Knowledge Brief

WORLD BANK GROUP
Health, Nutrition & Population

Health, Nutrition and Population Global Practice

GENDER GAPS IN HEALTHY LONGEVITY: OUTCOMES, BARRIERS, & IMPLICATIONS

Seemeen Saadat, Meriem Boudjadja, and Sameera Altuwaijri

July 2024

KEY MESSAGES:

- Gender gaps in access to, and use of health and long-term care services affect both women and men, albeit differently.
- While male mortality due to key non-communicable diseases (NCDs), particularly in the middle-ages is high, women live longer with these diseases. This has implications for universal health coverage (UHC) and social protection systems.
- Social and financial barriers that accumulate across the life course impede women's access to care and solutions need to be cross-cutting.
- Health and long-term care systems need to be gender-responsive, ensuring that services are available and accessible, with adequate quality of care.
- Investment in sex disaggregated data and gender specific indicators to monitor key indicators for healthy longevity (e.g., on NCD prevalence, UHC) is needed for policy and planning.

Introduction

Women and men experience aging differently. Along with physical and physiological differences, social and gender norms contribute to different experiences for women and men that manifest across the life cycle. These differences, such as in education, age at marriage, employment opportunities, caregiving responsibilities, and living arrangements contribute to gender-based differences in socio-economic status as well as health outcomes for women and men as they age (Carmel 2019; Hosseinpoor et al. 2012; Weber et al. 2019).

These differences are also reflected in the onset and experience of non-communicable diseases (NCDs) for both women and men. Evidence from high- and middle-income countries points to higher male mortality due to heart disease and diabetes, for example. On the other hand, women in these countries are likely to have similar prevalence levels as men of these diseases but will likely live longer with a lower quality of life. Women's longer life expectancy[1] implies a greater concentration of NCDs among women in older age groups and more years lived with disability. Women also go through menopause as they age, which takes a physical and mental toll, and is linked to an increased risk of contracting non-communicable diseases (Hess et al, 2012).

At the same time, older women, especially in lower income countries, are less likely than men to receive proper healthcare due to their greater financial

vulnerability – a direct consequence of gender gaps over the life cycle that affect women's patterns of labor force participation, income generation opportunities, and decision-making capacities (Quick, Jay, and Langer 2014; Cotlear 2011). Similarly, gender roles and expectations about behavior create inequities in health and access to health services before birth and continue through the entire life course of a person. Women's limited voice and agency, for example, in some countries makes it harder for them to access reproductive, maternal and child health services for themselves and their children freely. Similarly, men may deliberately ignore illness or avoid seeking medical help, to avoid being perceived as weak by their peers. These patterns influence the health outcomes of women and men and persist over their life course.

This brief summarizes key findings of a study that aims to examine the challenges related to healthy longevity and healthcare from a gendered perspective, especially for older women in low- and middle-income countries.

Study Methods

The study is based on a literature review and data analysis using the *Global Burden of Disease* for data on prevalence and mortality for key NCDs (heart disease, cancers, and diabetes) and mental health; and the *World Development Indicators* for data on income for the year 2019. We examine the proportion of deaths attributable to a disease and disease prevalence by sex and income by three age groups: 45-59 years, 60-79 years, and 80 years and above. The literature review provides supporting insights into the of demand and supply challenges affecting access to care and health outcomes of older adults.

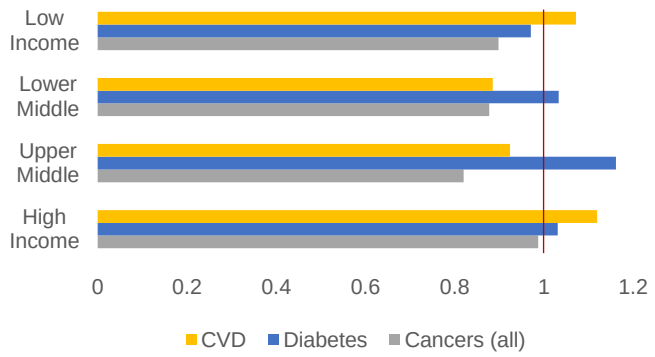
Disease Burden by Sex

CARDIOVASCULAR DISEASE

Cardiovascular diseases (CVD) are the leading cause of mortality, responsible for roughly 18 million deaths each year (WHO 2021). Older adults, both women and men bear the largest burden of CVD: in 2019, CVD accounted for 41.6 percent and 38.2 percent of all female and male deaths respectively for those aged 45 years and above globally (IHME 2020). At the aggregate level, the ratio of female to male CVD deaths is higher, while for middle income countries, male mortality is higher than that of women (Figure 1, yellow bars).

