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Task 1: Social Epidemiological Analysis

Introduction

Gender health inequality can be defined as the systematic disparity in health status, access to health care services and risk factors between women and men. Gender is a very important social determinant of health in the UK as it defines the experiences of individuals over their life course (Hossain et al., 2025). Although female sex lives more years than males, they are at greater risk of having chronic diseases and mental health problems. Conversely, men are more likely to die and access healthcare services less. These disparities are not only biological but are highly affected by social conventions, the state of the economy and institutional discrimination in health care systems.

Contextual background and underlying factor

Higher Rates of Mental Health Conditions

Common mental health disorders like anxiety and depression are higher among women than men in the UK. According to the data of national surveys, the percentage of women who report experiencing psychological distress is much higher, especially in younger age groups (Jackson et al., 2023).

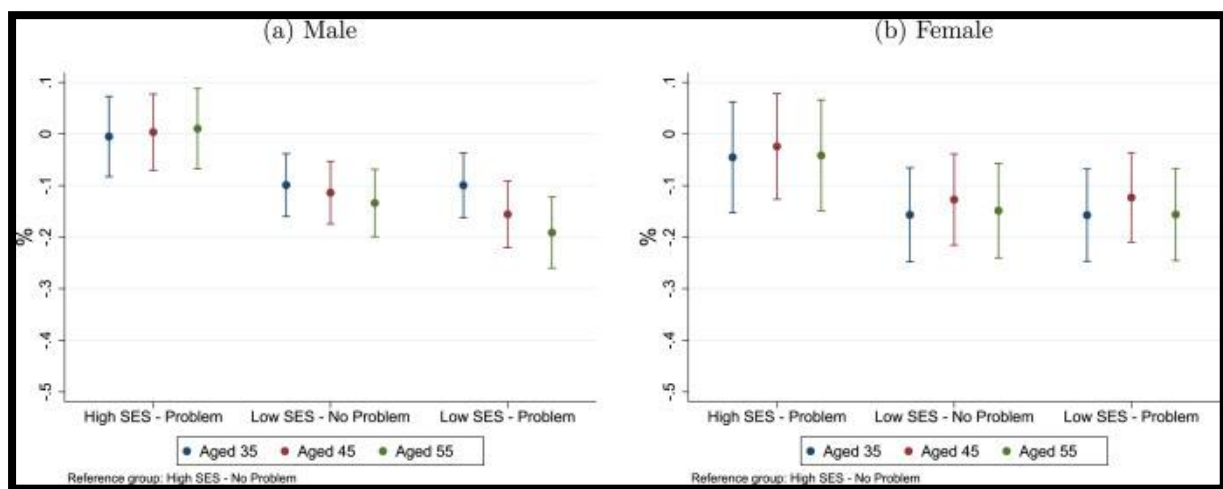


Figure 1: Relationship between Earnings and Mental Health Outcomes

(Source: Evans-Lacko et al., 2024)

Evans-Lacko et al. (2024) emphasised that women were likely to have low income and unstable jobs, which is socioeconomic status that is likely to put women at a disadvantage in terms of poor mental health. Waiting times and resource shortage may lead to delayed access to care. In order to deal with the disparity, specific mental health care, early intervention policies and more generic interventions to reduce the social and economic cost of gender are necessary.

Higher Suicide Rates among Men

Bailey et al. (2025) note extremely high suicide rates among men in the UK, even though the latter possesses low rates of diagnosed mental health issues. According to the report by the Office for National Statistics (2025), suicide is a major cause of demise among the male population and more so among middle aged men. It is mentioned that the suicide rate (by age) was the highest among the males in 50-54 years age group. Masculine ideals, as Mokhwelepa and Sumbane (2025) remark, place more emphasis on independence which can lead to being more self-reliant and more prepared to take risks. This difference could be explained by social and cultural conventions, which do not allow men to be weak in their emotions and to be in need of assistance.

Cardiovascular Disease and Gender Bias in Healthcare

In females, the symptoms might not be similar to males, and thus under- or mis-diagnosis will occur. In the past, most medical research has been conducted in the male population, and this has led to a shortage of gender-specific information and clinical care (Gualtierotti, 2025). This could be interpreted to imply that women might fail to obtain proper and prompt treatment which is also a factor leading to the survival and health care inequity. To minimise this gap, women health needs to be researched further, the training of health-care workers needs to be better and the diagnostic criteria needs to become more inclusive to reflect gender differences.

