



Component 2

Analytical Report

Gender Inequality and Health

Program – M.sc public health and social care in practice course

Module code – LCHS7000

Module title - Social Epidemiology and Public Health Development Student

Name – Noman Vajoddin Malek

Student id - 2522651

Submitted to:

- Itse Olaoye

- Brain Mashumba

Table of Contents

1	Introduction	2
2	Higher Rates of Mental Illness	2
3	Inequalities in Access to Healthcare	2
4	Mortality and Long-Term Health Outcomes	3
5	Social Isolation and Loneliness	3
6	Poverty and Economic Inequality	4
7	Housing and Environmental Factors	4
8	National Policy Response	5
9	Role of Organizations	5
10	Conclusion	5
11	Introduction and Target Population	6
12	Identification of the Public Health Problem	6
13	Determinants and Risk Factors	7
14	Health Needs Assessment and At-Risk Groups	7
15	Measurement and Surveillance	7
16	Public Health Measures (Prevention, Protection, Promotion)	8
17	Public Health Impact	8
18	Management and Intervention	8
19	Strengths and Weaknesses of Epidemiological Approaches	9
20	Conclusion	9
21	References	9

TASK-1

Gender Inequality and Health Outcomes in Women and Girls in the UK

1 Introduction

Women and girls in the UK experience persistent health inequalities shaped by gender. Gender is not only a biological distinction but also a social construct that influences roles, expectations, and access to resources. The World Health Organization (WHO) states that gender inequality affects health through discrimination, unequal power relations, restricted access to services, and socioeconomic disadvantage (WHO, 2024). Although women generally have a higher life expectancy than men, they spend a greater proportion of their lives in poor health or disability. This paradox highlights the complexity of health inequality, where longer life does not necessarily mean healthier life. In the UK, structural factors such as income inequality, employment patterns, and caring responsibilities further exacerbate these disparities (Department of Health and Social Care, 2022). Therefore, understanding how gender inequality shapes health outcomes is essential for developing effective policies and interventions.

2 Higher Rates of Mental Illness

Women are disproportionately affected by common mental health conditions, including anxiety and depression. In the UK, around one in five women experiences a common mental health disorder, compared with approximately one in eight men (Nuffield Trust, 2025). This disparity reflects broader social inequalities rather than purely biological differences. Women are more likely to experience poverty, engage in unpaid caregiving roles, and face domestic abuse, all of which are strongly linked to poor mental health outcomes.

The World Health Organization also identifies gender inequality as a significant contributor to global mental health disparities (WHO, 2023). For example, women's increased exposure to gender-based violence and social pressures can lead to chronic stress and psychological distress. Additionally, societal expectations around caregiving and emotional labor can further burden women, limiting their ability to prioritize their own wellbeing.

Addressing these inequalities requires more than clinical treatment alone. Trauma-informed care, community-based mental health services, and early intervention programs are essential. Furthermore, policies that reduce poverty and support work-life balance can help tackle the root causes of mental health inequality. Without addressing these underlying determinants, mental health disparities are likely to persist.

3 Inequalities in Access to Healthcare

Access to healthcare is another area where gender inequality is evident. Many women report negative experiences within healthcare systems, including not being listened to or taken seriously by professionals. The UK government's call for evidence found that 84% of respondents felt women's concerns were not adequately heard (Department of Health and Social Care, 2022). This indicates a systemic issue in healthcare delivery.

Barriers to access include long waiting times, fragmented services, and a lack of clear information. In addition, gender bias in medical research and clinical practice can result in misdiagnosis or delayed diagnosis. For example, symptoms of certain conditions, such as cardiovascular disease, may present differently in women but are often assessed using male-centered models.

The World Health Organization emphasizes that health systems frequently fail to account for gender-specific needs, contributing to poorer outcomes for women (WHO, 2023). Improving access requires a shift towards women-centered care, including the expansion of women's health hubs, better communication between professionals and patients, and enhanced training for healthcare providers.

