

Public Health: Women and Gender Issues

Key words

Public health, women, gender gap, bias, medical

Description

The existing gender gap in public health affects the areas of medical research, employment, and accurate diagnosis and treatment of medical conditions for women. Women face a large disadvantage in such areas, and this problem must be addressed through improved policies and initiatives taken by both government and medical institutions.

Key points

- Gender bias contributes to the considerable gender gap found in higher-level medical community employment.
- Gender bias hinders the accurate diagnosis and treatment of female patients.
- Gender bias contributes to the lack of substantial medical research on women.
- Safety concerns and social factors are the primary causes of gender bias against women.
- Gender bias must be overcome in order to achieve progress in targeting gender-specific reactions to medication, disease and administration of preventive medicine.

Images



Source: sahmintraining.wordpress.com
Date accessed: July 23, 2009



Source: http://www.newmediaexplorer.org/emma_holister/2004/10/26/what_you_should_know_about.htm
Date accessed: July 23, 2009



Source: <http://www.nafc.org/bladder-bowel-health/women-s-health/>
Date accessed: July 23, 2009

Brief

The past two decades of American history have brought unprecedented recognition to the women and gender issues regarding public health. The Reagan and subsequent Bush administrations marked a steady erosion of the affirmative action policies implemented in previous decades, and it was only with the general return to liberal domestic policies during the Clinton presidency that the opportunity arose for the nation to address the serious inadequacies existing in healthcare for women. Gender gaps and biases present serious hurdles in terms of medical employment, research, accurate diagnosis and effective, preventive treatment for women. In order to overcome such hurdles, serious attention by the government and medical community to the task of eliminating gender biases from public health policies is imperative.

The great discrepancy between the numbers of males and females employed in the upper echelons of the medical community has a detrimental effect on the quality of healthcare for women in general. Gender bias against women greatly impedes the advancement of female medical students and physicians, leading to the significant gender gap that exists in the healthcare community. In 2005, there were only eleven medical school deans in the United States, a clear minority considering the fact that there are 126 teaching institutions. While the number of female physicians and medical school applicants has risen drastically over the past decade, women remain a significant minority in the traditionally male-dominated fields of education and management. The primary reasons for the discrepancies arise from simple hiring practices: more white men are hired for tenure-track positions, enjoy a higher tenure and promotion rate, receive significantly higher salaries, and are proportionally overrepresented in upper-levels of administration where decisions are made. Women are considerably more vulnerable than men in terms of employment since most are not protected by tenure and suffer

from the consequences of the social stereotype that many women do not necessarily need to work.

Research on women's health issues is also greatly affected by gender bias. Until the early 1990s, women possessing childbearing potential were ineligible to participate in early stages of clinical trials, which stemmed from fears that trials on women could potentially harm fetuses, or that women could become pregnant during the course of a trial. As a result, very little was known about the effects of many drugs on women, posing serious implications since women experience worse and more adverse effects from medicine than men. It was only in 1993 that Congressional legislation required the inclusion of women in trials funded by the National Institution of Health (NIH). The Food and Drug Administration (FDA) soon after lifted a ban on trials on women with childbearing potential. However, the private medical and pharmaceutical sectors still reveal a large gender gap resulting from research done primarily on white, middle-aged men. This gender gap significantly limits understanding of women's health concerns and gender-specific needs.

Gender bias also affects the differential treatment of female patients. Physicians and other health professionals are more likely to attribute women's health complaints to emotional causes rather than physical ones, demonstrating the troublesome tendency of the medical community to be influenced by social, non-scientific factors. An example of this can be seen in the fact that mental health professionals are much less likely to accurately predict a woman's potential for future violent action since socially, women have a lower rate of violence than men and women's involvement in violence is often less visible than that of men. Another example is that while in general women receive more healthcare than men, major diagnostic and therapeutic interventions are much more frequently performed on men. Women are more likely to receive

dialysis treatments while more men receive kidney transplants. Similarly, men are 6.5 times more likely to receive cardiac catheterizations while women's cardiac symptoms are twice as likely to be diagnosed as resulting from psychiatric or non-cardiac causes.

An area of women's health that suffers greatly from existing biases is that of preventive medicine, especially in regard to reproductive health. Females of age 9-25 are the least likely to gain access to reproductive healthcare, and are limited most by inherent social structures and biases. The current debate over universal administration of the HPV vaccine to young, adolescent girls highlights this problem most potently. The HPV vaccine prevents infections that cause over 70% of all cervical cancers and is most effective when administered to girls between the ages of 10-14, prior to sexual exposure. However, since HPV is sexually transmitted, many social conservative groups in the United States oppose widespread and mandatory administration of the vaccine on the grounds that it would supposedly promote sexual activity in teenage girls. A large population of young girls, therefore, is prevented from receiving a potentially life-saving vaccination because of existing social stigmas.

Gender bias must be fully eradicated in the medical community in order to fully serve the distinct healthcare needs of women. While the government and medical community have taken great steps within the past two decades to address such needs, much progress is still needed. In particular, a conscious and active recognition and battling of the social stereotypes and stigmas that negatively influence the care received by women is imperative for further progress. The lack of substantial research, a significant gender gap in medical employment, and social influences that negatively affect the accurate diagnosis and treatment of women all pose significant challenges to the field of women's health.

General References

Bowman, P. F. (2009). Women with Safety Concerns Report Fewer Gender-Specific Preventive Healthcare Services. *Journal of Women's Health* , 18 (7), 1011-1018.

Cohen, S. A. (2007). A Long and Winding Road: Getting the HPV Vaccine to Women in the Developing World. *Guttmacher Policy Review* , 10 (3), 15-19.

Healy, B. (1991). Women's Health, Public Welfare. *JAMA* , 266 (4), 566-568.

Turshen, M. (1993). The Impact of Sexism on Women's Health and Health Care. *Journal of Public Health Policy* , 14 (2), 164-173.

Websites

<http://health.nih.gov/category/WomensHealth>

<http://www.fda.gov/ForConsumers/ByAudience/ForWomen/default.htm>

<http://www.womenshealth.gov/>

http://www.who.int/topics/womens_health/en/