Gender Issues and Public Health

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Gender is one of the most important considerations in public health research and program implementation. Basic issues such as protecting women from violence, upholding their rights to property and equality in access to health, education, employment, and political participation are important to society and for public health. Gender inequality exists both within and outside the health system and is linked with poverty, ethnicity, and sociocultural practices that hinder the advancement of women. This is manifested as poor access to health resources, discrimination, sexual abuse, and violence. For example, due to gender power imbalance and lack of negotiating skills, in aspects of sexual and reproductive health, condom use may be difficult\textsuperscript{1,2}. This may lead to unintended pregnancies and expose women to a higher risk of sexually transmitted diseases and HIV infection. The issues of gender equality need to be continuously examined and addressed throughout the Asia Pacific region and the education programs of our APACPH (Asia-Pacific Academic Consortium for Public Health) institutions.

Each year, the United Nations Development Programme publishes a report that includes the gender inequality index\textsuperscript{3}. Between 1990 and 2015, progress has been made in most world regions and the East Asia and Pacific regions are now at a similar level to parts of Europe. South Asia lags behind and is only slightly ahead of sub-Saharan Africa. Of course, there is much variation between and with the individual countries of APACPH. Goal 3 of the United Nations Sustainable Development goals is our fundamental objective in public health; “ensure healthy lives and promote well-being for all at all ages.”\textsuperscript{3} Achieving goal 5, “achieve gender equality and empower all women and girls” is an important prerequisite to achieving goal 3.

In basic public health statistics, women are often shown to better off than men. The best overall indicator of public health is life expectancy and in all countries of the Asian Pacific region, women live longer than men and the gap is widening in many countries (Table 1)\textsuperscript{4}. Until the 1980s, the Indian subcontinent was an anomaly where men lived longer than women, but this was reversed by 1990. At the beginning of life, more boys are born than girls (and selective abortion is an issue), but infant mortality is higher in boys\textsuperscript{5}. Asia has the highest male-female sex ratio at birth in the world, and this was the case in China, although this may change with recent population policy reforms\textsuperscript{6}. But, health is more than just longevity and these overall statistics can obscure important gender differences in morbidity and quality of life.

Noncommunicable diseases, primarily cardiovascular diseases, respiratory diseases, diabetes mellitus, and cancers are the leading causes of death and disability in the Asia-Pacific region responsible for 80% of all deaths in a region\textsuperscript{7}. Obesity is an increasing problem in our region and

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there are slightly higher rates in women (Table 2). If the trend in gender-associated obesity continues, it will lead to increased chronic disease in women.

In the Asia-Pacific region, there is a need for further research into gender differences in the prevention and treatment of chronic disease. There are a number of large population databases and cohorts that are available for analysis of gender issues. This journal has published extensive analyses of large databases from Korea, China, Taiwan, and Japan. In this issue of the journal, we are publishing 2 further analyses of gender issues using 2 large databases from Indonesia and Korea.

In an urban Indonesian population, gender inequalities were found in the distribution of hypertension, obesity, and hypercholesterolemia. However, in this study, these differences can be accounted, at least in part, by the disparities in the socioeconomic factors between men and women. This article supports the emphasis on gender inequities advocated by the United Nations Development Programme.

In the study from Korea, Song and her colleagues used the Korea National Health and Nutrition Examination Survey to examine gender-related effects of obesity on quality of life. Women who were severely obese had 31% significantly lower quality of life index compared with women with normal weight. However, the same trend was not found in men.

Gender differences are also found in tobacco consumption and with few exceptions, men smoke more than women. Globally, about 3% of women smoke compared with more than 20% of males. But increasingly, tobacco marketers are targeting women and the gender difference is narrowing. In Australia, the overall prevalence of smoking is now 16% of adults and the gender difference is diminishing. However, while the overall prevalence of youth smoking is now low, more girls smoke than boys. Traditionally, in the Asia-Pacific region, smoking was predominantly seen as adult male behavior, but now this social norm is changing as more girls and women are smoking, the synergy of smoking, obesity, and changing diet, the gender gap in chronic disease can be expected to close. Smoking is now the most prevalent preventable risk factor in our region and as the proportion of female deaths due to tobacco is increasing, the regional tobacco control program particularly targets women.
Women are more vulnerable to poverty, experience lower wages, have restricted accessibility to economic opportunities, and their improvement is hampered by discriminatory attitudes. APACPH has pledged to address gender differences in health and continuously ensure that women’s rights and health are protected through the consolidated efforts between the member institutions in this region. This journal will continue to welcome papers addressing gender issues in public health in the region.

References