

Gender Inequalities And Womens Health Effects.

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ABSTRACT

The feminist movement empowered and expanded women's knowledge about their health and gave them support to fight patriarchal and oppressive practices in health care systems. Gender Medicine (GM) is a new discipline that studies the effect of gender on overall health. The impact of gender-related violence, ethnic conflict, migration and discrimination on women's health is a major public health problem. This particular study examines the burden on women's health from unpaid work, from HPV infection, from the burden of finding and managing clean drinking water in developing countries, from discrimination in urban vaccination, from the burden on mental health due to adverse socio-economic and environmental conditions, from malnutrition and low-value nutrition in low-income areas, from the lack of family planning with contraception, from their exclusion from e-health but also from the lack of equal opportunities to participate in pharmaceutical researches and clinical trials. It is the duty of the sciences to highlight inequalities and patriarchal stereotypes, especially in developing countries and in places of low income and low educational level, so as to lead to interventions and policies to eliminate them, according to the WHO and the UN Sustainable Development Goals.

KEYWORDS: gender inequalities, womens health, HPV, malnutrition, m-health, gender medical.

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I. INTRODUCTION

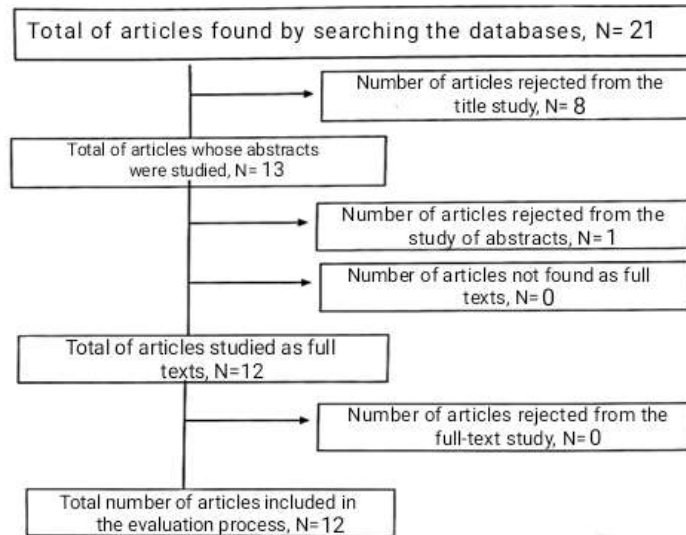
The actions and struggles of women through feminist movements over the past 100 years have expanded and empowered women's knowledge about their health and fought patriarchal and oppressive practices in the scientific world and health care systems. Gender Medicine (GM) is a new discipline that studies the relationship and the effect of gender on the general health of the population. Through research and medical practice, examines the rarely recognized impact of violence related to gender, race, ethnicity and religion, poverty, immigration, and direct discrimination on women's health. Many studies highlight the basic biological differences between men and women, but society's impact on women is underrepresented. We should aim for a gender studies approach to medicine that examines complex interactions between society and biology and addresses difficult issues such as debilitating chronic pain syndromes, gender-based violence, and concerns about racial minority health disparities. (1,2).

II. AIM-METHODS

The purpose of the study is to highlight gender-related inequalities in the general health of adults. We searched the database PubMed with the terms «gender inequalities» and «women's health» and free full text from 2018-2023. We found 21 clinical studies, 12 were included in this present systematic research.

III. FLOW CHART

DIAGRAM 1: Flow chart. The process of searching and locating research articles.



IV. RESULTS

Gender Equality is recognized as an important political, social and economic goal in many countries around the world. At the country level there are indications that gender equality can have a significant effect on health, but until now the measurements made in studies usually focus on comparisons between countries and not within each country.

The association between gender equality and health outcomes within countries has not been sufficiently explored, and further research on this topic is necessary and also critical for the development of gender equality policies and health programs (3). Health care and policy interventions must target programs at improving gender equality that focus on the provision of sexual and reproductive health care without stigma and discrimination, in line with the United Nations Sustainable Development Goals and be a key and essential doctrine of the health system of each country (4).

Current global maternal and child health policies do not value gender equality and women's rights as much as they should and are limited to policies related to clinical interventions and family planning. Studies show that indicators of gender equality such as women's secondary education, mother's employment status, use of intimate partner violence, access to and use of contraception, have strong associations with maternal health and under 5 mortality years (4).

