

Gender Statistics on Health

UNECE workshop on Disseminating, Communicating and
Using Gender Statistics

Astana, 29-31 May 2017



UNECE

Session outline

1. Health and statistics
2. Gender and health
3. Data sources
4. Understanding key gender indicators
5. Practical exercise

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1946)

Some determinants of health:

- *Sex* (biology)
Women need access to health care during pregnancy
- *Gender*
Men are more likely to smoke and consume alcohol
- *Poverty*
The infant mortality rate is higher in the lowest income groups

Health equity

Reducing avoidable health differences by taking into consideration specific needs according to sex, gender, age, minority groups, etc.



The importance of health statistics

- One of the widest statistical domains
- Incorporates a great variety of data e.g. on *incidence and prevalence of diseases*
- Used to evaluate **health care system performance** by examining levels of health in a population
- Used to analyze different **determinants of health status**
- Used by Governments **to inform and monitor health policy**



Gender and health

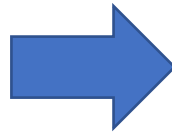
Gender norms

Women

- Lack of time (prioritize others' needs)
- Lower socioeconomic conditions

Men

Higher-risk behaviours



Gendered health outcomes

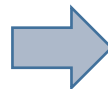
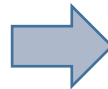
Women

- Barriers to use of healthcare services

Men

Higher risk of disease and premature death

Greater number of accidents and violence-related injuries



Health equity for men and women:

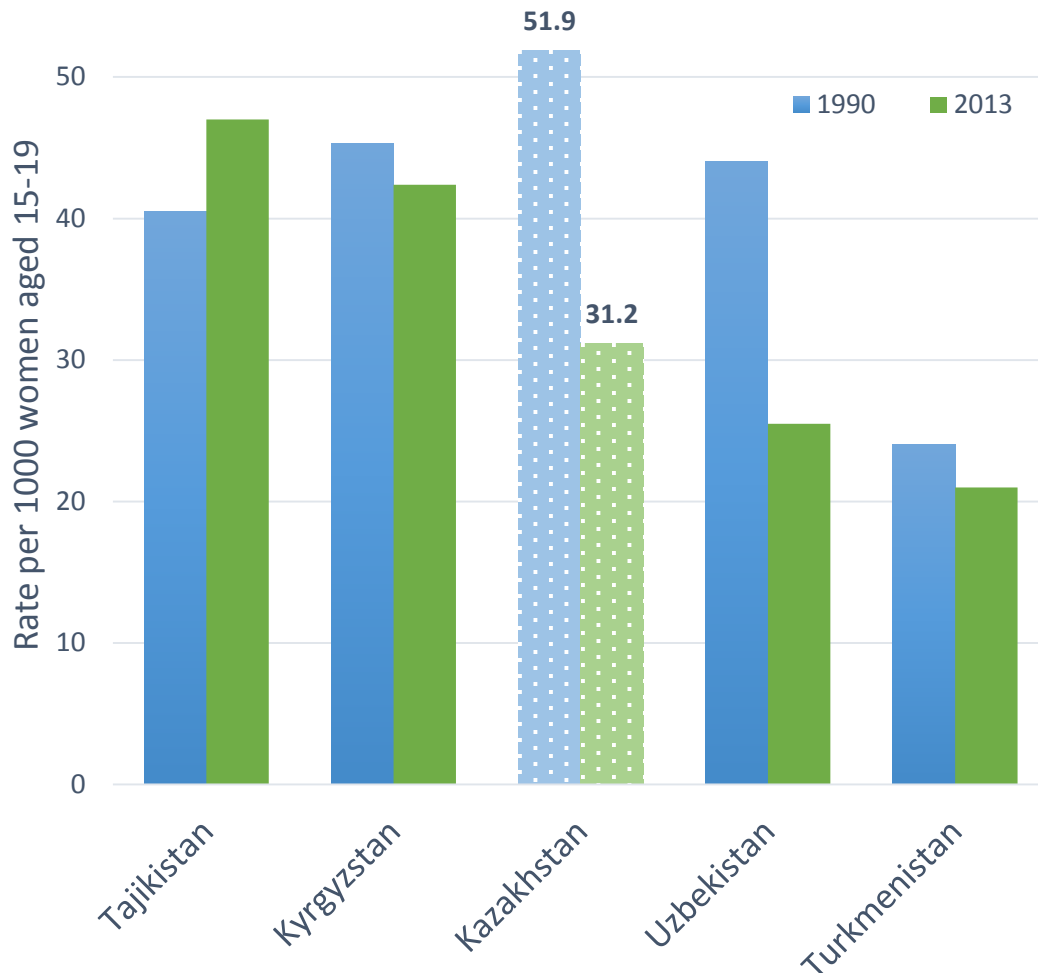
- Same possibilities for men and women to access healthcare services (**gender equality**)
- In healthcare services men and women should be treated in proportion to their need (**gender equity**)

