



New perspective for women's health

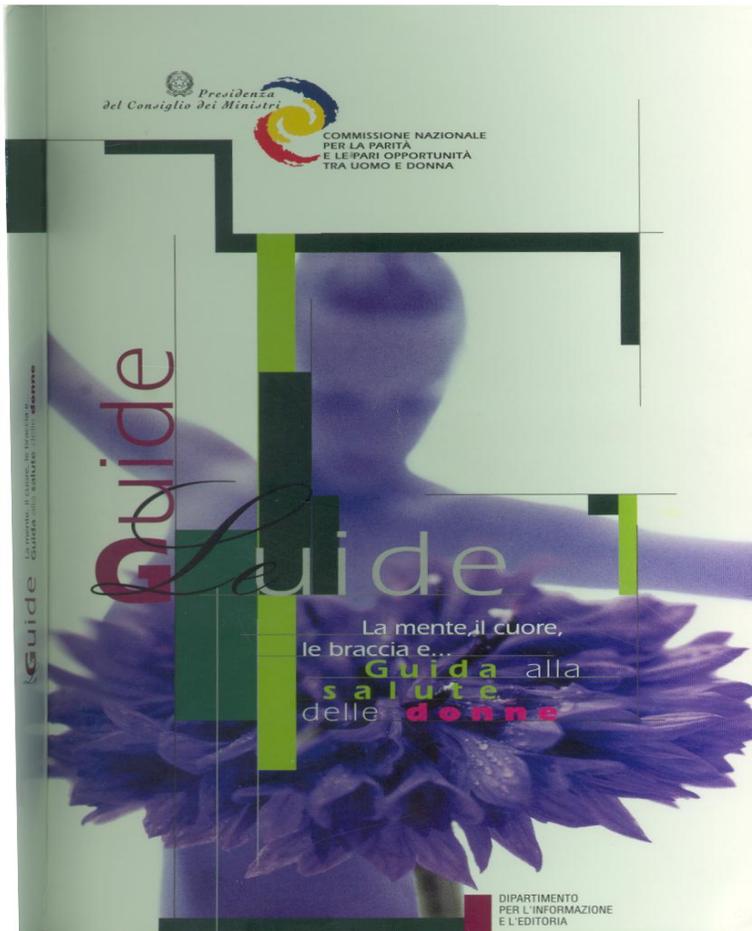
- Putting together knowledge
and promoting women's health
against prejudices

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2001

**Health
designed for
the woman**



2003

Guide to women's health

Mind, hearth, arms and....

Searching for a medical science for women

- First observations



- We observe ,to national and international level, the trend in growth for women in the following pathologies: cardiovascular, pulmonary included lung/bronchus cancer, mental disorder, in particularly depression, AIDS.

- On the contrary, for the same pathologies we observe a decrease trend in man.



What are deductions?

- ❖ Only one is plausible:
 - Exists prevention only for man
 - but we have not a prevention according to women well-being needs



Why there is not a prevention for women?

- Our group of work focused:
There are many prejudices in the medical science which hinder a correct diagnostic and etiological reading about illness processes in women.
- Above all, today, does not exist a correct gender diagnostic reading of illness processes in women



What a gender oriented information proposes to women and their doctors?

- To reveal prejudices
- To focus on old and new risk factors
- To develop correct information to promote women's health



The two principal gender prejudices that weigh on women's health

The first prejudice is:

To Consider that a man's body is the same as a woman's. That is to say that the man's body is a model and also a health and sickness measurement for women.



Against this prejudice we declare:

Women must be autonomic subjects of scientific observations in medical field.

For example, not only is there only one heart, but a man's heart and a women's heart, there are both male and female arteries; the same is for our metabolism, there is a male and a female metabolism; also, in an obvious way there is different reproductive systems between men and women.



The two principal gender prejudices that weigh on women's health

○ ***The second prejudice is referred to:***

A specific inequality in medical field considers women's health is essentially linked to reproductive biological life and man's health essentially linked to productive social life.

Consequently: there is a different aetiology for all pathologies of men and of women

Consequently aetiology of men is modifiable and preventable, but aetiology of women, no.



Against this second prejudice we declare:

Women must be studied not only for their reproductive system but also for her psycho-social life, in the specific must be studied :

- ✓ Their social role, subordinated and dependant
- ✓ Their external work together with the care of the family
- ✓ Their limitations to personal liberty compared to the social-family violence.



The two principal prejudices that count on women's health

These prejudices have had till now negative repercussions on diagnostic assessment, on treatment and on prevention of the most frequent pathologies in women.

Above all we underline the lack of an appropriate prevention. Women need of improving the knowledge of risk factors in the their environment and in their daily life.



The scientific deficit in the research of etiological and risk factor

Woman's biological stages: menarca, pregnancy, childbirth, post-partum, menopause, are not appropriate cause or risk factors to explain the female morbidity.

Consequently a relationship between biological femal stages and source of most frequent pathologies in women It is a false and non scientific.

Also The action-therapy (with hormonal therapy or with drugs and psycho-drugs) on biological female stage as prevention is very dangerous.

It is not correct prevention of health risks and illnesses.



The possible prevention:

The medical science must recognize:

The female, together in mind and body, is not isolated in the world.

The researches on female well-being must consider the environment, where women move, the work condition (family and extra-family) , the violent relationship.



The most frequent problems in all the sectors of Medical Science

- Lack of knowledge and strategy in primary prevention.
- Lack of research on 'aetiology' and dangerous factors with a focus on women's lifestyle: in particular with a focus on work conditions (weave between productive and reproductive work), and various forms of gender violence.



The most frequent underlined problems

- **lack of gender sensitive research on occupational and environmental risk factors.**
- Little attention has been given to these risk factors for depression, ischemic heart disease, pulmonary pathology, breast and uterine cancer, since these diseases have been up to now considered to have mainly hormonal aetiology.



