Gender Statistics on Health

UNECE workshop on Disseminating, Communicating and Using Gender Statistics

Bishkek, 29-31 May 2018

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.
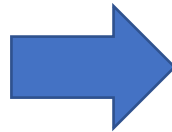
The importance of health statistics

- 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

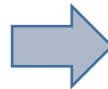**Gender norms** → **Gendered health outcomes**

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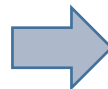- Worse socioeconomic conditions

Men
Higher-risk behaviours

Women
- Barriers to use of healthcare services

Men
Higher risk of disease and premature death

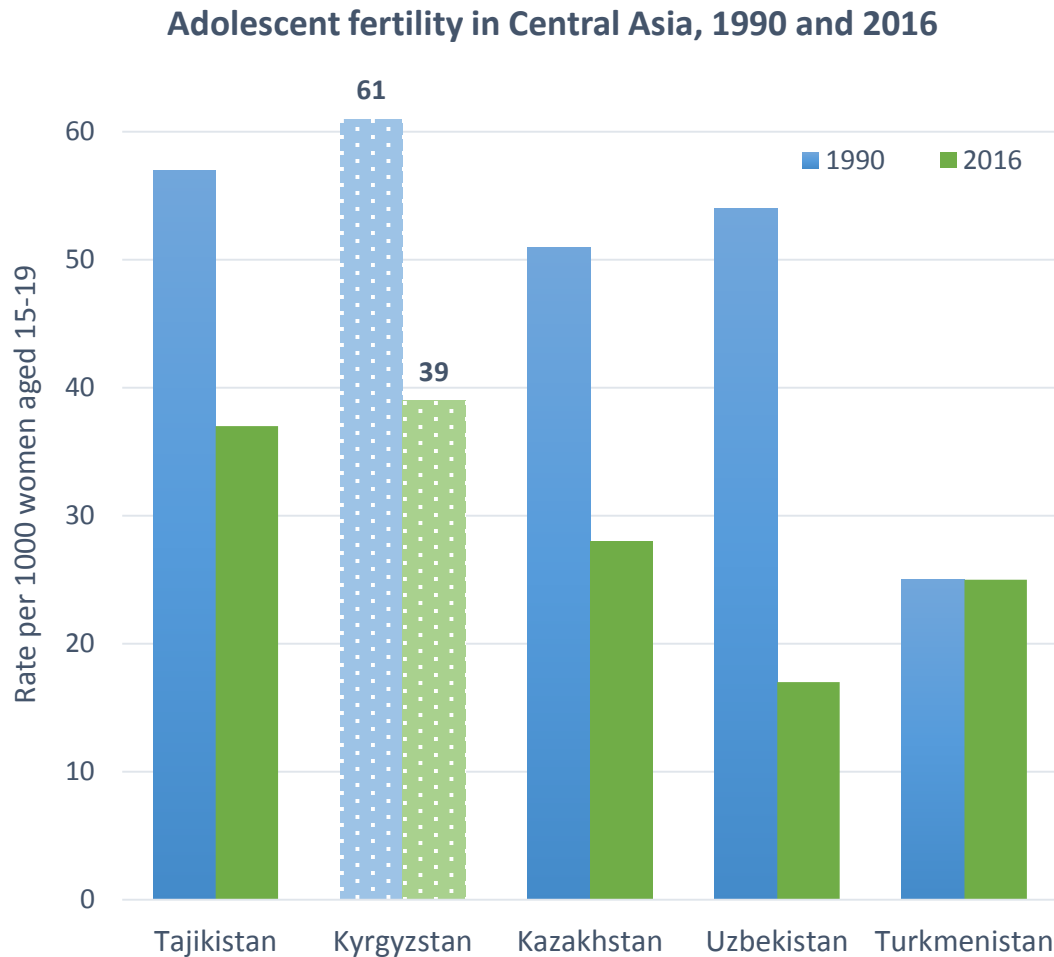Greater number of accidents and violence-related injuries

