



# Gender Inequality in Kidney Transplantation in Asia

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National Medical Center





**APCN x TSN 2025**  
**23<sup>rd</sup> Asian Pacific Congress of Nephrology**

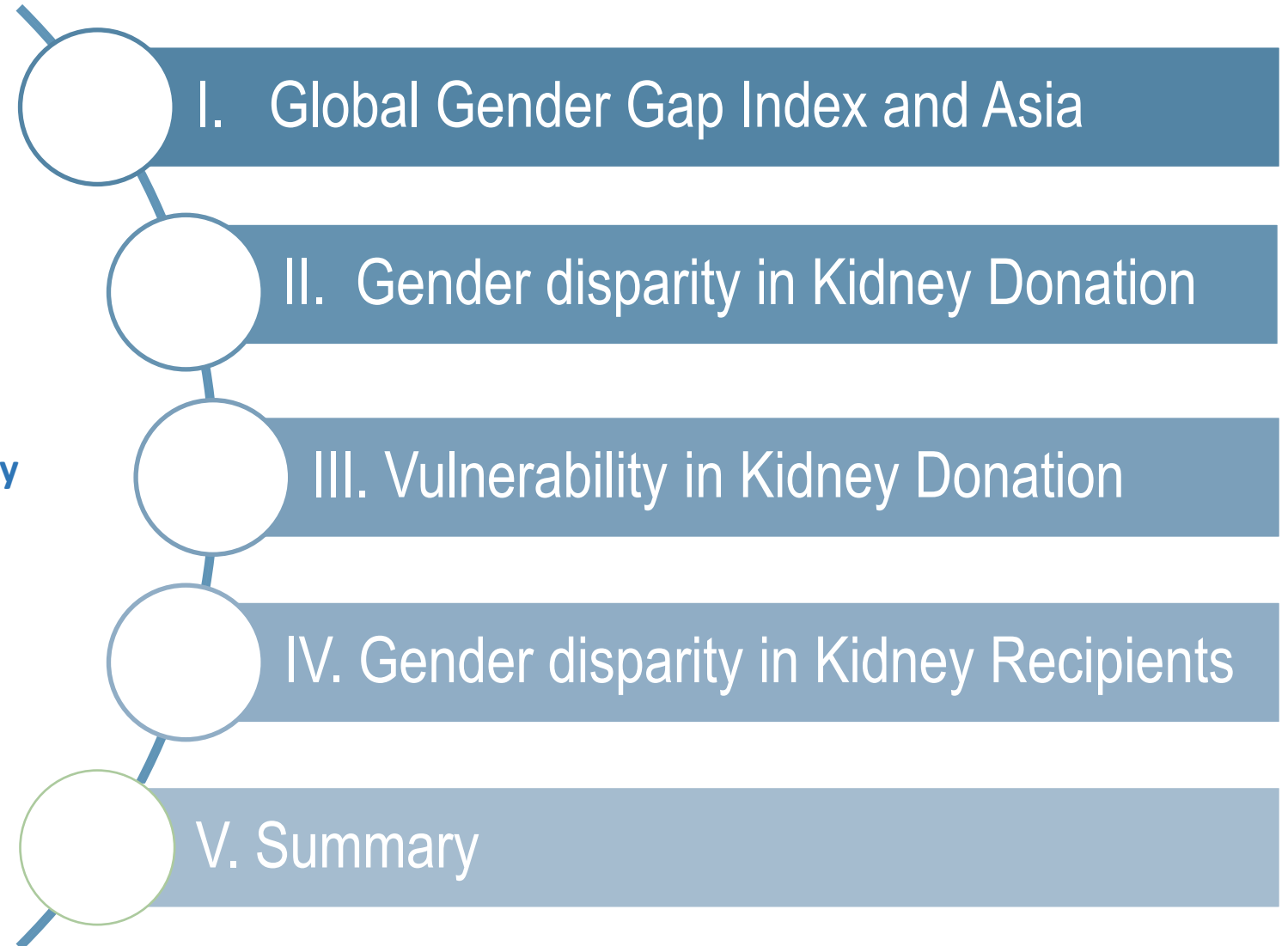
Gene, Immunology, Vast, MEtabolism at its Finest!



# Outline

Nothing to disclose

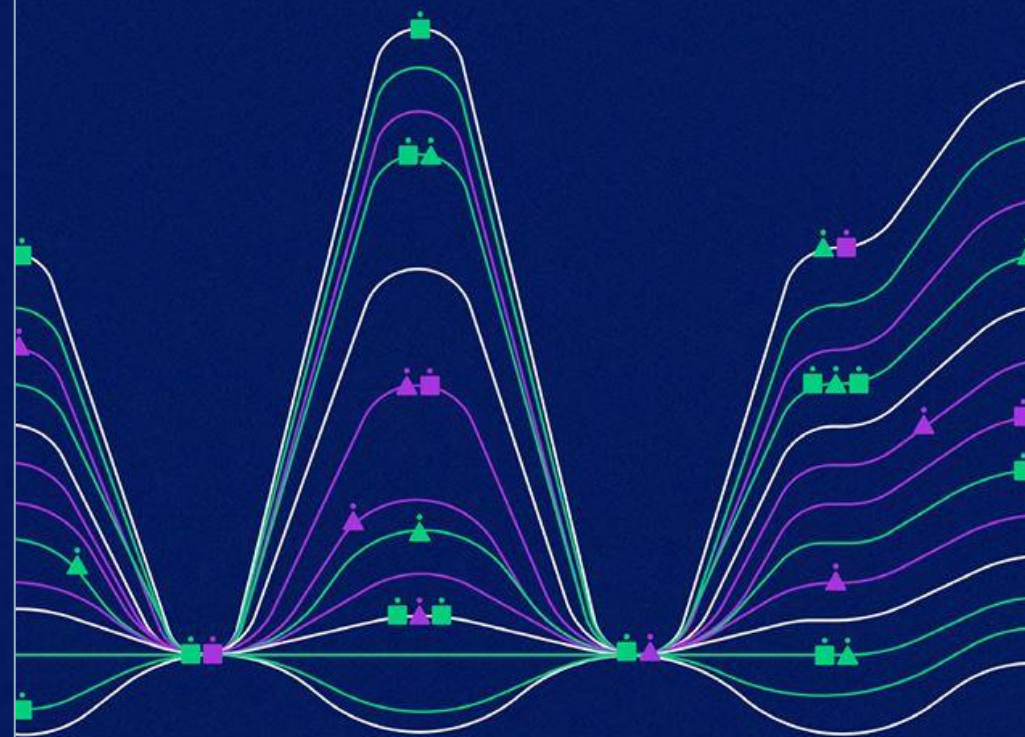
- Secretary-General, **Asian Society of Transplantation**
- Steering Committee Member, **Women in Transplantation**
- President, **KOTRY** (the Korean Organ Transplantation Registry)
- Immediate Past President, **Vitallink**
- Past Councilor, **The Transplantation Society**
- Member, **WHO Task Force Team**





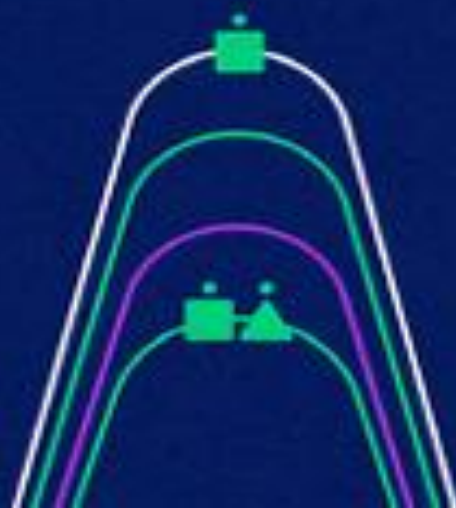
# Global Gender Gap Report 2025

INSIGHT REPORT  
JUNE 2025



# Global Gender Gap Report 2025

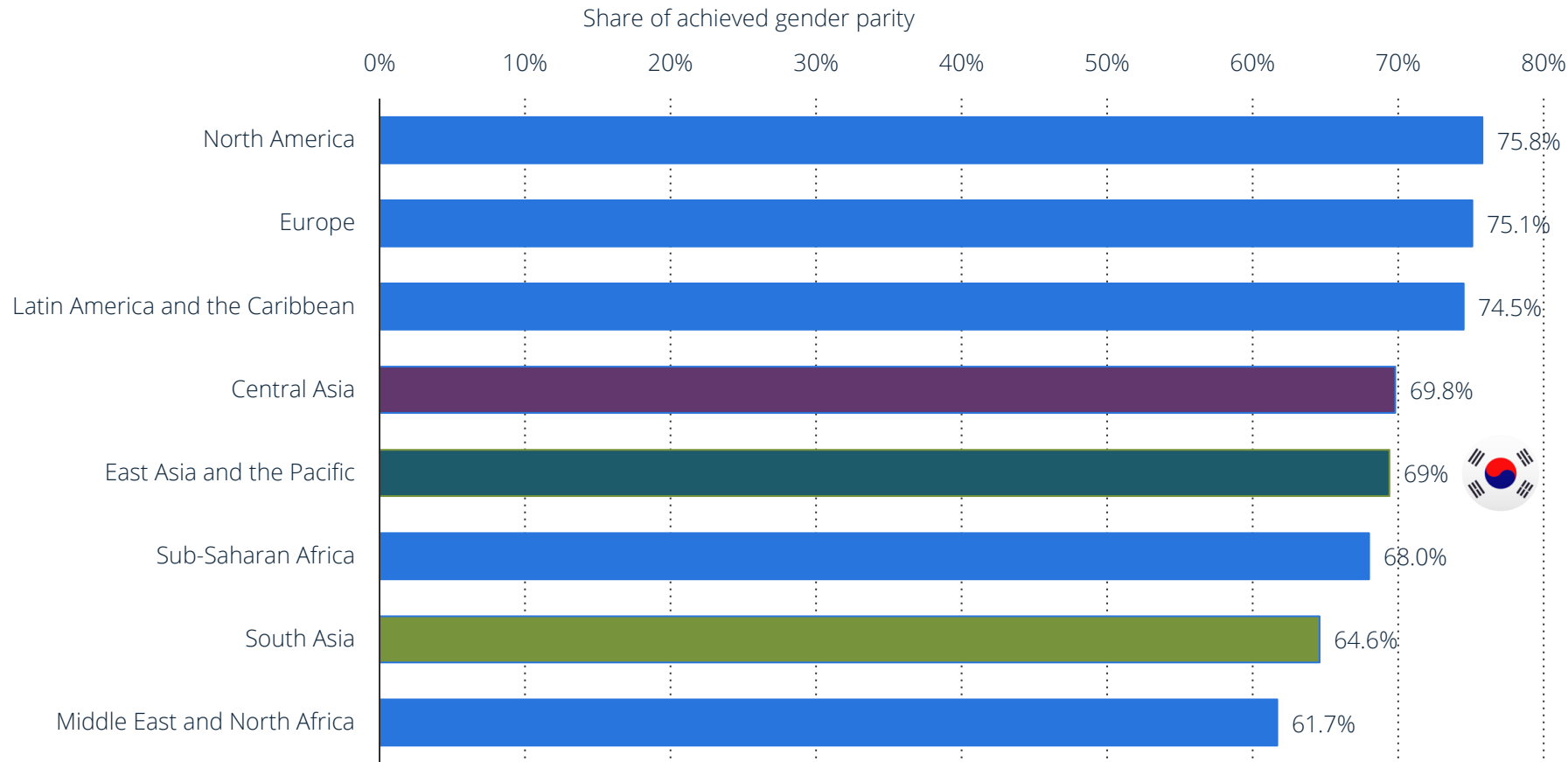
INSIGHT REPORT  
JUNE 2025





# Global Gender Gap Report 2025, World Economic Forum

Average gender gap closed worldwide 2025, by region(148 countries)



**Note(s):** Worldwide; 2022; population-weighted averages for the 156 economies  
Further information regarding this statistic can be found on [page 8](#).  
**Source(s):** World Economic Forum; [ID 1211887](#)

Top 10 Countires

GGGI by Region

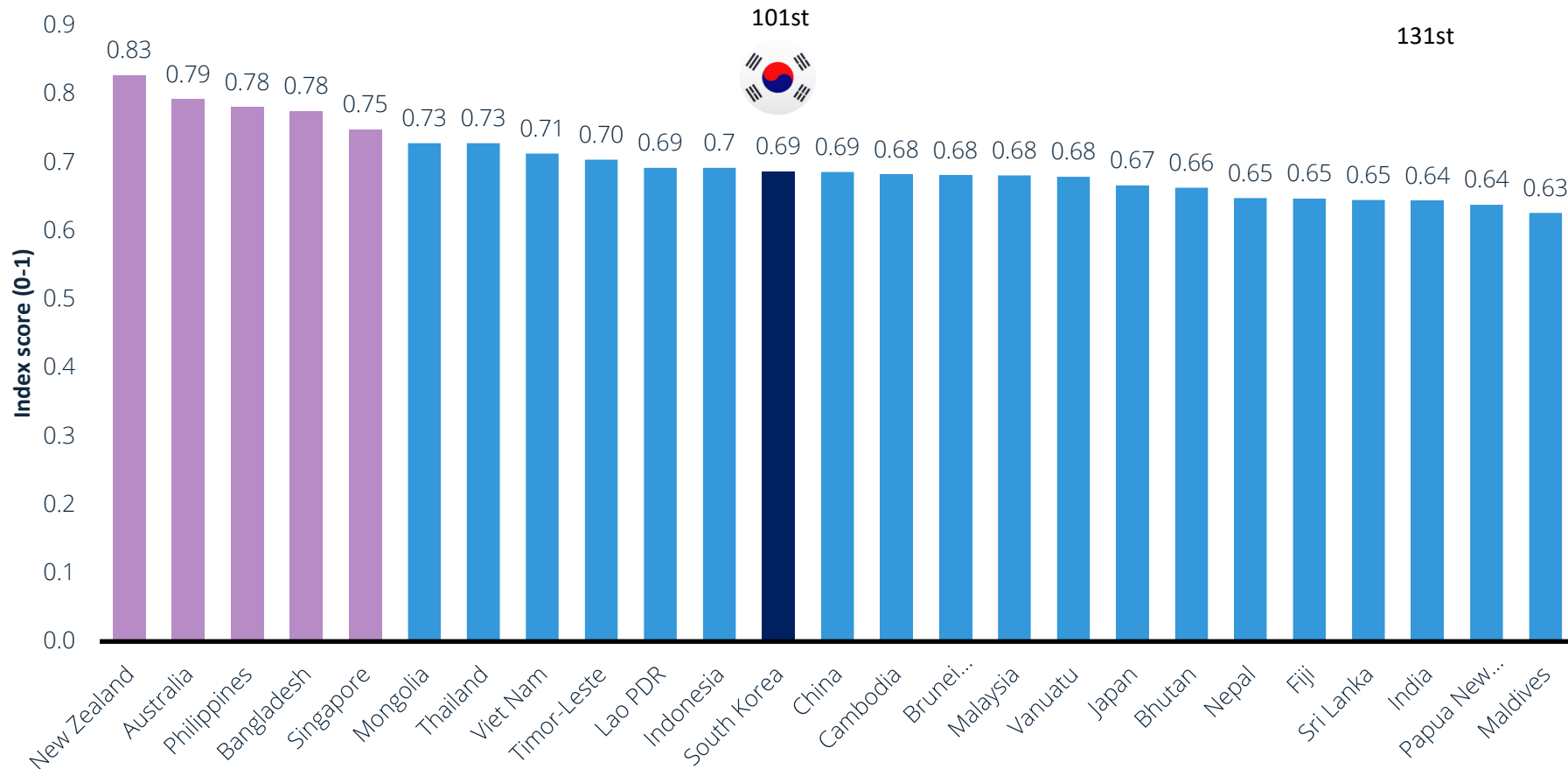
Gender gap will worsen

Impact of COVID-19

<https://www.statista.com/search/>

# Global Gender Gap Report 2025, World Economy Forum

Average gender gap closed worldwide 2025, by region(148 countries)



**Note(s):** Asia, APAC; July 2022; 0 = inequality - 1 = equality  
Further information regarding this statistic can be found on [page 8](#).  
**Source(s):** World Economic Forum; [ID 1320934](#)

## Top 50 Countires

GGGI by region

Gender gap will worsen

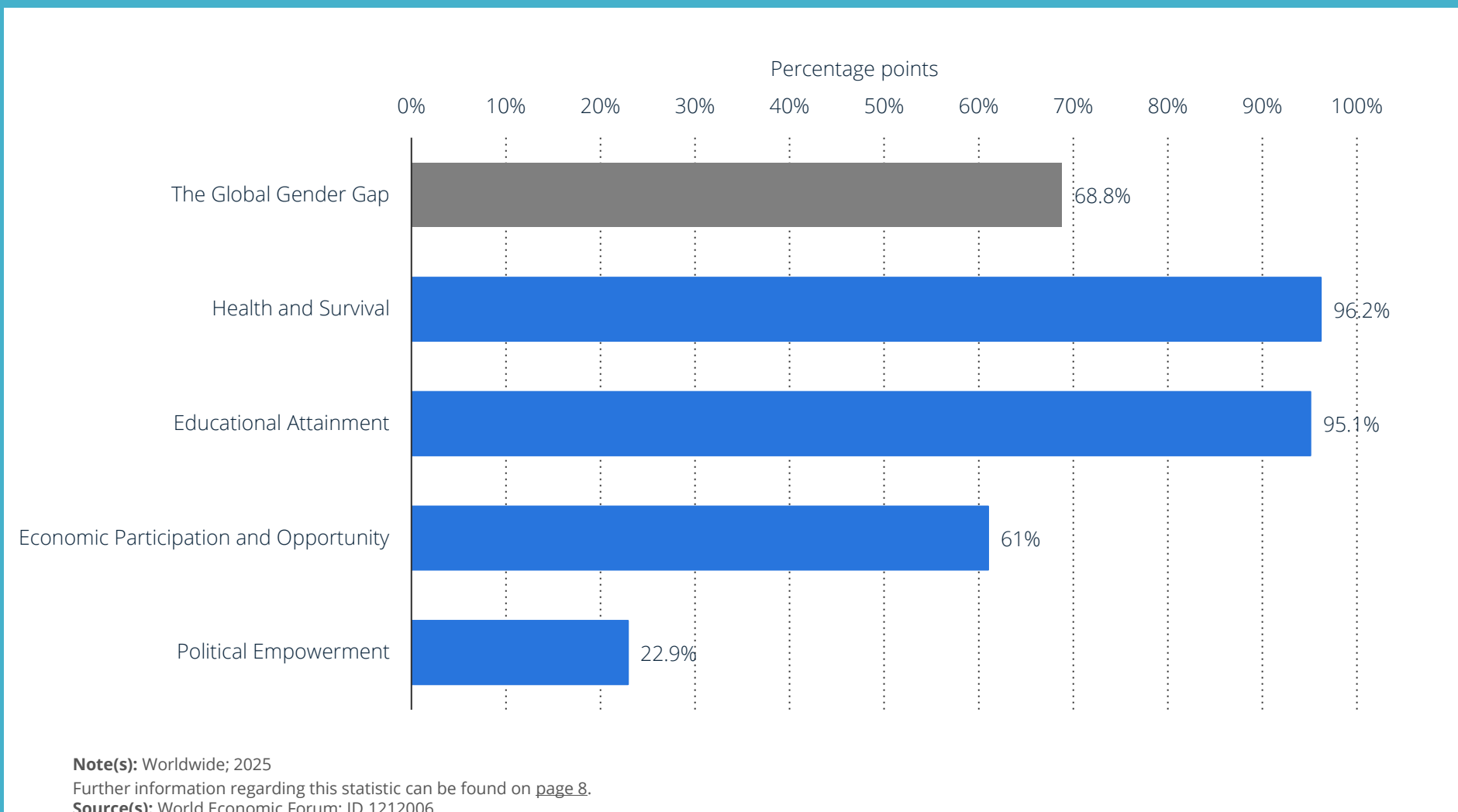
Impact of COVID-19

<https://www.statista.com/search/>



# Percentage of Gender Gap Closed Worldwide as of 2025, by Dimension

Percentage of gender gap closed worldwide 2025, by dimension



## CAUSES FOR THE PAY GAP IN THE 50s & 60s



*and then a slew of cultural norms  
about gender roles and aptitudes.*







## CAUSES FOR THE PAY GAP IN THE 50s & 60s



[Anne-Marie Slaughter] *But what has stayed is that women bear children.*



Placeholder

Placeholder

Women Leader

Placeholder



MEMBER SPOTLIGHT

**NANCY  
ASCHER**



TTS Past President  
2016-2018



“I’m not opposed to giving little girls a few [scientist and surgeon] superheroes to look up to.”



