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Statement submitted by Dianova International, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.

Statement

Empowering women means tackling historically entrenched gender inequalities in access to healthcare

Nearly thirty years ago, research began to highlight the inequalities between women and men in terms of access to healthcare, and the influence of gender representations on the early detection and treatment of certain pathologies. Yet there is still a long way to go to achieve equality.

Tackling inequalities in healthcare is a major public policy challenge in all countries that want to ensure that everyone receives the same quality of care. Among these inequalities, those relating to access to, and provision of, healthcare services for men and women are an issue that has remained unaddressed for far too long.

The influence of gender representation in health care

In modern society, women's and men's health is not treated in the same way. Certain illnesses considered to be men's diseases are still under-diagnosed in women, and vice versa. These inequalities are linked above all to gender representations developed throughout the history of human progress. Medicine has been built from an exclusively androcentric perspective, i.e. around the male body and the male body alone. According to the androcentric bias that dominated until the 19th century, the male sex represented the norm, while women were judged only in comparison with men. Up until that time, many doctors and psychiatrists still defended the idea of women's biological inferiority.

These stereotypes still have repercussions in modern societies, with an impact on the people concerned, healthcare professionals, researchers and even our shared social vision of health and care. Health-related differences between women and men are real, but they are primarily the result of the interaction between biological, socio-cultural and economic factors. A number of physiological characteristics associated to sex (i.e. the biological characteristics that are specific to each sex) may partly explain these differences, but they are far from being the only ones, or even the most important. The influence of gender – i.e. the social and cultural construction of male and female roles and relationships – is a major contributing factor of these inequalities.

The social codes associated with each gender have an impact on the people themselves, influencing their relationship with their bodies, the way they express their symptoms, and their choice of whether or not to seek care. In addition, healthcare professionals still tend to analyse and interpret symptoms through the prism of various social representations, thus influencing the way in which pathologies are treated. Finally, clinical and biomedical research can itself be biased by gender representations.

Some diseases are considered to be men's or women's diseases. However, while it is true that each sex can be more or less prone to certain diseases, gender representations influence not only the attitude of patients, but also that of healthcare professionals. Cardiovascular diseases are a typical example: they have long been regarded as men's diseases, with the result that women often suffer delays in diagnosis and treatment.

Conversely, certain pathologies are more specifically associated with women. On average, women suffer twice as much from depressive disorders as men. However, this difference is not linked to female hormones, as was long believed, but to risk factors associated with the socio-economic context (poverty, violence, addictions, poor living conditions) that affect women more than men. Lastly, gender

representation in health care is at the root of many delays in diagnosis and therefore in treatment.

The impact of the environment and living conditions on health inequalities

Sex and gender are not separate or independent factors. On the contrary, there is an ongoing interaction between biological sex and the social and cultural environment. Social and economic conditions have a different impact on men's and women's health. Material difficulties, risk factors and hardship at work and their impact on family activities affect women more than men and have a negative influence on their physical and mental health, especially as many of them tend to forego healthcare.

Precariousness, family and domestic burdens and violence are also aggravating factors in health inequalities. Women are more affected by poverty and insecurity than men, both in their private lives (relationship breakdowns, isolation, single parenthood) and in their working lives (unskilled jobs, unemployment, imposed part-time work, etc.). Because of their environment and living conditions – poor diet, substandard and unsafe housing, sedentary lifestyles – these women are at greater risk of developing a range of health problems such as diabetes, obesity, depressive disorders, cardiovascular disease and addictive disorders. Furthermore, women in precarious situations may also be victims of violence, often associated with or resulting from substance use disorders.

Lastly, many structural, social, cultural and gender barriers also prevent women to access and adhere to healthcare services. This is especially obvious when dealing with substance use disorders for instance, where women's drug dependence is made almost invisible and where there is a huge gap in the provision of treatment services. Women with substance use disorder face greater stigma and societal expectations, and the lack of gender-specific programmes and services such as childcare pose even higher obstacles to accessing healthcare programs. It should be noted that people from the LGBT+ community face additional obstacles resulting from their specific circumstances that can make access and adherence to health services even more complicated.

It is essential to address these challenges from a gender perspective and work towards inclusive and accessible services for all. All health services should be within everyone's reach.

Recommendations

In view of these findings, it is clear that analysing and understanding the interactions between biological sex and gender in the field of health can have major repercussions in terms of have access to healthcare services. It therefore seems essential to us to encourage countries to implement public policies that take these interactions into account, while raising awareness of these issues among healthcare professionals and the general public.

For these reasons, we urge the international organizations to put pressure on the public authorities in the various countries in order to:

- Mainstreaming gender perspective in healthcare services. Develop general practice, interventions and training grounded in a gender perspective, with the ultimate goal of achieving gender equality. This is a comprehensive and cross-cutting process that should involve all levels: from policy-making to services provision. Mainstreaming gender perspective implies understanding gender in a broader way to include the needs, and specific needs, of LGBT+ people as well.

- Strengthen training of healthcare professionals on aspects related to gender perspective in the field of health: from the intersecting variables that can alter the risk factors for certain diseases and conditions, to better identifying and support women who are victims of violence, and on how to combat stigma from healthcare professionals, etc.
- Reinforce the concept and perspective of intersectionality in health policy formulations. We recommend that upcoming policy documents and services reflect on intersecting axes of vulnerability that play a major role in the access to health services.
- Develop awareness-raising and information campaigns specifically dedicated to women or men on certain pathologies or disorders and their manifestations and to combat stigma and discrimination (e.g. autism spectrum disorders, osteoporosis, drug dependency).
- Support multidisciplinary research on sex and gender in health, insisting, in countries where this is not yet the rule, on adequate representation of women in all clinical trials and on the need to count with gender-disaggregated data.