Ultimately, improving access is not only about increasing availability but also about ensuring that services are equitable, respectful, and responsive to women's needs.

4 Mortality and Long-Term Health Outcomes

Despite living longer, women often experience worse long-term health outcomes. They are more likely to live with chronic conditions, disability, and reduced quality of life. This is partly due to delays in diagnosis and under-recognition of conditions that primarily affect women, such as endometriosis and menopause-related health issues.

The World Health Organization highlights that gender bias in healthcare research and practice contributes to these inequalities (WHO, 2023). Historically, medical research has often been based on male subjects, leading to gaps in understanding of women's health. As a result, women may receive less effective treatment or experience longer diagnostic journeys.

Cardiovascular disease provides a clear example. Although it is a leading cause of death among women, it is often perceived as a male condition, leading to underdiagnosis and delayed treatment. This demonstrates how gender stereotypes can directly impact health outcomes.

To address these issues, there is a need for increased investment in sex-specific research, improved screening programs, and earlier intervention strategies. Recognizing and addressing gender bias within healthcare systems is essential for improving long-term health outcomes for women.

5 Social Isolation and Loneliness

Social isolation is an important determinant of health that disproportionately affects women and girls, particularly younger women. In the UK, 49% of women aged 18–24 report feeling lonely some or all of the time (Nuffield Trust, 2025). Loneliness is associated with a range of negative health outcomes, including depression, anxiety, and reduced physical health.

This issue is influenced by several factors, including social media use, economic insecurity, and the pressures of balancing multiple roles. Women who take on caregiving responsibilities may also experience reduced social interaction, increasing their risk of isolation.

Loneliness can create a cycle of poor health, where individuals are less likely to seek help and more likely to experience worsening symptoms. Addressing this issue requires community-based interventions, such as peer support groups and social prescribing initiatives. Improving access to mental health services is also crucial.

Reducing social isolation is not only beneficial for individual wellbeing but also for wider public health, as it can reduce demand on healthcare services.

6 Poverty and Economic Inequality

Economic inequality is a fundamental driver of health disparities among women. Women are more likely to work in part-time or low-paid jobs and are more likely to take career breaks due to caregiving responsibilities. As a result, they are at greater risk of financial insecurity and poverty.

Poverty has a direct impact on health, limiting access to essential resources such as nutritious food, safe housing, and healthcare services. The World Health Organization identifies income inequality as a key social determinant of health (WHO, 2024). Women experiencing poverty may also face additional stress and reduced ability to priorities their health.

Addressing economic inequality requires a multi-faceted approach, including reducing the gender pay gap, improving access to employment opportunities, and strengthening social welfare systems. Without tackling these underlying economic factors, health inequalities are unlikely to improve significantly.

7 Housing and Environmental Factors

Housing conditions play a critical role in shaping health outcomes. Women living in unsafe, overcrowded, or unstable housing are more likely to experience stress, illness, and reduced wellbeing. This is particularly relevant for women escaping domestic abuse or managing long-term health conditions.

Housing insecurity can disrupt access to healthcare and support services, leading to poorer health outcomes. For example, frequent relocation can make it difficult to maintain continuity of care or attend medical appointments.

Addressing housing-related inequalities requires coordinated action between health services, local authorities, and social services. Providing safe and stable accommodation, particularly for vulnerable women, is essential for improving health outcomes.

8 National Policy Response

A key national initiative addressing these issues is the **Women's Health Strategy for England**, which outlines a 10-year plan to improve women's health outcomes (Department of Health and Social Care, 2022). The strategy focuses on improving access to care, increasing awareness, enhancing research, and strengthening workforce training.

Initiatives such as women's health hubs aim to provide integrated services that are easier to access. The strategy also emphasizes the importance of listening to women's experiences and improving communication within healthcare settings.