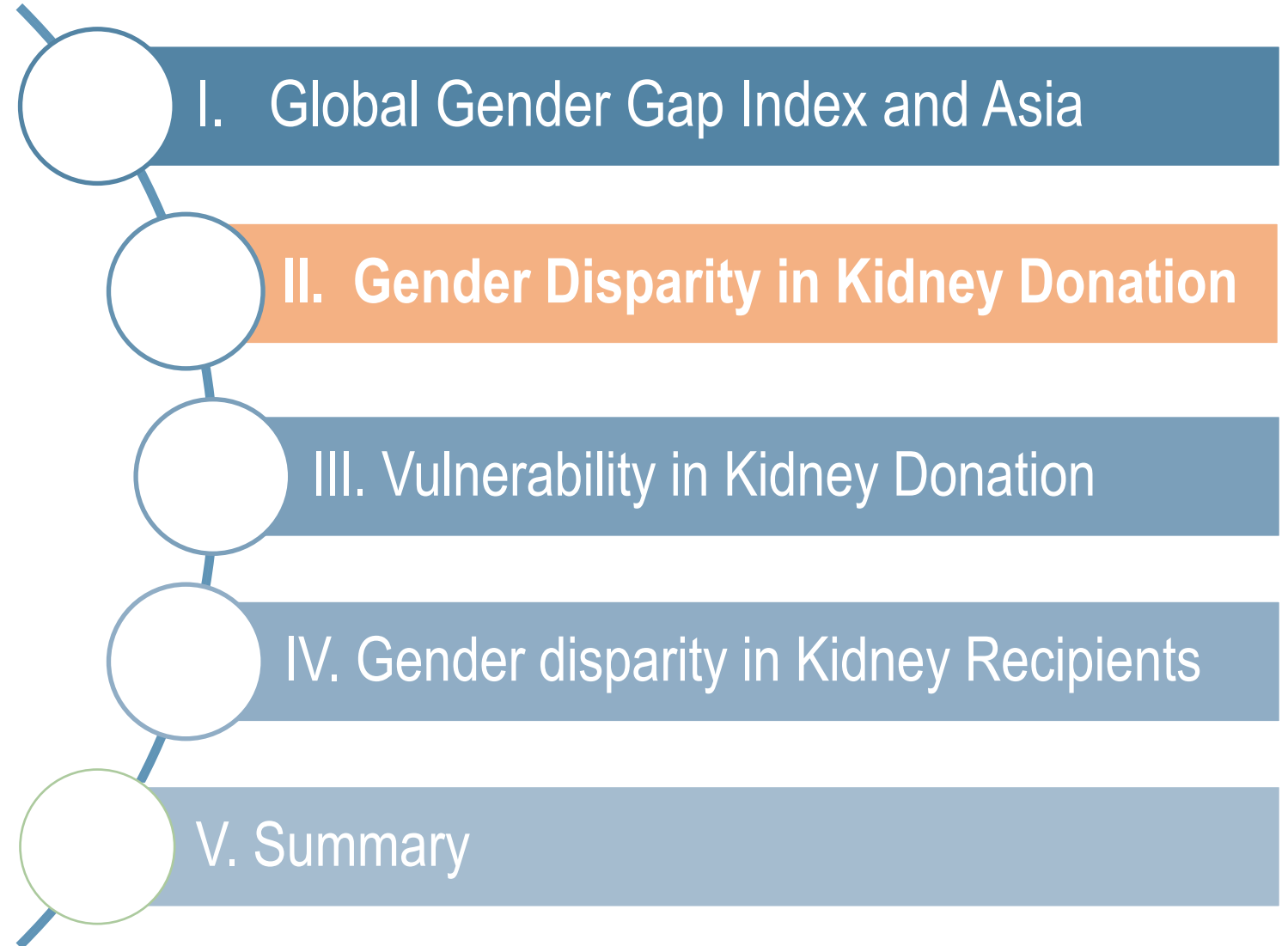
**BBC  
STUDIOS**



Netflix, Surgeon's Cut,

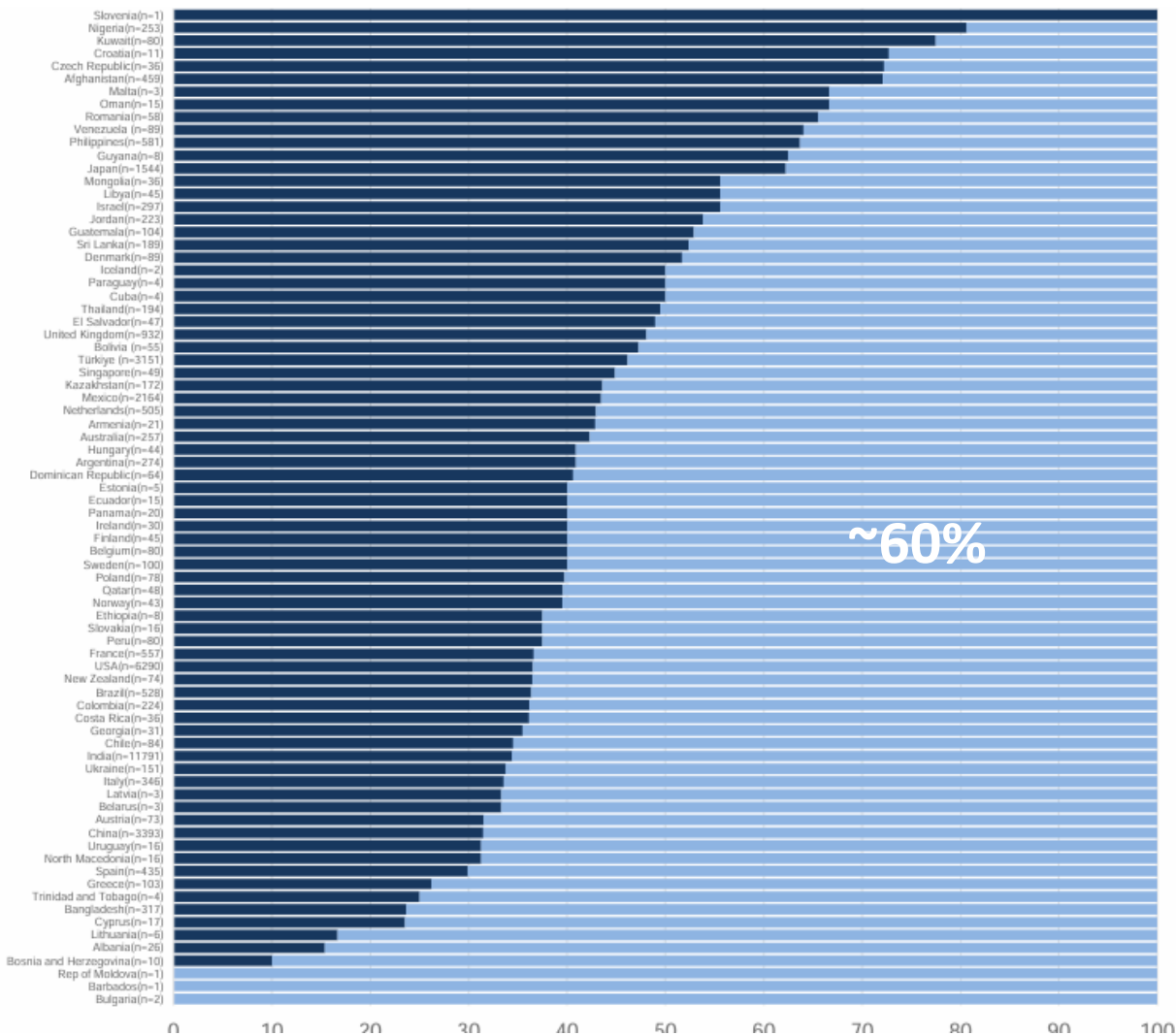


# II. Gender Equality in Living Kidney Donation

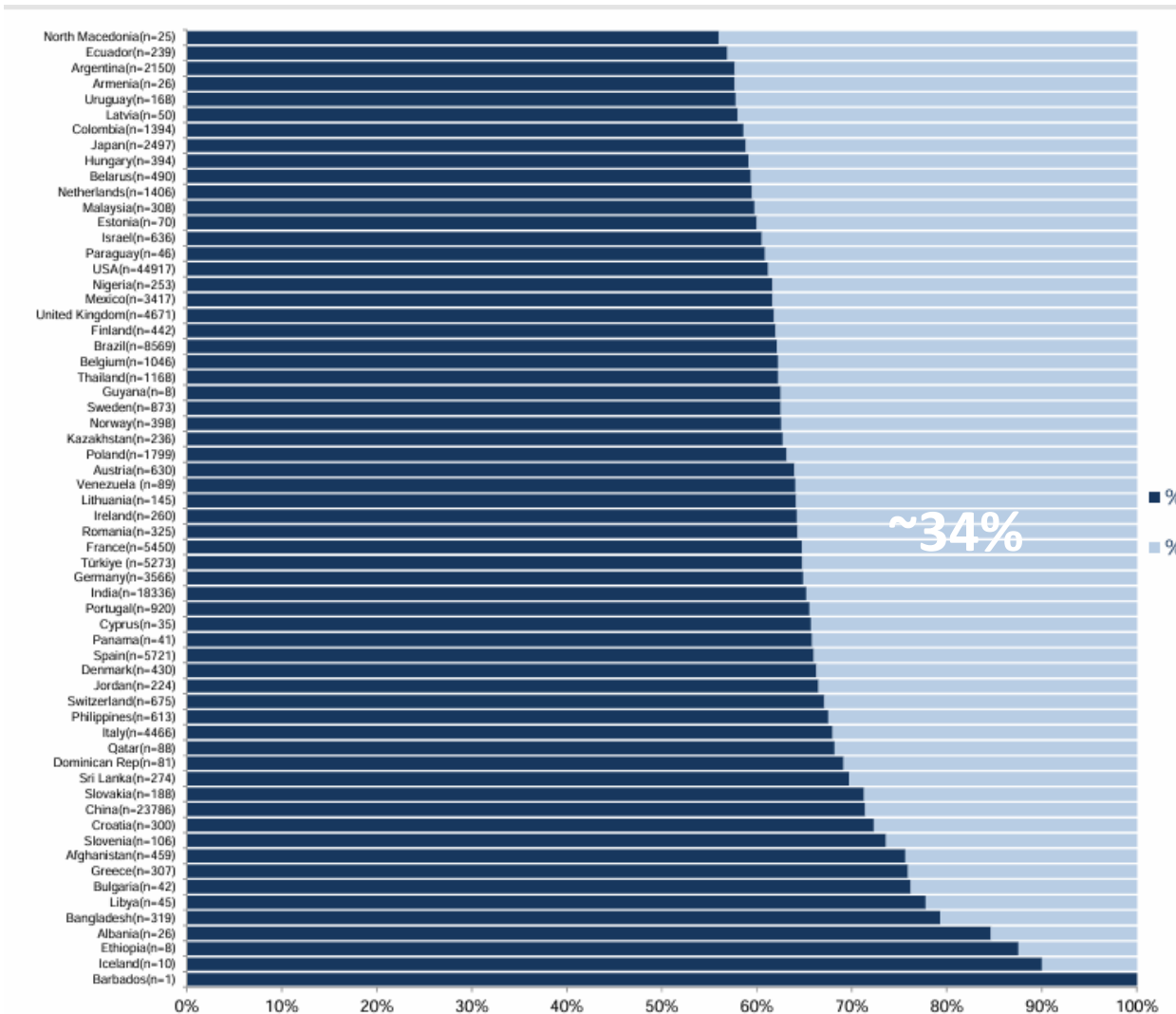


# % Female Kidney Donors and Recipients(GODT2023)

Living Kidney Donor by Sex

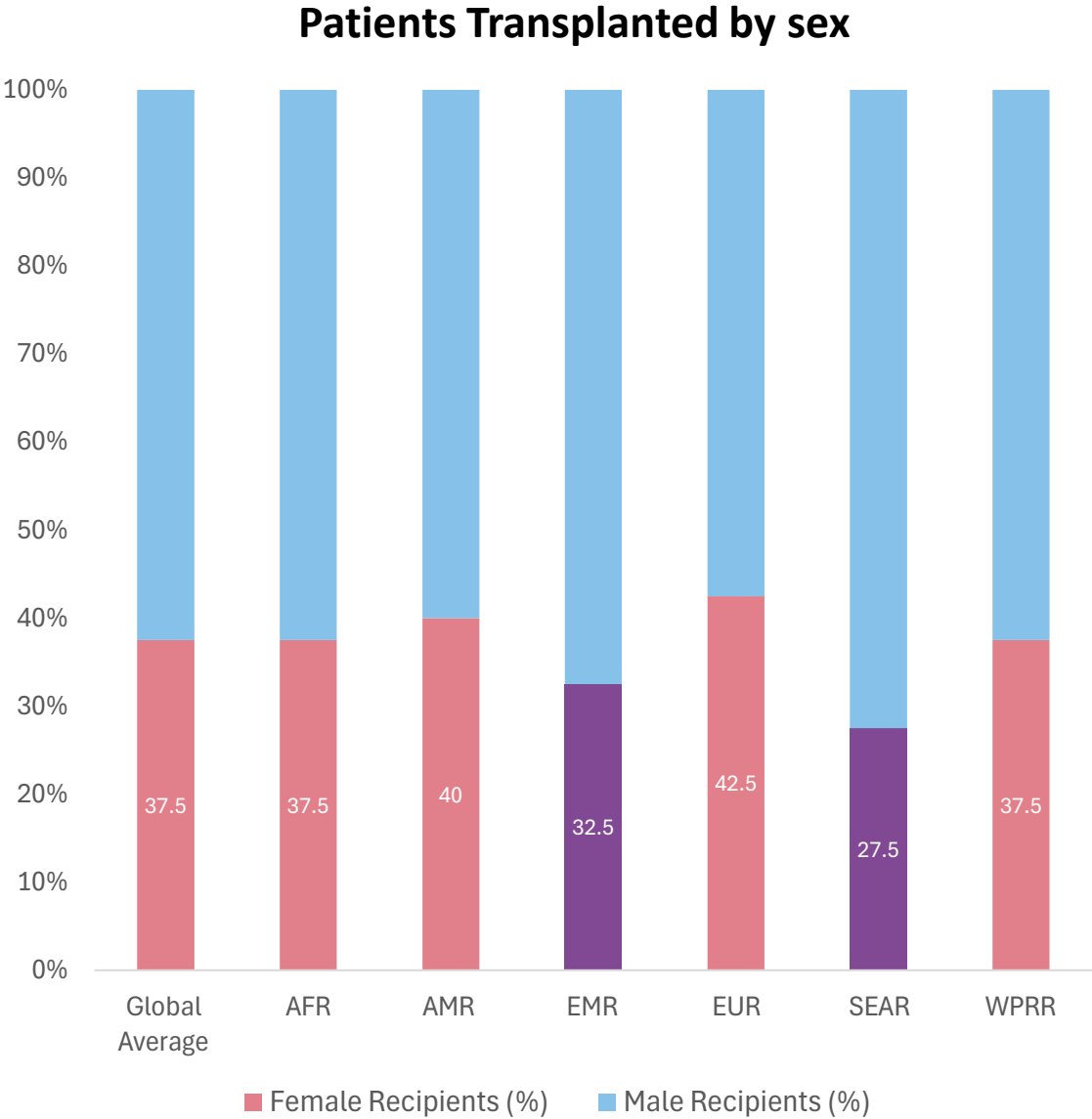
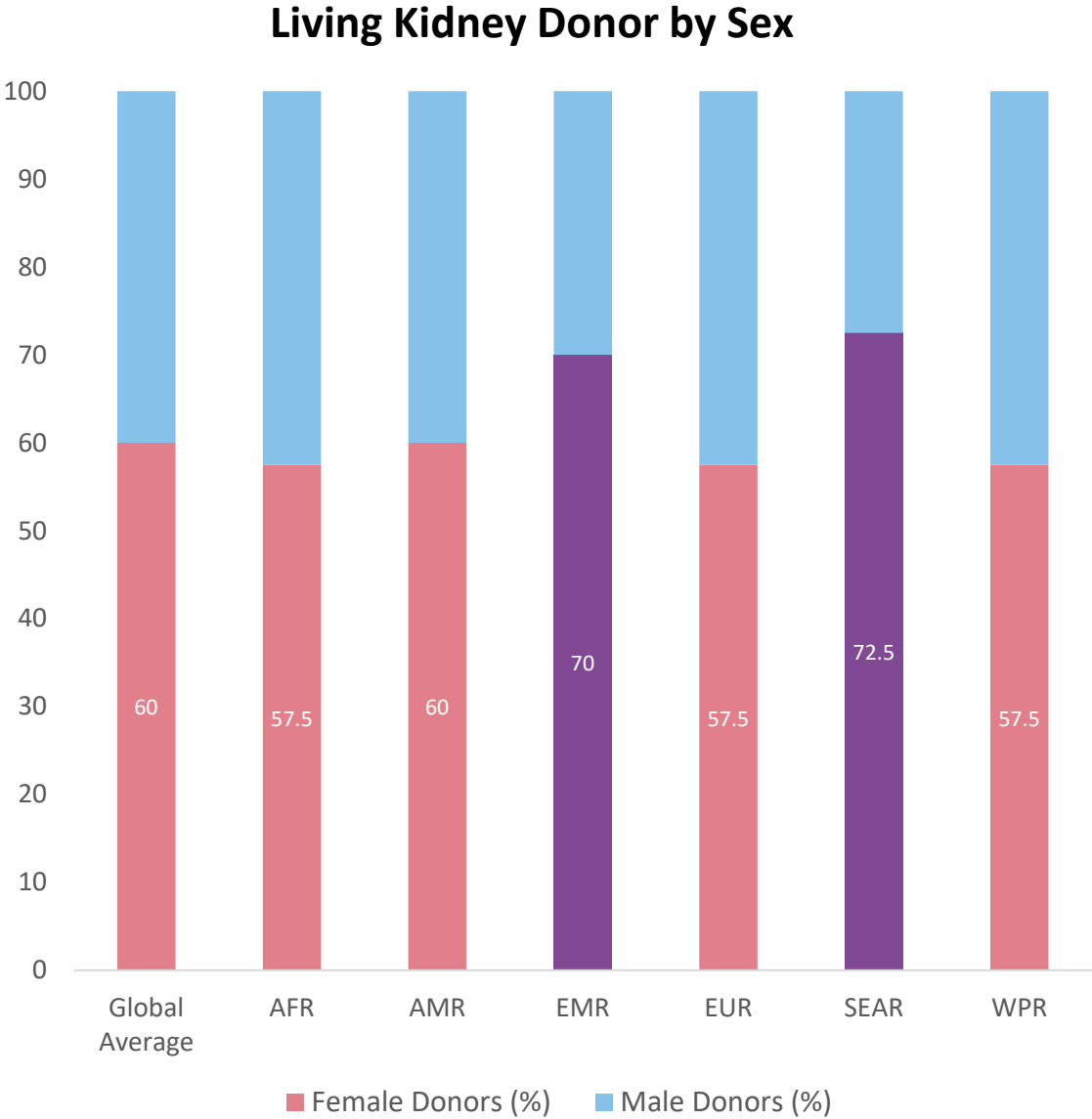


