

# Capacity Building Program for VET providers on adjusting current curricula on gender equality standards



**Equal Health**

Promoting gender equality in healthcare provision



**Funded by  
the European Union**



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## INTRODUCTION

### Project Summary

The project aims at providing healthcare professionals (nursing & midwifery professionals-ESCO 2221 & 2222) with a new, innovative and accessible learning opportunity on gender equality. More specifically, the project's objectives are:

- to support innovation in VET by offering a new specialization in gender equality in healthcare
- to upskill healthcare professionals
- to raise awareness on the importance of gender awareness training for healthcare professionals
- to make VET more relevant

### Objectives of this guide

The objective of this capacity programme is to raise awareness among VET providers on the striking issue of gender inequality in healthcare provision.

Moreover, the programme wishes to provide the necessary tools to VET providers/ trainers in order to adapt the curricula to this current need. Lastly this aims at providing the necessary online tools to VET providers to promote gender equality in healthcare provision digitally.

Overall, the capacity building programme aims to educate and inspire learners to actively engage in promoting women rights, gender equality, and sustainable development goals, fostering a more inclusive and equitable world for all.

The content of the capacity building programme is about the training of the VET trainers on how to offer gender sensitive courses in their work. The capacity building programme have 5 different modules and cover areas such as:

- Basic Concepts/Gender Concepts to Get Started
- Gender inequality in modern societies,
- Gender inequality in health care,
- Practical tools on how to raise gender awareness within the classroom,
- How to use gender sensitive language.

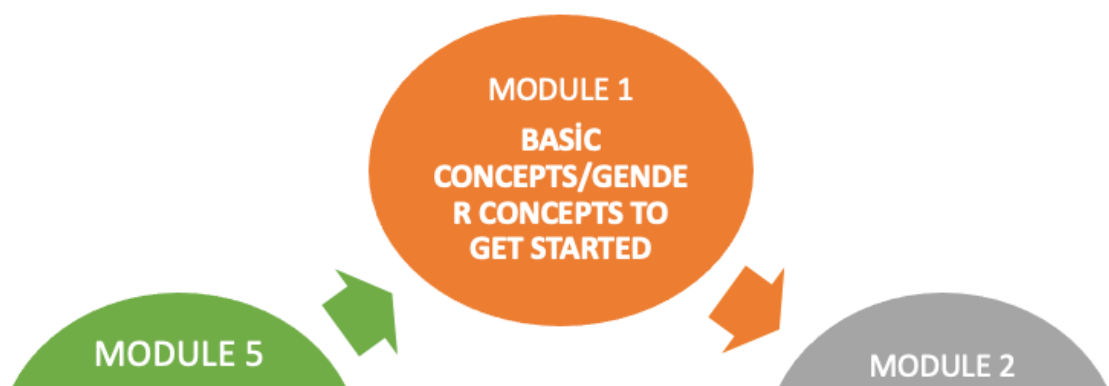
Through these modules VET trainers' skills, competences and awareness of gender equality in health will be increased.

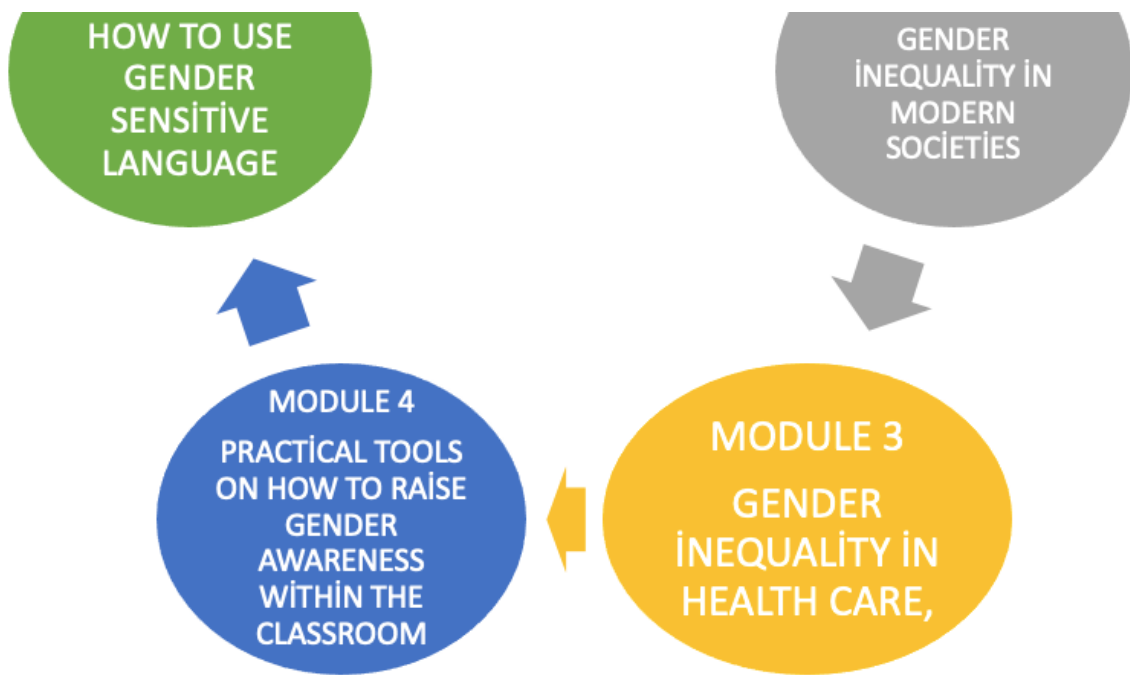
Rather than an 'add-on' the guide is intended to develop conceptual understanding about gender and the principles of mainstreaming, assist in gaining new insights, and enrich knowledge and practical skills for introducing gender in institutional policies, plans, strategies and practices in line with diverse needs and contexts.