We also examine the distribution of disease burden at the country level by age and sex. With a few exceptions, male and female levels of CVD prevalence are similar for ages 45-59 years old, especially in lower income countries, but

Figure 1. Ratio of female to male NCD deaths, by sex and income group, ages 45+ (2019)

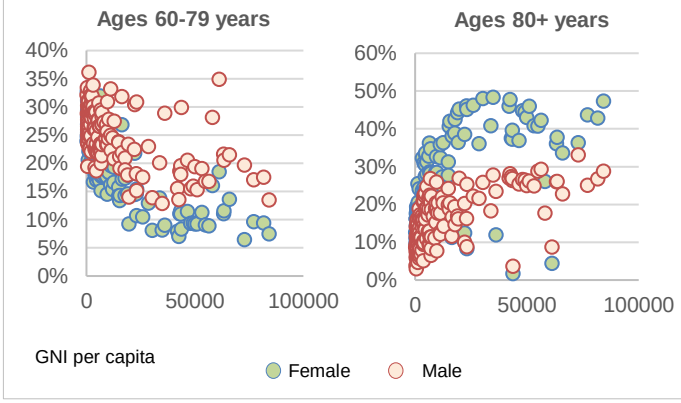


begin to diverge for the 60-79 years old cohort in countries with higher GNI, with a higher burden among men. Yet, for those aged 80 years and above, prevalence is considerably higher for women than men (Figure 2).

Figure 2. Cardiovascular disease prevalence (%, 2019) by GNI per capita and sex

Figure 3 presents a similar pattern for CVD mortality at the country level.

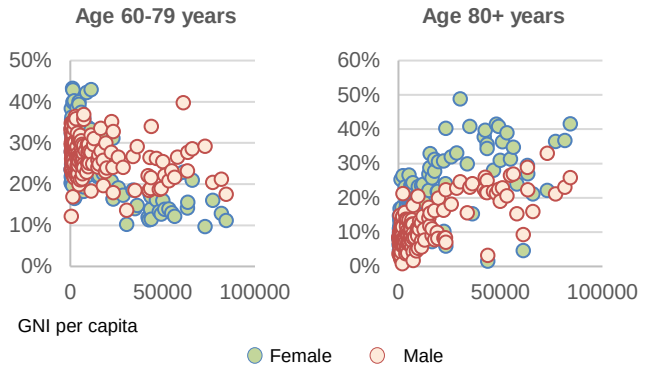
Figure 3. Cardiovascular deaths (%, 2019) by GNI per capita and sex



DIABETES

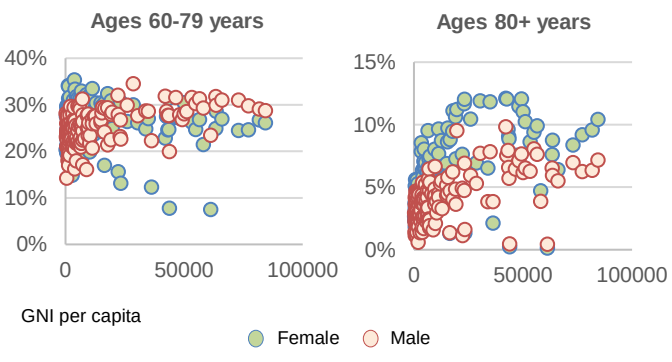
Diabetes accounted for roughly 1.55 million deaths of which 95 percent were among persons aged 45 years and above in 2019 (IHME 2020). At the aggregate level 3.6 percent women and 2.9 percent men die from to diabetes among older adults. The largest burden of deaths is in LMICs: 4.7 percent for women and 3.9 percent for men; while the largest gender gap is in upper-middle income countries with diabetes responsible for 3.4 percent female and 2.4 percent male deaths (Figure 1, blue bars). As with CVD, diabetes mortality among women increases with age as figure 4 indicates.