Gender-Based Poverty and Economic Inequality

Economic inequality is the major factor influencing health disparity between men and women in the UK. The primary factors that make women more vulnerable to poverty are the gender pay gap, working part-time and giving unpaid care (Evans-Lacko et al., 2024). Economic poverty restricts access to resources such as health promoting food, housing and health care facilities. Also, the healthcare-related costs of women are also increased by the reproductive health care and increased life expectancy. These are the long-term health risks that include such financial disabilities. This can be helped by policies that tackle gender based poverty like closing the gender pay gap, offering cheaper childcare services and reinforcing social welfare systems.

Unequal Access and Utilisation of Healthcare Services

Men tend to get medical assistance in general, especially with mental health issues, which can delay the diagnosis and treatment process and worsen health issues (Scott and Hoskin, 2024). This is probably influenced by societal constructs and stigma of masculinity. Women, who more frequently are likely to feel the need to seek health care, on the other hand, have stated that health care professionals are not considering their symptoms (Khan et al., 2023).

This may lead to late diagnosis and treatment. In order to enhance access and use of health services, we must consider the issue in a gender sensitive approach.

Social Roles and Gender Norms

Roles and cultural norms contribute a lot to health behaviours and health outcomes. The men also have a higher likelihood of having risky behaviours that contribute to the likelihood of chronic disease and early death (Oduro et al., 2023). Conversely, the females have higher chances of being stressed by a series of care-taking roles, work-life and gender-based victimisation (Heydarikhayat et al., 2025). The various risk exposures would demand emphasis on the social determinants of health. Thus, the interventions of the public health should also be aimed at altering the behaviour of the people, rather than altering the norms of the society as a whole and advancing gender equality in all spheres of life.

National Response to Reduce Gender Health Inequalities

The UK government has done a number of things in trying to overcome the gender health inequalities. The Women Health Strategy in England is a positive move towards the right direction to achieve better health care outcomes among women by addressing issues that affect women like reproductive health, menopause and provision of services (Gov. UK., 2022). It will decrease the disparities in diagnosis and treatment and enhance the study of women health. Moreover, mental health services are prioritised in the Long Term Plan of the National Health Service (NHS), which aims at decreasing health disparities among the population, including women (NHS England, 2023). It will encompass strategies like the augmentation of access to psychological assistance, early intervention and customised assistance to the vulnerable.

Organisation Supporting Gender Health Inequality

The Mental Health Foundation is a UK charity that researches to learn what gender can play in mental health and gives recommendations based on evidence on the policy and practice (Mental Health Foundation, 2026). It also creates awareness to the masses through campaigns, and supplies resources to help individuals and communities. It has some aims such as to minimise disparities in mental health through prevention and early intervention approaches.

Conclusion

The conclusion is that the issue of gender health disparities in the UK is pre-determined by the elements of biology, social and economic determinants. There are more prevalent mental health disorders among women and are more hampered by the health care systems as compared to men who are prone to premature death and less likely to access the health services. The solution to gender health inequalities lies in a multifaceted approach that takes

the form of policy change, enhancement of health services and attempts to curb un-healthy social determinants of health.

Task 2: Epidemiological Analysis

Introduction

Obesity is a chronic non-communicable disease that is typified by the excessive weight within the body. According to WHO (2025), the rates of obesity have been rising drastically in every corner of the world and this has been affected by a change in lifestyles and the environment. The findings of the said report indicate that one in every four adults in the UK is obese and this is directly connected to the socioeconomic inequalities, in that, it is more widespread in the underprivileged groups. Health differences in the UK are directly connected with obesity because obesity is overrepresented among the population who reside in impoverished neighbourhoods (Hutchinson et al., 2026).