The guide includes a glossary, key gender concepts, case studies and activities designed to assist the user in gaining new insights and understanding through reflections, discussions and practical skills.

The conceptual considerations, references and selected reading are intended to enrich the user's understanding of gender issues, mainstreaming, and skills from diverse contexts.

The guide is structured around the mission and main dimensions of TEI functions, which are presented as modules, each featuring a critical aspect of trainers education in which gender mainstreaming is deemed important. The modules cover the various aspects of trainers education in a way that is specific to the theme addressed, but they highlight the interconnected nature of gender issues and therefore the inter-relationships of the modules





The guide is designed for use in a holistic manner in which a wide range of contexts is covered with varying degrees of adaptation. The modules may be used individually for need-based targeted training.

### Methodological attributes of the guide

- Offers international perspectives on gender.
- Invites its users to draw on the information provided.
- Provides references and selected sources for further reading.
- Provides opportunities for capacity development through case studies and examples of successful practices, which may be replicated in different situations

### How to use the guide?

Following the principles of adult education, recommends:

- A participatory approach, involving brief presentations using audio-visual teaching/learning aids.
- Participants should be free to ask questions, to forward comments and make suggestions at any time during the presentation.
- Group exercises, discussions and presentations as well as individual work could be useful in facilitating learning.
- With reference to their own contexts, participants could be encouraged to collect and examine sex-disaggregated data (on the number of male and female teachers at the various levels of education), as well as copies of general trainer education policy (or general education or higher education policy), and/or their own institutional policy and national education sector policy and plans for use in the learning activities, where available.

# MODULE 1

BASIC  
CONCEPTS/GENDER  
CONCEPTS TO GET  
STARTED



This module aims to equip educators with basic concepts related to gender equality and social gender equality, benefiting both classrooms and daily lives. Module 1 discusses conceptual underpinnings, general information, and definitions, highlighting the diverse perspectives, needs, interests, and roles of men and women in society.

# MODULE 2

GENDER INEQUALITY IN  
MODERN SOCIETIES



Gender inequality remains a persistent and complex issue in modern societies. Despite significant advancements in gender equality over the past century, disparities still exist in various aspects of life, including education, employment, politics, and social norms. This training module aims to provide a comprehensive understanding of gender inequality, its causes, manifestations, and potential solutions.

# MODULE 3

GENDER INEQUALITY IN  
HEALTH CARE



The module on addressing gender bias in healthcare equips healthcare professionals with the knowledge and strategies to combat bias and provide equitable care. It highlights the various forms of gender bias, its impact on patient care, and the importance of recognizing and challenging biases.

# MODULE 4

PRACTICAL TOOLS ON  
HOW TO RAISE GENDER  
AWARENESS WITHIN THE  
CLASSROOM



In this module participants will learn about practical tools on how to raise gender awareness in the classroom. This module aims to raise educators' awareness while at the same time providing them with practical tools.