Patients Transplanted by sex





# % Female Kidney Donors and Recipients by Region



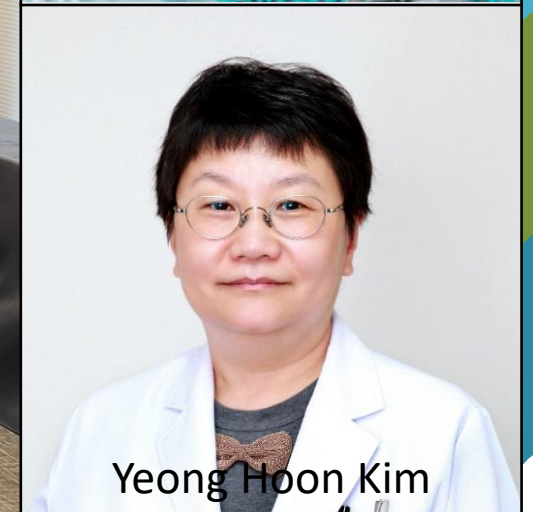
# The Asian-WIT TF in Asian Society of Transplantation



ATW 2017, Seoul



Khin Thida Twin



Yeong Hoon Kim



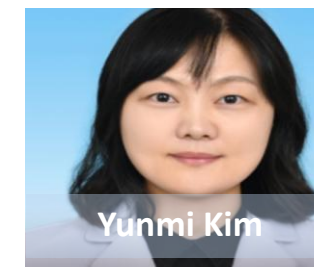
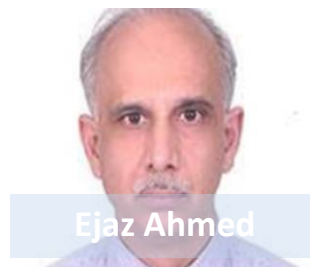
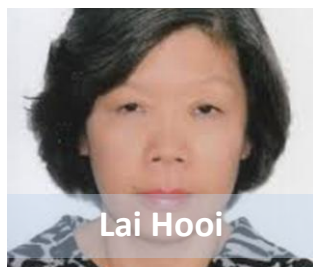
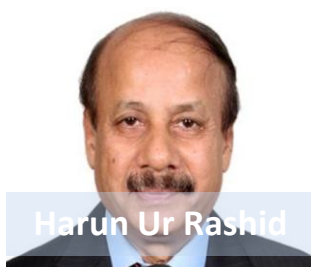
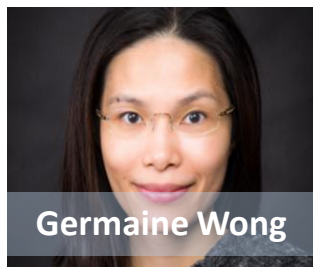
# Web Seminars on Gender Disparity in Kidney Transplantation in Asia



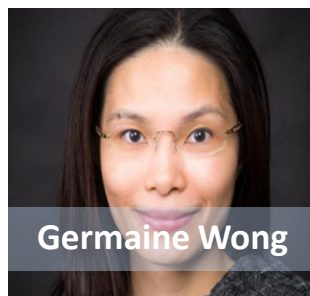
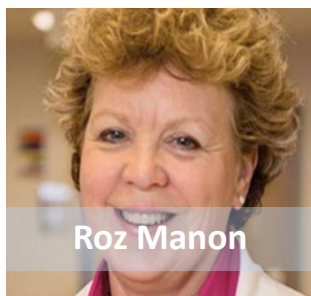
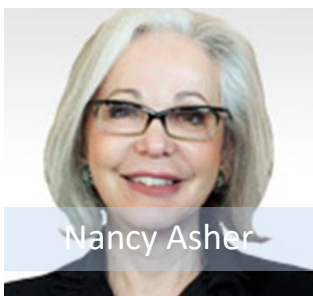


# SPEAKERS AND CHAIRS

## Speakers



## Chairs



# DATA SOURCES

Australia	I 1988-2019(ANZ Data) II 2017-2019(ANZ Data)	Malaysia	I 2000-2020 II 2018-2020
Bangladesh	I 2006-2020 II 2018-2020	Mongolia	2020
Hong Kong	2009-2019	Myanmar	2014-2020(YSH)
India	I 2019 II NOTTO III Pediatric patients	Pakistan	1985-2018
Indonesia	I 2011-2017 II 2020	Philippines	2008-2018
Japan	I 2010-2019 II 2019	Singapore	I 2015-2019 II 2019
		South Korea	I 2010-2020(KONOS) II 2014-2016(KOTRY) III 2019(KOTRY)

## Special Article

### Meeting Report: First State of the Art Meeting on Gender Disparity in Kidney Transplantation in the Asia-Pacific



cher, MD, PhD,<sup>3</sup> Romina Dangulian, MD,<sup>4</sup>  
MD,<sup>6</sup> Yeong Hoon Kim, MD,<sup>7</sup> Vivek Kute, MD,<sup>8</sup>  
la, MD,<sup>10</sup> Roslyn B. Mannon, MD, PhD,<sup>11</sup>  
s, MD,<sup>13</sup> Vasanthi Ramesh, MD,<sup>14</sup> Harun Ur Rashid, MD,<sup>15</sup>  
MD,<sup>17</sup> Anantharaman Vathsala, BS, MD,<sup>18</sup>  
urte Ahn, MD, PhD,<sup>21</sup> and Germaine Wong, MBBS, PhD<sup>22,23</sup>

To address the issue of global gender inequality in access to kidney transplantation, the Asian Society of Transplantation in partnership with the Women in Transplantation (WIT) held 2 virtual meetings in January and February 2021 to discuss the pressing issues fueling gender inequality in transplantation in the Asia-Pacific and potential strategies to mitigate them. One of the key missions of WIT is to identify gaps and disparities in gender-specific health outcomes for both recipients and donors globally. Additionally, WIT is also driven to defend the welfare and justice of our transplant recipients and donors, with specific focus on addressing the issues of sex/gender disparity in disadvantaged settings.

Fourteen speakers from 13 countries, including Australia, Bangladesh, Hong Kong, India, Indonesia, Japan, Malaysia, Mongolia, Myanmar, Pakistan, the Philippines, Singapore, and South Korea. Most of our speakers were

<sup>14</sup> National Organ and Tissue Transplant Organisation, DGHS, Ministry of Health and Family Welfare, Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi, India.

<sup>15</sup> Department of Nephrology, Kidney Foundation Hospital and Research Institute, Dhaka, Bangladesh.

<sup>16</sup> Department of Renal Medicine, Singapore General Hospital, Singapore, Singapore.

<sup>17</sup> Department of Renal Medicine, University of Medicine (U), Yangon, Myanmar.

<sup>18</sup> Division of Nephrology, National University of Singapore, Singapore, Singapore.

<sup>19</sup> Department of Pediatrics, University of Alberta, Edmonton, AB, Canada.

<sup>20</sup> Department of Nephrology, Specialty Hospital, Yangon, Myanmar.

<sup>21</sup> Division of Nephrology, National Medical Center, Seoul, South Korea.

<sup>22</sup> Sydney School of Public Health, University of Sydney, Sydney, NSW, Australia.

<sup>23</sup> Centre for Renal and Transplant Research, Westmead Hospital, Sydney, NSW, Australia.

C.A. and G.W. share co-senior authorship to this article. The authors declare no funding and conflicts of interest.

Y.K., C.A., and G.W. conceived the study and wrote the article. All authors have contributed data and revised the article.

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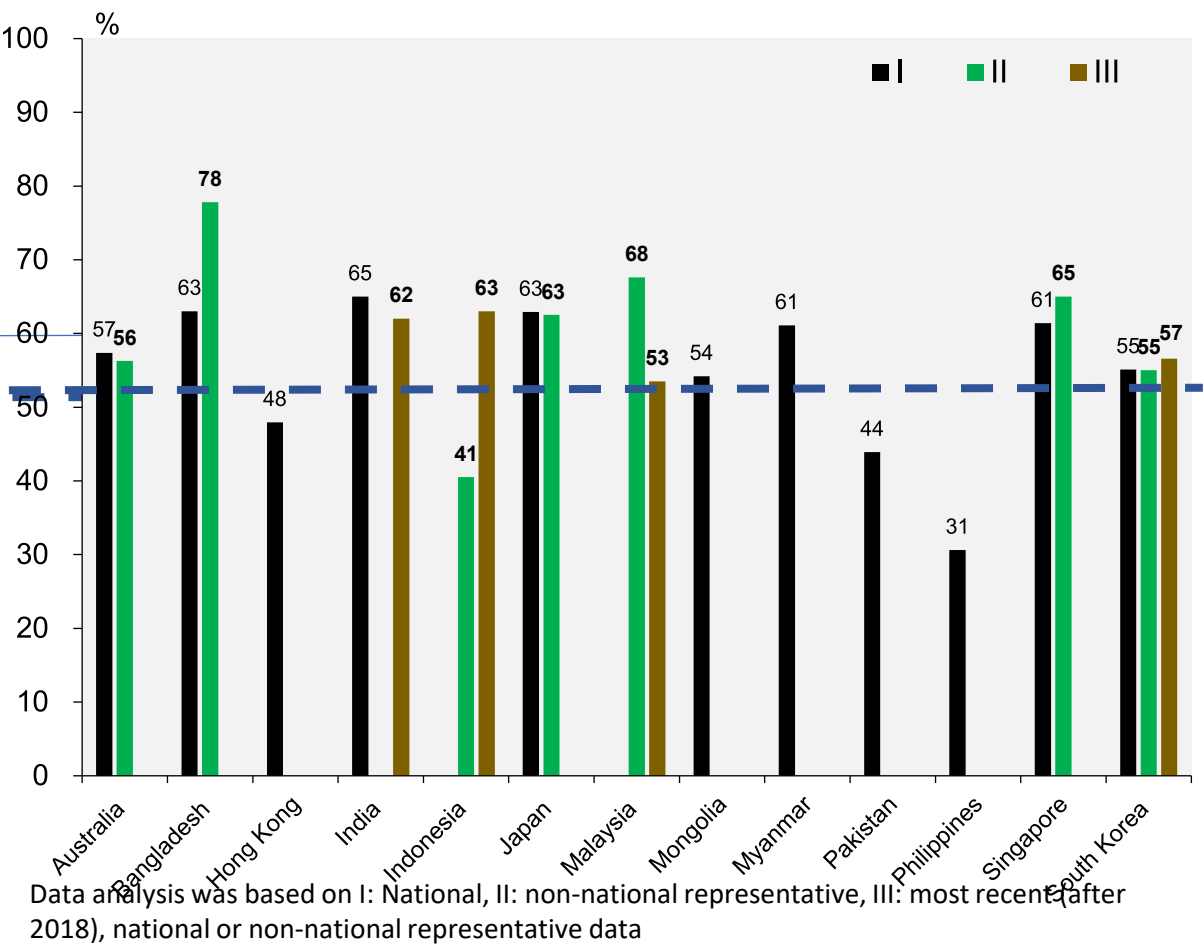
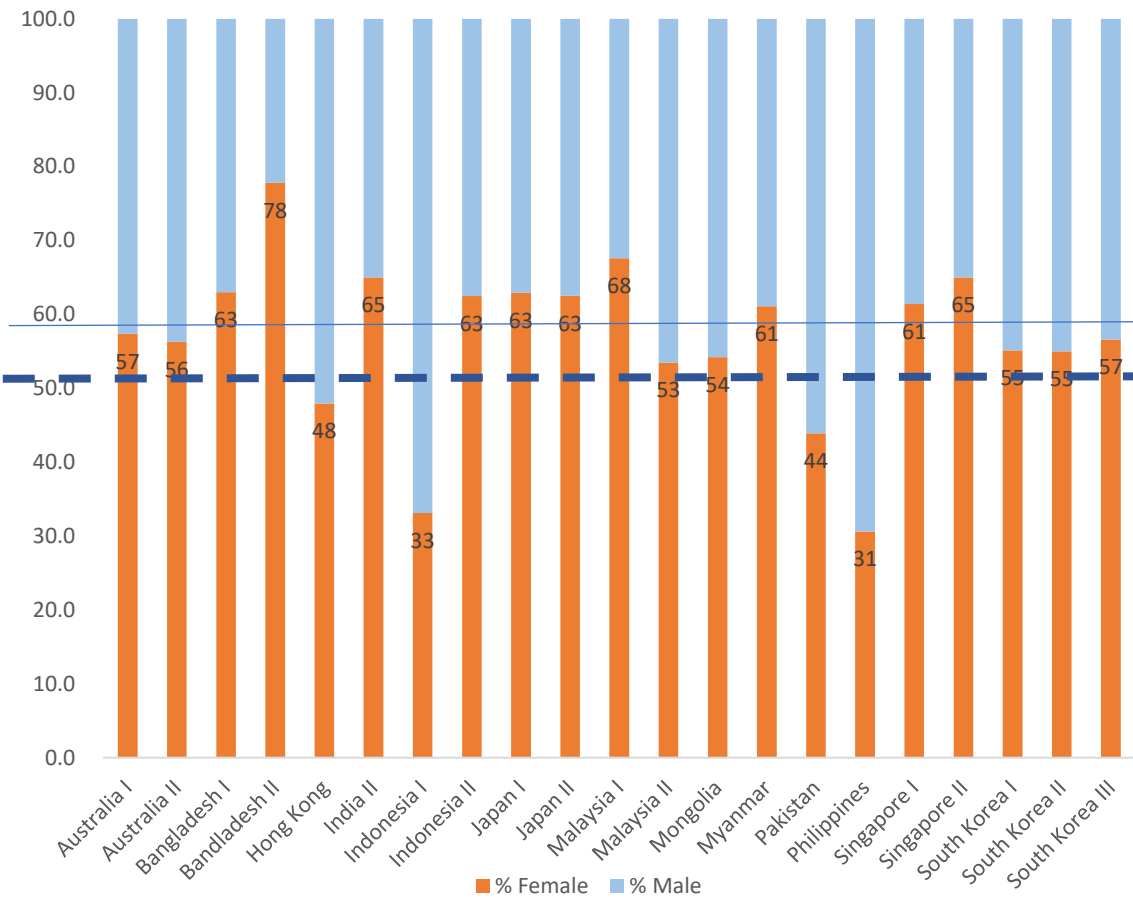
DOI: 10.1097/TR.00000000000003941

<sup>12</sup> Division of Urology, Juntendo University, Tokyo, Japan

<sup>13</sup> Department of Nephrology, First Central Hospital of Mongolia, Organ Transplantation Center, Ulaanbaatar, Mongolia.

