyze a specific health issue from a gender perspective.

Step 1: Are there gender differences in…… (the health issue)?

Aspects of the disease:

Incidence/Prevalence:

Do the incidence and prevalence of a condition vary by:

- sex?
- gender?
- culture or society?
- socioeconomic status?

Diagnosis/Investigations:

Do presenting signs and symptoms vary by gender? By culture?

Does investigation of a condition vary by:

- gender?
- culture?
- socioeconomic status?

Risk Factors:

Do risk factors for a condition vary by gender? By culture?

Natural history:

Does the natural history of a condition vary by gender?

Treatment and Response:

Do recommendations for treatment vary by:

- gender?
- culture?
- socioeconomic status?

Does response to treatment and outcome data vary by gender? By culture?

Step 2: What factors might contribute to these differences?

Questions to ask might include:

• Biological Factors:

Does a female's menstrual cycle affect the effectiveness of certain drugs?

• Psychosocial Factors:

Social Factors:
What are the expected and learned behaviors' of male and female children?

Cultural Factors:
Does status as a male or female in a culture influence the individual's access to health care?

Economic Factors:
Are their differences in the effect of low economic status on access to health care in males and females?

Political Factors:
Are there political barriers to medical studies of female health issues?

Educational Factors:

Are females educated in school or by physicians about the importance of Pap tests?

Are male students educated about the importance of prevention?

Step 3: Identify the gaps and address the gaps [3]

References:

1. *Moult, K., Meer, T, Corral, C & Mpofu-Mketwa, T. (2014). Tools for Talking Taboos: Classroom Exercises on Sex, Gender and Violence. Chapter 1; Cape Town: GHJRU, University of Cape Town.*

2. *WHO (1998) Gender and Health: Technical Paper; http://apps.who.int/iris/bitstream/10665/63998/1/WHO_FRH_WHD_98.16.pdf*

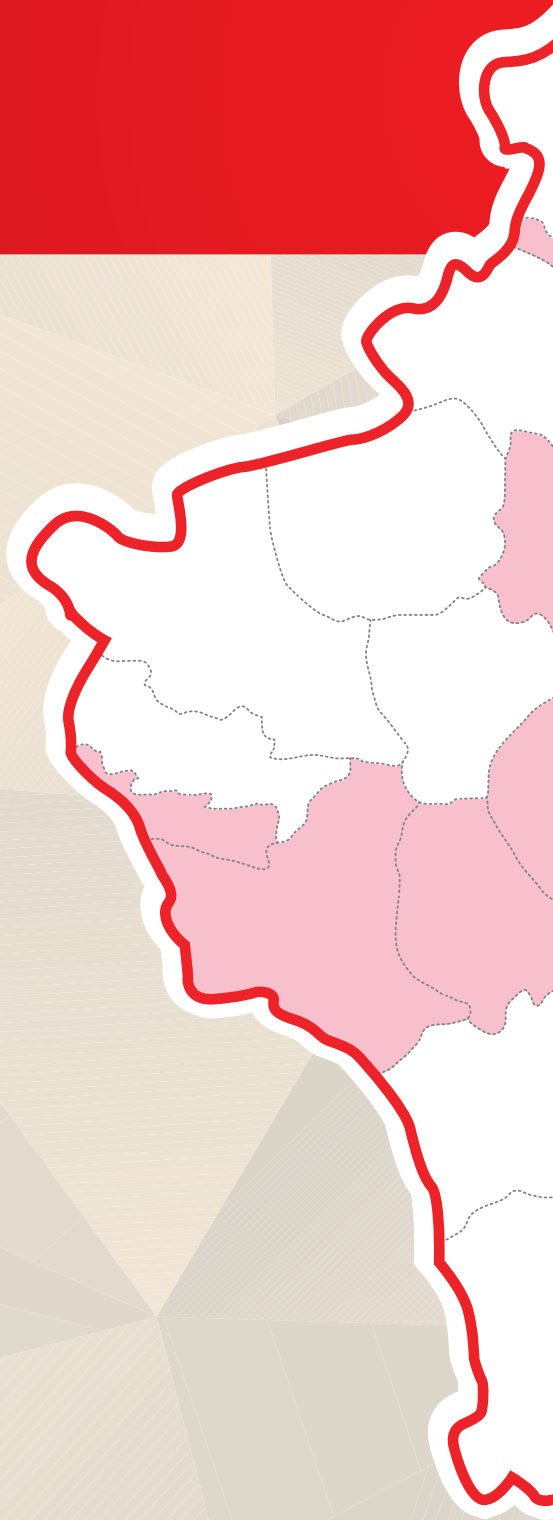
3. *Gender and Health (2009) www.genderandhealth.ca*

4. *WHO (2002) Gender Analysis in Health: A review of selected tools. http://apps.who.int/iris/bitstream/10665/42600/1/9241590408.pdf*

5. *WHO (2010) Gender, women and primary health care renewal: A discussion paper. http://apps.who.int/iris/bitstream/10665/44430/1/9789241564038_eng.pdf*

6. *WHO (2002) Gender and Mental Health http://apps.who.int/iris/bitstream/10665/68884/1/a85573.pdf*

7. *The Women's Health Council (Comharile Shlainte na mBan) (2007) A Guide to Creating Gender-Sensitive Health Services, 2nd Edition. http://health.gov.ie/wpcontent/uploads/2014/03/gender_manual.pdf*



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