

Investing in Global Women's Health

By Richard Derman, MD, MPH

Women's health has traditionally taken a back seat in medicine, with few programs until recently focused on the special needs of women throughout their lives and only a handful of research studies that include women. Few countries are immune from gender bias directed against women and its implications for the provision of health care, despite the fact that women make up at least 51 percent of the population in most countries of the world, with life expectancies of four to 13 years longer than men in Europe and North America. In addition, women have very different needs for health care services than men. For example, World Health Organization (WHO) statistics show that reproductive health problems account for over 30 percent of all disease and disability among women of reproductive age, compared with 12 percent for men.

In many parts of the developing world, resources are directed from young girls to their more highly prized male siblings. This gender preference culminates in the practice of selective abortion and even in a reversal of the usual female-to-male ratio. While such overt practices are not as apparent in the US, the NIS and CEE, more subtle expressions of gender bias have been evident in such practices as exclusion of women from drug research trials and in emergency room misdiagnoses. For example, since women with heart attacks are diagnosed, on average, later than men, they have less aggressive interventional therapy and higher rates of mortality. Such information is discouraging, given the fact that heart disease continues to be the leading killer of women in a number of developed countries.

But on the heels of several successful international conferences on women's health, there may now be a greater understanding of the need to address women's medical needs. WHO's 1992 World Health Assembly stated that "women's health must be given the highest level of visibility and urgency" as regional offices launched women's health initiatives. Similarly, the United Nations' successful Fourth World Conference on Women in Beijing, China last year brought worldwide attention to the disparities between medical care for women and men. And in the United States in the last 10 years specific departments at the National Institutes of Health, the US Public Health Service and the Food and Drug Administration were established to highlight the need for including women in prospective randomized clinical trials and in pharmaceutical research.

From contraception to sexually transmitted disease and reproductive cancer screening, to breast disease management, to care of aging women, the spectrum of issues is just beginning to be explored. But there is a long road ahead.

Some of the highest rates of unintended pregnancy may be found within the borders of the United States, CEE and NIS, where provision of health education and direct access to contraceptive services lags far behind most of the developed world. For both maternal mortality and unintended pregnancy, the status and perceived roles of women often limit their ability to secure both preventive and curative services.

Data suggest that women will spend at least 50 percent of their reproductive life attempting to avoid pregnancy. Despite this knowledge, researchers estimate that more than 200 million women worldwide have no access to contraception.

In the United States, 1.3 million abortions are performed annually, many of which could be prevented by a redirecting of resources toward reproductive and contraceptive services. It has been estimated that every dollar spent in the United States on such services saves \$3.80. In Russia, there were twice as many abortions as live births in 1993; in Latvia the ratio of abortions to live births was 1.29:1. By comparison, the rate in Germany was 0.146:1.

Most global efforts aimed at HIV prevention have been directed toward men, yet the highest rates of new cases of HIV in the United States are found among females. It is projected that by the year 2000, 50 percent of all the world's cases will be in women. Common STDs appear to be a factor in the acceleration of HIV into full-blown AIDS.

Additionally, a high prevalence of STDs translates into increasing infertility rates linked to social ostracism in many countries and chronic, often debilitating, pelvic pain not limited by geographic boundaries. In the United States, more than 12 million people annually contract an STD. Increasing rates of ectopic pregnancy and deaths from these pregnancies are primarily due to disease caused by STDs.

Cancer of all types is a major health threat to women. Breast cancer is the leading female malignancy, responsible for 32 percent of all cancers in women globally. Yet, until recently, proportionately fewer dollars were allocated for breast disease research than for conditions more prevalent in men. Cervical cancer is the second most common cancer, with 450,000 new cases diagnosed each year.

High rates of breast cancer and osteoporosis are two examples that suggest the need to allocate resources to conditions that are gender specific, and which collectively sap revenues in excess of \$20 billion. Sadly, the means to dramatically reduce mortality and morbidity from these diseases already exists and is based on screening and, for osteoporosis, prophylaxis. In view of the long-term benefit and reductions in the expenditure for costly hospital care, those conditions for which screening has proven to be cost-effective should receive high priority. Nutrition education and an expanded emphasis on breast-feeding are global examples of proven efficacy which coincidentally produce a reduction in overall resource utilization.

In the United States, lung cancer is the leading cause of cancer deaths among women. Annually, 72,000 cases are reported with only 20 percent long-term survival. Despite the proven link to cigarette smoking, there appears to be a global effort on the part of cigarette manufacturers to target women as new consumers. While rates of smoking among men are decreasing, the curve for US women is flat with a steep rise in female smokers noted in many parts of the world. In Ukraine, for example, where one in every five women smokes, nearly twice as many women under 29 smoke as those age 29 to 49.

Mood disorders also occur more frequently in women than in men. Lifetime rates of depression in women range from 9 to 26 percent, with the greatest prevalence found in young reproductive-age women, yet little data is available to help unmask hormonal factors in the causes of these conditions.

And as women's life expectancies continue to rise, an increase in the understanding of older women's issues will be vital. Worldwide, the population of women over 65 is expected to grow from 330 million to 600 million by 2015. In 1900, only 6 percent of the US population was over the age of 50 - that percentage is now approximately 32 percent and likely to increase. And in the United States, women approaching menopause can look forward to an additional 30 years of life. It is generally accepted that the use of estrogens post-menopausally is associated with a 50 percent reduction in heart disease and is a major preventive tool against osteoporosis. More recent data also suggest a reduction in Alzheimer's disease. Yet proportionally few women employ this form of preventive therapy.

Although there are no simple prescriptions or quick fixes to mitigate the myriad health concerns confronting women, there are ways we can begin to improve the situation. To start with, we must better integrate the unduly fragmented health care system for women. Only recently has there been an increased emphasis on integration of care - perhaps sparked by the need to effectively manage health resources. Along with this, a real emphasis must be placed on preventive care, from childhood through old age.

This winter, AIHA's partner hospitals in the NIS will begin to open women's wellness centers that embody the principle of providing an affordable, accessible continuum of care under one roof. Building upon a successful network of perinatal care, this new emphasis on ambulatory, preventive care and wellness promotion makes good sense for individual women receiving services, for their families and, ultimately, for the health of entire nations.

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