Gender statistics on health:

- Monitor the differences between men and women in health status
- Provide evidence for policies

Example: adolescent fertility rate (AFR)

Adolescent fertility in Central Asia, 1990 and 2013



- Measures the annual number of births to women aged 15 to 19 per 1,000 women in that age group
- Provides a measure of reproductive health focusing on a vulnerable group
- Early pregnancies are subject to higher risk of complications and higher risk to child health

Possible strategies

- Education including sex education
- Employment opportunities for youth
- Family planning services and knowledge

Data sources



Administrative records

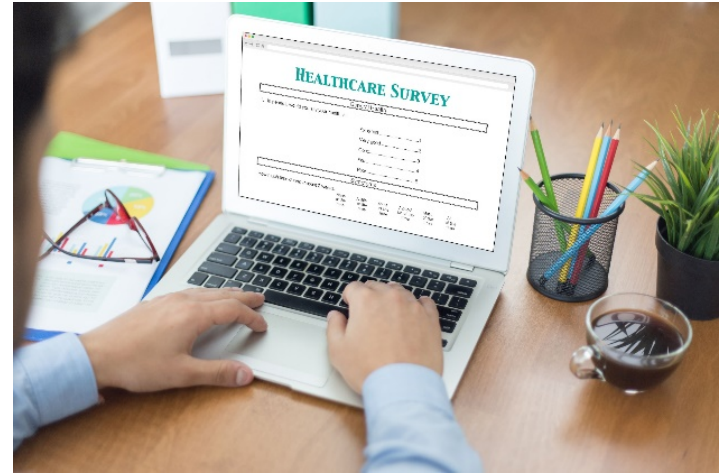
- Hospital records, healthcare services, other health providers
 - Birth registers
 - Information on morbidity and mortality
 - Reports on vaccinations
 - Maternal health and congenital malformation data
- Civil registers and vital registration
 - Birth and death data
 - Causes of death

Data sources

- **Surveys**

- Household surveys

- Specific diseases
 - Health issues that are often unreported or undetected
 - Gender-based violence
 - Sexual and reproductive health
 - Attitudes and behaviours
 - Nutrition and diet
 - Birth histories
 - Detailed questions on women's pregnancies and reproductive outcomes



Data sources

- **Population and housing censuses**
 - Basic information on fertility and mortality
 - Prevalence of disabilities
 - Questions are limited
 - Infrequent
 - Not suited for collecting detailed and sensitive information about health

Health system statistics

Kazakhstan	1995	2014
Total expenditure on health per capita (PPP international \$)	270	1,068
Total expenditure on health (per cent of GDP)	4.62	4.40
Density of physicians (per 1,000 population)	3.506	3.274
Number of hospitals	1,518	911
Number of beds (per 10,000 population)	122	61

Sources: World Health Organization, Health Systems & Ministry of National Economy of the Republic of Kazakhstan, Committee on Statistics.

