



Ministerial Conference “Women’s health: a life course approach” Rome, 2-3 October 2014

Conclusions on session 1 - “Healthy lifestyles of women”

Rapporteur: Hana Horka

There is a clear evidence that gender differences influence health issues, prevalence of diseases, and risk factors due to environmental, biological and behavioural factors. These differences need to be taken into the consideration when designing the comprehensive policies and prevention programs.

A number of life style related determinants of diseases affect women, namely **smoking**, harmful **alcohol** consumption, **physical inactivity**, **inadequate nutrition**, **obesity** , **drug abuse** and others.

Health of women has a direct influence on the next generations. Women are important **care givers** (e.g. through breastfeeding, role of preparing food and distributing food within their households.)

Children and young people: rising obesity, unhealthy diet, binge drinking, lack of physical activity is particular worrying trend in recent decades in this group. Young girls report lower levels of physical activity than boys, a problem that seems to increase over the teenage years. Physically active women especially as teenagers, have a lower likelihood of developing osteoporosis and cognitive impairment in later life.

Sport and physical activity is not anymore natural component of everyday life and needs to be planned. **School** is an important setting which should promote active life styles and support sport activities especially in girls. National and local authorities have an important role in promoting active lifestyle through **smart urban planning** and creating **healthy environment** (availability of pedestrian zones, green areas, playgrounds, promotion of cycling etc).

Unbalanced diet and physical inactivity are associated with **obesity**. Since 1980, the prevalence of obesity has increased tree-fold in Europe. Overweight and obesity in women are associated with increased risk of CVD, hypertension, breast and endometrial cancers, musculoskeletal disorders and complication during the pregnancy and delivery.

Older women and women with disabilities can be less active due to their functional limitations. Inactivity can also lead to a decrease in social interactions and the development of symptoms such as fatigue, depression, obesity and pressure sores. In older age, the exercise is crucial to improve quality and healthy life. Very important is also the social aspects of exercise for older age. Programmes which combine social aspects and exercise should be promoted.

Vulnerable groups such as migrants and ethnic minorities suffer disproportionally from worse health than the rest of the society. Specific focus should be put on mental health of women and on improving access to the healthcare. Promoting healthy lifestyles and improving accessibility of facilities such as sport clubs for lower socioeconomic groups should be promoted.

There are established interventions and agreed policy commitments to address unhealthy lifestyle challenges at global , European, national and regional level:



Examples

Global:

- WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition.
- IOL Maternity protection convention and recommendations which includes postpartum maternity leaves and provision of breastfeeding rooms and breaks.

European:

- EU Strategy on nutrition, overweight and obesity-related health issues.
- Commission Action Plan on Childhood Obesity was adopted earlier this year, followed in June by Council Conclusions on Nutrition and Physical Activity.

National:

- Italian comprehensive strategy on prevention of chronic diseases focusing on main risk factors, with special focus on health of women.
- Irish National Guidelines on physical activity include recommendations for children and young people, adults, people with disabilities and older people. The guidelines target health professionals such as GPs, nurses, dietitians, occupational health workers and teaching staff.

Local partnerships

- "Pink label" certification of women friendly hospitals dedicated to prevention and treatment of specific women conditions.
- European Platform for nutrition and physical activity support voluntary commitments from industry e.g. on food reformulation and salt reduction.

Key messages:

- ✓ Women should be **empowered** as leaders in change. Women should be involved in decision making process and enabled to be more active in the community. It is important that women support environmental and structural changes in health promotion.
- ✓ Important is to take an **integrated approach** on lifestyles, **across lifespan**, with a specific focus on different groups.
- ✓ Effective promotion of healthy lifestyles requires **targeted, multi-sectorial interventions** aimed at key **risk groups** in the population (such as children and young people, people with disabilities and older people, vulnerable groups such as migrant and ethnic minorities, people living in poverty.)
- ✓ Member States should **increase their health budgets on prevention** and health **promotion** (currently Member States spend 3% on average).
- ✓ **Communication is key**, to convey messages in right way to reach the right group (e.g. health promoting messages to young people are better accepted from peers)
- ✓ The policy frameworks are often in place but **implementation** should be improved.
- ✓ **Improving of data**: Reliable and comparable data linked to lifestyles determinants should always include a gender breakdown.