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

Adolescent fertility in Central Asia, 1990 and 2016

Rate per 1000 women aged 15-19

Tajikistan | Kyrgyzstan | Kazakhstan | Uzbekistan | Turkmenistan

Data: The World Bank

- 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

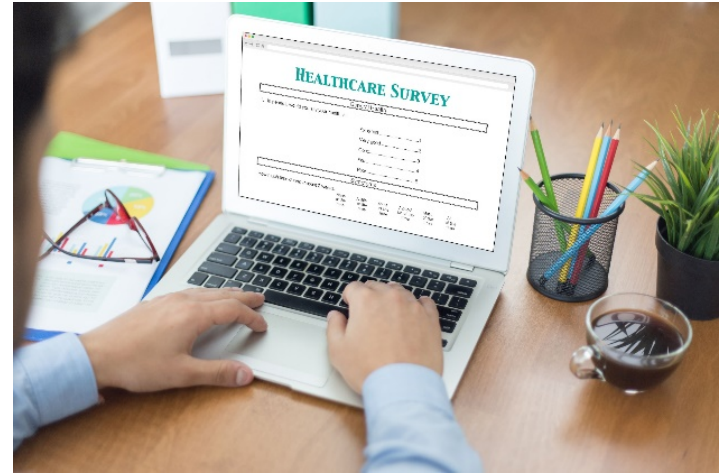**Administrative records**

- 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

Kyrgyzstan	1995	Most recent year available
Total expenditure on health per capita (PPP international $)	59.4	215*
Total expenditure on health (per cent of GDP)	6.00	6.50*
Density of physicians (per 1,000 population)	3.208	1.854*
Number of hospitals	341	184**
Number of beds (per 10,000 population)	86	45**

* 2014, ** 2016
Sources: World Health Organization, National Statistical Committee of the Kyrgyz Republic, World Bank

Some key gender indicators

- Life expectancy at birth   **Female 75**   **Male 67**

- Healthy life expectancy   **Female 67**   **Male 61**
  (Average number of years in 'full health')

- Causes of death (COD)
  (Age-standardized death rates, per 100,000 population)

- Obesity
  (Percentage of adult population with a BMI≥30)

- Adolescent fertility rate
  (Number of births to women aged 15-19, per 1,000 women)

Source: World Health Organization, Global Health Observatory country views

Some key gender indicators

- **Infant mortality rate**   **19**
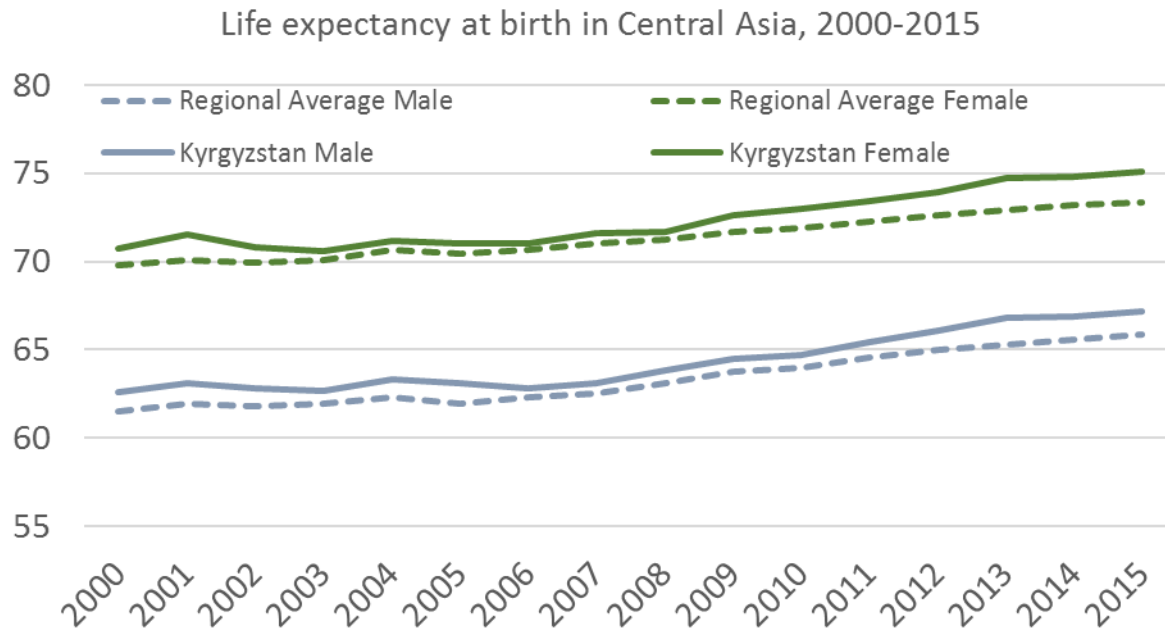 (Probability of a newborn dying during the first year of life, per 1,000 live births)

