

Global health policy fails to address burden of disease on men

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Men experience a higher burden of disease and lower life expectancy than women, but policies focusing on the health needs of men are notably absent from the strategies of global health organisations, according to a Viewpoint article in this week's *Lancet*.

The article reinterprets data from the 'Global Burden of Disease: 2010' study which shows that all of the top ten causes of premature death and disability, and top ten behavioural risk factors driving rates of ill-health around the world, affect men more than they affect women (see tables in Notes to Editors).

In every region of the world men die at a younger age than women and the smallest decline in global [mortality rates](#) over the past 40 years has been experienced by young men aged 25-39 years.

The commentary, written by Dr Sarah Hawkes of the UCL Institute for Global Health and Dr Kent Buse of UNAIDS, reviews the responses of major global health institutions and finds that efforts and resources are focused more often on the health needs of women. The authors argue that global health institutions should start tackling the [social norms](#) and commercial interests that push men to take risks with their health.

"[Gender norms](#) drive risk-taking," says Dr Sarah Hawkes. "[Drinking alcohol](#) and smoking, in particular, are subject to [social pressures](#) which have resulted in men globally running three times the risk of ill-health from these behaviours compared to women. These norms and customs

are clearly perpetuated by all of us, and exploited by commercial interests."

Dr Hawkes, an expert in sexual health, continues: "The global health community has made real strides in acknowledging and addressing [unsafe sex](#), we must now do the same for 'unsafe gender'.

"We recognise that women are disadvantaged in many societies and consider the advancement of women central to sustainable development, but this does not imply that the international community has no responsibility to promote and protect men's health too."

Co-author Dr Kent Buse, Chief, Political Affairs and Strategy at UNAIDS, says: "It is more or less universally acknowledged that gender plays a significant role in the risks associated with unsafe/unprotected sex – in this case placing women at greater risk. So why is it so difficult to accept that gender also plays a role in the risk of other major burdens of illness and premature death globally – particularly those that effect men disproportionately?

"The global health community is taking a short-sighted view," continues Dr Buse. "The drivers of ill-health in [men](#) are the same drivers of the emerging burden of illness in [women](#). It is time that policy-makers face up to gender in [global health](#) and tackle the interests that stand between us and good health for everyone."

The views were echoed by Professor Chris Murray of the University of Washington, author of the original study on which this analysis is based: "We as a society should not have lower aspirations for health for males than females. Everyone deserves a chance at a long life in full health, regardless of where they live, their gender, or their economic situation."

Professor Davidson Gwatkin from the Johns Hopkins Bloomberg School

of Public Health stated: "This is by far the most interesting and thought-provoking piece on gender inequalities I have read in a long time. The international health community stands to benefit greatly from such iconoclastic thinking and from the extensive discussion it deserves to generate."

More information: Hawkes S., Buse K., Gender and global health: evidence, policy and inconvenient truths. *The Lancet* 2013; 381:1783-87
The paper will be available from: www.thelancet.com/themed/women-deliver-2013

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