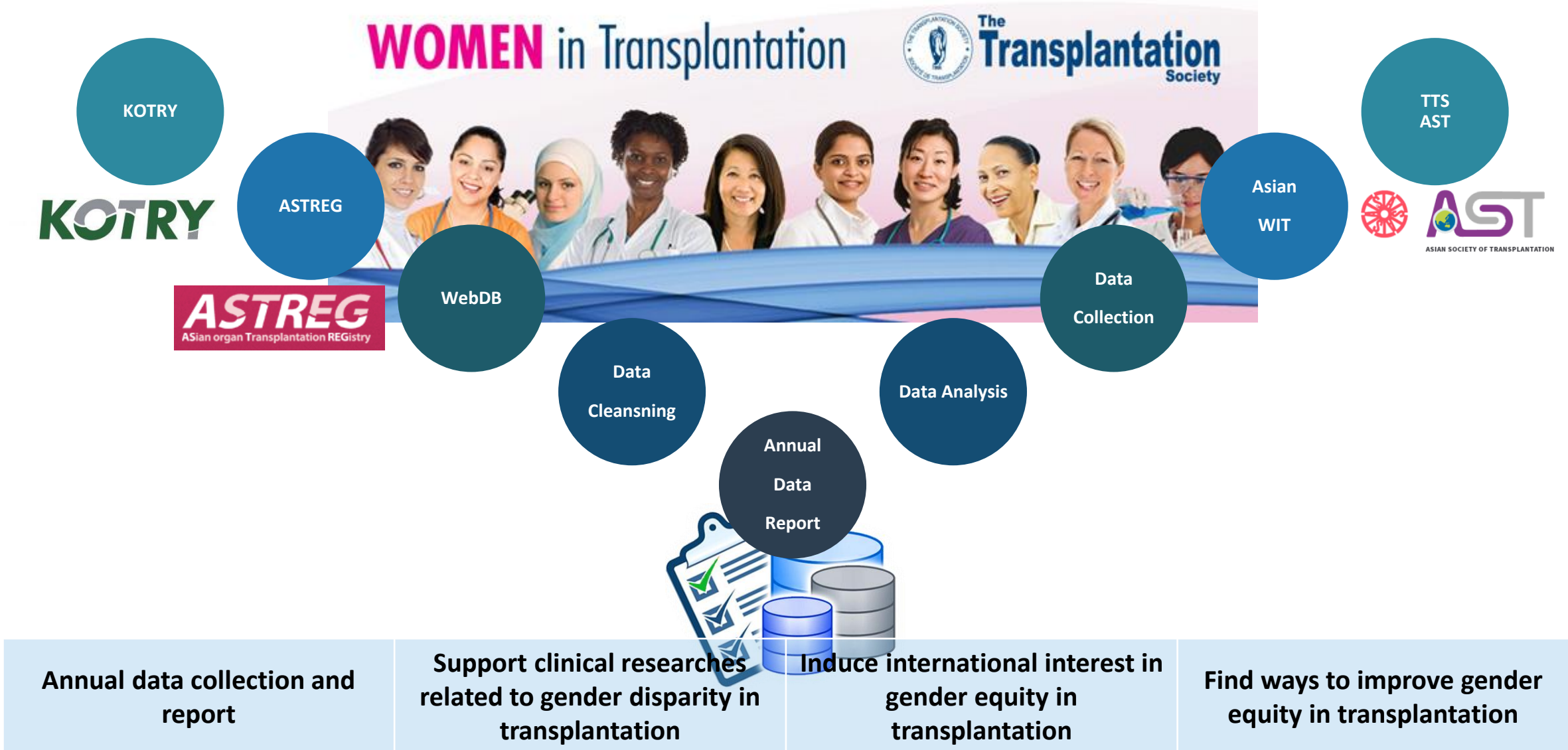
# More ♀ Living Kidney Donors than ♂

% Female Living Donors in LDKT





# ASTREG-WIT-KT DATABASE





LWW 28/06/2022 10:49 4 Color Fig(s):0 Art: TPA-2022-0632

## Around the World



## Gender Disparity in Asian-Pacific Countries: An Analysis of the ASTREG-WIT-KT Registry

MIYEUN HAN, MD,<sup>1</sup> Germaine Wong, MPPS, PhD,<sup>2</sup> Vivek B. Kute, MD,<sup>3</sup> Yuki Nakagawa, MD,<sup>4</sup> Hsu-Han Wang, MD,<sup>5</sup> Mel Hatra Araka, MD,<sup>6</sup> Jong Cheol Jeon, MD,<sup>7</sup> Yun Yung, BS,<sup>8,9</sup> Khin Thida Aye Win, MD,<sup>10</sup> Jeremy Chapman, MD, FRCP,<sup>11</sup> Ruth Sapir-Pichhadze, MD,<sup>12</sup> Roslyn B. Mannon, MD,<sup>13</sup> Curie Ahn, MD,<sup>1</sup> and Yeong Hoon Kim, MD<sup>14</sup>; Steering Committee Members of ASTREG-WIT-KT

### INTRODUCTION

According to the Global Gender Gap Index (GGGI) report of the World Economic Forum 2021, only 67%–69% of the overall gender gap has been closed in East Asia, the Pacific, and South Asian regions. None of the Asia-Pacific countries have been ranked in the top 10 list of gender-equal countries except for New Zealand. There is also emerging data showing that the coronavirus disease 2019 pandemic has widened the gender gap in health and wages within the Asian-Pacific countries including Korea, Japan, and Australia.<sup>1</sup>

Gender imbalances are noted for kidney donation and transplantation in most countries. The proportion of female living donors has been proportionally higher and adult women with end-stage kidney disease (ESKD) are less likely to receive kidneys.<sup>2</sup> Since the gender gap is in generally larger in Asia than in Western countries while living-donor kidney transplantation (KT) prevails in Asia,<sup>3</sup> it can be assumed that the gender gap in organ transplantation in Asian countries is also larger than that in non-Asian countries. A disproportional increase in the representation of women among living spousal donors in Asia has been another concern.<sup>4,5</sup> To delineate if this assumption

is correct, the Asian Society of Transplantation (AST) in partnership with the Women in Transplantation (WIT) held 2 virtual meetings with representation from 13 countries in 2021.<sup>6</sup> Conclusions from those meetings can be summarized as follows: (1) there exist significant discrepancies in gender proportions for both living donors and recipients with country-specific variations<sup>7–9</sup>; (2) most participants agreed that social rather than biological factors played a major role for the observed gender disparities in Asia; and (3) a well-designed registry containing elements related to gender selection bias in organ transplantation is needed to understand the culprits for these inequities and to seek solutions.

In accordance with proposals obtained from the meetings, we have developed an online registry “in Society Transplant Registry-WIT-KT (ASTREG-WIT-KT)” for data collection and analysis of gender disparity across Asia-Pacific countries aiming to support clinical research related to gender equities in organ transplantation. Here, we presented the structure and function of ASTREG-WIT-KT and provide early data obtained from retrospectively collections and analysis of 6 participating countries.

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<sup>5</sup> Department of Urology, Linkou Chang Gung Memorial Hospital, Linkou, Taiwan.

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<sup>13</sup> Division of Nephrology, Department of Medicine, University of Nebraska Medical Center, Omaha, NE.

<sup>14</sup> Department of Internal Medicine, Inje University Busan Paik Hospital, Busan, South Korea.

This work was supported by Research of Korea Centers for Disease Control and Prevention Agency (2020-ER7201-01) and Korea Organ Transplantation Registry (KOTRY).

The authors declare no conflicts of interest.

C.A. and Y.H.K. participated in concept and design. M.H., G.W., V.B.K., Y.N., H.-H.W., and M.H.A. participated in data acquisition. J.C.J. and Y.Y.C. participated in data management and statistical analysis. M.H. and C.A. participated in drafting of the article. K.T.T. and J.C. participated in the performance of research. R.B.M., G.W., and R.S.-P. participated in the critical revision of the manuscript for intellectual content.

Supplemental digital content (SDC) is available for this article. Direct URL citations appear in the printed text, and links to the digital files are provided in the HTML text of this article on the journal's Web site ([www.transplantjournal.com](http://www.transplantjournal.com)).

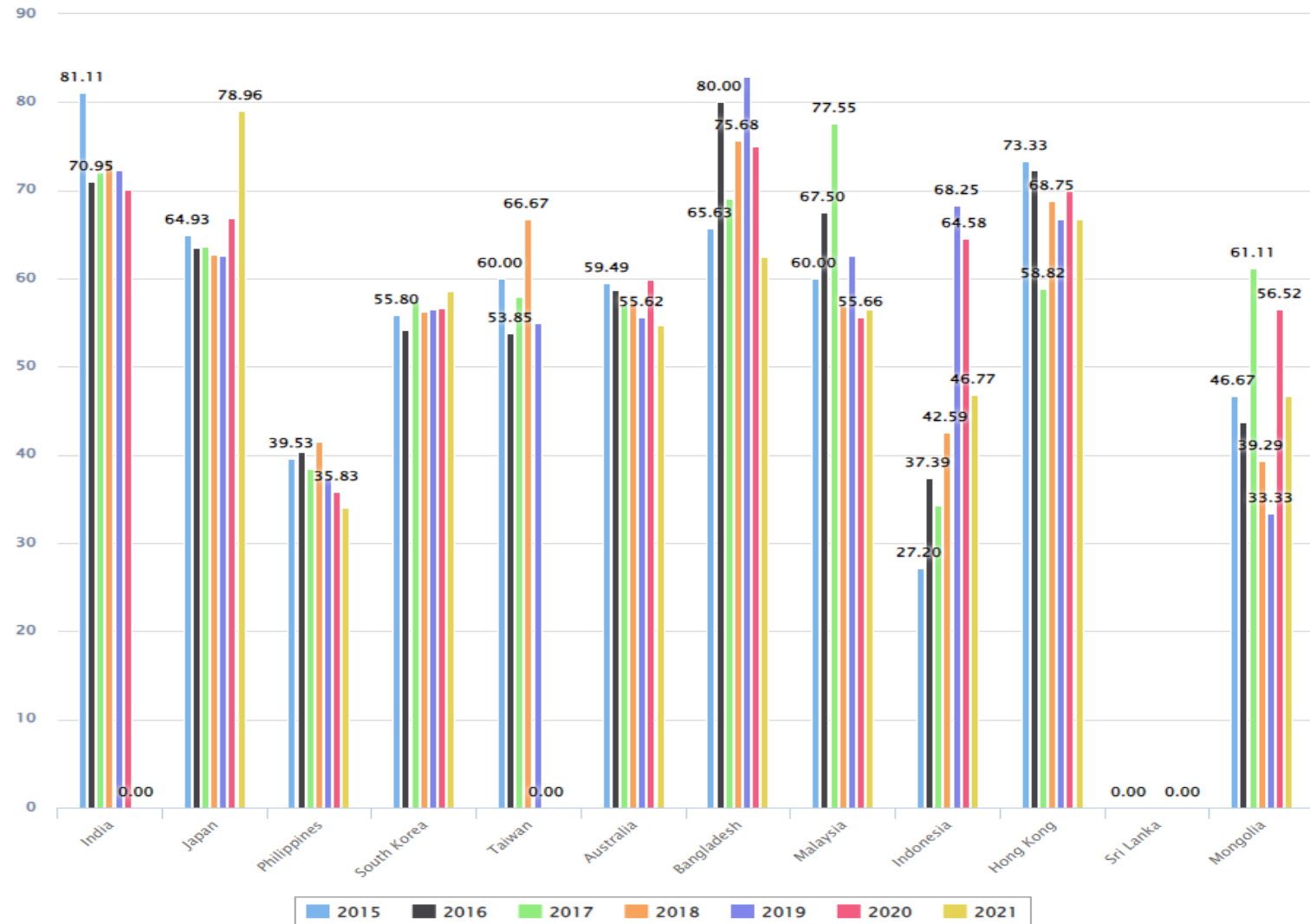
Correspondence: Curie Ahn, MD, PhD, Department of Internal Medicine, National Medical Center, 245 Eulji-ro, Jung-gu, Seoul 04564, South Korea. ([curie@nmc.ac.kr](mailto:curie@nmc.ac.kr)); Yeong Hoon Kim, MD, PhD, Department of Internal Medicine, Inje University Busan Paik Hospital, Bolji-ro 75, Busanjin-gu, Busan 47302, South Korea. ([yoonhkim@inje.ac.kr](mailto:yoonhkim@inje.ac.kr)).

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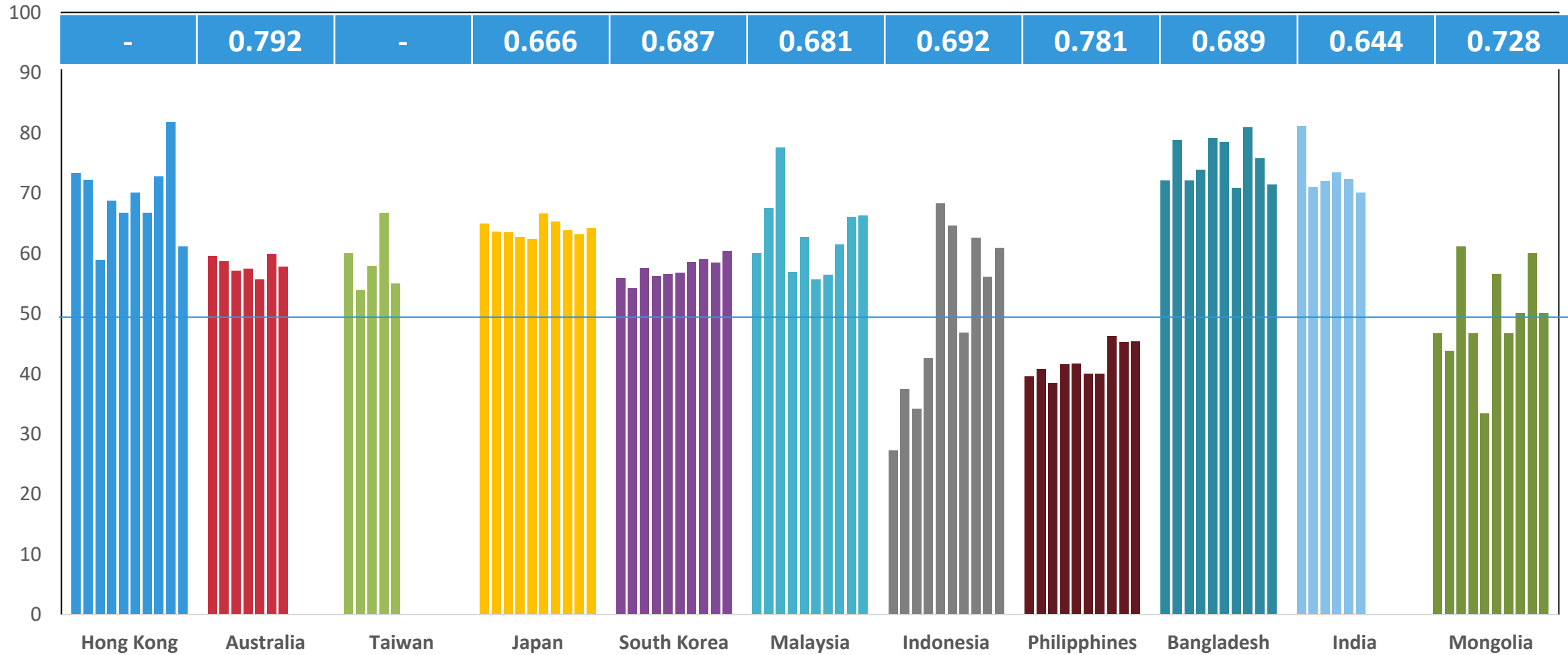
ISSN: 0041-1337/20/0000-00

DOI: 10.1097/TPA.00000000000004223

### Proportion of female living donors in LDKT, by Country



Proportion of female living donors in LDKT, by year (2015-2024)





Man Cannot  
donate

Sausal Donation

Economic  
Factor?

Social power  
Factor?

Why do  
women  
donate  
kidneys more  
often than  
men?

Other Factor?

# Factors Related to Gender Inequity in Kidney Transplantation

Biological	Societal		
	Attitudinal	Financial	Power Imbalance
<ul style="list-style-type: none"><li>• Less comorbidities of contraindication for kidney donation in male than female</li><li>• Higher proportion of wife donation to husband</li></ul>	<ul style="list-style-type: none"><li>• Female role in the family as a care giver</li><li>• Higher volunteerism and altruism</li><li>• Women generally have a self-sacrificing nature</li></ul>	<ul style="list-style-type: none"><li>• Healthy husband is critical for wellbeing of the family → Fear of financial loss</li><li>• Men may be the bread winner</li><li>• Women are financially dependent on men</li></ul>	<ul style="list-style-type: none"><li>• Patriarchism &amp; Low self-esteem in woman</li><li>• Coercion or indirect pressure from family and society</li><li>• Societal stigma that the women have to give</li></ul>

Higher  
Prevalence of  
NCDs in male

#. of Potential  
Donor

- Age
- % female Population

Racial & Genetic  
Differences

Regional  
Differences

- NCD Control Policy

Socioeconomic  
Factors

Man  
cannot  
donate  
Kidney



# Biological Factors for Gender Disparity

More comorbidity in male

Prevalence of NCDs, Korea

Death from NCDs

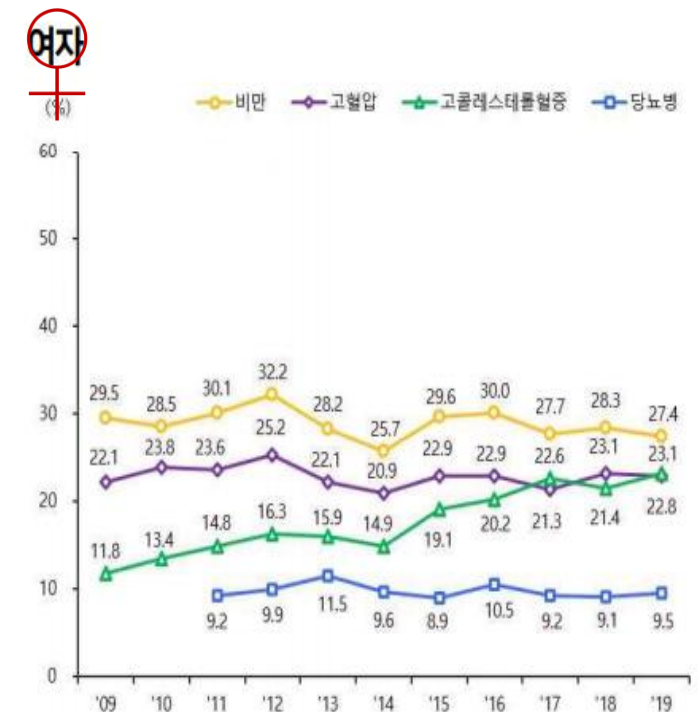
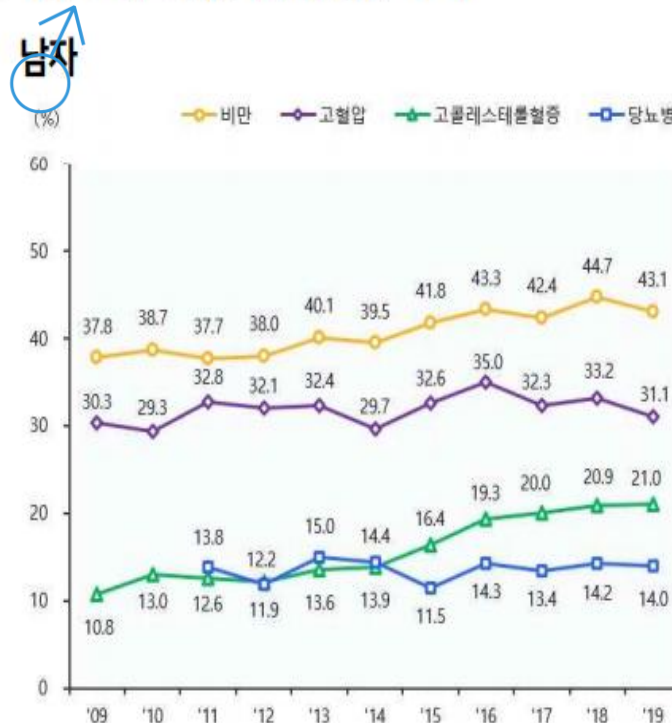
Higher %, Smoking

