WORLD DIABETES DAY
14th NOVEMBER 2017

Theme: Women and Diabetes
Slogan: Our right to a healthy future
Women and Diabetes: They have a right to a healthy future!

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Women of today are at greater risk for non communicable diseases and other health issues at a young age. Epidemiological studies have given a grave picture of epidemic proportions of Type 2 diabetes worldwide and the prevalence is expected to increase exponentially in the coming years. The global prevalence of diabetes is expected to increase by more than 100% with a huge variation based on ethnicity, geography and gender. By 2050, rate of this increase is expected to be more in women (220%) than in men (174%), particularly for Indian women. A recent systematic review on Asian Indian reported that the prevalence of obesity in women is higher than in men. Interestingly, diabetes related risk factors which are found to be at a lower rate in non-diabetic women are increased exponentially in women with diabetes, compared to men. This makes diabetes as one of the largest global health emergencies of the 21st century and one of the leading causes of mortality and morbidity.

Gender wise, male diabetes population (215.2 million) is slightly higher than women (199.5 million). Prevalence is similar in both genders till 60 years of age after which women have higher prevalence. For India, WHO estimates Diabetes prevalence to be more in men (7.9%) as compared to women (7.5%), despite more Indian women being overweight (23.9% vs. 19% in males), obese (6.5% in women vs. 3.1% in men) and more prone to physical inactivity (15.1% vs. 9.2% in men). But, after age standardization, there is no gender difference in these figures. The gender differences in prevalence of diabetes have been shown to vary based on the stage of reproductive life, such that there are more males with diabetes before puberty, and more women with diabetes after menopause. However in India, data from the ICMR-INDIAB study which is a national study on diabetes and prediabetes suggests that until the age of 35 years, the risk for diabetes is similar among the genders (with the take-off point being at the age of 25 - 35 years in both males and females). However after the age of 35, the risk appears to be slightly higher in men compared to women.

Gestational diabetes mellitus (GDM) is a subtype of diabetes which exclusively affects women of child bearing age group and can have adverse outcomes both for the mother and the baby. Prevalence of GDM is also increasing alarmingly; globally one in seven births is affected by GDM. In South East Asia Prevalence of GDM is 8.1-18.3 (11.7%) with Malaysia having the highest prevalence of 18.3%, followed by India with 13.6%. Women of reproductive age group make 24% of the total population in South East Asia and Asian Indians are twice — more likely to develop GDM compared to US counterparts. Considering data from some countries in this region the prevalence of GDM in Pakistan is 3.3%, Bangladesh 9.7%, Nepal 6.6% and Sri Lanka 5.5%.

Women are often victims of gender bias, especially in India and the subcontinent and often the last to receive medical care. Women with diabetes face several challenges owing to gender discrimination and differential access to care. Many conditions suffered by women are left undiagnosed or undertreated. Women with diabetes often struggle to maintain adequate control of their disease during the far-reaching physiological changes that occur during their lifespan. Epidemiological evidence also suggests a differential susceptibility to certain diabetes complications between genders.

While both women and men share some similar health challenges, other differences make women’s health deserve particular attention. Biologically, women have a survival advantage in that they live longer than men but in developing countries these advantages are often overridden by gender-based discrimination making female life expectancy at birth lower than or equal to that of males. In these settings even the longer lives are not often healthy lives. Certain biological events (e.g. pregnancy, childbirth and breast feeding) are experienced only...
by women in their lifetime and may negatively impact their health if proper care is not provided. Women are not only physiologically different than men but there are also social, ethnic and cultural differences making women more vulnerable to many diseases — especially in India. One of the most concerning disease reaching epidemic proportions globally in both men and women is obesity and the consequent type 2 diabetes. According to global data women are clearly at a higher risk of obesity and the consequent type 2 diabetes mellitus. Obese women have a 12 times higher probability of developing diabetes compared to a normal weight woman. Ironically in India and the sub-continent, prevalence of both obesity and nutritional deficiencies is more common in women compared to men.

World Health Organisation (WHO) reports that 55% of deaths related to diabetes occur in women. WHO lists diabetes as the sixth most common cause of mortality overall worldwide; among women, it is the seventh most frequent cause. Much of the excess mortality among women with diabetes stems from cardiovascular disease (CVD); it has been shown that these women lose the protection against CVD afforded by their gender and that their relative risk of developing CVD might even be higher than those of age-matched men. Diabetes is the most common chronic disease after the age of 30 years with rising prevalence in the advancing age. Consequently, chance of developing T2DM is higher in the menopausal females. Both of these are main predisposing factors for CVD, a leading cause of death in women in western world as well as in India.

Urbanization, globalization and changing profile of the woman who wishes to get pregnant have added many layers of complexity to women's health status. Sedentary lifestyle, unhealthy eating habits, stress and - pregnancy at an older age, are some of the reasons why women are predisposed to diabetes. Lifestyle modification is an important means of preventing diabetes and helps in better managing the disorder once it sets in.

While diabetes is not exactly an 'oppression', uncontrolled diabetes certainly is. There is a need to create a global movement, focusing attention on the special needs of women with diabetes, and highlighting the opportunities that they present for better care. It is certainly an opportunity for women worldwide, to help themselves, others, and future generations.

This year World Diabetes Day will focus on women and diabetes. To mark International Women's Day on March 8, the International Diabetes Federation (IDF) announced that the theme of World Diabetes Day on 14th November 2017 will be "Women and diabetes - Our right to a healthy future". This campaign by IDF will promote the importance of affordable and equal access for all women with diabetes or at risk for diabetes to necessary diabetes medicines and technologies, education and information required to achieve good diabetes outcomes and enhance their capacity to prevent type 2 diabetes.

This will also give voice to the disadvantaged women of the third world countries, providing practical services to those with scant privileges and access to education and health care, ensuring their right to a healthy future.

References

10. Siribaddana SH, Deshabandu R, Rajapakse D, Silva K,