Figure 4. Deaths due to Diabetes (%, 2019) by GNI per capita and Sex



Diabetes accounts for roughly 16 percent of all the disease prevalence among older adults, with about 97 women for every 100 men living with diabetes. However, when disaggregated by age, the data show growing gender gaps among older albeit smaller cohorts, with women bearing greater burdens (Figure 5): higher disease prevalence among men in upper and higher income countries is especially evident among the 60-79 year old cohort, whereas among the very old, prevalence becomes higher for women.

Figure 5. Diabetes Prevalence (% 2019) by GNI per capita and Sex



CANCERS

Cancers present a complex picture. The overall burden of mortality from all cancers is higher among men than women globally (Figure 1, grey bars), with gender gaps in mortality being the greatest in middle income countries and for those aged 60-79 years. However, women aged 45-60 years have higher levels of cancer prevalence than men globally, even though mortality rates remain similar for this age cohort (graphs not shown). There are also differences in the types of cancers that are most prevalent, with 60 percent of the disease burden for women stemming from breast and female reproductive cancers. Breast cancers are also the leading cause of female mortality from this disease. For men, prostate cancers are the most prevalent, while respiratory cancers are the leading cause of mortality (IHME 2020).

MENTAL HEALTH

One in five persons globally suffers from a mental health illnesses, with depressive disorders constituting the largest share. Prevalence levels of depressive disorders are consistently higher for women compared to men. However, there are variations: in countries such Pakistan, Ukraine, and Viet Nam the female burden of depressive disorders is up to twice that of men; and it is three times that of men for Japanese women 80 years and above (13.17% vs. 4.96%). On the other hand, in the United Arab Emirates and Qatar, prevalence of depression among men aged 45 to 59 years is three times higher than that of women in the same age group (IHME 2020). Relatedly, prevalence of self-harm among women and men exhibits similar rates, except for ages 80 years and older, when the burden is higher for women. However, deaths due to self-harm are consistently higher among men for all three age groups. Evidence suggests that the methods used by men and women to commit self-harm may be behind this difference (Altuwaijri et al. 2024).

Key Barriers to Care

A key question is how the distributional effects of factors such as income, mobility, distance, and availability of services affect access to health services for aging populations, and especially women. Some studies find evidence of higher utilization of health services, most often in higher income countries among women (Bertakis et al. 2000), others find just the opposite results (Song and Bian 2014; Azad et al. 2020). However, common themes are women's lower economic status and higher costs for healthcare. Delays in seeking healthcare due to poor access to transport, limited mobility due to social or cultural norms, women's care responsibilities are often cited as significant barriers to women's access to care

(Hamiduzzaman et al. 2017; Washington et al. 2011). Financial dependence on others, especially in lower income countries is another barrier for older and widowed women, who often lack their own resources due to limited participation in formal labor markets, limited control over assets, and/or lack of coverage under social protection or health insurance systems. This also affects their use of long-term care. Similarly social or gender norms can become barriers to better health. This is especially a barrier for men in seeking mental healthcare.

At the same time, availability of services, including both health and long-term care, their proximity to communities, healthcare financing decisions, and the mix of public and private healthcare spending, as well as the quality of care (whether perceived or experienced), can also influence access and use of these services, contributing to deepening or closing of gender gaps.

Policy and Programmatic Implications

Health systems have a pivotal role to play in reducing gender gaps in age related disability and disease. This can be given a boost, when coupled with cross-cutting interventions that address social and financial barriers that women and men face. For policy/programs, this means:

(i) Efforts to implement universal health coverage and strengthen service delivery, particularly for prevention and management of NCDs, need to proactively focus on closing gender gaps and reduce biases (e.g., through provider training to improve quality and reduce unconscious bias; supporting female leadership and representation in clinical trials; and updating medical texts) and bringing services closer to people.

(ii) Continued effort to improve women's labor market opportunities, access to finance, and coverage under social protection systems, especially for those in lower income and vulnerable households remains necessary to strengthen women's agency and improve their access to health care.