Higher %, DM HBP

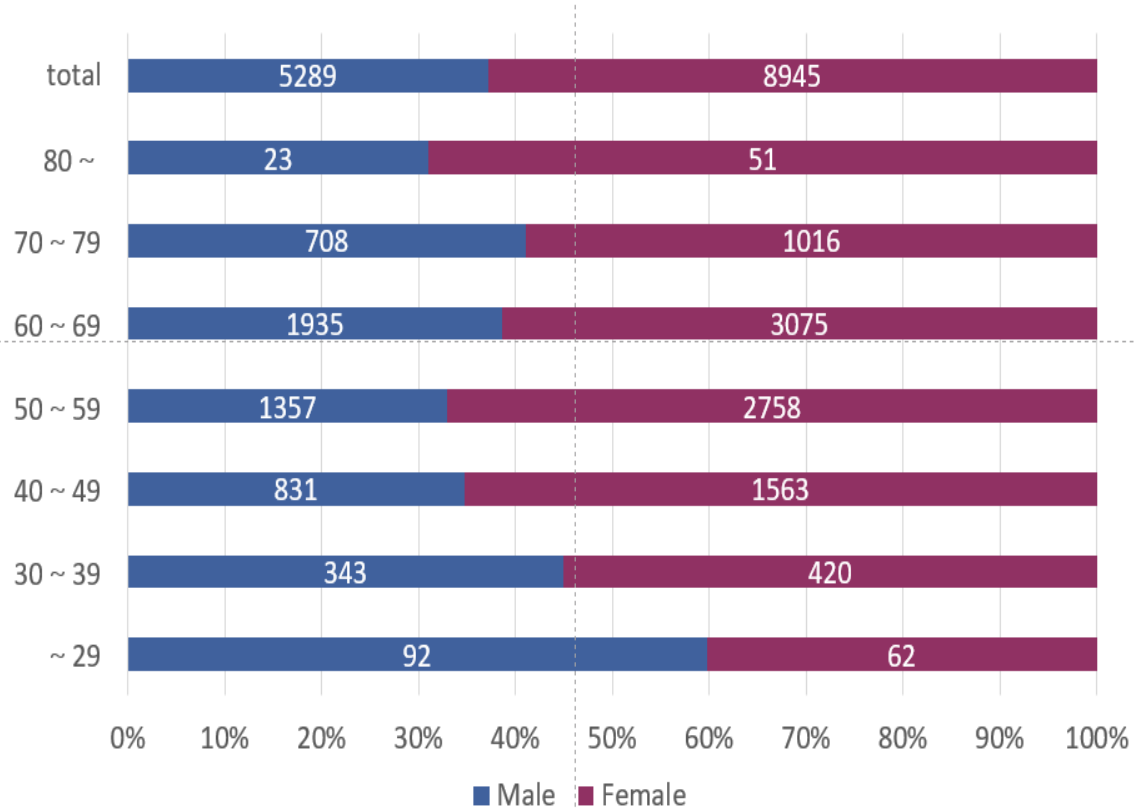
Men cannot donate kidney because of **comorbid medical conditions**

Prevalence of chronic non-communicable disease, KNHANES, 2019

그림 3-1. 만성질환 유병률 추이



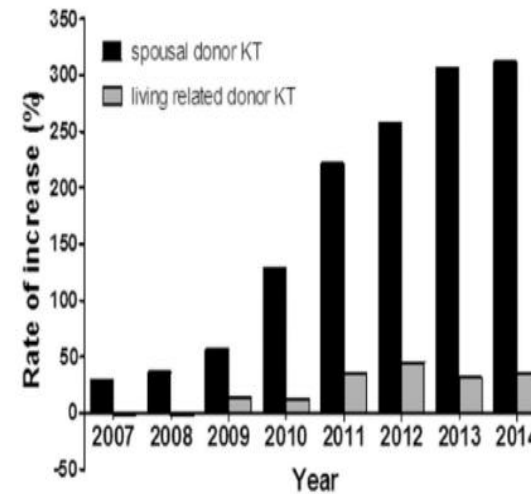
## Gender % by Donor Age



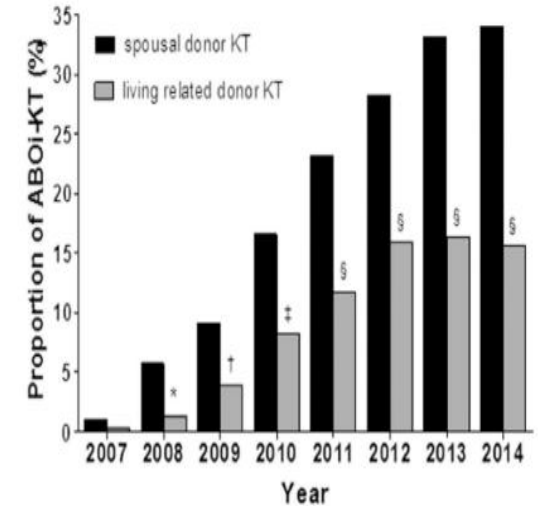
Yuki Nakagawa (Japan)

## Impact ABOi-KT on Spousal Donor KT

### ■ The rate of increase in living KT



### ■ The proportion of ABOi-KT

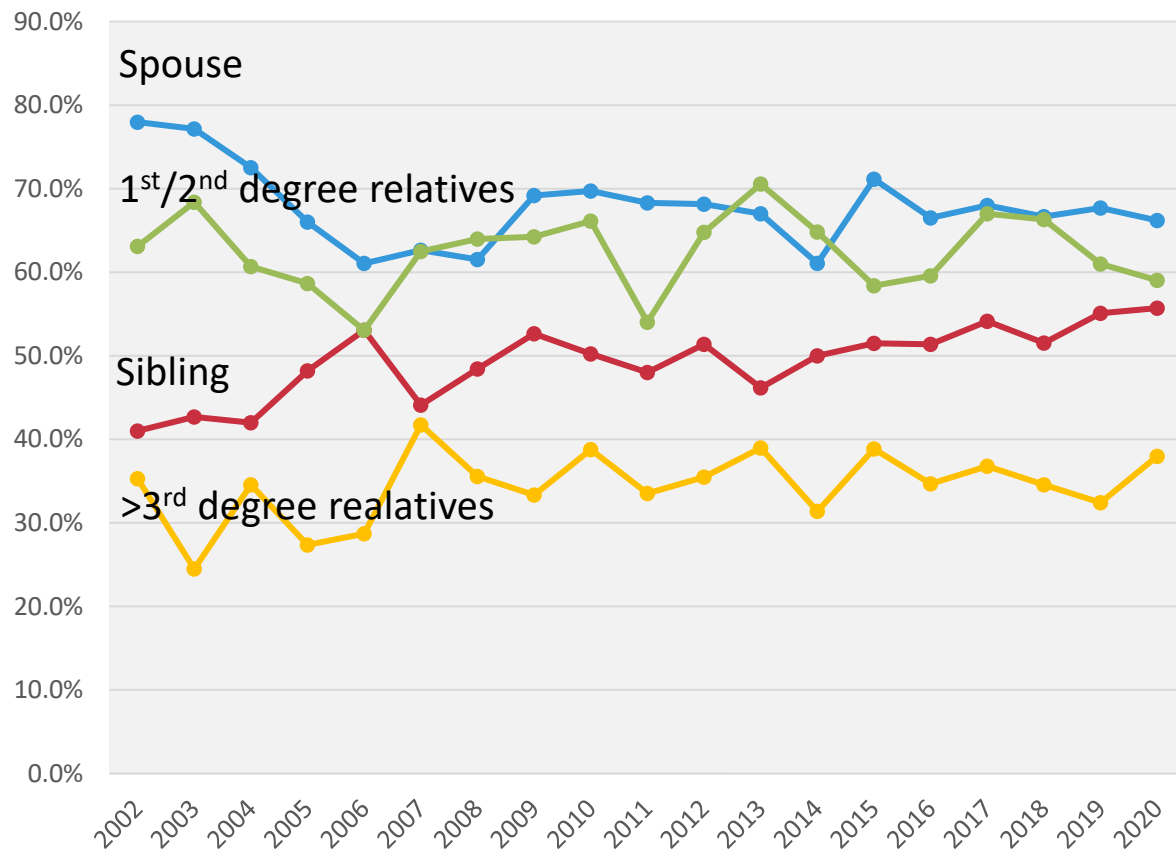


Yunmi Kim (Korea)



# GENDER DISPARITY IN LIVING SPOUSAL DONORS IN KOREA

% Female Spousal Donors in LDKT



Courtesy: Prof. Miyeon Han

SUMMARY

LD  
% female

LD  
Trends

LD  
Spouse Donor

LDKT  
♀ Recipients

LDKT  
Trends

DDKT  
♀ Recipients

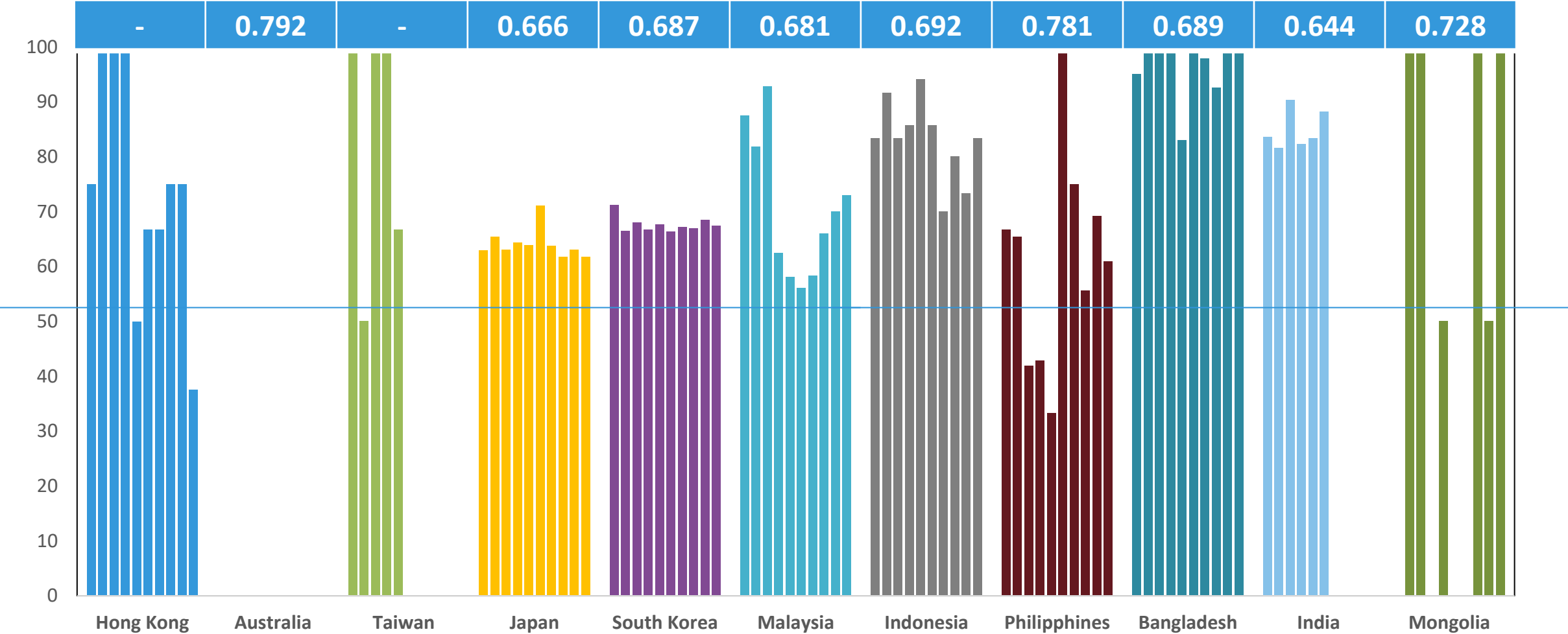


LD donor

Spouse

LDKT recipient

% Female KT Spouse Donor

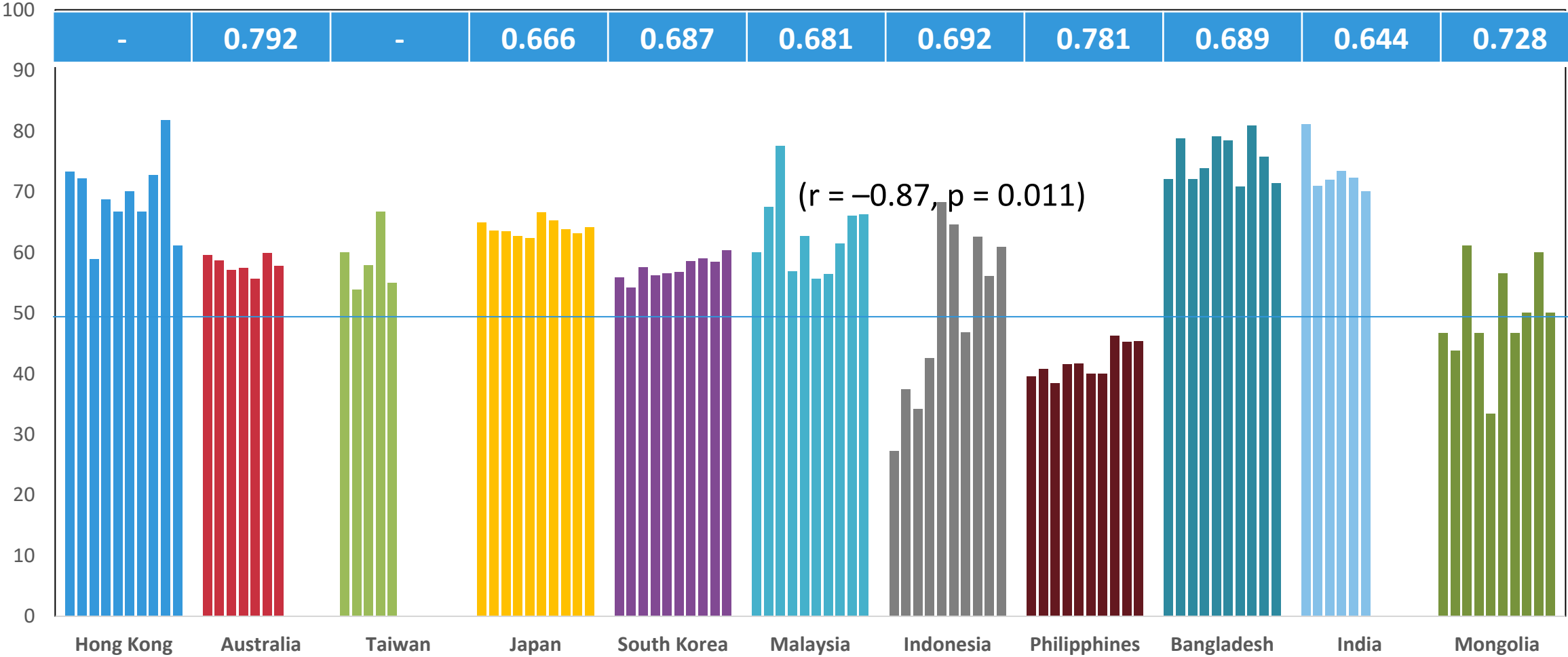


LD donor

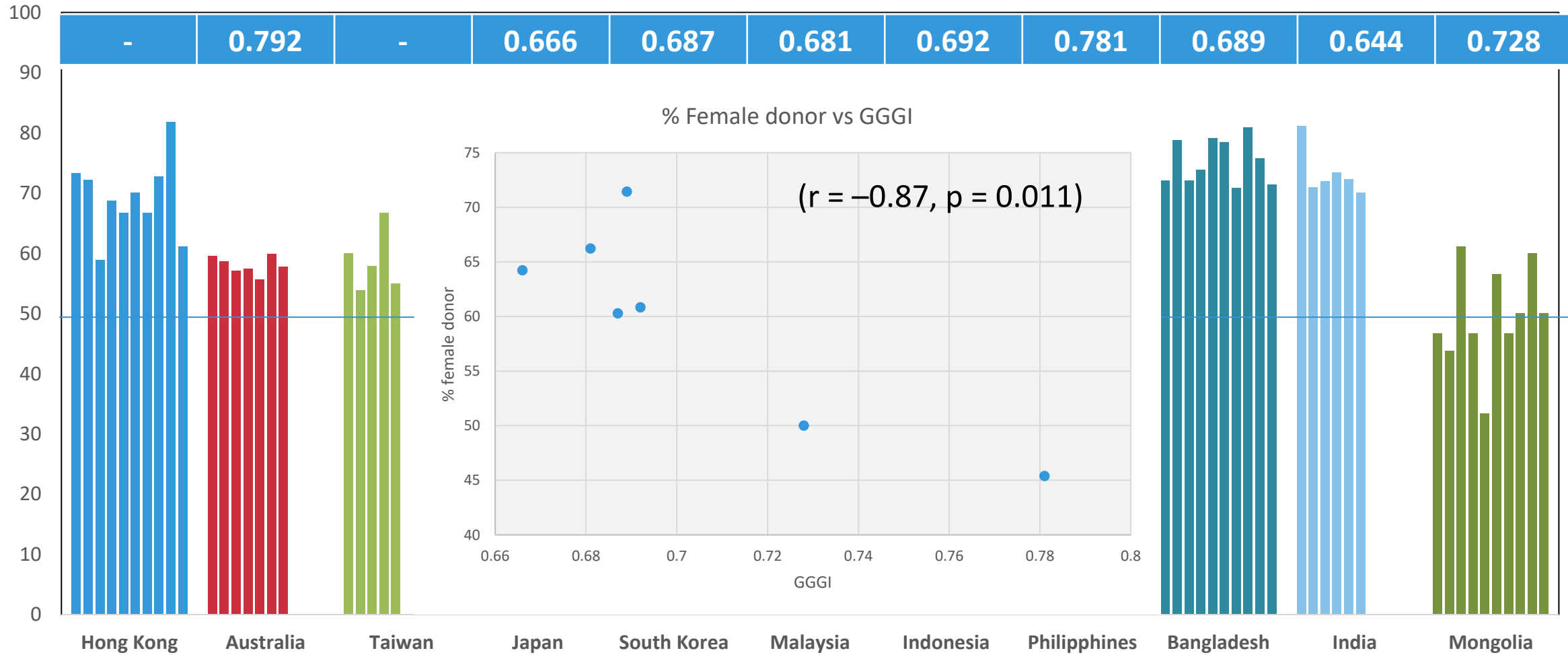
Spouse

LDKT recipients

Proportion of female living donors in LDKT, by year (2015-2024)



