UNIT 4 WOMEN SPECIFIC ILLNESS

Structure

4.0 Introduction

4.1 Learning Outcomes

4.2 Overview of Life Cycle of Women

4.3 Importance of Women's Health

4.4 Illness at Specific Stages of Women Life

4.5 Gender Inequalities affecting Women's Health

4.6 Let us Sum up

4.7 Unit End Questions

4.8 References

4.9 Suggested Readings

4.0 INTRODUCTION

Women's health refers to the branch of medicine that focuses on the treatment and diagnosis of diseases and conditions that affect a woman's physical and emotional well-being. Women's health is an important factor that that effects the women well being during life cycle and have impact on the health of the family. It is important to understand the gender-based inequalities that affect the health of the women. This Unit will provide an overview of life cycle of women and related diseases and the importance of women's health. It will also discuss the socio-economic and gender inequalities and their impact on women's health. Let us now look at the learning outcomes of this Unit.

4.1 LEARNING OUTCOMES

After studying this Unit, you would be able to:

- Describe the life cycle of women;
- Analyse the importance of women's health and related issues and challenges;
- Describe the various illnesses at specific stages of women life; and
- Critically analyse the impact of socio-economic and gender inequality on health.

4.2 OVERVIEW OF LIFE CYCLE OF WOMEN

Life cycle of women is divided into various life stages and each stage has certain characteristics and various illnesses are associated with each stage. Biologically, life cycle of women include infancy, puberty, reproductive age, menopause and post-menopause stage. There are hormonal changes at various stages of women's life and have impact on health and wellbeing of a

woman. Let us review the stages of women's life and the associated problem girls and women face in each stage.

Infancy and Childhood (0 – 9 years)

- Sex selection
- Genital mutilation
- Discriminating nutrition
- Discriminating health care

Adolescence (10 – 15 years)

- Early childbearing and abortion
- STD and HIV infection
- Under-nutrition and anemia
- Increased substance abuse

Reproductive Age (20 – 44 years)

- Unwanted/unplanned pregnancies
- Abortions
- STD and HIV infection
- Pregnancy complications
- Anemia

Post-Reproductive Age (45 years and above)

- Menopause
- Gynecological malignancies
- Cardiovascular diseases
- Osteoporosis
- Osteoarthritis
- Diabetes mellitus

Lifetime

- Gender violence
- Environmental and occupational hazards
- Depression

As per WHO, one of the most striking features of recent decades is shift in the underlying causes of death and disease around the world. This so-called "health transition" affects men, women and children in all countries. In the early stages of the health transition, women and children face high levels of mortality, often linked to nutritional deficiencies, access to unsafe water and sanitation, smoke from solid fuels used for cooking and heating, and lack of care during childhood, pregnancy and childbearing. These not only affect the health of women and children but also have an adverse impact on the health of the next generation. Women with poor nutrition, infectious diseases and

inadequate access to care tend to have infants with low birth weight whose chances of health and survival can be less. However, new health challenges emerge including overweight and obesity, lack of exercise, use of tobacco and alcohol, violence against women, and environmental risks such as poor urban air quality and adverse climate change. The impact of these emerging risks varies at different levels of socioeconomic development.

4.3 IMPORTANCE OF WOMEN'S HEALTH

Women's health is very crucial as it not only affects the health of women but also of her children and the family. Therefore, studies and health policies emphasise on investment in women's health and addressing the various socio-economic determinants of health which have impact on the health and illness. Therefore, it is important to analyse women's health issues at various stages of life. WHO stated that diseases that cause a large number of deaths are considered as public health priorities. However, mortality statistics alone do not show the loss of health among girls and women caused by chronic diseases, injuries and mental health disorders.

Women's health issues include:

- **First,** the leading global causes of the overall burden of disease in females are lower respiratory infections, depression and diarrhoeal diseases.
- **Second,** in all regions and age groups, girls and women in higher income countries have lower levels of mortality and burden of disease than those who live in lower income countries. Across all ages, the highest mortality and disability rates are found in Africa.
- **Third,** the causes of death and disability among girls and women vary throughout the life course. In childhood, most deaths and disabilities result from communicable diseases such as HIV, diarrhoeal and respiratory diseases, malaria, and maternal and perinatal conditions. At older ages, non-communicable chronic diseases such as heart disease, stroke and cancers are the common causes of death and poor health.
- **Fourth,** there are significant regional variations in the composition of the overall burden of death and disability. In Africa and South-East Asia, communicable diseases are important causes of death and disability at all ages. However, in women aged 60 years and over, in all regions, most deaths are due to noncommunicable diseases. Let us now read about the health problems and disorders that affect women in particular.