(iii) Supporting cross-cutting behavior change interventions that reduce social and other access barriers to healthcare (e.g., addressing stigma around mental health, reducing risky behaviors) can help reduce the burden of disease for women, and especially for men.

(iv) Expanding use of sex-disaggregated data and gender specific indicators on NCDs and healthy longevity to improve understanding of gender based gaps in health outcomes and access to care. Investments to strengthen HMIS and CRVS systems, should ensure wider coverage and collection of sex disaggregated data (especially for rural/remote populations).

References

Altuwaijri, S., S. Saadat, M. Boudjadja, C.P. Neilsen, A.E. Gordillo-Tobar, M. Maruo, P. Rakh. 2024. Prioritizing Gender in Universal Health Coverage. Gender Thematic Policy Note Series: Evidence and Practice Note. Washington, D.C.: World Bank.

Azad, A.D., A.G. Charles, Q. Ding, A.W. Trickey, S.M. Wren. 2020. "The Gender Gap and Healthcare: Associations between Gender Roles and Factors Affecting Healthcare Access in Central Malawi, June–August 2017." *Archives of Public Health* 78 (1).

Bertakis, K.D., R. Azari, L.J. Helms, E.J. Callahan, J.A. Robbins. 2000. "Gender Differences in the Utilization of Health Care Services." *The Journal of Family Practice* 49 (2): 147–52.

Carmel, S. 2019. "Health and Well-Being in Late Life: Gender Differences Worldwide." *Frontiers in Medicine* 6 (218).

Cotlear, D. 2011. Population Aging: Is Latin America Ready? Directions in Development: Human Development. Washington, D.C: World Bank.

Hamiduzzaman, M., A. De Bellis, W. Abigail, E. Kalaitzidis. 2017. "The Social Determinants of Healthcare Access for Rural Elderly Women - a Systematic Review of Quantitative Studies." *The Open Public Health Journal* 10 (1): 244–66.

Hess, R., R.C. Thurston, R.D. Hays, C.H. Chang, S.N. Dillon, R.B. Ness, C.L. Bryce, W.N. Kapoor, K.A. Matthews. 2012. "The Impact of Menopause on Health-Related Quality of Life: Results from the STRIDE Longitudinal Study." *Quality of Life Research* 21 (3): 535–44.

Hosseinpoor, A.R., J.S. Williams, A. Amin, I. Araujo de Carvalho, J. Beard, T. Boerma, P. Kowal, N. Naidoo, S. Chatterji. 2012. "Social Determinants of Self-Reported Health in Women and Men: Understanding the Role of Gender in Population Health." *PLoS ONE* 7 (4): e34799.

IHME. 2020. Global Burden of Disease Study 2019 (GBD 2019) Results. Global Burden of Disease Collaborative Network. Seattle, WA: Institute for Health Metrics and Evaluation. [Accessed: November 16, 2022]

Quick, J., J. Jay, A. Langer. 2014. "Improving Women's Health through Universal Health Coverage." *PLoS Medicine* 11 (1): e1001580.

Song, Y., Y. Bian. 2014. "Gender Differences in the Use of Health Care in China: Cross-Sectional Analysis." *International Journal for Equity in Health* 13 (1): 8.

Washington, D.L., B. Bean-Mayberry, D. Riopelle, E.M. Yano. 2011. "Access to Care for Women Veterans: Delayed Healthcare and Unmet Need." *Journal of General Internal Medicine* 26 (S2): 655–61.

Weber, A.M., B. Cislaghi, V. Meausoone, S. Abdalla, I. Mejía-Guevara, P. Loftus, E. Hallgren, et al. 2019. "Gender Norms and Health: Insights from Global Survey Data." *The Lancet* 393 (10189): 2455–68.

World Bank. 2022. World Development Indicators Database. [Accessed: November 16, 2022]

This HNP Knowledge Brief presents key findings from a study on the "Gender Gaps in Health and Well-being of Older Adults: A Review of the Burden of Disease of Non-communicable Diseases and Barriers to Healthcare for Women and Men" by Seemeen Saadat, Meriem Boudjadja, and Sameera Altuwaijri, conducted as part of the Healthy Longevity Initiative – a World Bank initiative in collaboration with the University of Toronto, PAHO and others, and with financial support from the Access Accelerated Trust Fund.