Cultural Constructs & Women's Health

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Various cultural constructs affect health positively and negatively and are largely influenced by gender. Gender inequality is defined as the difference between men and women that empower one group while subjugating the other. It is essentially the unequal treatment or perception of people based on gender roles (Wood 2005). Although the health of men and women is positively or negatively affected by cultural constructs, in this essay we will be addressing the impacts of cultural practices that effect women's health. We will first examine how access to resources and services affect specific health concerns of women both positively and negatively. Second, the lack of knowledge and awareness impacting women's health will be addressed as viewed through a male dominated system. Finally, we will speak to how the lack of female representation in positions of power negatively impacts the well-being of women.

Access to resources and services is an ongoing problem for women with regards to their healthcare. To understand the lack of access to resources and services, we will examine the availability of contraceptives to women around the world. "According to the United Nations Population Fund, recent statistics show that of 867 million women of childbearing age in developing countries who are in need of modern contraceptives, 222 million do not have access to them. Similarly, in developed countries, millions of women are confronted with economic, social and cultural barriers to access contraceptives and family planning services and lack information or education about them" (UN Population Fund 2012). In many countries women are not allowed to make decisions regarding the welfare of their own bodies. This is seen particularly in patriarchal societies where the

health and welfare of a women's body is out of her control. Instead she becomes in effect property of her husband and of the state and is barred from decision making as to her own welfare and well-being. This unfortunate situation is due to several factors, the most prevalent of which can be found in regards to nationality and reproduction. Essentially, women are viewed as reproductive agents subordinate to two entities, the man and the state. "Globally, women's gendered roles are regarded as subordinate to men's. The gender divide enforces women's roles in reproduction and support activities and limits their autonomy, it limits their participation in decision-making and highly rewarded roles, and it puts women at risk. Social, cultural, and psychological mechanisms support the process" (Epstein 2006). This subordination and control is apparent in places where contraceptives and other health necessities are restricted for women. Closely associated with reproductive restrictions are others in education, literacy rate, and economic status. There are studies that indicate positive impacts on women's health when access to health necessities and decision-making by women is allowed. In addition, not only their lives are improved, but also the status of their nation is positively elevated (Gilbert 2015). "Providing birth control to women at no cost substantially reduced unplanned pregnancies and cut abortion rates by 62 percent to 78 percent over the national rate, a new study shows. Unintended pregnancy remains a major health problem in the United States, with higher proportions among teenagers and women with less education and lower economic status" (Peipert et al 2012).

The impact access to or lack of access to resources and services has on women's health is one example where a nation's recognition of empowering women results in an actual reduction of health problems for women and a drastic improvement in their quality

of life. “Education is the key to addressing gender-based inequalities and exclusion. While girls and boys have the same fundamental human rights, young women generally receive less education, have fewer opportunities, and enjoy less freedom than young men. Girls who live in remote rural areas or speak a minority language are often excluded from education” (UNESCO 2011). This statement indicates that not only women’s health is affected by lack of education and access to resources, but that their families are impacted as well. However, in many places it is culturally incorrect for women to have access to and use health resources such as contraceptives (UN Population Fund 2012). Regardless, it is apparent that positive implications occur for women when they can have access to education and resources for health. These facts are why reproductive access to family planning for women is vitally important to develop goals internationally.

Even with the powerful impact of simply providing access to one area of women’s health, there are still major obstacles to overcome. For example, as mentioned in class discussion, in some countries like Kenya women do have access to family planning resources, and yet there is still a major problem in relation to female health. Women are not negotiating the terms of their sexual encounters with men. Because of a man’s higher status and a woman’s lower status in the Kenyan community, a woman will not have the power to negotiate decisions regarding her health. A male’s status in the community is dependent on how many children he has, and a woman is vulnerable to negative consequences if she decides to oppose the male’s wishes. The vast majority of men believe it is not their responsibility to use birth control. This comes down to sex and how the terms of the encounter are associated, with the male or the female. As another example, in Japan actual access to birth control has been ignored in favor of Viagra. “It

took just six months for Viagra to win approval from the Ministry of Health and Welfare, which as six women among its 204 bureaucrats. Meanwhile, the low-dose birth control pill, the most common form of nonsurgical contraception in the United States, still has not won approval even though its application was filed a decade ago, and women's groups are furious" (WuDunn 1999). This is a major example of a state bypassing a woman's choice to use a safe, low-dose form of birth control, and instead "psychologically sav[ing] by public recognition" the 'impotent men' in Japan (WuDunn 1999).

