



EDITORIAL



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¹Escola Superior de Enfermagem de Coimbra,
Coimbra, Portugal.
mneto@espnfc.pt

Health, sex, and gender: the inequalities as challenges

Maria Neto da Cruz Leitão¹

In nursing care, health is considered a subjective experience, influenced by biology and the sociocultural context. It is built in a continuous interaction and interdependence throughout life, which leads to the self-perception of well-being and/or sickness. In the biological context, the body carries anatomical and physiological differences that determine the biological sex, whereas in the social context, the relations and bonds with others are inscribed into one's identification as a woman or man. Meanwhile, social ideas are interiorized in the psychic context, influencing peoples' behaviors.

With regard to integral health, not only biological facts should be considered, but also social and psycho-subjective factors that lead to behaviors that have a significant impact on individual and collective health. They also determine the resilience and vulnerability of individuals, groups, and communities⁽¹⁾. Therefore, at present, it is assumed that health depends on several factors, and gender is considered to be a social factor because it guides and perpetuates subjective and social experiences that imprint vulnerabilities on women and men.

The health realities differ for women and men: the (self-) perception of health and wellbeing, the objective and subjective indicators of morbidity and mortality, the search for and the access to health resources, the response of health services, the occurrence of transition to new types of diseases, and the vulnerabilities to some types of diseases have different results globally⁽²⁾.

Despite having many health problems in common, there are disparities between men and women, and some health problems have a larger impact on women. Other health conditions affect women and men equally; however, women face more difficulties in obtaining the necessary care⁽²⁻³⁾.

Women's health is profoundly affected by how they are treated and by the status conferred on them by the society. In societies where women continue to face discrimination or are victims of violence, health suffers. The physical and social vulnerability is greater in places where women are excluded from land ownership or the right to a divorce. In its extreme form, the social or cultural gender prejudice can lead to violent death or female infanticide. The economic independence of some women, as a result of more generalized jobs for women, can be beneficial to health. However, globally, women have less education, are paid less, and are less protected in working environments in terms of safety and working conditions. It is also known that women face higher health costs than men because of a greater use of healthcare. At the same time, they are more likely to be poor, unemployed, part-time workers, or informal sector workers who receive no salary. Consequently, they have no health benefits. However, the healthcare needs of women are barely addressed, particularly in rural and poor communities. Even in places with higher progress, there is a need for continuous investment in great equality⁽³⁾.

Sex and gender have a significant impact on people's health, and they should be taken into account when developing appropriate strategies for the promotion, prevention, and treatment of health problems. Gender inequalities, alone or in combination with biological differences, increase the vulnerability of women or

their exposure to certain risks. These differences are not always acknowledged in the manifestation, severity, and consequences of the disease, but they can limit women's access to health resources, information, and services⁽²⁻³⁾.

Based on the aforementioned reasons, the interaction between different health determinants cannot be disregarded in the integral healthcare of people. However, in the healthcare services, the anatomical and physiological dimension hegemony still persists, and the intervention models continue to be essentially biomedical in nature. The health policies and programs on women's health are exclusively focused on reproductive health, the genital system, and the breasts; this is a classical and outdated vision of women around the world and in the society. This may not be considered an ethical dimension because it does not safeguard the rights of women. Societies and their health systems need to improve their structure to meet the health needs of girls and women in a better manner in terms of comprehensiveness, access, and responses. The removal of all barriers to healthcare access should be accompanied by efforts to ensure that the healthcare services respond to the different health needs of girls and women.

When defining a health agenda that promotes sustainable development from 2015 onward, the importance of gender in all policies for promoting and protecting the health of all people cannot be disregarded, particularly the health of girls and women, worldwide. According to the World Health Organization (WHO), promoting women's healthcare is necessary and effective, and it will benefit everybody: "Improve women's health improve the world"⁽⁴⁻⁶⁾.

What are the challenges for Nursing as a discipline and a profession? Nursing care and nurses can investigate the social conditions of inequalities and criticize the highly *medicalized* and *doctor-centered* models of health actions offered at present because these models allow the continuity of inequalities in health, with greater disadvantages for girls and women. Nursing care and nurses can make the difference in integral healthcare provision for girls and women, including and going beyond the dimension of the body, to consider women as subjects and not merely as reproductive objects. In addition, it must be kept in mind that equality in healthcare provision cannot guarantee equity of access or its effectiveness in men and women. While the goal is to reduce and not reinforce gender inequalities in healthcare systems, it must be acknowledged that different actions are required to progress from equality to equity for meeting the different and diverse health needs⁽⁷⁾.

These are the challenges, and I believe that we are capable of generating new responses to promote the health of the people and communities, particularly the more vulnerable ones. Research should support not only the creation of new responses but also the evaluation of their results.

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