

Review on Women’s Health Issues and Her Treatments

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Abstract: *Women’s health is in transition and, although some aspects of it have improved substantially in the past few decades, there are still important unmet needs. Women’s health is in transition and, although some aspects of it have improved substantially in the past few decades, there are still important unmet needs. Simultaneously, worldwide priorities in women’s health have themselves been changing from a narrow focus on maternal and child health to the broader framework of sexual and reproductive health and to the encompassing concept of women’s health, which is founded on a life-course approach. . This expanded vision incorporates health challenges that affect women beyond their reproductive years and those that they share with men, but with manifestations and results that affect women disproportionately owing to biological, gender, and other social determinants*

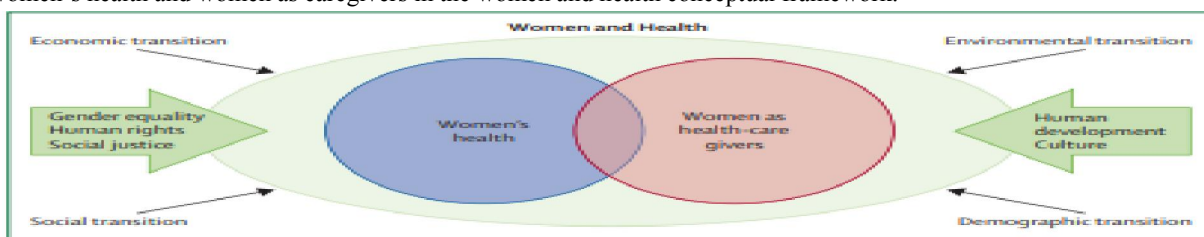
Keywords: Women health, disease

I. INTRODUCTION

Women’s health biological, social and behavioral conditions. Biological diversity vary from phenotypes to the cellular biology, and manifest exclusion risks for the development of being in poor health.^[1] The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the not present at a usual of disease or Physical or mental weakness".^[2] Women's health is an example of population health, the health of a specific defined population.^[3]

Women's health is an example of population health, where health is defined by the World Health Organization as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Often treated as simply women's reproductive health, many groups argue for a broader definition pertaining to the overall health of women, better expressed as "The health of women". These distinction are further exacerbated in growing countries where women, whose health includes both their risks and experiences, are further disadvantaged^[4]

women’s health, and their experiences as caregivers, are unique, and are strongly affected by key social determinants such as gender equality, human rights, social justice, human development, and culture (figure Furthermore, women’s roles as both consumers and providers of health care are often linked, represented by the area of overlap between women’s health and women as caregivers in the women and health conceptual framework.^[4]



Women and health—a conceptual framework [4]

II. SOCIAL AND CULTURE FACTOR IN WOMEN

Women's health is positioned within a wider body of knowledge cited by, amongst others, the World Health Organization, which places importance on gender as a social determinant of health. While women's health is affected by

their biology, it is also affected by their social conditions, such as poverty, employment, and family responsibilities, and these aspects should not be overshadowed.^[5]

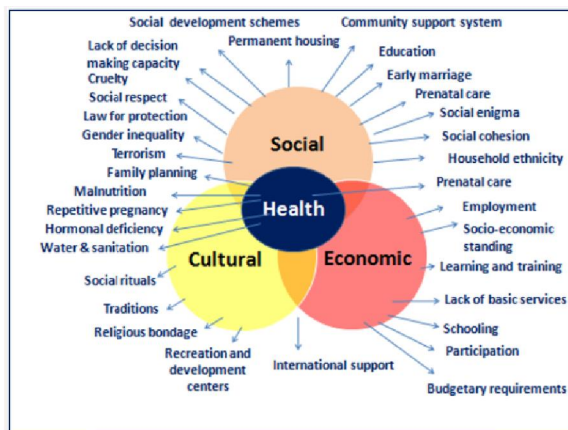
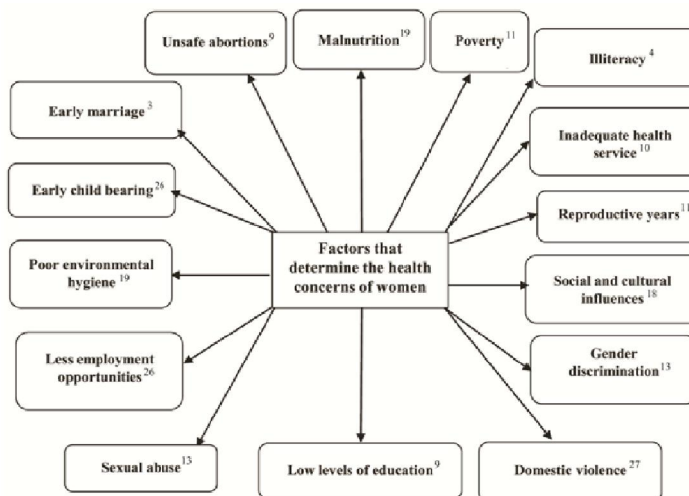