4.3.1 Women's Health: Problems and Disorders

Gynaecological health and disorders affecting women include menstruation and menstrual irregularities; urinary tract health, including urinary incontinence and pelvic floor disorders; and such disorders as bacterial vaginosis, vaginitis, uterine fibroids, and vulvodynia. It is a chronic pain or discomfort around the opening of vagina (vulva).

Pregnancy issues include preconception care and prenatal care, pregnancy loss (miscarriage and stillbirth), preterm labor and premature birth, sudden infant death syndrome (SIDS), breastfeeding, and birth defects.

Disorders related to infertility include uterine fibroids, polycystic ovary syndrome, endometriosis, and primary ovarian insufficiency.

Other disorders and conditions that affect only women include Turner syndrome, ovarian and cervical cancers.

Issues related to women's overall health and wellness include violence against women, women with disabilities and their unique challenges, osteoporosis and bone health, and menopause. Depression and anxiety, urinary tract infections, sexually transmitted diseases, are more frequent among females.

Major diseases which cause health risks in women are given below.

- Breast Cancer
- Ovarian and Cervical Cancer
- Gynecological issues like bleeding, infection, STDs
- Pregnancy Issues like abortion, diabetes, hypertension, depression, bleeding
- Autoimmune Diseases
- Osteoporosis
- Depression and Anxiety
- Menstrual Irregularities
- Urinary Tract infection
- Pelvic Floor Diseases like urinary incontinence, fecal incontinence, and pelvic organ prolapse
- Infections like Vaginitis,
- Polycystic Ovary Syndrome (PCOS) related to a hormonal imbalance that can affect women and girls of reproductive age

Take the following exercise to assess the understanding of the section you have just read.

Check Your Progress Exercise I

Note: I. Use this space given below to answer the question.

II. Compare your answer with the Course material of this Unit.

1. What are the different stages of Women's health?

……

……

……

……

2. List a few women specific health problems and disorders.

……

……

……

……

……

4.4 ILLNESS AT SPECIFIC STAGES OF WOMEN'S LIFE

Let us now read about various types of illness affecting women in different stages of their life.

A. Girl Child - Illness and Health Issues

It is being documented that, girls under 5 years of age are likely to die in many developing countries including India. Access to care during childhood is not uniform across countries and regions e.g. immunization coverage in some countries is higher in boys than girls and there is evidence that boys are more likely to suffer from severe malnutrition (stunting) than girls.

Millions of girls and women are estimated to have undergone Female Genital Mutilation (FGM), which involves partial or total removal of the female external genitalia or injury to the female genital organs for nonmedical reasons.

Many children of both genders suffer from physical and emotional maltreatment, sexual abuse, neglect and negligent treatment, and commercial or other exploitation but girls are far more likely than boys to suffer sexual abuse. **Child abuse** has both immediate and long-term consequences for the health of women and contributes significantly to depression, alcohol and drug use and dependence, panic disorder, post-traumatic stress disorder, and suicide attempts. In emergency and refugee settings, girls may be at particular risk of sexual violence, exploitation and abuse.

B. Adolescent Girls

The highest rates of mortality and burden of disease in adolescent girls are found in Africa and South-East Asia. Communicable diseases including HIV/AIDS are important causes of death.

Adolescent girls face significant burdens of disease due to mental illness and disorders such as unipolar depressive disorders, schizophrenia and bipolar disorders. In high- and middle-income countries, road traffic accidents are the leading cause of death among adolescent females, whereas respiratory tract infections and other communicable diseases dominate in low-income countries. During puberty girls faced many health issues, first sexual activity in girls occurs during late adolescence – between the ages of 15 and 19 years but for many girls early sexual activity is associated with coercion or even violence.. And due to poverty, social and cultural traditions, humanitarian

crises and geographical isolation can lead to less awareness about health issues and services.