# MODULE 5

HOW TO USE GENDER  
SENSITIVE LANGUAGE



Within this unit, you will find a set of guidelines for incorporating gender-sensitive language into healthcare practices. These guidelines include using inclusive terms, avoiding assumptions, considering cultural sensitivities, and emphasising the importance of continuous education and awareness. By following these suggestions, healthcare professionals can create an inclusive and respectful environment that meets the diverse needs of all individuals.

## Overview

to explain  
gender equality  
in education

# LEARNING OBJECTIVES

to define Sex, Gender, and Gender Identity

to define the concept of gender

to define the concept of social  
gender

At the end of this module the  
participants will able

to explain the kinds of Violence  
against Women

to define the concept of gender stereotypes

To explain Roots of Inequality

During this module, the target group will become educators that are aware of the basic concepts related to gender equality and social gender equality. This will help them not only in the classroom environment but also in their social and daily lives. Knowing basic concepts related to gender equality / inequalities are necessary in order to follow the following modules. Module 1 discusses conceptual underpinning, provides general information, and clarifies concepts and definitions. Men and women, irrespective of the society in which they live, have different perspectives, needs, interests and roles. These differences reinforce culture, experience and traditions through socialization in society

## Subunits

Sex, Gender, and Gender Identity(Understanding gender)	1 HOUR
Gender Norms and Roles	1 HOUR
Gender Socialization	1 HOUR
Gender Equality vs. Gender Equity	1 HOUR
What are the social causes of gender inequality?	1 HOUR

## Subunit 1 - Sex, Gender, and Gender Identity

During this module, the target group will become educators that are aware of the basic concepts related to gender equality and social gender equality. This will help them not only in the classroom environment but also in their social and daily lives. Knowing basic concepts related to gender equality / inequalities are necessary in order to follow the following modules. Module 1 discusses conceptual underpinning, provides general information, and clarifies concepts and definitions. Men and women, irrespective of the society in which they live, have different perspectives, needs, interests and roles. These differences reinforce culture, experience and traditions through socialization in society

### SEX

**Biological characteristics** (including

### GENDER

**Socially constructed** set of roles and

genetics, anatomy and physiology) that generally define humans as female or male. Note that these biological characteristics are not mutually exclusive; however, there are individuals who possess both male and female characteristics.	responsibilities associated with being girl and boy or women and men, and in some cultures a third or other gender.
Born with	Not born with
Natural	Learned
Universal, A-historical No variation from culture to culture or time to time	Gender roles vary greatly in different societies, cultures and historical periods as well as they depend also on socio-economic factors, age, education, ethnicity and religion.
Cannot be changed, except with the medical treatment.	Although deeply rooted, gender roles can be changed over time, since social values and norms are not static.
Example: Only women can give birth. Only women can breastfeed.	Example: The expectation of men to be economic providers of the family and for women to be caregivers is a gender norm in many cultural contexts. However, women prove able to do traditionally male jobs as well as men (e.g. men and women can do housework; men and women can be leaders and manager

## Subunit 2- Gender Norms and Roles/ Gender Relations (Building Blocks of Gender)

Across the life cycle, gender norms determine how each society divides work among men and women, boys and girls, according to socially- established gender roles or what is considered suitable and valuable for each sex. This phenomenon is called gender division of labour.

**A.Gender norms** refer to societal rules and expectations that dictate the behaviors considered appropriate or desirable for people based on their gender(1)Gender norms are ideas about how men and women should look, be and act. Norms refer to the accepted attributes and characteristics associated with each gender at the particular point in time for a specific society or community. They are the standards and expectations to which gender

identity generally conforms, within a range that defines a particular society, culture and community at that point in time. Internalized early in life, gender norms can establish a life cycle of gender socialization and stereotyping.

**B. Gender roles** include the expected roles and behaviours attached to the genders. Expectations about gender roles often affects and determines the opportunities available to different genders, based on culture, place and time.

**C. Gender relations** define how people should interact with others and how others relate to them, depending on their attributed gender, and they should be analyzed within the cultural context in which they develop. Gender relations intersect with all other influences on social relations – age, ethnicity, race, religion, etc. – to determine the position and identity of people in a social group. Since gender relations are a social construct, they can be transformed over time to become more equitable.

Sex roles	Refers to biological functions that are determined by one's sex. For instance, pregnancy is a female sex role, because only the female sex can undertake this function. Women have special health needs as according to their specific sex roles; for instance, schoolgirls need special understanding during menstruation.
Gender Roles	Most often, gender roles are not based on biological or physical conditions but rather result from stereotypes and presumptions about what men and women should do. Gender roles become problematic when a society restricts the potential and capacity of individuals based on such preconceived notions and assigns greater value to the roles of one particular gender – usually men's.
Gender Relations	Gender relations are the result of socially constructed unequal power relations between women and men and reinforce this imbalance. Gender relations are context-specific. These relations change in the course of time and with respect to different groups of individuals. They vary in relation to other social conditions such as class, race, ethnicity, disability, age, etc.