Fig. Major issues related to women health, social, cultural

Behavioral differences also play a role, in which women display lower risk taking including consume less tobacco, alcohol, and drugs, reducing their risk of mortality from associated diseases, including lung cancer, tuberculosis and cirrhosis.^[citation needed] Other risk factors that are lower for women include motor vehicle accidents. Occupational differences have exposed women to less industrial injuries, although this is likely to change, as is risk of injury or death in war. Overall such injuries contributed to 3.5% of deaths in women compared to 6.2% in the United States in 2009. Suicide rates are also less in women^[6]

III. FACTOR THAT DETERMINE THE HEALTH OF WOMEN



Illiteracy

The literacy rate of women is substantially lower than that of men. Fewer girls are inscribed, and many of them leave schools. Girls have less status and less rights than boy children in the patriarchal environment of the Indian household. Some girls are not allowed to attend universities because of a restrictive cultural mindset. The Indian administration has recently launched Shkashar Bharat Female Literacy Mission. This effort is aimed at halving the current level of women analphabetic. Women’s education in India has an important role to play in increasing the country’s living standards. A better literacy rate for women will improve the quality of life both at home and abroad by encouraging, promoting, and lowering infant mortality among children, particularly youngsters.^[7]

IRON AND IODINE DEFICIENCY RELATED DISORDER

Iron deficiency is the most common nutritional disorder affecting about 20-25% of the world's population, predominantly children and women. There is emerging evidence that depletion of iron stores may have adverse consequences for adults even in the absence of anemia. This raises issues about the most appropriate method of assessing iron status.

The use of hemoglobin as a marker of iron deficiency is limited by its low specificity and sensitivity and although the use of alternative biomarkers is becoming more common, interpreting results in conditions of chronic inflammation, including that associated with increased adiposity, needs more investigation.^[8]

OBESITY IN WOMEN

The prevalence of obesity is rising. The World Health Organization estimates that more than 1 billion people are overweight, with 300 million meeting the criteria for obesity.¹ Twenty-six percent of non-pregnant women ages 20 to 39 are overweight and 29% are obese.² This article will review the wide-ranging effects that obesity has on both reproductive health and chronic medical conditions in women. A PubMed search was performed using the key words "obesity," "overweight," "body mass index" (BMI), "gender," "women's health," and the condition reviewed.^[9]

DIABETES MELLITUS

The risk of diabetes mellitus (DM) increases with the degree and duration of being overweight or obese and with a more central or visceral distribution of body fat. Increased visceral fat enhances the degree of insulin resistance associated with obesity.⁴ In turn, insulin resistance and increased visceral fat are the hallmarks of metabolic syndrome, an assembly of risk factors for developing diabetes and cardiovascular disease.⁴⁻⁶ The Nurses' Health Study followed 84,000 female nurses for 16 years and found that being overweight or obese was the single most important predictor of DM.⁷ An increased risk of DM was seen in women with BMI values 24 and a waist to-hip ratio 0.76.⁸ After adjusting for age, family history of diabetes, smoking, exercise, and several^[10]

DEFICIENCY OF VITAMINS

Vitamin D regulates calcium and phosphate metabolism. These minerals support cellular processes, bone growth and mineralization and neuromuscular function. The critical role of vitamin D in bone metabolism and maintaining serum calcium levels has been well established. Vitamin D is converted to its active metabolite in 2 hydroxylation steps. Firstly it is converted to, 25-hydroxyvitamin D (25(OH)D) in the liver, which secretes it into blood plasma.^[11]

AUTOIMMUNE DISEASES

Autoimmune diseases arise when, for unknown reasons, a person's body declares war on itself, producing antibodies that attack healthy tissue. About 75 percent of autoimmune diseases occur in women, including systemic lupus erythematosus (SLE), Jorgen's syndrome, rheumatoid arthritis, scleroderma, diabetes Type I, multiple sclerosis, and autoimmune thyroid disease^[12]

