

Where are we with Gender Equality in Research, Medicine, and Global Health, and why does it Matter?

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Abstract

This Review's objective is to present evidence on why gender equality in research, medicine, and global health is important for results relating to health and general wellbeing. We provide a high-level summary of global gender data, analyse the progress made toward gender equality in research, medicine, and global health, examine the data demonstrating the importance of gender equality in these professions for social and health outcomes, and consider change-promoting tactics. The overall pattern of gender equality for women in science, medicine, and global health is one of mixed advances and persisting obstacles, despite the changing picture of global gender data. There is the potential for significant improvements in health, society, and the economy as a result of gender equality in science, medicine, and global health. Positioned amid a changing environment. Our Review emphasises missing and upcoming possibilities as well as the necessity of utilising current social movements to progress the discipline, all while being positioned within an expanding environment of gender activism and evidence.

Keywords: Global health; Gender equality; Medicine

Introduction

A gender reckoning is currently taking place in the domains of research, medicine, and global health. 1 Four modern social movements—intersectional feminism, the evolving understanding of men and masculinities, the global movement for transgender rights, and online movements against violence like #MeToo and #NiUnaMenos—have all contributed to the development of the gender and health landscape globally. According to Hilhorst and colleagues, these movements are redefining the field of health sciences and compelling society to address “issues of agency, vulnerability, and the dynamic and changing realities of gendered power relations.” 2 We are enduring transforming and difficult times [1].

In light of this, we examine the arguments in favour of gender equality in research, medicine, and global health. This Review's objectives are to present a high-level synthesis of gender data from throughout the world, summarise the progress made toward gender equality in research, medicine, and global health, and examine the arguments in favour of gender equality's importance for social and health outcomes. By relying on transgender, feminist, and intersectional studies, we will place the #Lancet Women theme problem in the context of worldwide movements that are reshaping the industry [2].

Gender, health, and society

Everyone is affected by restrictive gender norms. Gender inequality is a major global contributor to excesses in mortality and morbidity on a massive scale. It is a shared determinant³ of health for men, women, boys, girls, and gender nonconforming individuals. 4, 5 Discriminatory attitudes, norms, beliefs, and practises; unequal exposures and susceptibilities to disease, disability, and injury; biases in health systems; and biases in health research are some of the ways that gender inequality is translated into a health risk. Any of these levels of gender discrimination has a negative impact on social and health outcomes. For instance, negative gender norms and larger oppressive systems promote interpersonal violence, which includes violence against women.^{6, 7} Confronting these gendered structures is important for everyone. More subtly, gender disparities influence stress and anxiety levels by influencing how women behave in socially prescribed ways. Human rights include gender equality. Achieving harmonious societies

with the realisation of all human potential and sustainable development is crucial. 39, 40 41 Gender equality is now acknowledged as one of the key determinants of health and economic development after more than a century of feminist advocacy^{41, 42, 40} years of international discourses on gender in development^{2, 43}, and a growing corpus of research^{1, 24, 4, 39, 44} Despite this acknowledgment, gender equality in health and development is still a complicated problem [3, 4, 5].

It can occasionally be misused to refer just to women or to sex, and it absolutely excludes transgender and non-binary people. 24, 39 In this Review, we employ the UN Women concept of gender equality as well as the Global Health 50/50 definition of gender (panel). The Sustainable Development Goals have been positioned as being dependent on attaining gender equality, although neither its definition nor their implementation is entirely clear^{50, 51, 52} According to Hawkes and Buse, gender is a political issue that “is missing from, misunderstood in, and only seldom mainstreamed into global health policies and programmes.” 24 International gender equality goals have made slow progress. Threatened by conservative initiatives against ‘gender ideology’ are those between 24 and 39. For women in science, medicine, and global health, gender data are important for tracking progress and conducting critical analysis of study methods and findings. In the last two decades, a variety of gender data have been available. 44, 55, 56, 57 In terms of employment, education, entrepreneurship, health, development, and governance, the Organization for Economic Co-operation and Development publishes aggregate [6,7].

Over 500 indicators on agency, socioeconomic backdrop, economic opportunity, education, health, public life, and decision-making

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are available in the Gender Data Portal of the World Bank. 59 52 quantitative and 11 qualitative indicators covering economic structures and resource access, education, health, public life and decision-making, and human rights make up the UN Statistics Division's Minimum Set of Gender Indicators. 60 There are also a tonne of worldwide gender indices that reflect aggregate data on many facets of gender, health, and development [8].

Despite the abundance of indicators, methodological and conceptual flaws severely restrict the application of gender statistics. Inadequate complexity of indicators across gender dimensions, absence of international standards for comparability, uneven country coverage, and insufficient granularity for disaggregation are examples of methodological constraints. 66, 67 Hypotheses of heteronormativity, the exclusion of non-binary persons and men, a lack of meaningful knowledge regarding the gender dynamics inside households, and an insufficient measurement of unpaid and domestic labour are only a few conceptual flaws. By conceptualising and gathering new data, as well as organising current data so that it is more useful to policymakers, initiatives like Data2 and Equal Measures 2030 seek to close these gaps and alter gender data collection systems. 67 Survey tools are available through the Gender Equitable Men Scale to examine attitudes toward gender norms, violence, masculinities, and sexual health. Gender metrics are shifting toward individual-level approaches as a result of significant national epidemiological and demographic changes, as well as the growing recognition of subnational and intra-urban heterogeneity and the need for intersectional approaches to the quantification of relative advantage or disadvantage. The overall pattern of gender equality for women in science, medicine, and global health is one of mixed advances and continuing obstacles, despite the shifting landscape of worldwide gender data [9, 10].

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Potential Conflicts of Interest

No conflict or competing interests in the publication of this paper.

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