Chart 2: sex roles, gender roles, , and gender relations, UNESCO (2003). UNESCO's Gender Mainstreaming Implementation Framework (GMIF) for 2002-2007, New York

Here are some examples of traditional expectations for men and women;

### Traditional expectations for men;

- Economic provider for family
- Allowed to make major decisions in name of family
- Valued for their rational approach to problem solving

### Traditional expectations for women;

- Expected to make charge of caring for family members
- Allowed to make day- to- day household administrative decisions
- Valued for their role as nurturers of their family's emotional well-being

## Subunit 3- Gender Socialization



Gender Socialization happens when different expectations are set out for males and females, starting from early ages

Gender socialization is the process by which we learn our culture's gender-related rules, norms, and expectations. The most common agents of gender socialization are parents, teachers, schools, and the media. Through gender socialization, children begin to develop their own beliefs about gender and ultimately form their own gender identity.

#### SEX VS. GENDER

THE TERMS SEX AND GENDER ARE OFTEN USED INTERCHANGEABLY. HOWEVER, IN A DISCUSSION OF GENDER SOCIALIZATION, IT'S IMPORTANT TO DISTINGUISH BETWEEN THE TWO. SEX IS BIOLOGICALLY AND PHYSIOLOGICALLY DETERMINED BASED ON AN INDIVIDUAL'S ANATOMY AT BIRTH. IT IS TYPICALLY BINARY, MEANING THAT ONE'S SEX IS EITHER MALE OR FEMALE.

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REMEMBER

### What is agents of Gender Socialization?

As children, we develop gender-related beliefs and expectations through our observations of and interactions with the people around us. An "agent" of gender socialization is any person or group that plays a role in the childhood gender socialization process. The four primary agents of gender socialization are parents, teachers, peers, and the media.

1. **Parents:** Starting at birth, parents communicate different expectations to their children depending on their sex. For example, a son may engage in more roughhousing with his father, while a mother takes her daughter shopping. The child may learn from their parents that certain activities or toys correspond with a particular gender (think of a family that gives their son a truck and their daughter a doll). Even parents who emphasize gender equality may inadvertently reinforce some stereotypes due to their own gender socialization.

**Example:** *The toys and games parents select for children are often unconsciously intended to socialize them into the appropriate gender roles. Girls receive dolls in an attempt to socialize them into future roles as mothers. Since women are expected to be more nurturing than men, giving a girl a doll teaches her to care for it and fosters.*

*The value of caring for others. When boys receive dolls, they are likely to be action figures designed to bring out the alleged aggressive tendencies in boys.*

1. **Teachers:** Teachers and school administrators model gender roles and sometimes demonstrate gender stereotypes by responding to male and female students in different ways. For example, separating students by gender for activities or disciplining students differently depending on their gender may reinforce children's developing beliefs and assumptions. As children enter the educational system, traditional expectations for boys

and girls continue. In the past, much research focused on how teachers were shortchanging girls in the classroom. Teachers would focus on boys, calling on them more and challenging them. Because boys were believed to be more analytical, teachers assumed they would excel in math and science. Teachers encouraged them to go into careers that require a lot of math and science, such as computer science or engineering.

**Example:** *Studies show that boys are more physically active than girls. This difference is greater when children are in elementary school. Boys may be less able to sit still during a lesson. They are often sent out of class as disruptive, which puts them behind in the schoolwork and can reinforce their problems in the classroom.*

**2.Peers:** Peer influences also encourage gender socialization. As they reach school age, children begin to play different games based on their gender. Boys tend to play sports and other competitive team games governed by inflexible rules and relatively large numbers of roles, while girls tend to play smaller, cooperative games such as hopscotch and jumping rope with fewer and more flexible rules. Although girls are much more involved in sports now than a generation ago, these gender differences in their play as youngsters persist and continue to reinforce gender roles. For example, they encourage competitiveness in boys and cooperation and trust among girls. Boys who are not competitive risk being called “sissy” or other words by their peers. The patterns we see in adult males and females thus have their roots in their play as young children (King, Miles, & Kniska, 1991).