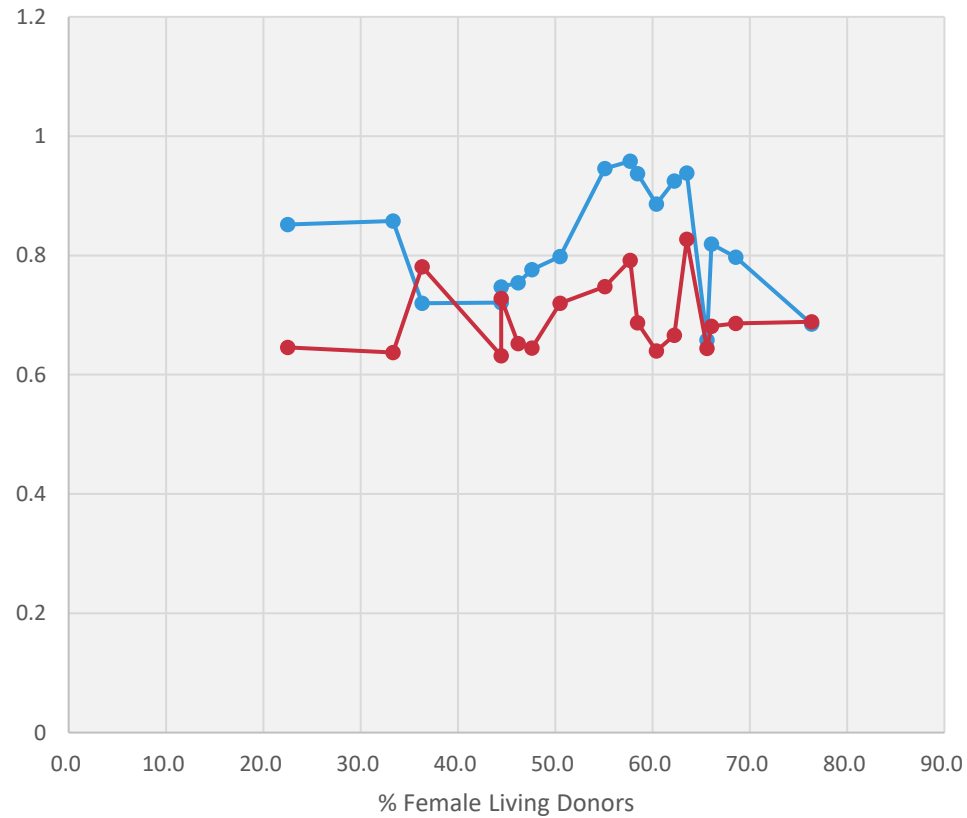
Proportion of female living donors in LDKT, by year (2015-2024)



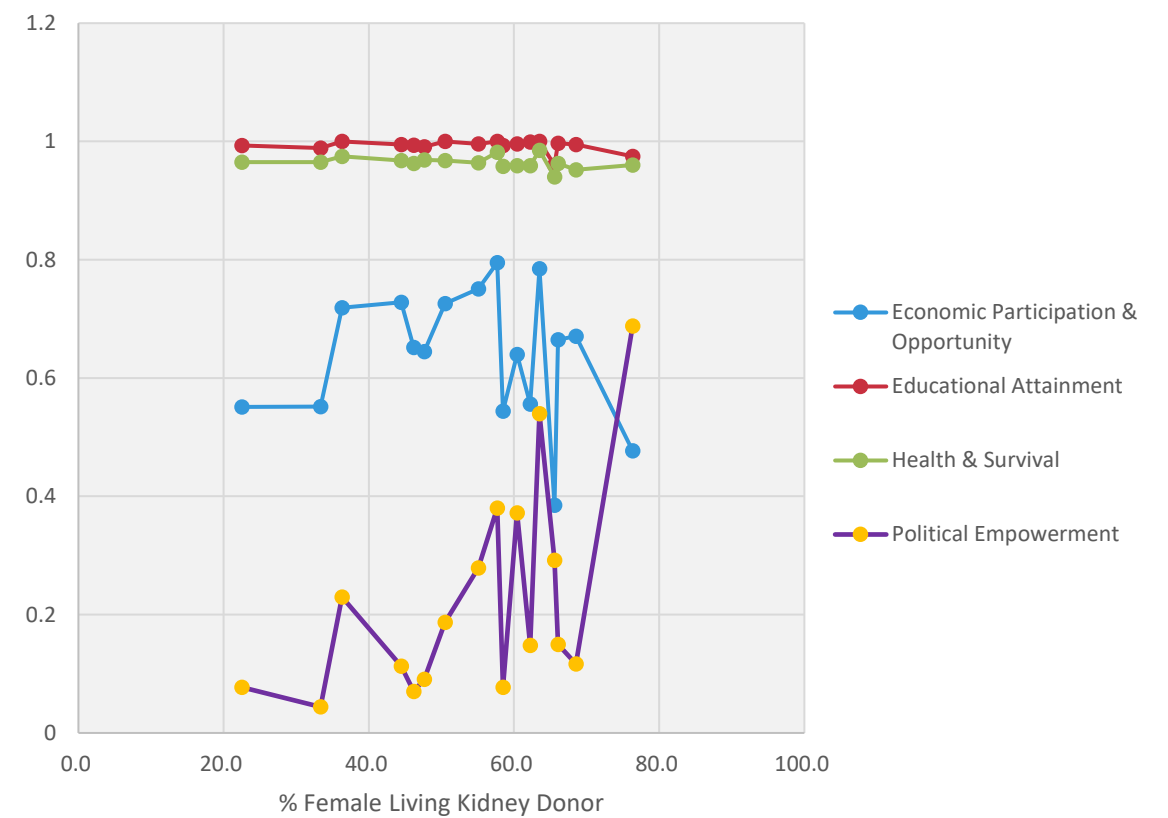


# % Female Living Donor (KT) vs HDI & GGGI

## HDI/GGGI

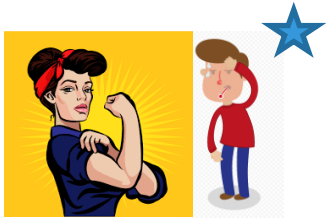


## GGGI Subindexes



# Factors Related to Gender Inequity in Kidney Transplantation

## Biological Factors



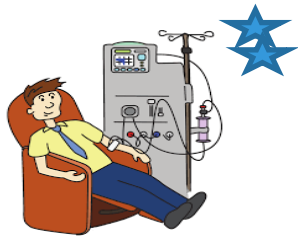
Less  
Comorbidity



Hypersensitization



Female  
Obesity



Higher incidence of  
ESRD(?) & dialysis in  
male

## Social Factors



Attitudinal  
Factors



Patriarchism



Economical  
Factors



Coercion



Lack of  
motivation



Lower social status



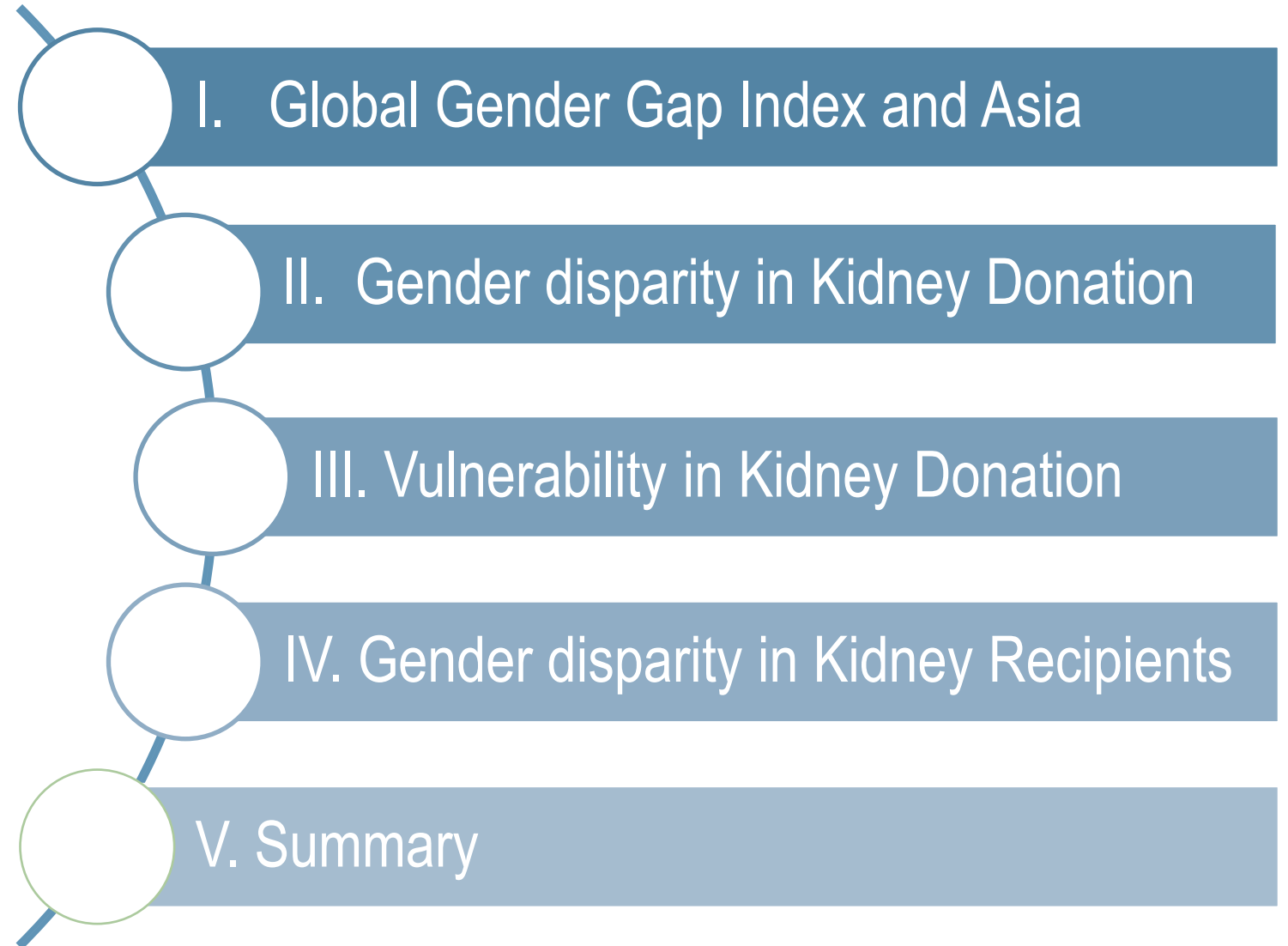
Preponderance  
of man over  
women

## Possible Solutions

- Promote gender-equal culture through educations and workshops lead by a gender-specific supportive groups.
- Introduction of independent decision program such as "donor advocacy coordinators.
- Decrease financial burden in organ transplantation including to remove financial disincentives as barriers to living donation by men.
- Provision of National legislation for reducing work-care imbalance and the gender pay gap.
- Empower women in the familial, academical, social and national decision process.



# III. Vulnerability in Kidney Donation

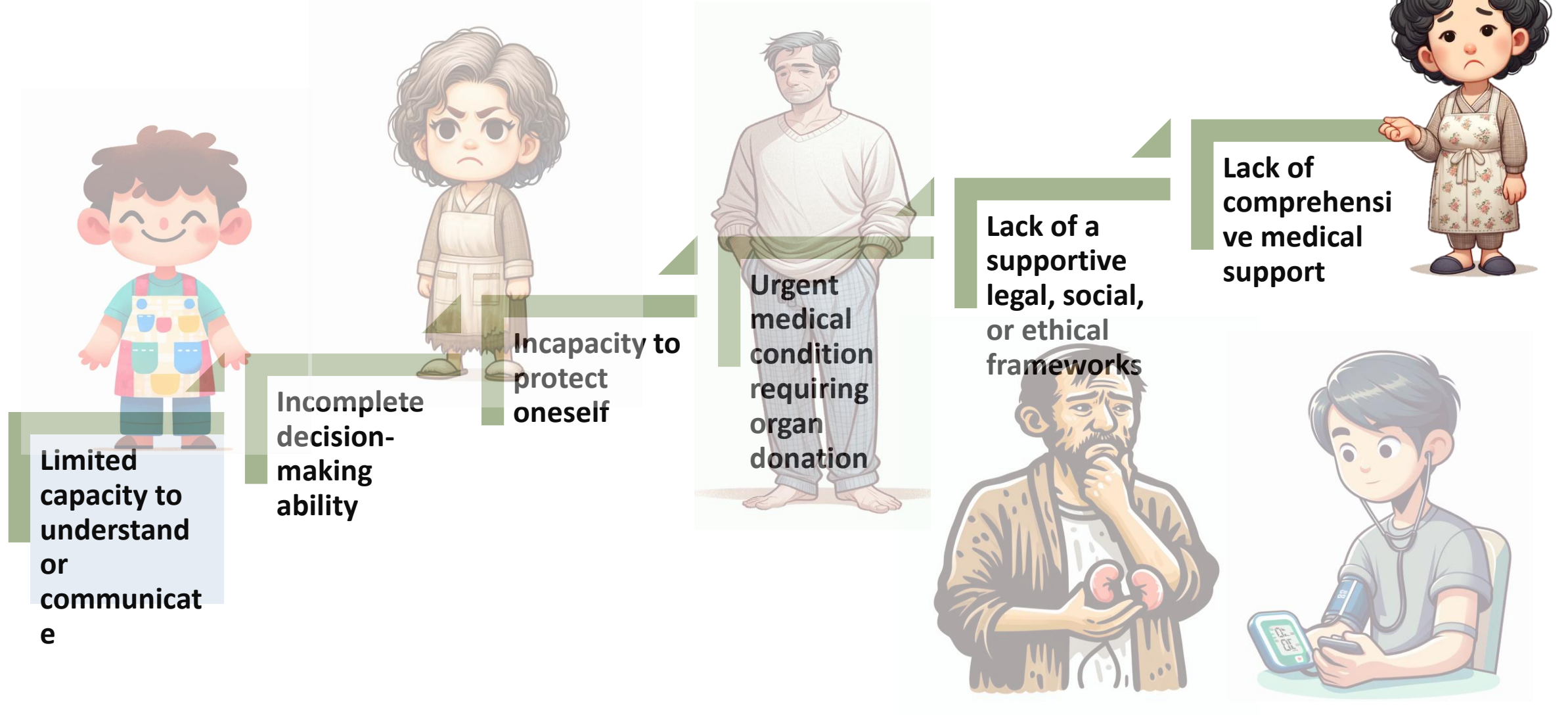


# Vulnerable Person



- **Definition:** Refers to individuals at increased risk of harm
- **Reasons for Vulnerability:**
  - ✓ Limited capacity to understand or communicate consent
  - ✓ Inability to protect oneself
  - ✓ Lack of medical, social, ethical, or legal frameworks that define and address vulnerabilities

# Profile of Vulnerable Living Donors





# Vulnerability Analysis in Living Organ Donors

Special Section: Open Forum

## *Prisoners as Living Donors*

### *A Vulnerabilities Analysis*

LAINIE FRIEDMAN ROSS and J. RICHARD THISTLETHWAITE

#### Vulnerabilities of Prisoners as Potential Organ Donors

- Challenges in ensuring voluntary and informed consent
- Potential coercion and exploitation due to their status
- Protective Measures : Enforce safeguards similar to those in human subject research

Ross LF, Thistlethwaite JR Camb Q Health Ethics, 2018: 27:93-108  
adopted from Kipnis's Research Candidate-Subject (C-S) Vulnerabilities



# Vulnerability Analysis in Living Donors

Table 1 Eight vulnerabilities of potential living donors*		
Trait	Research	Living donor transplantation
Cognitive (aka incapacitational)	Does the candidate-subject (C-S) have the capacity to deliberate about and decide whether or not to participate in the study?	Does the potential living donor have the capacity to deliberate about and decide whether or not to participate as a living donor?
Juridic	Is the C-S liable to the authority of others who may have an independent interest in that participation?	Is the potential living donor liable to the authority of others who may have an independent interest in that donation?
Deferential	Is the C-S given to patterns of deferential behaviour that may mask an underlying unwillingness to participate?	Is the potential living donor given to patterns of deferential behaviour that may mask an underlying unwillingness to participate?
Social	Does the C-S belong to a group whose rights and interests have been socially disvalued?	Does the potential living donor belong to a group whose rights and interests have been socially disvalued?
Medical	Has the C-S been selected, in part, because of the presence of a serious health-related condition for which there are no satisfactory remedies?	Has the potential living donor been selected, in part, because of the presence of a serious health-related condition in the intended recipient for which there are only less satisfactory alternative remedies?
Situational	Is the C-S in a situation in which medical exigency prevents the education and deliberation needed to decide whether to participate in the study?	Is the potential living donor in a situation in which medical exigency of the intended recipient prevents the education and deliberation needed by the potential living donor to decide whether to participate as a living donor?
Allocational	Is the C-S or proxy lacking in subjectively important social goods that will be provided as a consequence of participation in research?	Is the potential living donor lacking in subjectively important social goods that will be provided as a consequence of participation as a donor?
Infrastructural	Does the political, organisational, economic, and social context of the research setting possess the integrity and resources needed to manage the study?	Does the political, organisational, economic, and social context of the donor care setting possess the integrity and resources needed to manage living donation process and follow-up?

\*This table was first published in Ross LF (reference 20, page 97).