However, while the strategy represents a positive step forward, its effectiveness depends on adequate funding, implementation, and ongoing evaluation. Without sustained commitment, progress may be limited.

9 Role of Organizations

The World Health Organization plays a vital role in addressing gender health inequalities by providing global leadership, research, and policy guidance. It promotes gender-responsive health systems and highlights the importance of addressing social determinants of health.

In the UK, organizations such as The Women's Organization contribute by raising awareness of the gender health gap and advocating for change. These organizations help to inform public debate and support policy development.

Collaboration between governments, international organizations, and charities is essential for addressing complex health inequalities effectively.

10 Conclusion

In conclusion, gender inequality significantly impacts the health outcomes of women and girls in the UK. Key issues include higher rates of mental illness, unequal access to healthcare, poorer long-term health outcomes, social isolation, poverty, and housing insecurity. These inequalities are driven by a combination of social, economic, and structural factors rather than biological differences alone.

While initiatives such as the Women's Health Strategy for England and the work of organizations like the WHO represent important progress, further action is needed. Addressing the root causes of inequality, including poverty and gender bias, is essential for achieving long-term improvements in women's health.

A comprehensive approach that combines policy reform, improved healthcare services, and social support is necessary to reduce the gender health gap and ensure that all women and girls have the opportunity to achieve good health and wellbeing.

Task 2: Epidemiological Analysis

Alzheimer's Disease in Older Adults in Camden

11 Introduction and Target Population

As a Regional Epidemiologist, the role involves using data and evidence to understand and respond to major public health problems. This report focuses on **Alzheimer's disease**, which is the most common form of dementia, affecting mainly older adults in Camden. Alzheimer's disease is a progressive condition that affects memory, thinking, and the ability to carry out everyday activities, and it becomes more severe over time. It has a major impact not only on individuals but also on families, carers, and health and social care services.

At a global level, the World Health Organization estimates that more than 55 million people are living with dementia, with nearly 10 million new cases each year. In the UK, around 900,000 people are affected, and this number is expected to rise as the population ages. In Camden, the increasing number of older adults means that Alzheimer's disease is becoming more common, making it an important local public health issue. Understanding how the disease develops, who it affects, and how it can be managed is essential for planning effective services.

12 Identification of the Public Health Problem

The identification of Alzheimer's disease as a public health problem is based on the use of epidemiological data collected from national and local sources such as the Office for National Statistics and NHS England. These data allow epidemiologists to examine patterns in the population using descriptive epidemiology, which focuses on who is affected, where the disease occurs, and how it changes over time. In Camden, the disease is most common among people aged 65 and over, and it is more frequently diagnosed in women, largely because women tend to live longer. The number of cases has been increasing over time, mainly due to longer life expectancy and improved awareness and diagnosis. However, one important limitation at this stage is that Alzheimer's disease is often underdiagnosed, particularly in its early stages, meaning that official figures may not fully reflect the true scale of the problem.

13 Determinants and Risk Factors

Alzheimer's disease develops as a result of a combination of different factors rather than a single cause. Age is the most significant risk factor, as the likelihood of developing the disease increases sharply after the age of 65. Genetic factors also play a role, although they are less common in most cases. In addition to these non-modifiable factors, there are several modifiable risk factors linked to lifestyle and health conditions. These include physical inactivity, unhealthy diet, smoking, and excessive alcohol consumption, as well as long-term conditions such as diabetes and high blood pressure. Social factors also contribute to risk, particularly low levels of education, poverty, and social isolation. The World Health Organization highlights that a significant proportion of dementia cases may be linked to these modifiable factors, suggesting that prevention strategies could reduce the overall burden of disease. However, the interaction between these factors is complex, making it difficult to identify clear cause-and-effect relationships.