Teenage pregnancies are increasing, and as teenage girls are exposed to unwanted pregnancy and sexually transmitted infections, including HIV, they experience long-term mental and physical health consequences. Their access to information regarding contraceptives is limited due to various reasons. Due to **early marriage** and other reasons, young adolescent women have more complications related to pregnancy and childbirth and are the leading cause of death in young women aged between 15 and 19 years. On the other hand, this has impact on the health of newborn and in some cases, perinatal deaths may also occur; babies may have low birth weight and ill health. Teenage unwanted pregnancies also increase the chances of unsafe abortions which may lead to immediate and long-term health consequences like haemorrhage, reproductive tract infections and infertility.

Poor diet and physical inactivity are **major risk factors for chronic diseases**, leading to premature death and disability in adulthood. Poor habits can lead to overweight and obesity. Obese adolescents tend to grow up to be obese adults and are thus exposed to a higher risk of diseases, such as osteoarthritis, diabetes and cardiovascular diseases, at a younger age than those who are not obese.

C. Adult

During reproductive age women have health risks specifically associated with sex and reproduction that may result in a significant burden of mortality and disability. **During pregnancy**, childbirth and post-partum period, maternal mortality and morbidity are high in various developing countries including in India. Globally, the single leading risk factor for death and disability in women of reproductive age in low- and middle-income countries is unsafe sex, which can lead to sexually transmitted infections, including HIV. Evidence has shown that violence against women is an important risk factor at this age. Pregnancy and childbearing are particularly risky for women who suffer from malnutrition and especially anaemia. **Other risk factors** are high blood pressure, high cholesterol levels, tobacco use, obesity and violence. These factors contribute to poor reproductive outcomes for both mother and infant and are direct causes of other health problems for women. **Maternal mortality** (i.e. the death of a woman during pregnancy, delivery or the postpartum period) is a key indicator of women's health and status. During pregnancy women may have nutritional deficiencies and iron deficiency, anaemia and deficiencies of vitamin A and iodine. It increases the risks to health for both mothers and infants and may affect the infant's birth weight and chance of survival, and poor vitamin A intake increases the mother's risk of night blindness. Violence during pregnancy is associated with an increased risk of miscarriage, stillbirth and abortion.

Countries affected by conflict or facing other forms of instability have the highest maternal and neonatal mortality rates and women face problems such as violence, trauma and injury, disruption of primary health-care services, and poor access to health care. Such situations may also expose women to

adverse environmental factors, and can lead to a shortage of health providers who may be killed, displaced, or injured.

Female drug users and sex workers are particularly vulnerable due to stigma, discrimination and as the rate of HIV infection among female sex workers is high in many parts of the world. In prisons, the proportion of drug users among females is higher than among males. The use of contaminated injection is particularly prevalent among women, resulting in higher rates of HIV infection. Economic vulnerability is sometimes associated with migration, which increases high-risk behaviours among women who may be driven into sex work by economic necessity. Infections – such as gonorrhoea, Chlamydia, syphilis and trichomoniasis not only give rise to acute symptoms but also leads to chronic infection. The longer-term consequences of sexually transmitted infections include infertility, ectopic pregnancy and cancers, as well as increased vulnerability to HIV infection. Sexually transmitted infections increase the risk of adverse pregnancy outcomes, including stillbirths, low-birth-weight infants, neonatal deaths and congenital syphilis etc.

Cervical cancer and breast cancer are common among women at this age. Non-Communicable diseases are also leading causes of death among women like cardiovascular disease and diabetes and over three-quarters of deaths from ischaemic heart disease, cancer and chronic respiratory disease, high blood pressure is the leading risk for adult women.