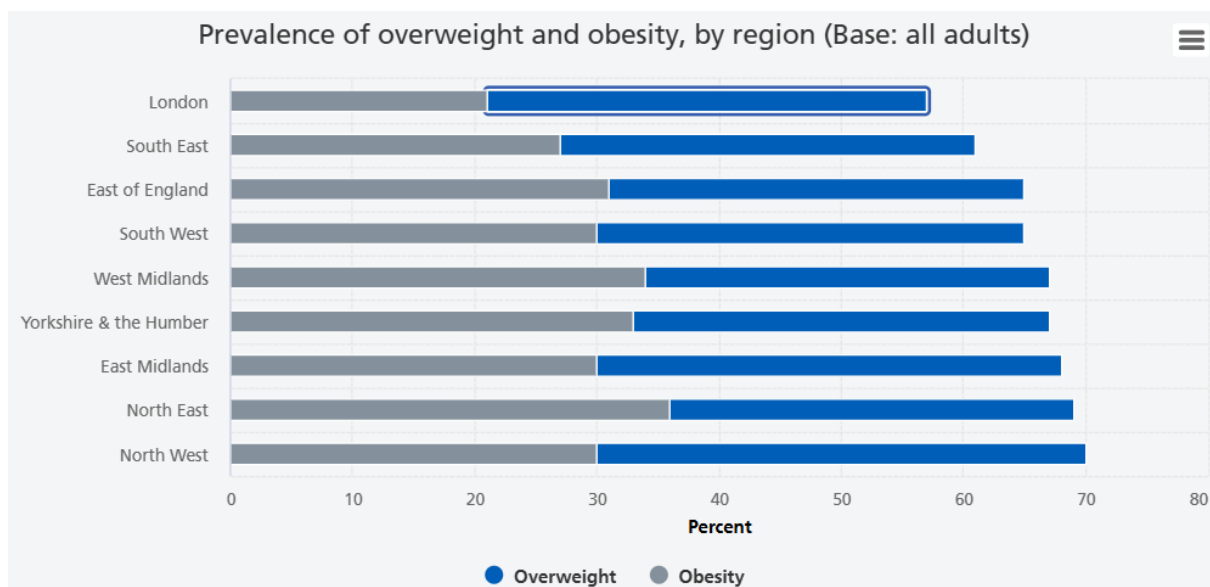


Figure 2: Overweight and obesity, by region

(Source: NHS England, 2026)

The percentage of adults in the UK who have been classified as overweight or obese is 66 percent, according to NHS England (2026), and this is a severe problem with the seriousness of a public health concern. The provided findings come to the conclusion that the prevalence of obesity is higher than the national average, particularly in children and low-income groups.

Public Health Measures (3 P's)

The widely used models of creating strategies to address obesity in the UK are prevention, protection and promotion. Prevention-based interventions are designed to reduce the incidence of obesity by encouraging better lifestyles (Oliver et al., 2022). There are multiple programmes that promote behavioural changes, including improved diet and exercise, which are linked with the NHS (Bower et al., 2023). Physical activity and nutrition programmes in

schools play a crucial role in the establishment of healthy lifestyles at a tender age, particularly in high-risk communities among children.

The protection measures involve regulatory and policy-based interventions, which are intended to reduce exposure to unhealthy products. The purpose of introducing the Soft Drinks Industry Levy is to reduce the number of consumed sugars in the UK (Jones et al., 2023). In addition, advertising junk food, particularly to children, will be limited in order to limit the influence of unhealthy marketing.

The conclusion is that obesity is a severe social health issue at both international and national levels and the prevalence of obesity is very high in the deprived communities such as Tower Hamlets. To support the design of specific interventions and informed policy response, epidemiological studies are critical in determining the distribution, determinants and effects of obesity. However, nevertheless, only through the sacrifice of the collective effort, the underlying issue of obesity can be addressed at the personal level. It involves a multi-level, holistic strategy, which involves prevention, policy control, and community-based strategies.

Key Determinants / Risk Factors

Obesity is determined by a complex interaction of biological, behavioural and social factors. The contribution of the behavioural factors also deserves to be mentioned, in particular, poor diets with a large portion of processed food and products with sugar (de Menezes et al., 2023). These kinds of behaviours are typically based on the personal preference although to a large extent they are also affected by the immediate surroundings.

The social determinants are relevant in the context of obesity in explaining the trend of obesity especially in such places as Tower Hamlets in the UK. Poverty and deprivation lead to the absence of healthy food and recreational space, and individuals are increasingly reliant on the availability of low-cost foods rich in calories (Ziso et al., 2022). Another causal agent is ethnicity where particular groups of people stand at a greater chance of obesity due to cultural eating habits and genetic predisposition.

Affected Population and Health Needs Assessment

The population to be utilised in this epidemiological research is that of a London borough, Tower Hamlets, which is characterised by the high rates of socio-economic deprivation, as well as high degrees of ethnic diversity. The area contains some of the youngest populations in the UK and a large proportion of the population is of Bangladeshi and other minority ethnic backgrounds. These socio-economic and demographic dynamics are linked to a distinct health disparity trend particularly in terms of obesity.

It has always been epidemiologically proven that more deprived neighborhoods have a higher rate of obesity and Tower Hamlets is not an exception. Among such high-risk groups of this population, it is possible to sing out children, individuals with low-income families, and ethnic minorities (Broadbent et al., 2024). Of particular interest is the issue of childhood obesity where early childhood obesity increases the likelihood of obesity persisting into adulthood and other chronic diseases.