14 Health Needs Assessment and At-Risk Groups

A health needs assessment is used to identify which groups within Camden are most affected by Alzheimer's disease and which are at greatest risk. This process uses epidemiological data alongside local knowledge to guide decision-making and resource allocation. In Camden, the highest risk is seen among older adults, particularly those aged 65 and above, as well as individuals living in more deprived areas. People with existing health conditions such as cardiovascular disease are also at increased risk. Epidemiological studies, including cohort studies that follow individuals over time and cross-sectional studies that examine data at a single point, provide evidence for these patterns. Although health needs assessments are useful for identifying priorities, they are limited by the fact that some individuals remain undiagnosed and are therefore not included in official data, which can lead to an underestimation of need.

15 Measurement and Surveillance

The monitoring of Alzheimer's disease relies on key epidemiological measures, including prevalence, which shows how many people currently have the disease, incidence, which measures new cases over time, and mortality rates linked to the condition. Data are collected through systems such as the Office for National Statistics, NHS England, GP records, and memory clinics. These systems allow public health professionals to track trends and plan services. However, there are several challenges associated with data collection. Diagnosis can vary between healthcare professionals, some people may delay seeking help, and there may be delays in reporting. As a result, while surveillance systems provide valuable information, they do not always capture the full picture.

16 Public Health Measures (Prevention, Protection, Promotion)

Public health responses to Alzheimer's disease can be understood through the three key approaches of prevention, protection, and promotion. Prevention focuses on reducing risk factors by encouraging healthy lifestyles, such as regular physical activity, balanced diets, and the management of conditions like hypertension and diabetes. Protection involves safeguarding vulnerable individuals, for example by supporting dementia-friendly environments and ensuring that those affected are safe and supported within their communities. Promotion aims to raise awareness of Alzheimer's disease, improve understanding of early symptoms, and encourage people to seek help sooner. It also includes supporting carers, who play a vital role in managing the condition. While these approaches are important, their effectiveness can be limited by social inequalities, as not all individuals have equal access to information, services, or support.

17 Public Health Impact

Alzheimer's disease has both short-term and long-term effects on individuals and society. In the early stages, people may experience memory loss, confusion, and difficulty concentrating, which can cause distress and anxiety. As the disease progresses, individuals may lose their independence and require increasing levels of care. This places a significant emotional and financial burden on families and carers. In the long term, Alzheimer's disease increases demand for health and social care services and contributes to higher healthcare costs. It is also associated with increased mortality. In Camden, these impacts are expected to grow as the population ages, highlighting the need for effective planning and intervention.

18 Management and Intervention

The management of Alzheimer's disease involves a combination of prevention, early diagnosis, and long-term care. Primary prevention focuses on reducing risk factors through lifestyle changes. Secondary prevention involves early diagnosis, often through GP referrals and memory clinics, which allows individuals to access support and plan for the future. Tertiary prevention aims to manage symptoms and improve quality of life through treatments such as Donepezil, as well as therapy and social care support. Integrated care approaches are increasingly used to bring together health and social services, although these require significant resources and coordination.

A suitable intervention programme for Camden would involve a community-based approach that combines education, early diagnosis, and support services. This could include awareness campaigns, improved access to diagnostic services, and support for carers. While such a programme has the potential to improve outcomes and quality of life, it may be costly and challenging to implement fully, particularly in reaching all high-risk groups.

19 Strengths and Weaknesses of Epidemiological Approaches

Epidemiology plays a key role in understanding Alzheimer's disease by identifying patterns, risk factors, and trends within the population. It supports evidence-based decision-making and helps target resources where they are most needed. However, there are also important limitations. Data may be incomplete due to underdiagnosis, and it can be difficult to establish clear cause-and-effect relationships because the disease develops over a long period and is influenced by multiple factors. There may also be biases in data collection and differences in how diagnoses are made. Additionally, findings from one area, such as Camden, may not apply to other populations. These limitations mean that epidemiological findings must be interpreted carefully and used alongside clinical and social evidence.