The most frequent problems and gender bias: **Mental Health**

- In the field of mental health, research on etiological and risk factors are mainly oriented toward the evaluation of biological-hormonal factors, generally omitting for females (but not for males) the investigation of psycho-social and work factors
- Among women there has been a clear under-evaluation of environmental and psycho-social factors as well as the impact of every day life on their mental health.



The most frequent problems and gender bias: **Cardiovascular disease**

- In the research on risk factors for ischemic heart diseases, for women there seems to be an over-evaluation of biological and hormonal factors and an under-evaluation of environmental and stress factors.
- stress is considered the main risk factor for ischemic heart disease only for men



The most frequent problems and gender bias: **occupational health**

- Occupational health remains an area where we lack knowledge about occupational hazards and their effects on women's health
- However, in many occupations that may be considered "female" hazards are very high: in the health sector 54% of accidents involve women.
- As more women work, occupational injuries are increasing among women (+ 8.4% from 1994 to 1997) while decreasing among men (- 9.8% during the same time period).



The most frequent problems and gender bias: **occupational health**

- In studying risk factors for cancer, the type of work is always considered for men, while the same don't happens for women.
- However, some recent studies have shown the correlation between some forms of cancer (kidney, lung, leukaemia, lymphoma) and exposure to solvents and hydrocarbon among female workers.
- In spite of these studies, in the field of occupational health, information is lacking, the model of reference is the standard male worker and (except for pregnancy) there are no guidelines to measure work hazards for women.



The most frequent problems and gender bias: **occupational health**

- A very important risk factor for women is the **stress and strain linked to the multiple work** load for the family and for the labour market.
- Great importance is given to **work** as a major risk factor in the analysis, prevention and treatment of diseases in men, but for women little attention is given to this factor or to other life conditions.
- In particular, little or no attention is given to the coexistence for women of a plurality of roles, responsibilities and tasks linked to the their professional and family life.



The most frequent underlined problems

- **lack of gender sensitive research on violence like major risk factor for women's well-being.**
- Little attention has been given to this risk factor for :
 - depression and anxiety, eating and sleep disorders, phobias and panic disorder, post-traumatic stress disorder;
 - cardiovascular disease, gastrointestinal problems and Irritable bowel syndrome, abdominal/thoracic injuries, chronic pain syndromes, disability, fibromyalgia, fractures, lacerations and abrasions, ocular damage.



What says the World Health Organization Gender-based violence

Gender-based violence,
or violence against women (VAW),
is a major public health
and human rights problem
throughout the world.



The most frequent underlined problems:

- Absence or poor presence of women in clinical trials.
 - This fact has two consequences:
 - a minor effectiveness
 - A major unwanted effects in women's assumption of medical drugs;



The most frequent underlined problems:

- The absence or poor presence of statistics divided by sex in all determinants for health.
 - *Sex is a determinant that must cross-cuts all other determinants: social status, employment, education, social environment, physical environment, healthy child development, personal health practices and coping skills, health services, social support networks and culture.*
- This fact reduces the possibility to create profiles and risk maps for women.



The most frequent underlined problems:

- Delay on identifying high risks in work-condition or in environment for some female pathologies considered generally with "hormonal 'aetiology'". Examples include: breast and uterine cancer, mental health , cardiovascular diseases and gastrointestinal disorder, working pathologies; and also hepatic and thyroid disorders
- The lack of training programs for medical doctors with focus on differences between men and women.



Proposals and Suggestion for Health European Guidelines

- *All the experts in the Italian group work have underlined that medicine should assume as a whole the principle of integration of the gender point of view in all its ranges of action, from clinical practice to research, from diagnosis to prevention.*



Proposals and Suggestion for Health European Guidelines

- A synthesis of the main positive actions recommended follows.
 - I. Every research project in health, financed with public money, should be requested to include gender indicators in data collection and analysis
 - II. Specific research projects on prevention and risk factors for emerging female diseases such as cardiovascular diseases, mental health disorders, HIV, cancer, etc, should be promoted.



Proposals and Suggestion for Health European Guidelines

- *It is important, to use appropriate gender-specific methodological instruments in all research fields. In comparing men and women, attention should be given to their different historical, biological and socio-cultural life conditions.*



Proposals and Suggestion for Health European Guidelines

- *In order to overcome disparity and prejudices : productive paid work should be considered in conjunction with reproductive non-paid work both for men and women in the aetiology for all pathologies.*



Proposals and Suggestion for Health European Guidelines

- *Adequate attention should be given to gender violence and to its consequences in terms of health damage.*
- *We suggest, therefore, that the issue of violence be brought up with all women during medical interviews; in addition, specific protocols and guideline are needed to assist providers to best address this topic with their women patients.*



Proposals and Suggestion for Health European Guidelines

- *There is an extreme need for training medical personnel; for that purpose specific programmes on gender difference should be promoted and become an essential part in the curricula of all health providers.*
- *Specific services for women's health are needed in the field of mental health as well as in other medical sectors; recommendations should be given to Regional and local health authorities to promote gender sensitive health services and activities.*



Proposals and Suggestion for Health European Guidelines

- *Clear guidelines should be prepared to insert the gender point of view in diagnosis, prevention and treatment in order to make these activities more effective in behalf of women's health and women's well-being.*



Proposals and Suggestion for Health European Guidelines

- The organization of specific Office on Women's Health (similar to the one set up in the U.S.) in the Health Departments of European Community is absolutely essential.
- This Office must be capable of promoting appropriate prevention, diagnosis and treatment services for women and to promote culturally sensitive practices in medical education and research in order to improve a women friendly health system.