- **Neonatal deaths**   **12**
  (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**   **76**
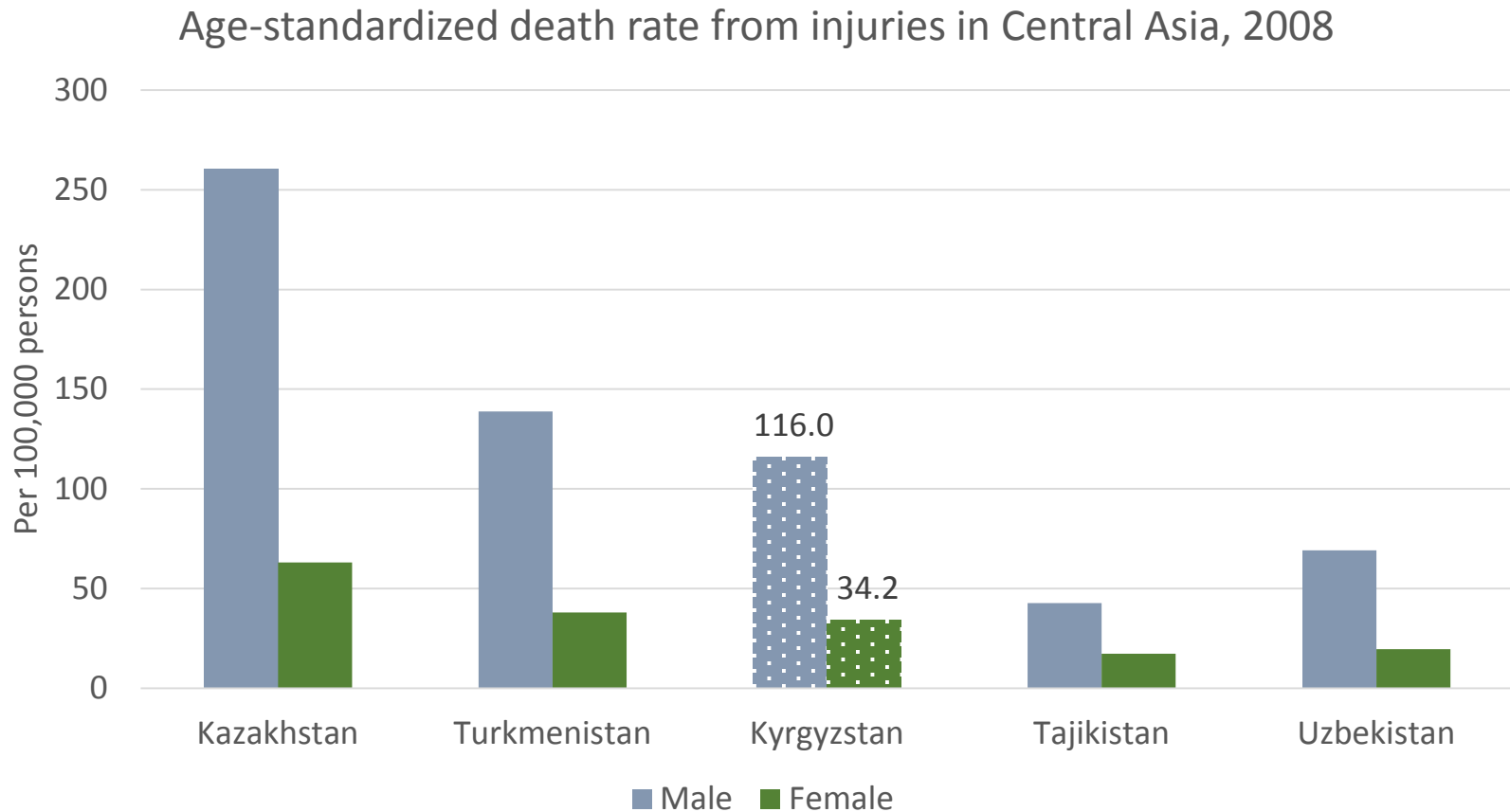 (Number of maternal deaths, per 100,000 live births)

Source: Unicef, Global Health Observatory country views

Example: life expectancy at birth

Life expectancy at birth in Central Asia, 2000-2015

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

Data: World Health Organization, The World Bank

Example : causes of death

Age-standardized death rate from injuries in Central Asia, 2008

Data: World Health Organization, Disease and injury country estimates

Example: risk factors for non-communicable diseases

	Male		Female	
	Kyrgyzstan	**Region Average**	**Kyrgyzstan**	**Region Average**
Current tobacco smoking *(age-standardized) 2015*	50.5%	33.7%*	3.7%	3.5%*
Total alcohol consumption per capita *(litres of pure alcohol) 2010*	6.7	9.3	2.0	2.5
Raised blood pressure *(age-standardized) 2015*	27.4%	27.5%	25.7%	24.5%
Obesity *(age-standardized) 2016*	14.0%	15.0%	18.6%	19.8%

Data: World Health Organization, Non-Communicable diseases, Risk factors

Practical exercise: maternal mortality ratio

- Get into groups of about 5 people
- Start by calculating the missing numbers in the table
- Then discuss the questions and write some ideas on your flipchart (about 20 minutes: 3-4 ideas per question)
- Be ready to report back the most interesting observations to the rest of the workshop
- For the discussion items: not looking for '**the** right answers': there are many, many right answers here!