D. Older Women

Coronary Heart Disease (CHD) is the most common cause of death in men and women aged 60 years and older. Globally, the leading causes of death and disability among women over age 60 are stroke and chronic obstructive pulmonary disease. Many health problems faced by women in old age are the result of risk factors experienced in their youth and adulthood. Cardiovascular disease causes a larger number of deaths in older women than in older men. Cardiovascular disease in women is often unrecognized, especially in low - and middle-income countries, for a number of reasons. Another leading cause of disease and death among older women is Chronic Obstructive Pulmonary Disease (COPD). One of the main causes of COPD worldwide is tobacco used and exposure to indoor air pollution. The most common forms of cancer suffered by women are cancer of the breast, cervix and colon. Due to aging in women there is loss of muscular and cognitive functions, which can have far-reaching consequences. Ageing is also associated with increasing levels of comorbidity (the condition of having two or more diseases at the same time) – i.e., when a person has several diseases or disabilities at the same time – which significantly complicates treatment. The main chronic and debilitating health problems faced by older women are poor vision (including cataracts), hearing loss, arthritis, depression and dementia. Women over the age of 60 in low-income countries are nine times more likely to be blind than women in high-income countries, primarily due to cataracts and uncorrected refractive errors. Trachoma is more common in women because it is a highly infectious disease that is frequently passed from child to child and from child to mother, especially where water is in short

supply, flies are numerous, and living conditions are crowded. Arthritis is another major cause of disability, overweight, is prevalent in women, is an important risk factor for osteoarthritis. Osteoporosis is three times more common in women. It is a major risk factor for hip fractures.

4.5 GENDER INEQUALITIES AFFECTING WOMEN'S HEALTH

Socio-economic status is a major determinant of health. Women in high-income countries live longer and are less likely to suffer from ill-health than women in low-income countries. In high-income countries, death rates among children and younger women are very low and most deaths occur after the age of 60 years. In low-income countries it is quite different. The population is younger and death rates at young ages are higher, with most deaths occurring among girls, adolescents and younger adult women.

Research studies and World Health Organisation highlight that in high-income countries, non-communicable diseases, such as heart disease, stroke, dementia and cancers, are the leading 10 causes of death, and for more than 4 in every 10 female deaths. On the other hand, in low-income countries, maternal and perinatal conditions and communicable diseases (e.g. lower respiratory infections, diarrhoeal diseases and HIV/AIDS) are prominent and responsible for over 38% of total female deaths. Poverty and low socioeconomic status are associated for worse health outcomes. The adverse impact on health of low socioeconomic status is multiplied for women due to gender inequities.

Box 4.1: Impact of Education on Women's Health

Female education not only has direct benefits for women but it is also important for the development of their children. In all countries as per the data, child mortality rates are highest in households where the education of the mother is low. In some settings, gender inequity is associated with violence against females – including violence by an intimate partner, sexual violence by acquaintances and strangers, child sexual abuse, forced sexual initiation, and female genital mutilation. Women and girls are also vulnerable and are at risk due to human trafficking or honour killings. These acts are associated with a wide range of health problems in women such as injuries, unwanted pregnancies, abortions, depression, anxiety and eating disorders, substance use, sexually transmitted infections and, premature death.

In many countries and societies, women and girls are not provided with equal resources, opportunities and care as given to boys. Unequal power relations and gendered norms and values translate into differential access to and control over health resources, both within families and beyond. Gender inequalities in the allocation of resources, such as income, education, health care, nutrition and political voice, are associated with poor health and reduced well-being. Thus, across a range of health problems, girls and women face differential exposures and vulnerabilities that are often poorly recognized.

Women's health may also be at risk because of their household responsibilities and gender role expectations. For example, women is responsible to prepare food for the family and, where solid fuels are used for cooking, girls and women often suffer as a result of exposure to indoor air pollution. Breathing air tainted by the burning of solid fuels is estimated to be responsible for 641 000 of the 1.3 million deaths worldwide due to chronic obstructive pulmonary disorder (COPD) among women each year. The burden of COPD caused by exposure to indoor smoke is over 50% higher among women than among men. Women are responsible for collecting household fuel and water. The time spent on collecting household fuel and water could otherwise be spent on income-generation, education, or care for family members, all of which are related to the health status of women and of their families.

Gender differences in caregiving among family - caregivers of people with mental illnesses study emphasised that all over the world, women are the predominant providers of informal care for family members with chronic medical conditions or disabilities, including the elderly and those with other mental illnesses. Family-caregiving still remains a predominantly feminine activity despite the fact that with changing demographics and changes in social structures and norms, men are increasingly assuming roles as caregivers. Worldwide, nearly 70% to 80% of the impaired elderly are cared for at home by their family members. In most cases female caregivers are wives or adult daughters of the elderly person. They are usually middle-aged, with a considerable proportion of them being over 65 years themselves. They are also more likely to be employed.