MENTAL ILLNESS

One in 10 Americans experiences an episode of depression each year. Major depression and dysthymia (a less severe, more chronic form of depression) affect approximately twice as many women as men. An estimated 12 percent of women in the United States experience a major depression during their lifetimes, compared with 7 percent of men; and 4.2 percent of women have dysthymia. Women are 2 to 3 times more likely to have certain types of anxiety disorders, including anxiety, panic, and phobic disorders. At least 90 percent of all cases of eating disorders occur in women. In addition, a high correlation appears to exist between eating disorders and depression and between eating disorders and substance abuse.^[12]

Osteoporosis

Osteoporosis is a disorder characterized by the thinning and increasing brittleness of bones, a condition that can lead to bone fracture. It afflicts more than 25 million Americans, 80 percent of whom are women. More than half of all women

over age 65 suffer from this condition. Each year, osteoporosis causes 1.5 million fractures of the hip, wrist, vertebrae, and other bones. It accounts for 70 percent of all the fractures occurring every year annually in people over the age of 45. Twenty percent of the women who suffer a hip fracture die within one year of that event. The annual costs associated with osteoporosis are estimated at over \$10 billion, and it is a major cause of admission to nursing homes.^[9]

CARDIOVASCULAR DISEASE

Action must be taken to prevent cardiovascular disease in women and men before signs and symptoms of the disease appear or a myocardial infarction or stroke is experienced. Prevention is critical because 40% of all coronary events in women are fatal, 67% of all sudden deaths in women occur in those without a history of coronary heart disease, 1 and stroke is one of the leading causes of severe disability among women. Much is known about the risk factors for cardiovascular disease in women, but much less is known about the effect modification of these risk factors has on the reduction of risk in women. However, given the knowledge available, much can be done to prevent or control risk factors in women^[9]

REPRODUCTION AND SEXUAL HEALTH:-

Women experience many unique health issues related to reproduction and sexuality and these are responsible for a third of all health problems experienced by women during their reproductive years (aged 15–44), of which unsafe sex is a major risk factor, especially in developing countries. Reproductive health includes a wide range of issues including the health and function of structures and systems involved In reproduction, pregnancy, childbirth and child rearing, including antenatal and perinatal care. Global women's health has a much larger focus on reproductive health than that of developed countries alone, but also infectious diseases such as malaria in pregnancy and non-communicable diseases (NCD). Many of the issues that face women and girls in resource poor regions are relatively unknown in developed countries, such as female genital cutting, and further lack access to the appropriate diagnostic and clinical resources^[13]

Complications of pregnancy:-

In addition to death occurring in pregnancy and childbirth, pregnancy can result in many non-fatal health problems including obstetrical fistulae, ectopic pregnancy, preterm labor, gestational diabetes, hyperemesis gravid arum, hypertensive states including preeclampsia, and anemia. Globally, complications of pregnancy vastly outway maternal deaths, with an estimated 9.5 million cases of pregnancy-related illness and 1.4 million near-misses (survival from severe life-threatening complications). Complications of pregnancy may be physical, mental, economic and social. It is estimated that 10–20 million women will develop physical or mental disability every year, resulting from complications of pregnancy or inadequate care. Consequently, international agencies have developed standards for obstetric care^[14]

Menstrual cycle:-

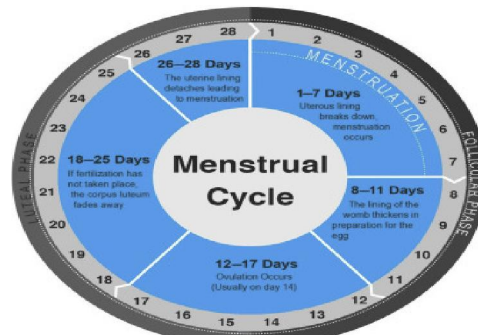


Fig menstrual cycle in women

Women's menstrual cycles, the approximately monthly cycle of changes in the reproductive system, can pose significant challenges for women in their reproductive years (the early teens to about 50 years of age). These include the physiological changes that can effect physical and mental health, symptoms of ovulation and the regular shedding of

the inner lining of the uterus (endometrium) accompanied by vaginal bleeding (menses or menstruation). The onset of menstruation (menarche) may be alarming to unprepared girls and mistaken for illness. Menstruation can place undue burdens on women in terms of their ability to participate in activities, and access to menstrual aids such as tampons and sanitary pads. This is particularly acute amongst poorer socioeconomic groups where they may represent a financial burden and in developing countries where menstruation can be an impediment to a girl's education^[15]