Some key gender indicators

• Life expectancy at birth	Female 75	Male 66
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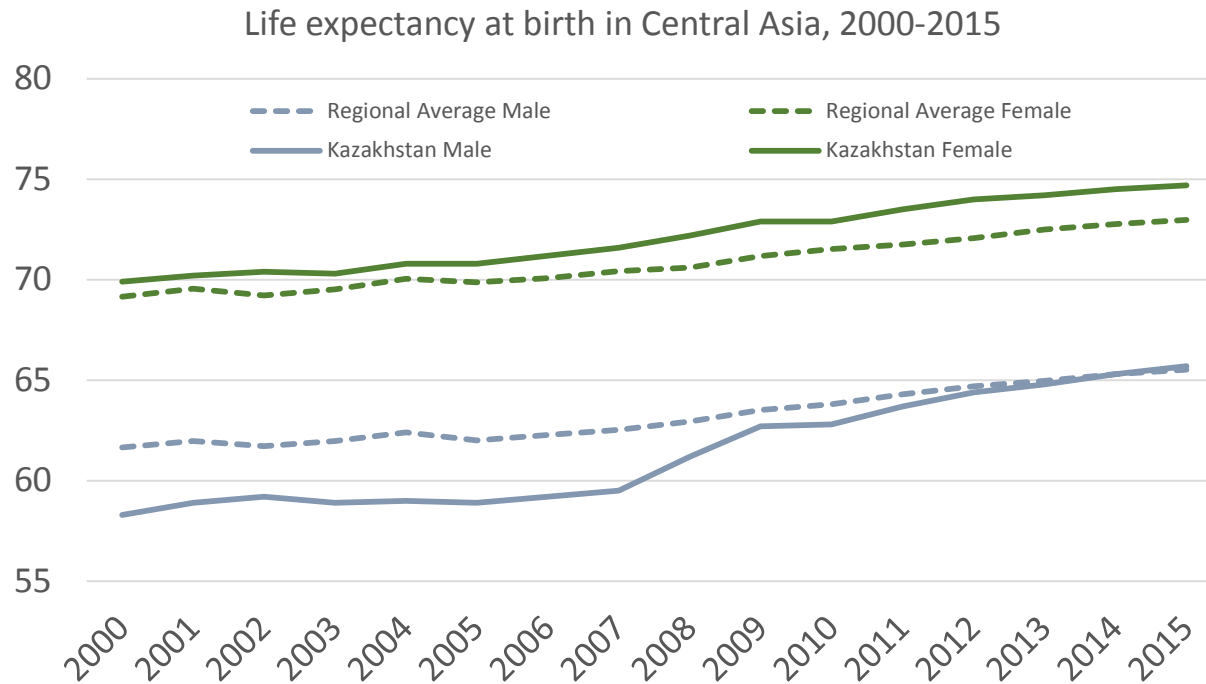
• Healthy life expectancy (Average number of years in 'full health')	Female 67	Male 60
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- **Causes of death (COD)**
(Age-standardized death rates, per 100,000 population)
- **Obesity**
(Percentage of adult population with a BMI \geq 30)
- **Adolescent fertility rate**
(Number of births to women aged 15-19, per 1,000 women)

Some key gender indicators

- **Infant mortality rate** **12.6**
(Probability of a newborn dying during the first year of life, per 1,000 live births)
- **Neonatal deaths** **7.0**
(Number of deaths occurring in the first 28 days of life, per 1,000 live births)
- **Incidence of low birth weight**
(Percentage of live-born infants that weigh less than 2,500g)
- **Immunization coverage for 1-year-olds**
(Percentage of one year-olds who have received 3 doses of a specific vaccine in a given year)
- **Maternal mortality** **12**
(Number of maternal deaths, per 1,000 live births)

