



Global Year Against Pain in Women

real women, real pain

Pain in women in developing countries

Pain is ubiquitous in all societies and is a predictable consequence of events such as trauma and disease. Pain has significant health, socioeconomic and quality of life implications.

The prevalence of most types of pain may be much higher in developing countries than in developed countries for a variety of reasons such as very limited resources, poverty, ignorance and poor healthcare systems, policies and priorities.

Women in the developing world are more likely to suffer pain and are also less likely to be adequately treated than their male counterparts because of societal norms, culture, and governmental policies (1, 2).

There are some painful conditions which by nature occur only in women, such as menstrual pain, pain during pregnancy and childbirth, cancers of the female genital system, female genital mutilation and sexual violence and abuse. Typically, the range of diagnostic and treatment options is very limited.

People in developing countries commonly suffer a 'double burden' of both communicable and non-communicable diseases that significantly contributes to a high prevalence and burden of pain and suffering. Eighty percent of cancer patients in the developing world present with advanced incurable cancer and palliative care is often the only therapy.

The burden of disease from cancer of the cervix is substantial, in contrast to the developed world where it has become uncommon thanks to screening interventions. In Africa, it is estimated that 67,761 women die annually from the disease (4). The goal of comprehensive population screening and primary prevention with HPV vaccines remains a distant dream, and there are major challenges in delivering surgery, radiotherapy or pain control to those in need. Supplies of opioids for those with cancer pain are often problematic owing to restrictive legislation and unfounded anxieties on the part of professionals regarding the risk of addiction.

Maternal mortality rates are highest in the developing world accounting for 99% of all maternal deaths worldwide and with approximately half a million women still dying from (mostly preventable) pregnancy and childbirth-related causes (5). An African woman's lifetime risk of dying from pregnancy-related causes is 1 in 16; in Asia 1 in 65; and in Europe 1 in 1,400. These data conceal a much larger burden of complications and suffering that occur without medical assistance and care.

The developing world, particularly sub-Saharan Africa is the most affected by the HIV/AIDS epidemic with three-fourths of the total worldwide cases. The advent of this epidemic has resulted in a dramatic increase in the incidence of tuberculosis and AIDS-related cancers. The prevalence of pain in HIV/AIDS is very high. In contrast to the developed world, the prevalence of HIV/AIDS is significantly higher in women in developing countries. Gender inequality is the major reason for women's vulnerability to HIV infection (2).

Working and employment conditions may differ between the sexes. Women are more likely to work in the informal sector where they are often exposed to harmful working environment, inadequate social benefits, greater risk of discrimination and physical and sexual harassment.

Given the very limited resources and fragile health systems stretched by the huge disease burden, pain management in women in developing countries is seen as a very low priority. It would therefore be valuable if it became more universally recognized how good pain management can improve a country's economy.

There are recognized gender disparities in health and healthcare in general and in pain management in particular (1-3). We need to urgently address and eliminate this gender disparity in healthcare by empowering women so that they can protect and enhance their health and quality of life.

References:

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