## Media

Media, including movies, TV, and books, teaches children about what it means to be a boy or a girl. Media conveys information about the role of gender in people’s lives and can reinforce gender stereotypes. For example, consider an animated film that depicts two female characters: a beautiful but passive heroine, and an ugly but active villain. This media model, and countless others, reinforces ideas about which behaviors are acceptable and valued (and which are not) for a particular gender.

In your culture, you can think of different gender expectations regarding

- Toys that boys and girls are given?
- Physical space where boys and girls are allowed to play and spend time?
- How boys and girls are expected to behave?
- How boys and girls may express their emotions?

## Subunit 4 - Gender Equality vs. Gender Equity

### Why is gender equality important?

Gender equality is intrinsically linked to sustainable development and is vital to the realization of human rights for all. The overall objective of gender equality is a society in which women and men enjoy the same opportunities, rights and obligations in all spheres of

life. Equality between men and women exists when both sexes are able to share equally in the distribution of power and influence; have equal opportunities for financial independence through work or through setting up businesses; enjoy equal access to education and the opportunity to develop personal ambitions, interests and talents; share responsibility for the home and children and are completely free from coercion, intimidation and gender-based violence both at work and at home.

Within the context of population and development programmes, gender equality is critical because it will enable women and men to make decisions that impact more positively on their own sexual and reproductive health as well as that of their spouses and families. Decision-making with regard to such issues as age at marriage, timing of births, use of contraception, and recourse to harmful practices (such as female genital cutting) stands to be improved with the achievement of gender equality.

Gender equality and gender equity are related terms but have different meanings. While the words sound similar, the definitions and practical usage are different.

**Equality between women and men (gender equality):** refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women's issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centered development.

### Gender equality

The concept that women and men, girls and boys have equal conditions, treatment and opportunities for realizing their full potential, human rights and dignity, and for contributing to (and benefitting from) economic, social, cultural and political development. "Gender equality is, therefore, the equal valuing by society of the similarities and the differences of men and women, and the roles they play. It is based on women and men being full partners in the home, community and society. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female." *United Nations Educational, Scientific and Cultural Organization (UNESCO).* Gender equality implies that the interests, needs and priorities of both women and men and girls and boys are taken into

Gender equality	Gender equity
Gender equality means that women and men have equal conditions for realizing their full human rights and for contributing	Gender equity is the process of being fair to men and women. To ensure fairness, measures must often be put in place to

to, and benefiting from, economic, social, cultural and political development. Gender equality is therefore the equal valuing by society of the similarities and the differences of men and women, and the roles they play. It is based on women and men being full partners in their home, their community and their society

compensate for the historical and social disadvantages that prevent women and men from operating on a level playing field. Equity is a means. Equality is the result.

Eg. If the school has a limited number of extracurriculum activity classes, access to these classes needs to be provided equally to boys and girls, depending on their needs and not based on their sex.

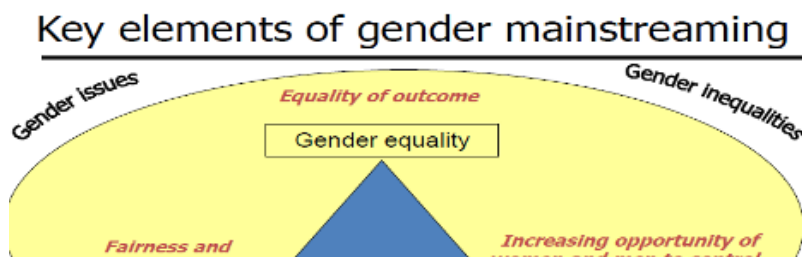
E.g. if the school has more disadvantaged girls than boys, the school need to give better attention to girls in the provision of different supportive services.

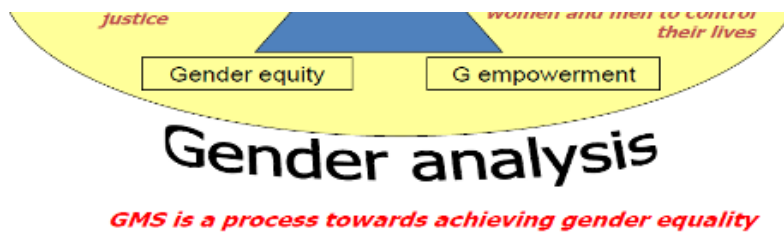
Chart 3; Gender Equality vs. Gender Equity