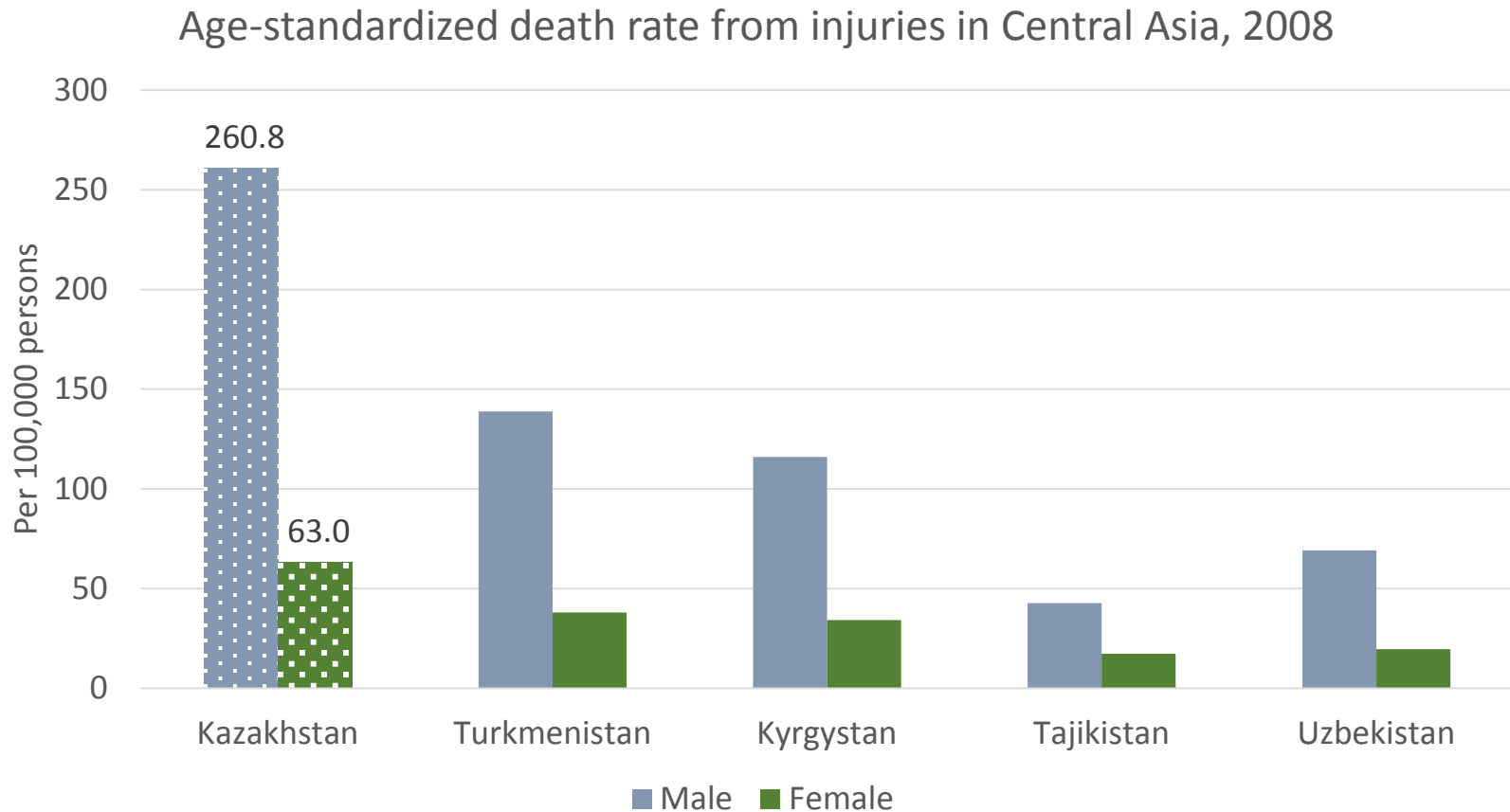
Example: life expectancy at birth



- Life expectancy at birth for both sexes increased by 5 years over this period
- Gender gap persists

Data: World Health Organization, Disease and injury country estimates

Example : causes of death



Data: World Health Organization, Disease and injury country estimates

Example: risk factors for non-communicable diseases

	Male		Female	
	Kazakhstan	Region Average	Kazakhstan	Region Average
Current tobacco smoking <i>(age-standardized) 2014</i>	45.3%	38%*	9.5%	2.5%*
Total alcohol consumption per capita <i>(litres of pure alcohol) 2010</i>	15.7	6.6	5.5	1.5
Raised blood pressure <i>(age-standardized) 2015</i>	30.4%	26.7	23.9%	24.9
Obesity <i>(age-standardized) 2014</i>	21.3%	12.4%	23.9%	18.2%

Practical exercise: changes in leading causes of death

- Get into groups of about 5 people
- Look at the tables on your handouts
- 30 minutes to examine the tables and discuss answers: 3-4 ideas per question
- Be ready to report back the most interesting observations to the rest of the workshop
- Not looking for '**the** right answers': there are many, many right answers here!