Ross LF, Thistlethwaite JR Camb Q Health Ethics, 2018: 27:93-108  
adopted from Kipnis's Research Candidate-Subject (C-S) Vulnerabilities

## CAUSES FOR THE PAY GAP IN THE 50s & 60s



*and then a slew of cultural norms  
about gender roles and aptitudes.*



# Eight Elements of Vulnerabilities of Potential Living Donors

Ross LF, 2018
Cognitive
Juridic
Deferential
Social
Medical
Situational
Allocational
Infrastructural

Vitallink, Ahn, 2025
Cognitive
Juridic
<b>Psychological</b>
<b>Socio-cultural</b>
Situational
Allocational
<b>Health-Related</b>
<b>Financial</b>



# Eight Elements of Vulnerabilities of Potential Living Donors

1



## Cognitive Vulnerability

- Does the potential living donor have the capacity to deliberate about and decide whether or not to participate as a living donor?

2



## Juridic Vulnerability

- Is the potential living donor liable to the authority of others who may have an independent interest in that donation?

# Eight Elements of Vulnerabilities of Potential Living Donors

3



## Psychological Vulnerability

- Is the potential living donor showing deferential or unconditionally compliant behavior because they lack the freedom or courage to say “no”?

4



## Sociocultural Vulnerability

- Does the potential living donor belong to a group whose rights and interests have been socially and/or culturally disvalued?

# Eight Elements of Vulnerabilities of Potential Living Donors

5



## Situational Vulnerability

- Is the potential living donor in a situation where the recipient's medical urgency limits the time for proper education and deliberation before deciding to donate?

6



## Financial Vulnerability

- Is a living organ donor experiencing financial difficulties due to lack of access to healthcare, education, social support systems or other factors?

# Eight Elements of Vulnerabilities of Potential Living Donors

7



## Health- related Vulnerability

- Does the donor care system — including government, institutions, and community — have the trustworthiness and resources to properly and equally manage the donation process and follow-up care?

8

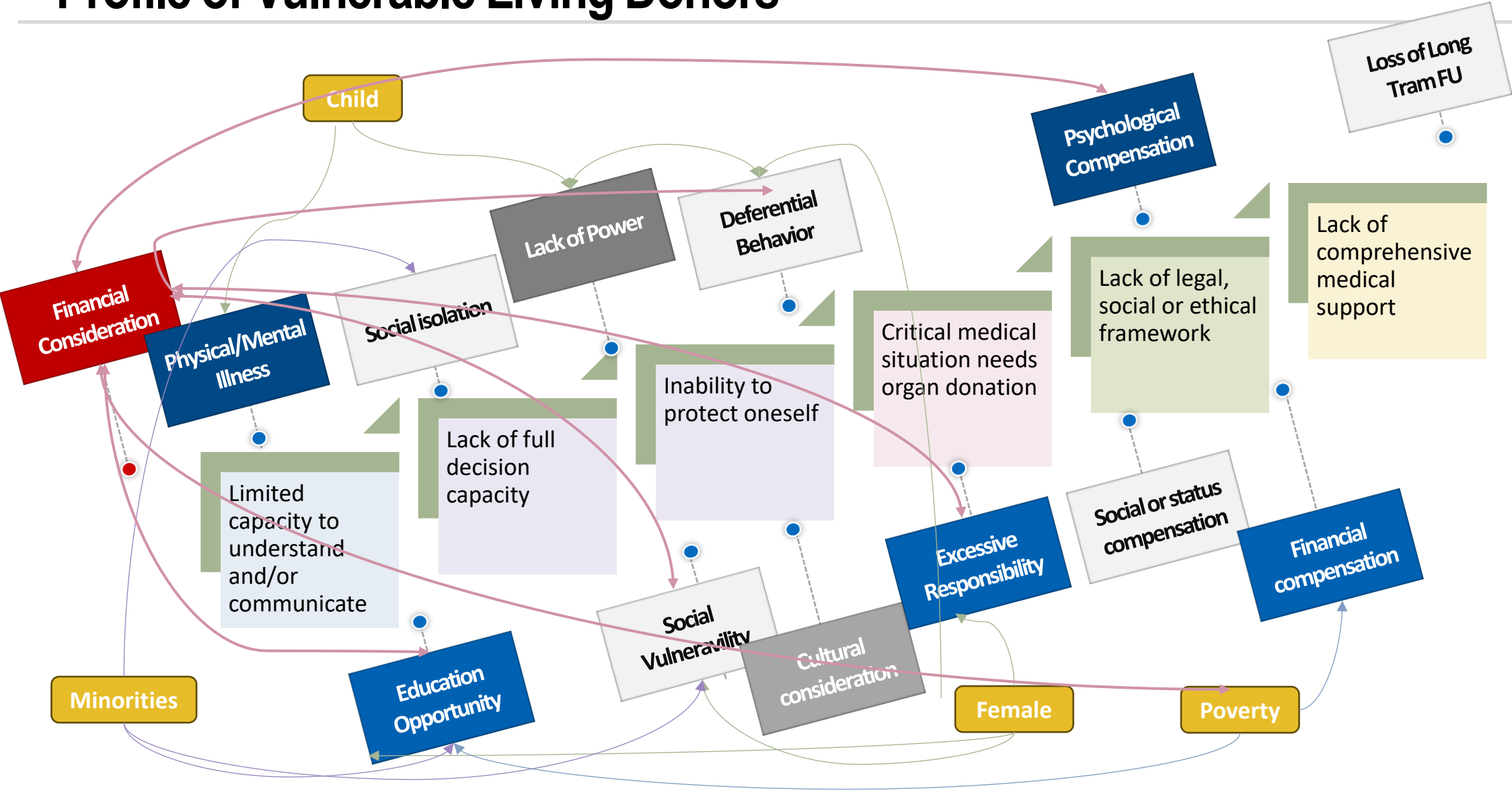


## Financial Vulnerability

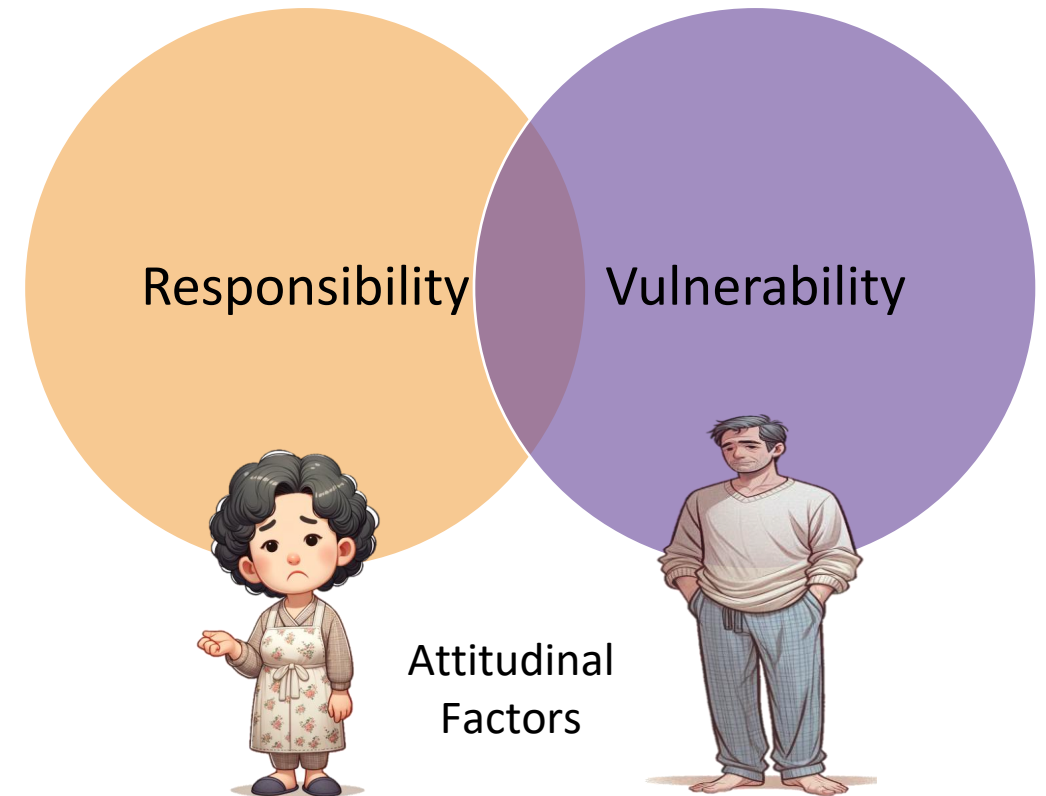
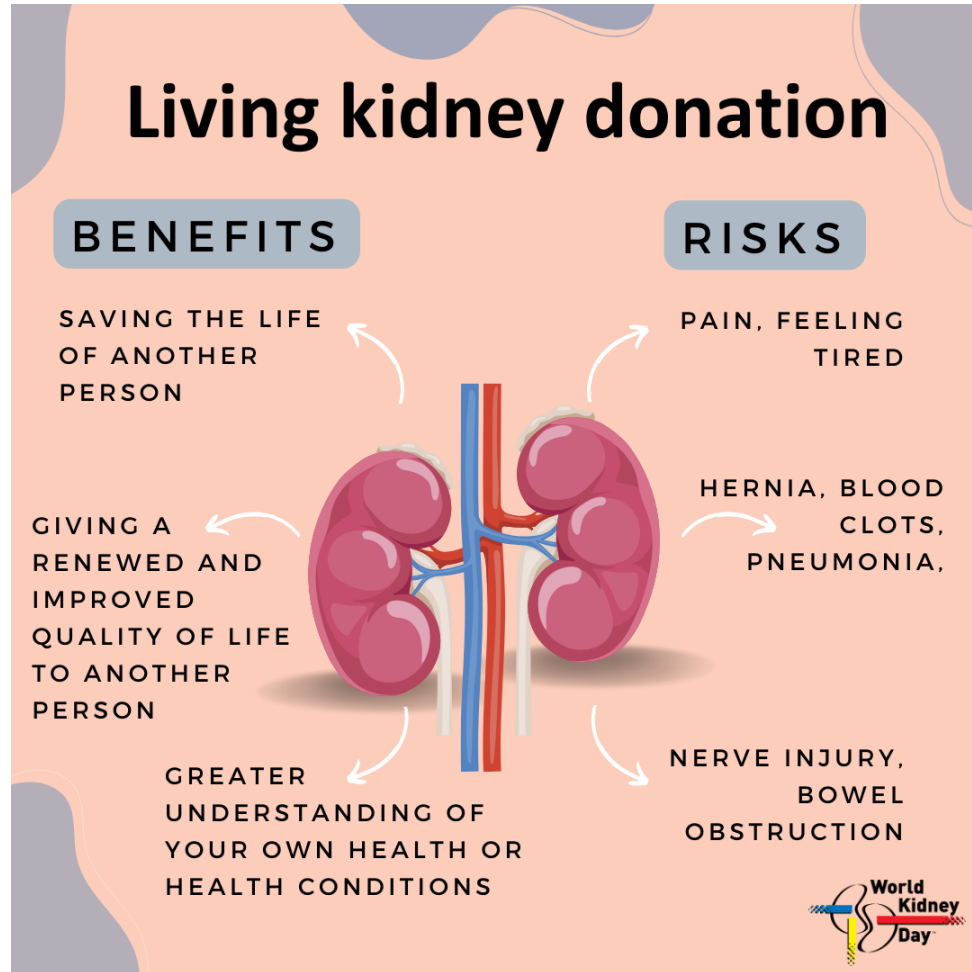
- Is the potential living donor lacking in subjectively important social goods that will be provided because of participation as a donor?



# Profile of Vulnerable Living Donors



# Risk-Benefit Diagram for Living Kidney Donation



“Lovers under the moon”



Painted by Shin Yoon-Bok, Early 18<sup>th</sup> C  
KOREA (Chosun, 1758 - 1813)



“Lovers under the moon”



*Painted by Shin Yoon-Bok, Early 18<sup>th</sup> C*  
*KOREA (Chosun, 1758 - 1813)*





# Eight Elements of Vulnerabilities of Potential Living Donors

Vitallink, Ahn, 2025

Cognitive

Juridic

Psychological

Socio-cultural

Situational

Allocational

Health-Related

Financial

**Evidence Based  
Approach  
For  
Gender Inequality**



[curie@snu.ac.kr](mailto:curie@snu.ac.kr): [cuiekt@gmail.com](mailto:cuiekt@gmail.com)

# IV. Gender Equality in Kidney Recipients



I. Global Gender Gap Index and Asia

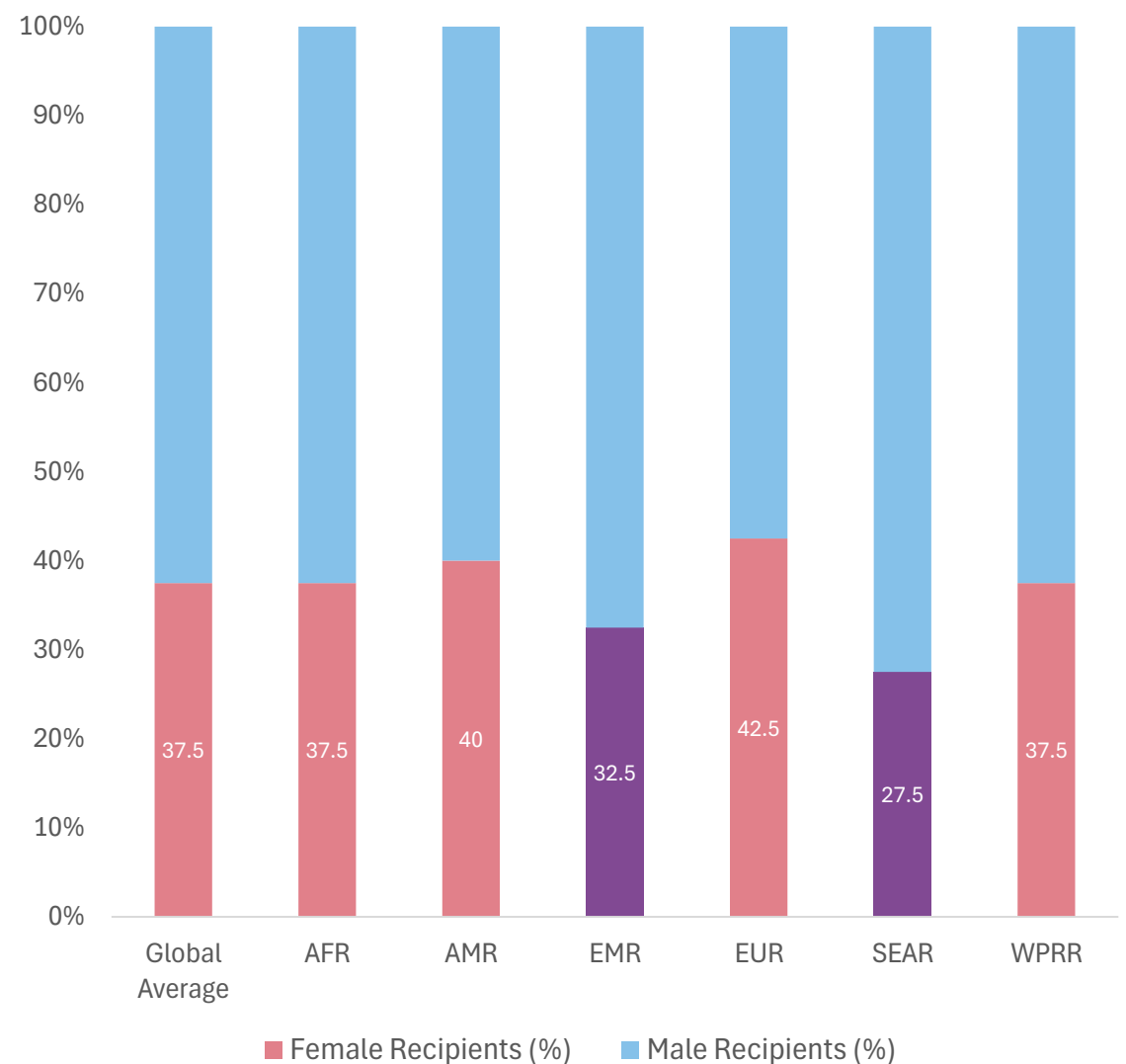
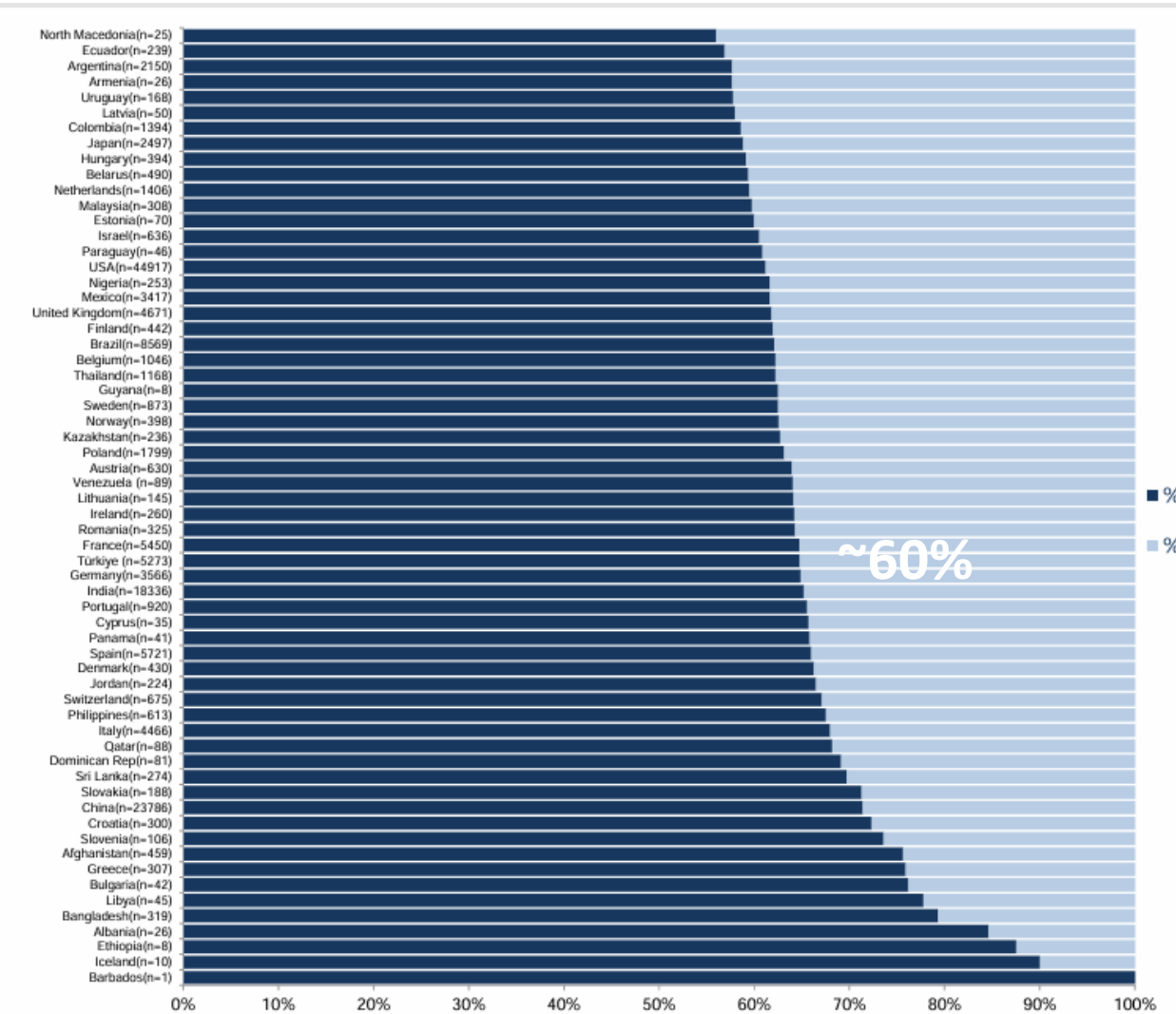
II. Gender disparity in Kidney Donation