**NOTE: Equity leads to equality: Targeted measures need to be taken to compensate for the historical and social inequality between women and men and achieve gender equality.**

**UNESCO, 2003**

**Gender mainstreaming** is the process of assessing the implications for women and men of any planned action, including legislation, policy or programs, in all areas and at all levels. Gender mainstreaming in EMBs ensures that women’s and men’s concerns, needs and experiences are taken fully into account in the design, implementation, monitoring and evaluation of all activities. Through this process, the EMB seeks to reduce the gaps in development opportunities between women and men and work towards equality between them as an integral part of the organization’s strategy, policies and operations, and the focus of continued efforts to achieve excellence. The term “gender integration” is also used in some contexts.(1) Gender mainstreaming. This refers to a process in which gender equality perspectives and considerations become the norm and not just the responsibility of specific individuals (often women) or departments in isolated and unsustainable ways.





## Subunit 5- What are the social causes of gender inequality?

### 10 Causes of Gender Inequality

Over the years, the world has gotten closer to achieving gender equality. There is better representation of women in politics, more economic opportunities, and better healthcare in many places of the world. However, the World Economic Forum estimates it will take another century before true gender equality becomes a reality. What drives the gap between genders? Here are 10 causes of gender inequality:

1

Around the world, women still have less access to education than men.  $\frac{1}{4}$  of young women between 15-24 will not finish primary school. That group makes up 58% of the people not completing that basic education. Of all the illiterate people in the world,  $\frac{2}{3}$  are women. When girls are not educated on the same level as boys, it has a huge effect on their future and the kinds of opportunities they'll get.

UNEVEN ACCESS TO  
EDUCATION

2

Only 6 countries in the world give women the same legal work rights as men. In fact, most economies give women only  $\frac{3}{4}$  the rights of men. Studies show that if employment became a more even playing field, it has a positive domino effect on other areas prone to gender inequality.

LACK OF EMPLOYMENT  
EQUALITY

3

One of the causes for gender inequality within employment is the division of jobs. In most societies, there's an inherent belief that men are simply better equipped to handle certain jobs. Most of the time, those are the jobs that pay the best. This discrimination results in lower income for women. Women also take on the primary responsibility for unpaid labor, so even as they participate in the paid workforce, they have extra work that never gets recognized financially.

JOB SEGREGATION

4

According to research from the World Bank, over one billion women don't have legal protection against domestic sexual violence or domestic economic violence. Both have a significant impact on women's ability to thrive and live in freedom. In many countries, there's also a lack of legal protections against harassment in the workplace, at school, and in public. These places become unsafe and without protection, women frequently have to make decisions that compromise and limit their goals.

## LACK OF LEGAL PROTECTIONS

5

Many women around the world do not have authority over their own bodies or when they become parents. Accessing birth control is frequently very difficult. According to the World Health Organization, over 200 million women who don't want to get pregnant are not using contraception. There are various reasons for this such as a lack of options, limited access, and cultural/religious opposition. On a global scale, about 40% of pregnancies are not planned and while 50% of them do end in abortion, 38% result in births. These mothers often become financially dependent on another person or the state, losing their freedom.

### LACK OF BODILY AUTONOMY

6

In addition to limited access to contraception, women overall receive lower-quality medical care than men. This is linked to other gender inequality reasons such as a lack of education and job opportunities, which results in more women being in poverty. They are less likely to be able to afford good healthcare. There's also been less research into diseases that affect women more than men, such as autoimmune disorders and chronic pain conditions. Many women also experience discrimination and dismissal from their doctors, broadening the gender gap in healthcare quality.

### POOR MEDICAL CARE

7

When religious freedom is attacked, women suffer the most. According to the World Economic Forum, when extremist ideologies (such as ISIS) come into a community and restrict religious freedom, gender inequality gets worse. In a study performed by Georgetown University and Brigham Young University, researchers were also able to connect religious intolerance with women's ability to participate in the economy. When there's more religious freedom, an economy becomes more stable thanks to women's participation.

### LACK OF RELIGIOUS FREEDOM

8

Of all national parliaments at the beginning of 2019, only 24.3% of seats were filled by women. As of June of 2019, 11 Heads of State were women. Despite progress in this area over the years, women are still grossly underrepresented in government and the political process. This means that certain issues that female politicians tend to bring up – such as parental leave and childcare, pensions, gender equality laws and gender-based violence – are often neglected.

make time for meaningful discussions.

