

# Gender perspectives of national policies and programs on prevention and management of diabetes



**Peggy Maguire**  
**Vanessa Moore**  
European institute of Women's Health



# Sex and Gender

## Sex

- Sex refers to the organs you are born with, and the chromosome makeup that determines whether you are male or female. This is a biological fact, defined by XY or XX chromosomes

## Gender

- Describes the socially constructed characteristics of women and men – norms, roles and relationships of/between groups of women and men
- Gender refers to norms that come with being of a particular sex, for example those of the female gender are expected to have certain characteristics, behaviours, and roles.

# 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.

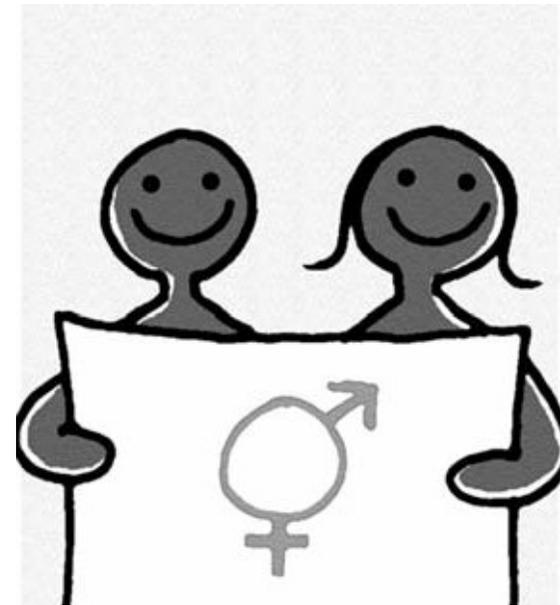
# Women, Diabetes and Clinical Trials

- Increased primary and secondary preventive measures to reach risk-factor goals, updated by international guidelines, are of the utmost importance in achieving a reduction in related complications
- Trials in people who have suffered a heart attack have recruited limited numbers of people with diabetes, and even lower numbers of women with the condition
- More research, adequately powered for making conclusions in women with diabetes, is needed.



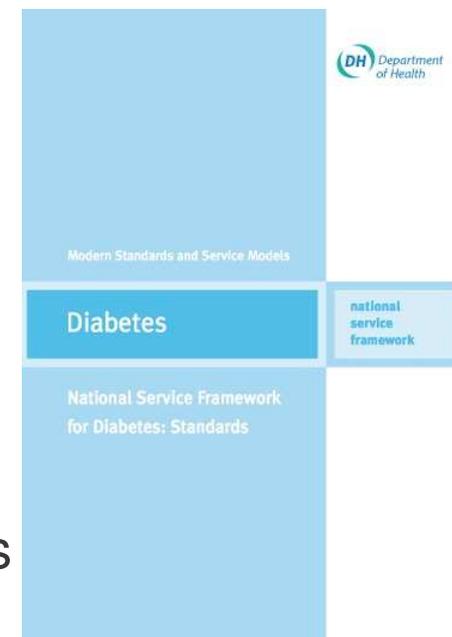
# Women and Clinical Trials

- Women are underrepresented in clinical trials
- While women participate in all phases of study development, participation is especially low in early Phase I and I-II studies
- Another problem stemming from the paucity of women in clinical trials is the lack of awareness among doctors and health care professionals about the importance of sex-specific differences across the lifespan.



# Document Analysed

- 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).



# Document Analysis

- The English National Service Framework from Diabetes: Standards emphasises the importance of the quality of care and of good education and care strategies to exist between health care services and the diabetes patient
- Good attention on diabetes and pregnancy and gestational diabetes
- From a gender point of view it falls short on emphasising issues that concern women, apart from pregnancy.



# Document Analysis

- 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

- 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!

# Document Analysis

- By not focusing on gender aspects of diabetes, the Framework ignores its self-defined goal of improving diabetes care for all
- The Framework recognises that “diabetes does not affect everyone in our society equally”
  - Awareness of the problems diabetes causes for low socioeconomic and minority groups and the complexity of these issues is mentioned
  - However, many issues of deprivation, socially excluded communities and hard to reach groups disproportionately affects women.



# Document Analysis

- Standards in care are crucial in order to successfully implement preventative measures, and such measures/standards must take gender into account to be effective
  - Women are subsumed into the assumption that being male is the norm and that there are no different approaches needed
- Necessary with an increased focus on women's health issues in diabetes on national and EU level
  - An intersectional approach to these issues
- Including gender in national policies/programs on prevention and management of diabetes is beneficial for everybody, and improves efficiency



# Moving Forward

- Currently data collection at the EU level only examines death rates from diabetes
  - Data should also be collected on the incidence and prevalence of diabetes, as well as its complications
  - Disaggregating the data by gender and age in order to understand diabetes trends more fully
- Examine the interaction between diabetes, gender, age and other chronic diseases
  - Essential to understand the role that gender and age play, and the interaction with other chronic conditions that lead to multi-morbidity and an increase in the chronic disease burden
  - This would lead to better prevention and management of diabetes and other chronic diseases.

# Moving Forward

- Increase awareness of connection between pregnancy and diabetes and improve detection and treatment of gestational diabetes
  - Women with pre-existing diabetes should be better informed about the risks of diabetes and pregnancy in order to help them prepare for and manage their condition better during pregnancy and thereby ensure good health for both mother and child
- Gestational diabetes mellitus (GDM) increases the risk of type 2 diabetes in both mother and child. Efforts should be made to increase awareness and prevent the development of GDM
- EU-wide screening and diagnostic guidelines need to be developed to improve better detection and treatment as well as the training of health professionals.





Co-funded by  
the Health Programme  
of the European Union

## 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.

[WWW.CHRODIS.EU](http://WWW.CHRODIS.EU)