An additional obstacle is seen in a state forcing women, and also men, to be sterilized either willingly, or unknowingly. In places such as Peru (Sims 1998), Uzbekistan (Mazdra 2014), Israel, if you are Ethiopian (Greenwood 2013), and if you are a Roma woman in some areas such as Slovakia (Green 2003), women are often sterilized without their knowledge. As another way of state control over women's health, some countries in the Caucuses, India, and China have policies of restrictions on their birth rates (Economist 2013). This leads to sex-selective female abortions and female infanticide. Sometimes in places like India, efforts by the government to avoid sex-selective abortions lead to the banning of ultrasounds (Gargan 1991). In some places, simply being born a female is reason enough to enforce female infanticide in areas where emphasis for male preference, lineage, dowry, etc. prevail.

Unfortunately, regarding cultural constructs on women's health, there is simply not an active awareness of the differences in men and women's bodies and what is needed for their specific overall health. Social customs, health policies, and a largely male medical community combine to prevail against benefits in regards to women's

healthcare. For example, research is providing new awareness of women's health concerns with heart problems (Healy 1991) (Mosca et al 2011). Previously, medical research focused solely on heart disease in men. Women do not manifest the same symptoms as men do, such as pain in the arm, pressure in the chest, etc. The medical community simply believed that women were less susceptible to heart disease (Haywood 2015) (Merz 2016). It has been found that indigestion, overwhelming fatigue, or pain in the jaw or back could be heart disease indicators for women, and these are very different from the indicators for men (Healy 1991) (Merz 2016). Basically, the idea that women could have heart problems and experience different indicators were a completely novel idea and doctors did not entertain this idea until recently (Haywood 2015) (Healy 1991).

Along with differences in physiological disease, there are numerous infectious diseases that affect the genders differently. Men are more likely to contract Dengue fever, whereas women are more at risk for death from diseases such as Ebola, E. coli, H1N1, AND HIV/AIDS. "The poverty and powerlessness of women in Africa and Asia are combining to make them increasingly vulnerable to AIDS, which some research groups are now calling a women's disease" (Crossette 2001). This vulnerability is directly related to the social position of women and their lack of authority, especially in their homes. "In many cultures, and in the most disadvantaged societies, girls and women do not have the power to reject unwanted or unsafe sex" (Crossette 2001). Unfortunately, while the power of refusal would likely drastically cut down on the number of women infected with HIV/AIDS, it is unlikely to occur because of the influence of the cultural norms which leave women defenseless to refuse unwanted sex from someone who is HIV positive. In fact, in Sub-Saharan Africa, "The WHO [World Health Organization] notes that young

women in the region contract HIV at three times the rate of their male counterparts" (Gleason 2012). This is a detrimental practice directly related to the position of men in male dominated societies that negatively impacts women's health.

Another example of cultural constructs of gender creating a negative healthy environment for women is the norm for women to care for the sick. Traditionally mothers or other women in the household have the responsibility for such care. Women receive at least twice the exposure as men, and are culturally inclined to care for any sick people, men usually do not care for anyone who is sick. "'If a man is sick, the woman can easily bathe him but the man cannot do so,' says Marpue Spear, the executive director of the Women's NGO Secretariat of Liberia, quoted by Wolfe. 'Traditionally, women will take care of the men as compared to them taking care of the women'" (Chemaly 2014). This exposure leads to an increase in the number of women who contract deadly or incapacitating diseases compared to the number of men who do so. This is a key cultural construct that results in more deaths from infectious diseases for women. Unfortunately, a woman is more likely to die from or be exposed to infectious diseases far more often than men are simply due to cultural practices and norms.

These cultural practices that are detrimental to women are understood by examining the status of women in the world. The World Health Organization's "World Health Report 2005, back in April, said being poor or being a woman was often a reason for being discriminated against" (BBC 2005). This begs the question, why don't women receive the care or resources they need, and why are they discriminated against? The answer is directly linked to the issue of status, power, and control. Poor women in remote areas are the least likely to receive adequate health care (BBC 2005) because they are the

lower members of society and are deemed subordinate and unimportant. This is especially true for women in rural areas where medical resources are unavailable and awareness of support and resources is absent, whether due to lack of education or subordination by a male-dominated culture. This is illustrated by the idea that, "In most medical, health and prevention issues related to women's health, the central issue is male-female power relations, and not merely the lack of health services, medical technology or/and information" (Wong).