### LACK OF POLITICAL REPRESENTATION

9

It would be impossible to talk about gender inequality without talking about racism. It affects what jobs women of color are able to get and how much they're paid, as well as how they are viewed by legal and healthcare systems. Gender inequality and racism have been closely-linked for a long time. According to Sally Kitch, a professor and author, European settlers in Virginia decided what work could be taxed based on the race of the woman performing the work. African women's work was "labor," so it was taxable, while work performed by English women was "domestic" and not taxable. The pay gaps between white women and women of color continues that legacy of discrimination and contributes to gender inequality.

### RACISM

10

It's less tangible than some of the other causes on this list, but the overall mindset of a society has a significant impact on gender inequality. How society determines the differences and value of men vs. women plays a starring role in every arena, whether it's employment or the legal system or healthcare. Beliefs about gender run deep and even though progress can be made through laws and structural changes, there's often a pushback following times of major change. It's also common for everyone (men and

women) to ignore other areas of gender inequality when there's progress, such as better representation for women in leadership.

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## SOCIETAL MINDSETS

### What are the effects of gender equality on society?

When girls are empowered to lead their lives, speak their minds and determine their futures, everyone benefits. History suggests that when we fight gender oppression, societies are more stable, safe and prosperous, with happier, better educated citizens.

Investing in gender equality can have large-scale benefits:

- **Every \$1 invested in women's and children's health can generate a \$20 return** – according to the Partnership for Maternal, Newborn and Child Health
- **A girl's eventual income will increase by up to 20% for every year she stays in school** – according to [UN Women](#). It also encourages girls to marry later and have fewer children, and leaves them less vulnerable to violence.
- **Advancing women's equality could add up to \$28 trillion to global annual growth by 2025** – according to the [McKinsey Global Institute](#).

## MODULE 2 - GENDER INEQUALITY IN MODERN SOCIETIES

### Overview

## LEARNING OBJECTIVES

At the end of this module the

participants will be able

to empower women, promote gender equality, and address global challenges related to women rights.

*to have a clear understanding of the specific objectives aimed at*

*achieving gender equality in various aspects of society*

to actively engage in promoting women rights, gender equality, and sustainable development

goals

Gender inequality remains a persistent and complex issue in modern societies. Despite significant advancements in gender equality over the past century, disparities still exist in various aspects of life, including education, employment, politics, and social norms. This training module aims to provide a comprehensive understanding of gender inequality, its causes, manifestations, and potential solutions.

### Subunits

## SUBUNITS

Women and the Sustainable Development Goals  
Global Issues Gender Equality – United Nations  
Women and the Sustainable Development Goals

1 HOUR  
1 HOUR  
1 HOUR

### Subunit 1 - Women and the Sustainable Development Goals

#### The Unfinished Business of our Time

Women and girls comprise half of the world's population, representing half of its potential. Gender equality is not only a fundamental human right but also a crucial factor in achieving peaceful societies, maximizing human potential, and ensuring sustainable development. Research has shown that women's empowerment is closely linked to enhanced productivity and economic growth.

Despite the progress made, the UN warns that there is still a significant distance to cover to achieve full equality of rights and opportunities between women and men. It is imperative to put an end to various forms of gender-based violence and ensure equal access to quality education and healthcare, economic resources, and political participation for women and girls, as well as men and boys. Furthermore, it is essential to create equal opportunities in employment and leadership, ensuring that women have a fair representation in decision-making positions at all levels.

The UN Secretary-General, Mr. António Guterres, has emphasised that achieving gender equality and empowering women and girls is the unfinished business of our time and the most significant human rights challenge in the world. Addressing gender inequality and promoting women's empowerment are critical for achieving a more equitable and inclusive society, unlocking the full potential of humanity, and fostering sustainable development for all. It requires collective efforts and commitment to create a world where everyone, regardless of gender, has equal opportunities and rights.

#### Women rights as a human right

Gender equality was officially incorporated into international human rights law through the Universal Declaration of Human Rights, which was adopted by the UN General Assembly on 10 December 1948. This landmark document in the history of human rights proclaimed that, "All human beings are born free and equal in dignity and rights" and that "Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, ethnicity, or other status."

The international feminist movement gained momentum during the 1970s, leading the General Assembly to declare 1975 as the International Women's Year and organise the first World Conference on Women in Mexico City. Subsequently, the years 1976-1985 were declared the UN Decade for Women, and a voluntary fund for the decade was established.



