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Women tend to get a raw deal

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ONE may be forgiven for thinking that there is little difference between men and women in terms of health: a man suffering from liver cancer would probably have the same symptoms as a woman in a similar condition.

While this may be true in some cases, there are differences in, for example, the HIV/AIDS pandemic.

In a recent public forum on Gender Health, held in conjunction with the 35th Malaysia-Singapore Congress of Medicine, Malaysian AIDS Foundation president Datin Paduka Marina Mahathir said that women in the developing world were more at risk of succumbing to AIDS by virtue of the fact that they were the "weaker" sex.

In her speech entitled "HIV/AIDS: Thriving In Inequality, Worsening Disparities", she said that last year, 46 per cent of those afflicted with HIV/AIDS were women and that 16.4 million women were living with HIV throughout the world.

"HIV thrives in societies where there is great disparity between the sexes. Eight out of 10 women with HIV come from countries where the women are less educated or where they have very little say with the leaders," she said.

She added that women were especially vulnerable for many reasons. In South Asia, for instance, girls were being sold into prostitution to help their parents make ends meet. These women, in turn, had babies early and because of their work, were more likely to be exposed to HIV.

"The AIDS epidemic is fuelled by poverty and even here women are targeted because they form 60 per cent of the world's poor. They often make choices because of a lack of education and have to take on the role of care giver if someone in the family is afflicted. They are often forced to find work to provide food for their children and, once again, may find themselves having to resort to sex work," she said.

Women were at a losing end even in the area of treatment, she continued.

"Where available, treatment seems to be more accessible to men. This is partly because as breadwinners, they are more able to afford it. Also, if there is only enough funds for one person in the family, the woman tends to defer to her husband for various reasons, including not wanting to be hospitalised because there is no one to look after the family," she said.

She said women were also at a losing end treatment-wise because they were not a priority of policymakers. Giving an example of HIV-infected women with babies, she said that treatment was made available to babies and not the mother. "These healthy babies are born only to end up as orphans. The effect on society is, therefore, enormous," she said.

Nevertheless, men too were susceptible to inequality, she said. "As boys, they are urged to accumulate a level of sexual experience and are teased by their peers if they do not do so.

"Because of this, what is important is not so much doing away with gender inequality but, in fact, making sure that health treatment is available to everyone in society," she said.

Associate Professor Rashidah Shuib of Universiti Sains Malaysia's Women's Health Development Unit, School of Medical Sciences, in her presentation "Gender and Health: Sociological Aspects", said that it was important to recognise that health was a state of physical and mental well-being.

"A gender approach to health often sees one sex being at a disadvantage

when compared to the other. As far as repro-ductive health is concerned, traditional gender roles deny women control over their own sexual decisions, that is, in the choice of contraception," she said.

However, she said, men felt pressured to undertake risky sexual behaviour to prove their manhood, which could put their health at risk.

She said social influences also came into play in health matters. "Cultural influences and expectations about male-female behaviour are important," giving an example of a friend who succumbed to breast cancer because her husband did not allow her to undergo a mastectomy.

Dr Sandra Fryhofer, the immediate past president of the American College of Physicians-American Society of Internal Medicine, in her presentation entitled "Gender Differences", said women were only recently being viewed separately when it came to their health requirements.

"The medical community should realise that women are not just little men," she said, likening women's health care to a patchwork quilt with gaps.

She said that while the leading cause of death in the US was heart disease and cancer, there the similarity ended.

"Even the symptoms experienced for heart disease are different. While men have sharp, shooting pains in their chest, women have vague chest or neck pains and some nausea, shortness of breath and light-headedness which they think can be rectified by a little bed rest," she said.

She added that lung cancer, the second leading cause of death in the US, was twice as deadly for women as it was for men. Despite the fact that more men have given up smoking than women, not enough was being done to differentiate why it is more lethal for women.

This is because research is still conducted on the premise that there is little difference between men and women, she said.

There is some good news, though, and a major victory for women recently when the US Surgeon-General said that clinical tests had to be conducted on men and women, she added.