III. Vulnerability in Kidney Donation

IV. Gender disparity in Kidney Recipients

V. Summary

# % Female Kidney Donors and Recipients(GODT2023)

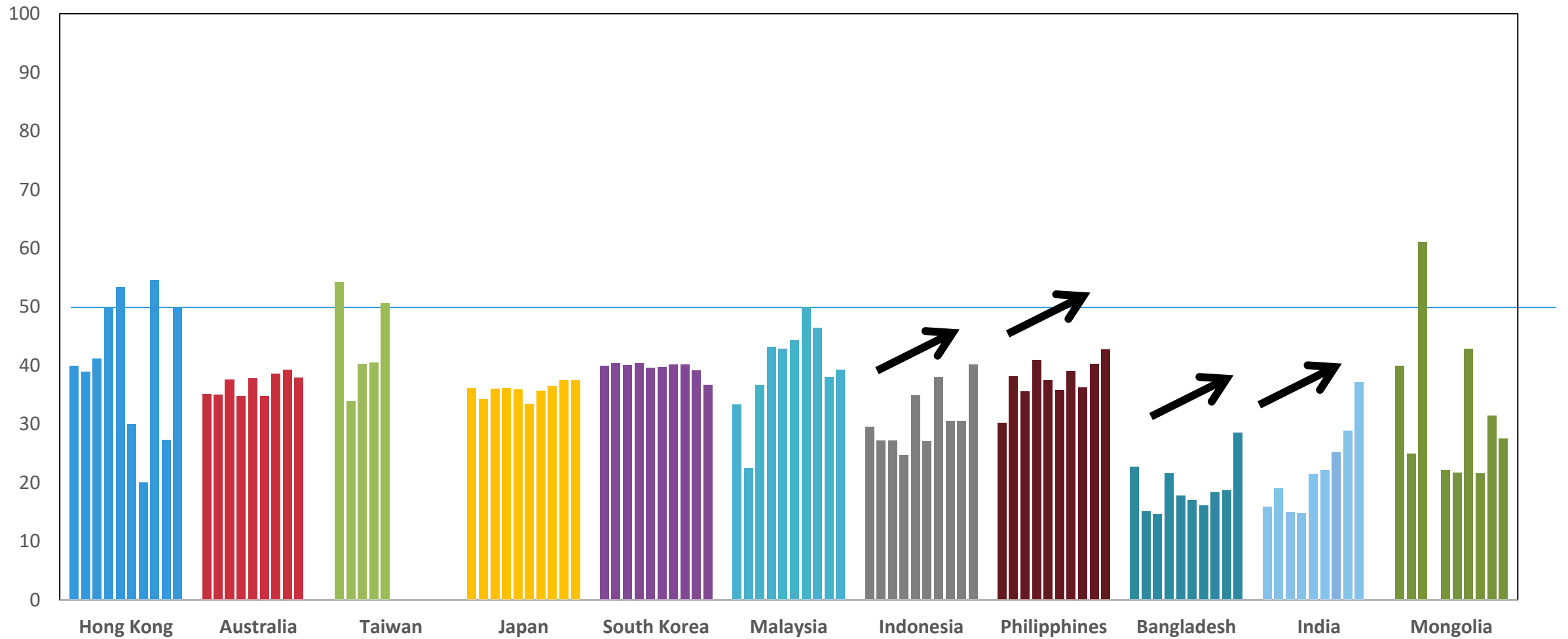


LD donor

Spouse

LDKT recipients

### Proportion of female Recipient in LDKT, by year (2015-2024)

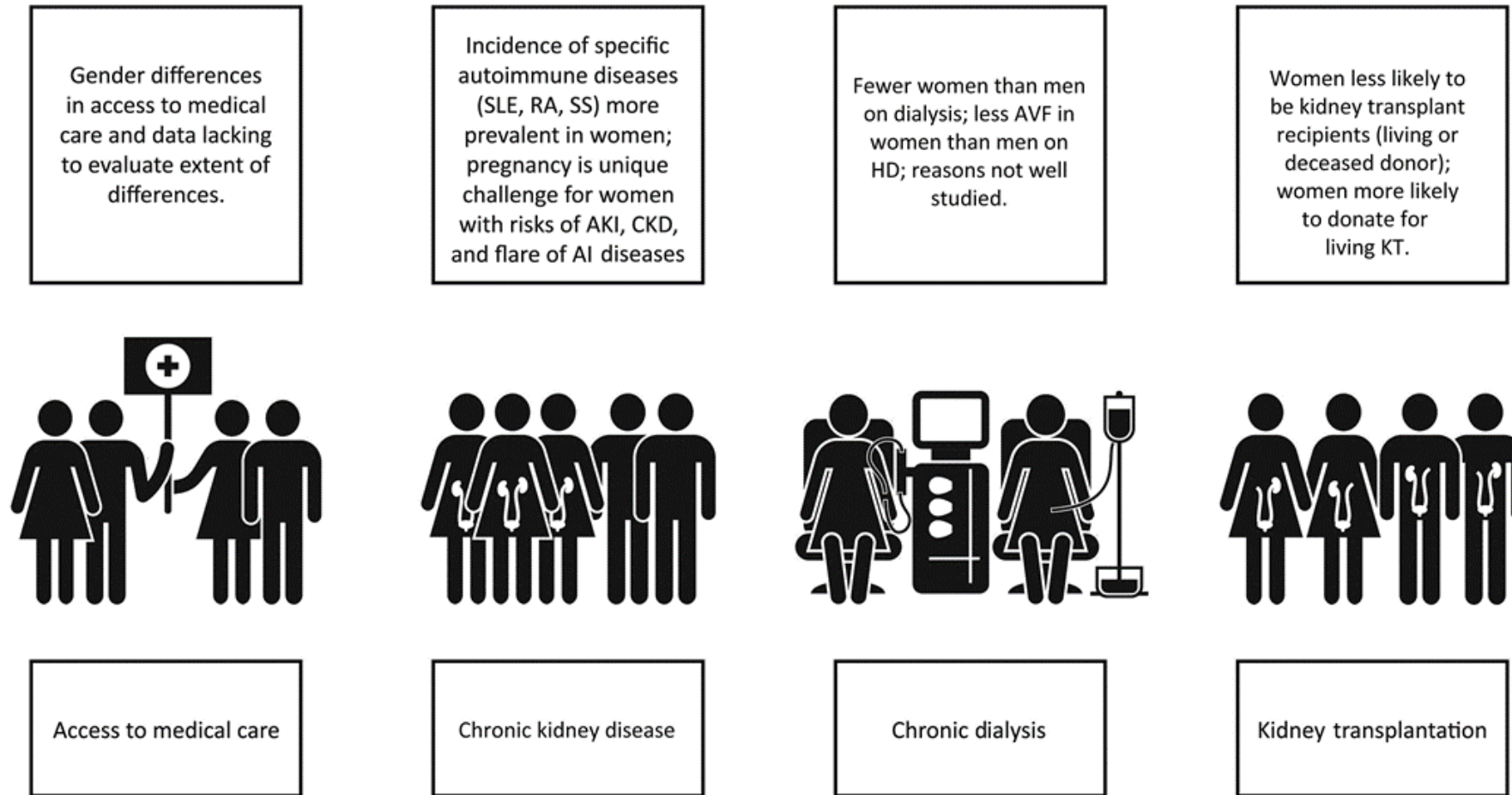




## SUMMARY II. Less ♀ Recipients than ♂ in Kidney Transplant

Biological Factors	Social Factors
<ul style="list-style-type: none"><li>• LD- and DDKT<ul style="list-style-type: none"><li>• Lower prevalence of female ESRD and dialysis than female</li><li>• Lower prevalence of female on waiting list than male</li><li>• <b>Higher rate of hypersensitization of female due to pregnancy in female</b></li><li>• <b>Higher prevalence of female &gt;75 years on dialysis</b></li><li>• Higher incidence of female obesity(AUS): Obese women are less likely to be listed</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Poor accessibility to dialysis and waiting list in female<ul style="list-style-type: none"><li>• Lower social status</li><li>• lack of education in women</li></ul></li><li>• Higher rate of giving up aggressive treatment in women<ul style="list-style-type: none"><li>• Attitudinal and economical reasons</li></ul></li><li>• (Pediatric) lack of parents' and physicians' motivation to treat girls w ESRD</li></ul>

# Sex Differences Throughout the Continuum of CKD Care



*Piccoli et al. Kidney Int Rep (2018) 3, 225–235*

# Prevalence of Chronic Kidney Disease

## U.S. 2001-2016, by gender

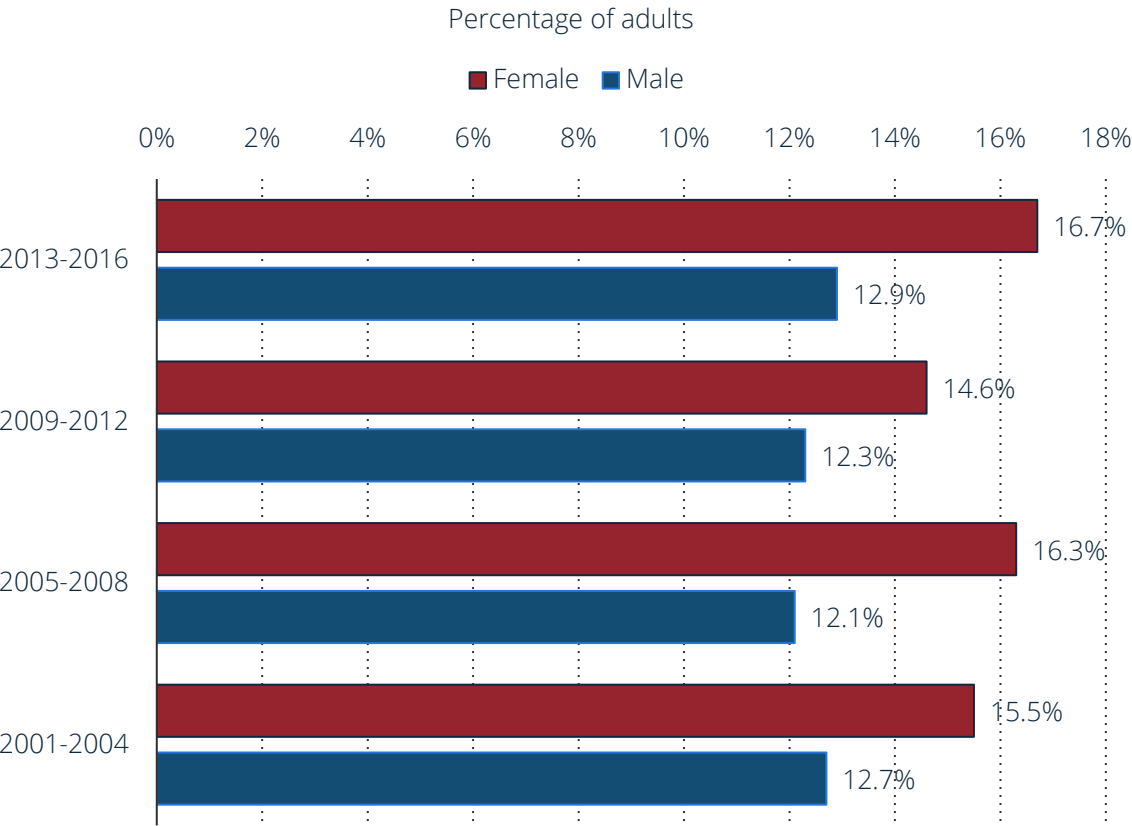
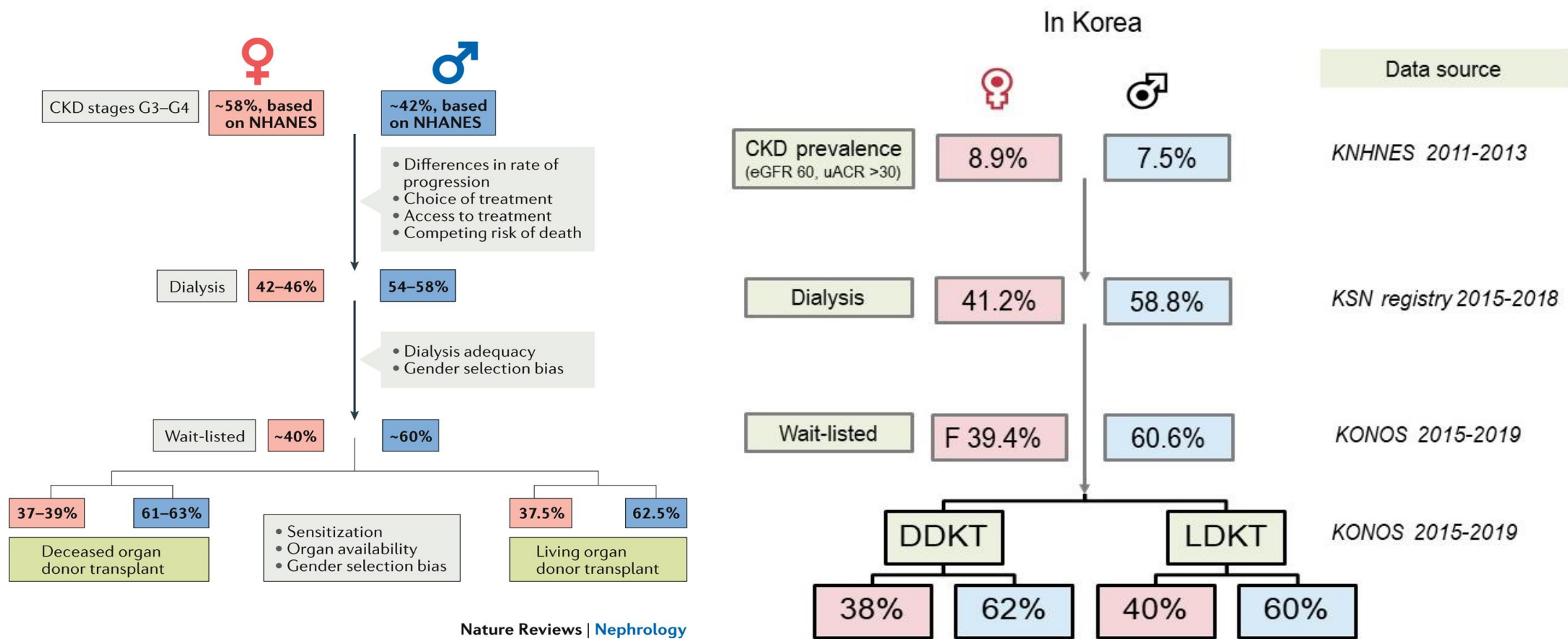


Figure 1 Sex differences in the prevalence of CKD



Carrero, J. J. et al. (2018) Nat. Rev. Nephrol. doi:10.1038/nrneph.2017.181

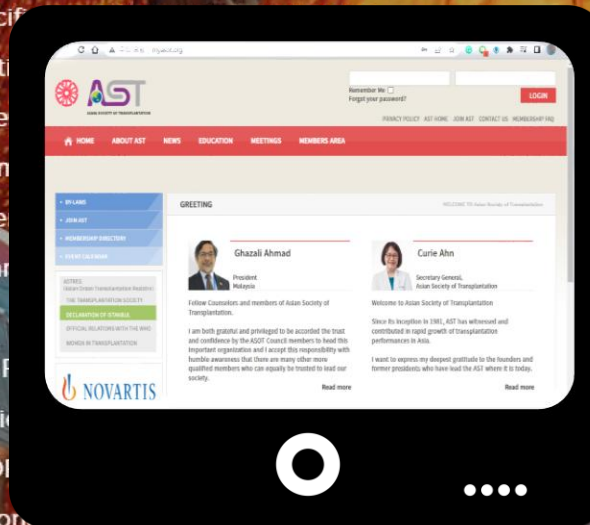
# Sex and Gender Disparities in the Epidemiology and Outcomes of CKD



Carrero, J. J. et al. (2018) *Nat. Rev. Nephrol.* doi:10.1038/nrneph.2017.181



# Gender equality in Asia and the Pacific



Join Us!

UNDP's Gender Equality Strategy 2018-2021,

## Equal Rights Equal Contributions In Organ Transplantation

<https://www.asia-pacific.undp.org/content/rbap/en/home/gender-equality.html>

Evidence Based  
Approach  
Using  
Database



# Summary



Geographic Disparities

Socioeconomic Status & Financial Barriers

Racial and Ethnic Disparities

Cultural and Religious Barriers

Educational Attainment & Health Literacy



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# THANK YOU



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ASIAN SOCIETY OF TRANSPLANTATION

**Equal Rights Equal Contributions**  
**In Organ Transplantation**

**Women in Transplantation**  
an Initiative of  **The Transplantation Society**



**APCN x TSN 2025**  
**23<sup>rd</sup> Asian Pacific Congress of Nephrology**

Gene, Immunology, Vast, MEtabolism at its Finest!







Do You Have  
Any Questions?