As a final example of how cultural constructs can negatively affect women's health, we will look at Female Genital Cutting/Mutilation. There is no question that FGM is a cultural custom. While there are varying degrees of genital cutting, the most extreme being complete infibulation, and the least extreme just a prick on the clitoris, the prevalence of this practice for girls is very culturally accepted. This 'cleaning up' of unsightly genitalia is meant to make a girl more eligible for marriage, as well as being a way to maintain purity. Additionally, many men believe that it is shameful to marry a girl who is not circumcised because it is shameful and men would rather have a woman who is 'stitched'. Culturally, many women believe that since this is an ancient custom that has happened to all the women in their family line the tradition should be continued for future generations. It is also believed that girls are less likely to be interested in and engage in sexual intercourse. This is often because the process of FGM itself is agonizing, and it also makes sex difficult and painful for these girls (WHO 2016). This cultural construct negatively impacts women in an additional number of ways, but the fact that the pain and difficulty engaging in sexual activity does not ease after marriage never goes away. In addition, other negative results of FGM are: 'prolonged and obstructed labor' and other

issues associated with pregnancy and delivery, obstetric fistula, menstrual problems, and a susceptibility to infections (WHO 2016). While there are some positive results of gradual declines in FGM, this harmful cultural practice towards women's health must continue to be addressed (Dugger 2013).

A study of health among women of the world reveals the impact of gender and highlights problems that exist due to a culturally low regard for women. This low estimation of women stems from the idea that, "Women's health needs are often regarded to be restricted only to reproduction" (Wong). This cultural view perpetuated by those in positions of power, predominantly male, highlights the lack of awareness regarding potential deadly diseases and medical concerns for women (Haywood 2015). In addition, there are not many health centers available to women of lower education and economic status who live in more rural areas. "In most of South Asia, illiteracy among women is the highest anywhere, and there are few health centers attentive to the needs of women in rural areas" (Crossette 2001). The imbalance in the lack of educational opportunities for women places them at an extreme disadvantage not only in South Asia, but also in other areas of the world (UNESCO 2011). The lack of these health centers is linked to education, literacy, knowledge, and awareness; essentially the things that the women in these countries are lacking (Gilbert 2015). Illiteracy is a major factor in increased health concerns for females. They either cannot read what is offered in terms of health and medical resources, or they are unaware of the risks of some diseases or negative health practices. If they are unaware, they cannot make decisions to protect themselves.

Women are often at a disadvantage in regards to their social status that can lead to negative health implications not only for them, but also for their families. "The number of

children dying across the globe is strongly linked to the level of discrimination against women in the nations where they live, an analysis shows. Gender inequality is rife in low and middle-income countries, where women are less educated than men, have poor access to health services and little control over their finances" (Gilbert 2015). The perception in these nations that women do not need education, should not have economic power, and are not provided access to health services creates a situation where not only the health of the woman is at risk, but also her family. However, with awareness of the need to improve status and provide empowerment, women's positions can be advanced leading to an overall increase in the health and well-being of her and her family. "When women are educated, healthy and employed, and able to make decisions about childbearing and reproductive life, everyone benefits" (BBC 2005).

In conclusion, it is apparent that multiple negative impacts on health can be attributed to being a woman due to cultural customs and norms. "'We've talked for so long about the need to really look at gender in all aspects of development work," Ms. Urdang said, 'It's so much the cultural practices and values and beliefs that underlie our societies that discriminate against women'" (Crossette 2001). In addition to these items influencing health, other gender inequalities that should be addressed as having major impact on women's physical, emotional and mental health include violence, education, and human rights as UNFPA states (BBC 2005). Maternal mortality, surrogacy, infanticide, rape of young girls, menstruation and other reactions and assessments of female health are all results of unequal understanding of women and men in cultural health discussions (Goldber 2015, (Collins 2015) (Gall 2003) (McNeil 2012) (Bever 2015) (Walter 2015) (Swedish Women's Lobby 2014).

Due to these cultural constructs, women are frequently unable to receive the resources they need for optimum health, lack education for awareness of health benefits or practices, and are unable to claim authority from or be in a position of power themselves to refuse or change anything to benefit their lives or the lives of those around them. The prevalent theme throughout this essay is the necessity to look at health for women and to support positive impacts that come from women having access to resources and gendered health services they might otherwise not due to negative gendered cultural constructs.

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