

# Women's Healthcare: *One size does not fit all*

by Stephanie Panchision / CHA Senior Policy Officer



While there are examples of excellent practice, the healthcare needs specific to women are too often overlooked. Historically, most medical research was conducted in men and the findings from such studies were assumed to be equally applicable to women.

CHA Senior Policy Officer Stephanie Panchision explores gender difference in health, bias in healthcare, and how a much greater understanding is needed to provide better treatment for all.

How we define women's health is fundamental to how women engage with the health system as both consumers (users) and producers (carers) of services. Women's health involves a patient-centred approach that addresses the physical, mental, and emotional health of women that also takes into account their social interactions and cultural environment. Women's health is separate from general health and centred on recognising the diversity in experiences and influence of social factors as well as the reproductive health of women<sup>1</sup>. To develop a system that responds to the full scope of health for women, an approach is required that encompasses the range of variables and lived-experiences of women and how they intersect in order to understand health needs, conditions, and outcomes<sup>2</sup>.

Historically, research and clinical trials were conducted by men, often at the direction of men. This evidence was used to develop teachings and methodology that was based on the experiences of one particular sex and applied to all patients<sup>3</sup>. Traditionally, the health system was dictated by men and the doctor-patient interactions were based on domination and subordination as an extension of society that was male-dominated.

More recently, it has been uncovered that there are differences in how men and women experience health and wellness that directly influence treatment and practice. Even though men and women experience the same conditions, they can do so with more frequency, present different symptoms, and produce different outcomes as a result of different risks and barriers to healthcare. Gender bias in the medical system exists in the management of pain between men and women where women are half as likely to receive painkillers undergoing a coronary bypass surgery and wait significantly longer to receive an analgesic for acute pain when compared to men<sup>4</sup>. A study in *The New England Journal of Medicine* found that women are seven times more likely to be discharged from a hospital during a heart attack because their symptoms differ from men and screening methods for heart attacks are based on studies of male physiology<sup>5</sup>.

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2 Sen, G., & Östlin, P. (2008). Gender inequity in health: why it exists and how we can change it. *Global Public Health*, 3(sup1), 1-12. <http://doi.org/10.1080/17441690801900795>

3 Miller, V. M., Rocca, W. A., & Faubion, S. S. (2015). Sex Differences Research, Precision Medicine, and the Future of Women's Health. *Journal of Women's Health*, 24(12), 969-971. <http://doi.org/10.1089/jwh.2015.5498>  
4 Kiesel, L. (2017, October 7). Women and pain: Disparities in experience and treatment. Retrieved September 10, 2018, from <https://www.health.harvard.edu/blog/women-and-pain-disparities-in-experience-and-treatment-2017100912562>  
5 Nabel, E. G. (2000). Coronary Heart Disease in Women – An Ounce of Prevention. *New England Journal of Medicine*, 343(8), 572-574. <http://doi.org/10.1056/nejm200008243430809>



*Gender bias in the medical system exists in the management of pain.*

Responding to the health needs of women requires a contemporary approach to address the complexities and experiences that impact on women's health. Researchers, policy-makers, and practitioners are recognising that women's health is not solely based on sex and gender, but is also influenced by socioeconomic status, education, age, geography, ethnicity, race, culture, and sexual orientation. Physical and economic barriers exist for women who may have less access to household resources or require more preventative reproductive services.

Often, women's health is used to encompass the physical health and status of reproductive functions and childrearing. While health programs and services are designed to address the very important and unique role that many women share in reproduction, they do not adequately address the many factors that disproportionately affect the health and wellbeing of women, such as violence, exploitation, and poverty<sup>6</sup>. Health experts are looking to broaden the definition of women's health to take into account the complexity of social life and environmental factors that impact the physical, mental, and emotional health. Intersectionality offers researchers and decision makers the opportunity to move beyond a singular approach to health by understanding the dynamics between multiple factors and engage in scholarship in a way that promotes an inclusive approach to reducing health disparities<sup>7</sup>.

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New research into systems of discrimination and disenfranchisement are helping to reshape conceptual frameworks to improve our understanding in how these systems overlap and influence each other. Intersectionality is an analytical framework that examines how multiple factors and identities overlap and are interwoven to illuminate the interacting social factors that create inequality and oppression. This approach is based on the premise that not all women share the same life experiences, and takes into account power dynamics that contribute to disparities<sup>8</sup>. While some criticize this approach as being too overly-complicated and relativistic to the point of being unachievable, some researchers and social scientists see this intersectional approach to women's health as an opportunity to analyse the complex nature of human interactions that expand our intellectual capacity for learning and building new methodologies.

Reproductive health and fertility rates can have enduring impacts on the future health of women and their families, as the UN recently reported that globally, women between the age of 20 and 34 are more likely to experience poverty than men.

This age disparity coincides with the peak reproductive age of women and can create lifelong impacts that limit a woman's education and earning potential that contribute to greater rates of disadvantage<sup>9</sup>. Extensive literature confirms that women's health is linked to long-term productivity and is associated with economic advantages and better societal development<sup>10</sup>. Countries that invest in comprehensive health services for women are more likely to have better health over-all and build a healthier more productive society.

Advances in new technologies are improving the ability to diagnose and treat conditions with the use of precision medicine using data about an individual's genetic and biochemical makeup. These predictive aspects allows tests and treatments to be targeted to a person's genes, lifestyle, and environment. This new form of individualized medicine has the potential to address conditions that are specific to women or manifest differently from men. Incorporating cross-sectoral specialities, new health programs are developing modalities that can identify cancers in women that are not normally detected using conventional methods. New precision techniques identify health disparities across minority groups and those at risk of certain conditions in order to institute preventative measures. The inclusion of sex chromosomes in genome-wide association studies will increase our understanding of the contributions human genetics has on health and disease. Sex-specific molecular pathways associated with age-related diseases help address the differences men and women face over time<sup>11</sup>. Whilst these new techniques often require a significant financial investment, using these innovative methods provides a more programmatic approach to understand how sex influences disease in the advancement of women's health.

To address the full range of health concerns facing women, we will need to better leverage new advances in technology as well understand how social and environmental factors overlap to influence health. In the future, research into women's health and concepts of sex and gender will need to be embedded in the practices and teachings used to train scientists and health care providers. Innovative concepts, models, and systems need to be developed to tackle the health inequalities experienced by women and translate into better patient care.



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