Anemia

Anemia is a major global health problem for women. Women are affected more than men, in which up to 30% of women being found to be anemic and 42% of pregnant women. Anemia is linked to a number of adverse health outcomes including a poor pregnancy outcome and impaired cognitive function (decreased concentration and attention). The main cause of anemia is iron deficiency. In United States women iron deficiency anemia (IDA) affects 37% of pregnant women, but globally the prevalence is as high as 80%. IDA starts in adolescence, from excess menstrual blood loss, compounded by the increased demand for iron in growth and suboptimal dietary intake. In the adult woman, pregnancy leads to further iron depletion.^[16]

REFERENCES

- [1]. https://en.m.wikipedia.org/wiki/Women%27s_health#CITEREFWHO2016
- [2]. https://en.m.wikipedia.org/wiki/Women%27s_health#CITEREFWHO1948
- [3]. https://en.m.wikipedia.org/wiki/United_States_National_Library_of_Medicine
- [4]. Ana Langer, Afar Me leis, Felicia M Kneel, Rift Atun, Melted Aran, Héctor Arreola-Ornelas, Zulfi qar A Bhutta, Agnes Binagwaho, Ruth Bonita, Jacquelyn M Caglia, Mariam Claeson, Justine Davies, France A Donnay, Jewel M Gausman, Caroline Glickman, Annie D Kearns, Tamil Kendal IVol 386 Sep 19, 2015
- [5]. Marshall, Nancy L. (2013). Employment and women's health. pp. 46–63. Retrieved 13 July 2016., in Spiers et al (2013)
- [6]. Young, Ian S. (2014). "Foreword". *Scandinavian Journal of Clinical and Laboratory Investigation*. **74**: doi:10.3109/00365513.2014.936671. PMID 25083884. S2CID 42459769., in Bergmeyer (2014)
- [7]. Ellsberg, M. (September 2006). "Violence against women and the Millennium Development Goals: Facilitating women's access to support". *International Journal of Gynecology & Obstetrics*. **94** (3): 332. CiteSeerX 10.1.1.619.5166. doi:10.1016/j.ijgo.2006.04.021. PMID 16842792. S2CID 1770101
- [9]. Bustreo, Flavia (8 March 2015). "Ten top issues for women's health". Promoting health through the life-course. WHO. Retrieved 15 August 2016.
- [10]. Cardiovascular diseases in women Elaine D. Eaker, ScD, Chair; James H. Chesebro, MD; Frank M. Sacks, MD; Nanette K. Wenger, MD; and Jack P. Whisnant, MD, Members; Mary Winston, EdD, AHA Staff Vol 88, No 4, Part 1 October 1993
- [11]. Obesity Teresa Kulie, MD, Andrew Slattengren, DO, Jackie Redmer MD, MPH, Helen Counts, MD, Anne Eglash, MD, and Sarina Schrager MD, MS doi: 10.3122/jabfm.2011.01.100076
- [12]. Diabetes mellitus Helen Counts, MD, Anne Eglash, MD, and Sarina Schrager MD, MS doi: 10.3122/jabfm.2011.01.100076
- [13]. Prevention and consequences of vitamin deficiency Inez Schoenmakers, *, John M. Pettiforb, Juan-Pablo Peña-Rosasc, Christel Lamberg-Allardtd, Nick Shawe, Kerry S. Jonesa, Paul Lipsf, Francis H. Glorieuxg, Accepted 6 November 2015
- [14]. Womens health issues OWH: 202-690-7650 - www.4woman.gov/0wh May, 2001
- [15]. Nour, Nawal M. (2014). "Global women's health – A global perspective". *Scandinavian Journal of Clinical and Laboratory Investigation*. **74**: 8–12. doi:10.3109/00365513.2014.936673. PMID 25083886. S2CID 207421495., in Bergmeyer (2014)
- [16]. The normal menstrual cycle in women M. Mihma,*, S. Gangooly b, S. Muttukrishna b, 1 3 September 2010
- [17]. Vickers, M. R.; MacLennan, A. H.; Lawton, B.; Ford, D.; Martin, J.; Meredith, S. K.; SSDeStavola, B. L.; Rose, S.; Dowell, A.; Wilkes, H. C.; Darbyshire, J. H.; Meade, T. W 4 August 2007