20 Conclusion

In conclusion, Alzheimer's disease is a growing public health issue in Camden, driven largely by an ageing population and a range of biological, lifestyle, and social factors. Epidemiological methods are essential for identifying the scale of the problem, understanding who is most affected, and planning appropriate interventions. However, challenges such as underdiagnosis and the complexity of the disease mean that there is no single solution. A balanced approach that includes prevention, early diagnosis, and long-term support is necessary to reduce the impact of Alzheimer's disease and improve outcomes for individuals and communities.

21 References

- Alzheimer's Research UK (2023) *Dementia research and risk factors*. Available at: <https://www.alzheimersresearchuk.org>
- Alzheimer's Society (2023) *Dementia UK: Update*. Available at: <https://www.alzheimers.org.uk>
- Alzheimer's Society (2024) *Dementia statistics and prevalence*. Available at: <https://www.alzheimers.org.uk>
- Alzheimer's Society (2024) *Facts and figures about dementia*. Available at: <https://www.alzheimers.org.uk>
- Brayne, C. (2007) 'The elephant in the room—healthy brains in later life, epidemiology and public health', *Nature Reviews Neuroscience*.
- British Medical Journal (BMJ) (2022) 'Dementia care in the UK'. Available at: <https://www.bmj.com>
- Department of Health and Social Care (2022) *UK Dementia Strategy*. Available at: <https://www.gov.uk>

- House of Commons Library (2022) *Dementia care in England*. Available at: <https://commonslibrary.parliament.uk>
- Livingston, G. et al. (2016) 'Dementia prevention strategies', *The Lancet Neurology*.
- Livingston, G. et al. (2017) 'Dementia prevention, intervention, and care', *The Lancet Commission Report*.
- Livingston, G. et al. (2020) 'Dementia prevention, intervention, and care', *The Lancet*, 396(10248), pp. 413–446.
- Matthews, F. et al. (2016) 'A two-decade comparison of dementia incidence', *The Lancet*.
- National Health Service Digital (2023) *Dementia diagnosis statistics*. Available at: <https://digital.nhs.uk>
- National Institute for Health and Care Excellence (NICE) (2018) *Dementia: assessment, management and support*. Available at: <https://www.nice.org.uk>
- NHS (2023) *Alzheimer's disease overview*. Available at: <https://www.nhs.uk>
- NHS England (2023) *Dementia profile*. Available at: <https://www.england.nhs.uk>
- Nuffield Trust (2025) *Silence, sexism and stigma: Women's health in England*. Available at: <https://www.nuffieldtrust.org.uk>
- Office for National Statistics (2022) *Mortality and leading causes of death*. Available at: <https://www.ons.gov.uk>
- Office for National Statistics (2023) *Health inequalities in England and Wales*. Available at: <https://www.ons.gov.uk>
- Prince, M. et al. (2013) 'The global prevalence of dementia', *Alzheimer's & Dementia*.
- Prince, M. et al. (2014) *Dementia UK: Second Edition*, Alzheimer's Society.
- Prince, M. et al. (2015) 'World Alzheimer Report', Alzheimer's Disease International.
- Public Health England (2020) *Dementia: prevention and risk reduction*. Available at: <https://www.gov.uk>
- Public Health England (2021) *Dementia profile data tool*. Available at: <https://www.gov.uk>
- UK Government (2021) *Health and social care data strategy*. Available at: <https://www.gov.uk>
- Whitfield, K. et al. (2018) 'Social determinants of dementia risk', *Public Health Journal*.

- World Health Organization (2019) *Dementia: Key facts*. Available at: <https://www.who.int>
- World Health Organization (2021) *Global action plan on the public health response to dementia*. Available at: <https://www.who.int>
- World Health Organization (2023) *Dementia*. Available at: <https://www.who.int/news-room/fact-sheets/detail/dementia>
- World Health Organization (2023) *Risk reduction of cognitive decline and dementia*. Available at: <https://www.who.int>