SWOT Analysis from a gender perspective
Why women and diabetes?

- Diabetes is the ninth-leading cause of death for women in high-income countries
- Female longevity makes women more likely to get diabetes
- Diabetes is the biggest risk factor for heart disease - the protective benefit of female hormones for preventing heart disease is lost in women with diabetes, regardless of age
- Death from heart disease associated with type II diabetes is 50% greater in women than in men
- Socioeconomic issues affecting women disproportionately
Our Search

- Our task was to do a SWOT analysis on gender perspectives in policy
- Adopt a gender-specific focus
  - research that comes from an approach that is considerate of the multi-faceted nature of gender
- A policy which focused on gender and diabetes in general (not just gestational diabetes)
  - preferably on an European level
- Search for something less gender-specific but well developed and succinct
Choice of Document

- Document chosen for SWOT analysis: English National Service Framework for Diabetes: Standards
- We felt that the English document was more practical and "hands-on" standards as opposed to generalised European standards
- We chose this document as the English health system will be familiar to anyone living in Ireland (as well as for ease of access as it is in English)
Strengths

• Awareness of the problems diabetes causes for low socioeconomic and minority groups and the complexity of this is a good nod towards an intersectional view of issue

• Focus on CVD mentions women (albeit briefly) – refers to the National Service framework for Coronary Heart Disease at a number of occasions, showing good integration with other policies

• Good attention on diabetes and pregnancy, and gestational diabetes

• Emphasis on lifestyle behaviour programmes

• Excellent awareness of and sensitivity to patient empowerment and individual patient needs
Weaknesses

- Not enough attention and discussion on how diabetes affects women in particular
- States that:

  “Women with diabetes are at relatively greater risk of dying than men. This may be because gender compounds other aspects of inequality”

  but does not develop this in any way throughout the document!
Opportunities

- Expand equity perspective to more specifically focus on women
- Emphasise and expand issues of CVD and women with diabetes
- Older people are mentioned throughout the Framework – the inclusion of older women’s issues with diabetes is an opportunity to further help older people (not just women)
Threats

• Attention on groups at disproportional risk from diabetes (low socioeconomic groups, certain minorities) without including women specifically, obscures the issue

• Women are subsumed into the assumption that being male is the norm and that there are no different approaches needed
Lessons Learnt

- Paid great attention to issues of disadvantage and other problems facing people with diabetes, and recognised that “diabetes does not affect everyone in our society equally”

- From a gender point of view it falls short on emphasising issues that are unique for women, apart from pregnancy.
  - It alludes twice to the specific issues that confront women, namely CVD and that women are more likely to die from diabetes.
  - However, it does not discuss or develop this in any way throughout the Framework, leaving it short of its self-defined goal of improving diabetes care for all
Lessons Learnt

- It is key to include women, as many issues of deprivation, socially excluded communities and hard to reach groups disproportionately affects women

- This is necessary on both a national level, as well as on EU level to ensure that a gender perspective is included across the board

- An increased focus on women’s health issues in diabetes, as well as an intersectional approach to these issues would greatly aid the further development of the standards
The Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS)*

* This presentation arises from the Joint Action addressing chronic diseases and healthy ageing across the life cycle (JA-CHRODIS), which has received funding from the European Union, under the framework of the Health Programme (2008-2013). Sole responsibility lies with the author and the Consumers, Health, Agriculture and Food Executive Agency is not responsible for any use that may be made of in the information contained therein.