Research on human papillomavirus (HPV) infection shows that it is responsible for many cancers in both women and men. Cervical cancer caused by HPV is the fourth most common cancer among women worldwide although it is one of those that are easily prevented. Prevention efforts include HPV vaccination but these programs remain nascent in many countries. In 2020 the World Health Assembly adopted the Global Strategy to Eliminate Cervical Cancer, including a goal of fully vaccinating 90% of girls with the HPV vaccine by age 15. However, very few countries have covered even 70%. In addition, the HPV virus is directly linked to oropharyngeal cancer and oral sex practices. Increased availability of vaccines in the future may provide an opportunity to vaccinate more people and men. This could increase the uptake of HPV vaccination programs regardless of gender. Adopting a gender-neutral HPV vaccine approach will reduce population-transmitted HPV infections, combat misinformation, minimize vaccine-related stigma, aid herd immunity, and promote gender equity (5).

More generally, as urbanization continues, particularly in low- and middle-income countries, the need for effective policies and interventions to improve urban immunization equity is critical to achieving both the 2030 Immunization Agenda and the Sustainable Development Goals. Populations of concern, such as immigrants, refugees, low socio-economic strata, who face barriers to access to prevention and care and receive poor availability and quality of services, need tailored and targeted health policy implementation strategies, improved digital data collection methods, women-friendly services and children for equitable vaccination coverage (6).

Access to safe drinking water is a fundamental human right, yet more than 785 million people do not have access to it. The burden of finding and managing water in developing countries falls disproportionately on women and young girls resulting in psychosocial, political, educational and economic health impacts.

Women had a higher incidence of breast cancer due to exposure to arsenic, trichlorethylene, and disinfection byproducts, and a higher incidence of bladder cancer due to arsenic, trihalomethane, and chlorine in drinking water. Water-related poor health outcomes at young ages can develop and worsen into adulthood, so it is important to study how drinking water conditions affect vulnerable populations throughout the life span (7).

Even under normal conditions, 1 in 8 women worldwide will develop breast cancer, while 4 in 10 cancers are preventable and 1 in 3 are completely curable, if early diagnosis and treatment are made with palpation by a specialist doctor, preventive mammography and breast ultrasound in primary health services.

In addition, undernutrition among women and children remains a major public health problem in most low- and middle-income countries and is more prevalent in rural areas. There is evidence that closing the gender gap in agriculture will improve nutritional outcomes or the quality of their diets of the women. Studies have shown that gender-based inequalities in low-income countries noted are: women have lower ownership and use of land, livestock and other productive assets, lower economic participation and wage rates, and greater workloads compared to men. Several potential policies could confront gender inequalities in agriculture including laws to close the gender wage gap, women's land tenure systems and fair land inheritance laws, to address women's health issues based on poor nutrition (8).

Gender inequalities around the world have been associated with higher risk of mental health problems and lower academic achievement in women compared to men. We know that the brain is shaped by upbringing and adverse social-environmental experiences. These results indicate the potential impact of gender inequality on women's brains and provide initial evidence for future studies that will examine the mechanisms involved, the factors moderating the effects and the timing needed to produce policies that promote equality of gender that will be based on neuroscience (9).

Also gender equality needs to be considered for dementia risk factor research given that the burden of dementia disproportionately affects women and all efforts to improve women's socioeconomic conditions and health would be beneficial (10).

Globally, billions of hours are spent in unpaid work each year, a burden borne disproportionately by women. However, the potential health effects of unpaid work have been largely unexplored. Findings show that among working adults, unpaid work is negatively associated with women's mental health while the effects are less evident for men. All over, women spend more hours in unpaid work and are adversely affected by wages (11).

The rapid and widespread deployment of mobile technologies in low- and middle-income countries may provide innovative ways to disseminate public health interventions.

However, gender-based disparities in access, education and use of technology pose a challenge for women. M-Health programs can enhance marital communication and emotional support between couples, improve women's self-efficacy and autonomy in seeking health information and services, and increase their participation in health decision-making. These results suggest that given the rapid and persistent uptake of m-Health interventions in low- and middle-income settings, it is imperative to design interventions that consider their impact on gender inequalities in accessing and using technology for medical reasons (12).

In recent years, health equity in pharmaceutical research has been concerned with creating equal opportunities for men and women to participate in clinical trials. The findings suggest that women are still underrepresented or excluded from important research, resulting in a lack of information on vital health outcomes. In practice, including women in research promotes a commitment to ethics and justice and improves the implementation of research findings, aiming to ensure equitable health outcomes for both women and men based on human rights (2).

V. CONCLUSIONS

Women still face in their environment sexual harassment, stereotype threat, disproportionate burden of family responsibilities, lack of equality at work and distribution of resources as well as indirect social prejudice. Strategies to address these barriers to development at individual, interpersonal, institutional, academic and policy levels should include effective mentoring, addressing gender norms, positive portrayal of anti-stereotypes, career development training.

It is the duty of the sciences to constantly highlight inequalities and patriarchal stereotypes, especially in developing countries and in places of low income and low educational level, so as to lead to interventions and policies to eliminate them, according to the WHO and the UN Sustainable Development Goals.

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