



Non Communicable Diseases and Women's Health

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While there are many gender-specific challenges about women's health, Non Communicable diseases (NCDs) constitute the most significant threat to women's health worldwide. The impact of this problem drew the attention of the World Health Organization 10 years ago at the 2010 UN global strategy for women and child health [1]. The summit considered NCDs as a critical element of improving the lives of girls and women worldwide. Ten years after that summit, NCDs remains the highest cause of death among women and girls. Several papers published about women and girls allude to this fact. Global efforts to improve women's health primarily focused on Sexual and reproductive health while neglecting the number one cause of mortality and morbidity to women and girls. In a recent article titled 'Women's health, A new global agenda' published in the BMJ 4 years ago, attention was drawn to the actual burden borne by women and girls due to the direct effects of NCDs [2].

Furthermore, statistics show that women live longer than men; however, they are in poor health in older age due to complications arising from NCD's most of the time, posing additional psychological, social and economic burden on their families and communities. Also, there is a sad fact of NCD related stigma and discrimination, which leads to difficulty with access to social privileges such as employment, education, insurance, for women and girls. The situation is further complicated because children born to mothers having NCD's are more likely to experience poverty and malnutrition.

The NCD's in question to which women and girls are most vulnerable include cancer, cardiovascular disorders, chronic respiratory disease, diabetes, and mental health conditions. WHO identifies four main factors for NCD's namely; Tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol. Evidence sug-

gests that tobacco use in men has peaked and has been in slow decline over the last three decades. However, the converse situation appears to be the case among girls and young women who erroneously believe it helps with relieving tension and aids weight loss. Estimates show that the proportion of female smokers will rise from 12% in 2010 to 20% in 2025 with an attendant increase in death among women [3].

Being overweight and obese as well as being underweight are polar ends on the scale of malnutrition. The female sex has a predilection for being overweight and obese across all age groups, which is a significant risk factor for several NCD's. Conversely, under-nutrition has direct and indirect implications for the NCD epidemic, especially when one considers the concept of 'fetal programming' and the long term risk of developing diabetes and cardiovascular disease in the offspring of underweight mothers. Evidence alludes to lower levels of physical activities for many girls and women across the age spectrum, especially in middle and low-income countries.

There is a general assumption that women consume less alcohol than men, and this assumption leads to the late discovery of complications that arise from alcohol consumption, especially since women are more susceptible to the deleterious effects of alcohol.

In addition to these common factors from the WHO, there are several enduring myths which make women more susceptible to NCD's (summarized in an excellent paper by Bonita and Beaglehole titled 'Women and NCDs: Overcoming the neglect') such as; the prevalent opinion that the only health challenge of importance to women is those concerning their reproductive function; that NCD's are primarily diseases of men; that NCDs in women is an issue only

in high-income countries. Also, there is a sad conception that NCDs cause deaths only in older people, and 'we have to die of something, so why bother with complicated conditions like NCDs' [3].

In considering ways to address women's health challenges globally, a comprehensive approach needs to be adopted. Some progress has been made in this regard, but there is still much room for improvement as awareness builds on this issue. The global agenda needs to be broadened and redefined beyond the current focus sexual and reproductive health. Also, a sex-disaggregated approach to health research and policy is needed. For a long time, the majority of the research participants were men, and the results were directly extrapolated to women without consideration for gender differences [3].

Coming closer home to the consulting room, primary care physicians need to practice increasing awareness of the unique challenges of women and girls, tailoring their healthcare needs accordingly. Tailored healthcare needs of girls and women for the significant NCD's should target the following areas for preventive and curative services [1].

Women and cancer

Breast cancer screening; breast cancer is the most common cancer among women worldwide.

Early detection of Lung cancer; the second leading cause of death in women despite being the most preventable with smoking accounting for 50% of cases. Detection of smoking habits during clinic encounters and reinforcement of smoking cessation advice is vital interventions to this end.

Cervical cancer screening: HPV screenings and pap smear at regular intervals adapted to local guidelines. The majority of cervical cancer deaths occur in places where there are no screening facilities.

Women and cardiovascular disease (the most common killer of women worldwide):

- Basic health education at primary care level on healthy lifestyle choices primarily targeted at young girls in their habit development age.

- Regular secondary screening to pick up hypertension, diabetes, obesity, hyperlipidemia, and other modifiable cardiovascular risk factors at the asymptomatic stages.
- More specific gender research for women

Women and chronic respiratory disease:

- Screening for COPD with an increasing prevalence of smoking among girls and women.
- Asthma is more often underdiagnosed in females than in males. Meanwhile, adult-onset asthma is more frequent and more severe in females than in males.

Women and diabetes

- Screening; in the past 30 years, all-cause mortality for women has remained stable despite this number decreasing for men.
- Preconception planning for type 1 and type 2 diabetics.
- Screening for GDM, especially in low and middle-income countries.

Women and access to mental health services:

- Regular screening for mental health problems such as anxiety, depression, and body dysmorphic disorders, for example, are more common among women and girls.

Summary

While there are many burning topics regarding Women's health globally, insufficient attention is paid to the impact of NCDs on women's health. Concerted efforts to improve awareness of the significant impact of this group of disorders to women and girls from policymakers, to the frontline staff who deliver healthcare, cannot be too enthusiastic.

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