Several significant issues of this population are identified with the help of a health needs assessment. Poor access to culturally relevant preventive programmes and health services results in high levels of discrepancies. Other barriers that restrict access to the existing interventions are financial barriers, low health literacy, and lack of knowledge of healthy lifestyles practices. Dietary practices and health perceptions can also be influenced by the culture and, therefore, standardised interventions are less effective (Bennett et al., 2022). Regarding inequality, obesity is prevalent in disadvantaged communities in Tower Hamlets and this adds to the existing disparities in health.

Monitoring and Surveillance Systems

Monitoring and surveillance should be considered as an integral part of epidemiological practice as they allow the researcher to identify the trends, the population at risk, and the effectiveness of the interventions. In the UK, the data on obesity is gathered by using a variety of systems that offer the national datasets on health indicators, as well as the UK Health Security Agency, which assists in monitoring and analysing population health. The National Child Measurement Programme (NCMP) is significant in gauging the prevalence of obesity in children through the measurement of BMI in pupils in Reception and Year 6 (Mohamed and Pallan, 2024).

Population-level datasets allow cross-regional and demographic comparisons to facilitate specific health planning of the population (Bhosale et al., 2025). Such surveillance systems involve the use of a mixture of routine data, screening programmes, and population health data to track the prevalence and distribution of obesity. Constant monitoring of the trends over time is achieved through routine surveillance, and screening data is used to detect early warning of people at risk. However, as much as such systems have immense advantages, such as collecting data on a large scale and analysing trends over time, there are also disadvantages associated with them. The data of surveillance might be inadequate to reflect the intricacy of social and behavioural determinants of obesity (Salm et al., 2023).

Public Health Impact

Obesity has severe immediate and long-term consequences on the individuals and population. Obese individuals tend to be less mobile, feel fatigued, and have a reduced daily activity

capacity in the short-term, which can affect their overall quality of life negatively. General psychological effects also include low self-esteem, anxiety and depression that are normally worsened by the stigma and social discrimination. Epidemiologically, these acute effects contribute to the increased use of healthcare and poor health among individuals who are affected.

The appearance of chronic conditions, such as type 2 diabetes, cardiovascular disease, and certain types of cancer, is directly connected to obesity in the long-run (Antouri et al., 2024). This results into morbidity and early mortality, consequently reducing life expectancy. Broadbent et al. (2024) demonstrate that the burden of disease is more among the more obese population, particularly in poorer communities such as Tower Hamlets. In addition, obesity burdens the NHS with high financial cost due to high demand of treatment and long-term care.

Intervention Programme and Evaluation

To resolve the obesity issue in Tower Hamlets, a community-based weight management programme can be proposed. The high-risk groups, which are overrepresented in obesity, would be the main target population of this programme: low-income adults and children. It consists of a combination of nutrition education, physical activity programmes, and behaviour change support. The nutrition education would focus on popularization of healthy nutrition, interpretation of food labels and affordable nutrition. It is possible to assess the effectiveness of the intervention with the assistance of measurable outcomes, including a reduction in BMI, an increase in physical activity, and more knowledge of healthy lifestyle practices. On the negative side, this approach has several strengths. It targets high-risk groups and allows better utilisation of funds and it promotes community participation, which can result in increased participation and sustainability.

Strengths and Weaknesses of the Epidemiological Approach

Epidemiology possesses several strengths as far as its use in the management of obesity is concerned. It will be used to help use evidence based decisions to identify patterns, trends and high-risk groups in some communities. Epidemiology is used to formulate policies and evaluate the intervention on the population and, therefore, the intervention is evidence-based and quantifies its outcomes (Ogundeko-Olugbami et al., 2025). This allows the public health professionals to design particular interventions, as well as allocate resources more effectively.

However, the epidemiological approach has its drawbacks that are to be taken into consideration. Among the problems that may undermine the quality of data is underreporting, anomalies in data collection and delays in the availability of data, which may reduce the accuracy of results (Khumbudzo et al., 2025). Additionally, it may also not be useful in

understanding the social and cultural dimension of health including behavioural motivations and environmental influences.

Conclusion

It is concluded that obesity is a severe social health issue at both international and national levels and the prevalence of obesity is very high in the deprived communities such as Tower Hamlets. To support the design of specific interventions and informed policy response, epidemiological studies are critical in determining the distribution, determinants and effects of However. Nevertheless, only through the sacrifice of the collective effort, the underlying issue of obesity can be addressed at the personal level. It involves a multi-level, holistic strategy, which involves prevention, policy control, and community-based strategies.

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