

# Women's health - more just maternal issues

From how you react to medication, to the way you are treated by doctors, being a woman can affect your health in rather unexpected ways

When Haliza Mahmud started experiencing severe menstrual cramps, she initially chalked up the symptom to just another thing she had to live with. The 31-year-old financial consultant recalls agonising days of pushing past the pain just to get through her everyday routine. "Eventually, it got so bad that I would just be curled up in a ball on the floor," she says. "When even the painkillers I had been taking couldn't help, I realised that this can't be normal. So I went to see a doctor to check it out."

Upon consulting a primary care physician, Haliza was told the pain she was experiencing was just something "every woman goes through", and was given stronger painkillers. "I felt like the doctor was unsympathetic, being a woman herself; she politely told me that I was overreacting," says Haliza. Opting for a second opinion, this time with a gynaecologist, Haliza discovered that she had endometriosis. "I don't blame the first doctor for not spotting my condition, but the experience made me feel like I should just shut up and deal with it. I didn't want to seem like an attention-seeking person for what seemed like a regular 'female problem'. Luckily, my sister forced me to be persistent in finding out what was wrong," she adds.

It is not easy to tell if Haliza's experience is a common occurrence here, but worldwide research suggests that sometimes women are not taken seriously when they report their issues to healthcare professionals. After all, it was not too long ago that women were diagnosed with hysteria for diseases that the medical field had yet to understand.



In their paper, *The Girl Who Cried Pain: A Bias Against Women in the Treatment of Pain*, published in the *Journal of Law, Medicine & Ethics*, in 2001, researchers from the University of Maryland said that women are more likely than men to seek treatment for pain. But they "are also more likely to be inadequately treated by health-care providers, who, at least initially, discount women's verbal pain reports." The researchers note that while the majority of healthcare workers do not intentionally harbour sexism, such a gender bias may occur at a more subliminal level. The end game of this is leaving female patients feeling like the pain they are feeling is all in their heads.

## Not just about reproduction

Haliza's account of dealing with pain may have stemmed directly from the fact that she has a uterus, not all of women's health issues revolve around reproductive health.

When it comes to autoimmune disorders, where the body's immune system attacks its own organs and tissues, the majority of sufferers are women. There are dozens of types of autoimmune disorders, but an estimated 75% of those living with these disorders are female. "Unfortunately, we don't know why this is the case," says Dr Lim Ser Chin, a consultant paediatrician and paediatric rheumatologist at the International Medical University (IMU).

"One theory is that it may be due to hormonal differences. At the same time, for some disorders, research suggests that defects are caused by genetic defects in the X chromosome; since women have two X chromosomes, they may be genetically predisposed to developing certain types of disorders. But there is no concrete cause that explains why these disorders occur."

Dr Lim was among the panellists in a roundtable held at IMU in conjunction with International Women's Day in March, which highlighted some health issues which disproportionately affect women yet receive little public attention. Her presentation focuses on two specific autoimmune diseases; juvenile idiopathic arthritis (JIA) and systemic lupus erythematosus (SLE), both of which are more common in adolescent girls than boys.

JIA symptoms include swelling, stiffness and joint pains. However, 70% of the disease can be controlled within two years, as long as patients stick by their treatment plans and learn how to manage the condition. SLE affects the body's major organs such as the brain, lungs, skin and kidneys, and those affected may experience joint pain, skin rashes, hair loss and excessive fatigue. Particularly aggressive in children and teenagers, SLE can be helped with medication; at the unfortunate price of these life-saving medications impairing growth and causing some damage to other organs.

## The research gender gap

Autoimmune disorders may affect females more, yet human males and male animals are still used more frequently as test subjects when researching the diseases - and reflects the long-standing gender bias in medical research. Chances are, the medication you may have been given at the doctor's may not ever have been specifically tested on females.

Despite the fact that diseases, such as heart disease, depression and AIDS, affect women and men differently, for a long time, many medical studies on diseases, treatments, and outcomes whether of low or high cost, short or long-term, have been carried out using all male subjects.



The thinking was that testing drugs on women who could be pregnant or become pregnant might lead to birth defects, so experimental drugs were mainly tested on men. When the drugs tested this way finally went to market and women took them, sometimes things went wrong.

In response to this, more countries such as the United States and the United Kingdom, looked to remedy the situation by requiring more women to be included in clinical trials. The one area that has yet to change however, is the research carried out at the earliest stages - on animals.

Studies on mice are important because the results often inform what will be tested on humans. Some researchers say females have been excluded from studies because their hormone cycles can confound the experiments, though the actual variability that the oestrus cycle introduces is debatable.

In other cases, studies are done on both male and female animals, but the data on each sex don't get reported separately.

## Cultural inequality

In 2013, Datuk Dr Adeeba Kamarulzaman, who was then the director of the Centre of Excellence for Research in AIDS, dropped a bombshell in the media. Writing in *The Star*, she revealed that for the first time sexual transmission has become the main driver for HIV transmissions.

While Malaysia has improved by leaps and bounds in stemming the HIV epidemic, with HIV and AIDS cases dropping by 35% since 2000, there appears to be an emerging pattern of more women getting infected by the virus. "While men still make up the bulk of cumulative HIV cases in Malaysia (90%), HIV infection among males has been declining relatively since 2003," wrote Dr Adeeba.

"However, new HIV infections among females is doing the opposite - as of 2011, females now account for around 21% of newly infected

persons compared to just 5% just ten years ago. This spike is even more troubling when we take into account that close to 90% of HIV infections among women are related to heterosexual transmission."

Local studies indicate that women tend to be vulnerable to sexually transmitted diseases such as HIV due to a gender disparity in asserting their sexual rights. One study conducted by Universiti Kebangsaan Malaysia researchers for instance, found that even when women were aware of the risks of unprotected sex, they felt that they did not "have the power of negotiation to insist their partners use condoms".

The study also found that female sex workers found themselves in a similar position, with clients demanding or paying more for unprotected sex. It is however also worth noting that according to the Health Ministry's data as of 2010, more housewives tested HIV-positive than sex workers, with a ratio of one sex worker for every 13 housewives.

Another aspect of HIV and AIDS that exemplifies the way women are discriminated against due to gender norms is the topic of female substance abuse. A policy report published by the Malaysian AIDS Council in 2015 found that not only were female drug users lacking appropriate treatment services, but also faced much greater stigma compared to their male counterparts. The report notes that this was because female drug abusers were seen as "contravening the natural roles of women in society".

"They are perceived to be bad women and bad mothers, and this has in some societies resulted in an unjustifiable 'moral panic'. This moral panic often results in women who use drugs having their children removed from them, either by social services or by relatives," the report states. With a greater lack of social support, female substance abusers are less likely to recover from their addiction, and sometimes end up worse off. ●