Across the world women still constitute the majority of caregivers either of the elderly, or of those with other psychiatric disorders. However, the proportion of men taking up the caregiver's role is steadily increasing. Although a large body of the evidence seems to indicate that women suffer more from the negative consequences of providing care. Many explanations have been provided for greater burden and distress among female caregivers (source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4804270/).

Low-income households mostly do not have proper housing, they are exposed to dampness and mould, which affect respiratory health and cause allergies. Fuel poverty and low income are also associated with an increased use of solid fuels for heating, which has been shown to increase exposure to indoor air pollutants such as carbon monoxide, benzene, particulate matter and formaldehyde. Because of family roles and the greater time spend at home, women are more affected by indoor pollutants.

Studies have shown that it is a paradox that health services are so often inaccessible to women or unresponsive to their needs of the girls and women. Women do not get complete information regarding health issues; health services facilities and they are treated differently by health care providers and they get less information from health care providers. As per WHO, the health of women and girls is of concern because, in many societies, they are disadvantaged, and their discrimination is rooted in sociocultural factors. Some of the socio-cultural factors that prevent women and girls to benefit

from quality health services and attaining the best possible level of health include:

- unequal power relationships between men and women;
- social norms that decrease education and paid employment opportunities;
- an exclusive focus on women's reproductive roles; and
- potential or actual experience of physical, sexual and emotional violence.

While poverty is an important barrier to positive health outcomes for both men and women, poverty tends to have higher burden on women and girls' health due to various factors. As per WHO:

- Approximately 303 000 women died from preventable causes related to pregnancy and childbirth in 2015. Worldwide, one woman out of five still has no access during childbirth to a skilled health professional, who could prevent or manage most complications.
- Over 10% of women globally, and about 20% of women in developing countries, experience peripartum and postpartum depression. This severely affects women's health and well-being and their children's early development.
- An estimated 2.6 million stillbirths occurred globally in 2015, 98% of them in low- and middle-income countries. Globally, one in ten live births is preterm.
- In some settings, gender-based discrimination can lead to sex-selective abortion and female infanticide.
- The risk of dying is highest in the first month of life with 2.5 million neonatal deaths in 2017. Prematurity, complications during labour and birth, and infections like sepsis, pneumonia, tetanus and diarrhoea are leading causes, all of which can be prevented.

4.6 LET US SUM UP

The Unit describes the life cycle of women. Life cycle of women is divided into various life stages. The stages of women life are infancy, puberty, reproductive age, menopause and post menopause stage. Each stage have certain characteristics and various illnesses are associated with each stage. These were described briefly to make learners to understand the same. The Unit further analyses the importance of women's health and related issues and challenges. The Unit also describes the various illnesses at specific stages of women life. Finally, the Unit critically analyse the impact of socio-economic and gender inequality on health.

4.7 UNIT END QUESTIONS

1. How gender inequality affects women's health? Explain
2. Discuss health issues among women with reference to different stages of life.
3. Explain briefly older women health issues with the help of data.

4.8 REFERECES

https://www.who.int/data/gho/indicator-metadata-registry/imr-details/158

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3314073/

https://dagcmkpagjlhakfdhnbomgmjdpkdklff/enhanced-reader.html?openApp&pdf=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticles%2FPMC3013263%2Fpdf%2Fjhpn0025-0047.pdf

https://commed.vcu.edu/IntroPH/MCH/Office_on_Women's_Health.pdf

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7745319/}

https://www.med.or.jp/english/journal/pdf/2010_05/273_278.pdf

https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:a320b716-80d5-314c-9b7a-b330e94702c2#pageNum=1

https://www.georgeinstitute.org/sites/default/files/framing-womens-health-issues-in-21st-century-india.pdf

http://phmindia.org/wp-content/uploads/2018/06/womens-health.pdf

https://www.euro.who.int/__data/assets/pdf_file/0010/76519/Parma_EH_Conf_pb1.pdf

https://www.who.int/news-room/photo-story/photo-story-detail/women-s-and-girls-health-throughout-the-life-course

http://www.cehat.org/go/uploads/Hhr/whahc.pdf

4.9 SUGGESTED READING

https://www.georgeinstitute.org/sites/default/files/framing-womens-health-issues-in-21st-century-india.pdf