In 1979, the General Assembly adopted the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), often referred to as the International Bill of Rights for Women. This Convention, consisting of 30 articles, explicitly defines discrimination against women and outlines a comprehensive agenda for national action to combat such discrimination. CEDAW recognizes the influence of culture and tradition in shaping gender roles and family relations, making it the first human rights treaty to affirm the reproductive rights of women.

Following the Mexico City conference, the Second World Conference on Women took place in Copenhagen in 1980. The resulting Programme of Action called for stronger national measures to ensure women's ownership and control of property, as well as improvements in women rights concerning inheritance, child custody, and nationality rights.

These historical milestones in the advancement of women rights reflect the international community's commitment to promoting gender equality and ensuring that women rights are upheld as fundamental human rights. They mark significant steps towards achieving a more just and equitable world for women and girls, emphasizing the importance of breaking down barriers, combating discrimination, and empowering women to fully realize their potential.

### **Birth of Global Feminism**

In 1985, the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development, and Peace was held in Nairobi. This significant conference took place at a time when the movement for gender equality had gained true global recognition, and it marked a pivotal moment for women rights advocacy. During the conference, 15,000 representatives of non-governmental organizations (NGOs) participated in a parallel NGO Forum, contributing to its historic impact. This gathering was later described by many as "the birth of global feminism."

The conference participants acknowledged that the goals set during the Mexico City Conference had not been adequately realized. In response to this, the 157 governments represented at the Nairobi conference adopted the Nairobi Forward-looking Strategies to the Year 2000. This document represented a groundbreaking shift by recognizing that all issues are women's issues. It emphasized the importance of addressing various aspects of women's lives and the need for comprehensive action to promote gender equality and women empowerment.

By acknowledging that all issues are women's issues, the Nairobi Forward-looking Strategies highlighted the interconnectivity of women rights with broader societal and development concerns. This recognition helped pave the way for a more inclusive and holistic approach to advancing gender equality on a global scale.

The "birth of global feminism" at the Nairobi conference symbolized the growing strength and impact of the global movement for gender equality. It emphasized the importance of collaboration among diverse stakeholders, including governments and non-governmental organizations, in advancing the cause of women rights worldwide. The conference and the

subsequent adoption of the Nairobi Forward-looking Strategies represent a landmark moment in the ongoing efforts to promote gender equality and empower women on a global level.

## Subunit 2- Global issues on gender equality and the United Nations

### Equality and Empowerment

The United Nations has directed its global development efforts toward the 17 Sustainable Development Goals (SDGs). Women play a critical role in achieving all of the SDGs, with many targets specifically recognizing women's equality and empowerment as both an objective and a solution.

Goal 5, known as the stand-alone gender goal, is to "Achieve gender equality and empower all women and girls." This goal is dedicated to achieving these crucial aims. It requires significant legal and legislative changes worldwide to ensure women rights are protected. While progress has been made, it is worth noting that as of 2014, 143 countries had guaranteed equality between men and women in their Constitutions, but 52 countries were yet to take this step.

Despite efforts, stark gender disparities persist in economic and political realms. Women in the labor market, on average, still earn 20 percent less than men globally. Additionally, as of 2021, only 25 percent of all national parliamentarians were female, with slow progress from 11.3 percent in 1995.

Addressing these gender disparities and promoting women's empowerment are essential for achieving sustainable development and fostering a more equitable world. The SDGs provide a critical framework for guiding efforts to promote gender equality and women rights worldwide. It necessitates collective action and commitment to ensure that women have equal opportunities and rights, enabling them to fully participate and contribute to society.

### Eliminating Violence Against Women

The United Nations system continues to prioritize addressing the issue of violence against women. The 1993 General Assembly Declaration on the Elimination of Violence against Women played a significant role in this regard. It provided a clear and comprehensive definition of violence against women and stated the rights that should be applied to ensure its elimination in all its forms. The Declaration represented a commitment by states to fulfill their responsibilities and a commitment by the international community as a whole to work towards the elimination of violence against women.

Violence against women is a pervasive problem affecting all countries, even those that have made commendable progress in other areas. Globally, 35 percent of women have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence. This

alarming statistic highlights the urgent need to address this pandemic and protect women rights.

In response to the severity of the issue, in September 2017, the European Union and the United Nations launched the Spotlight Initiative. This is a global, multi-year initiative specifically focused on eliminating all forms of violence against women and girls. The initiative aims to bring together resources and efforts from various stakeholders to combat violence and create a safer environment for women and girls.

The International Day for the Elimination of Violence against Women is observed annually on 25 November. This day serves as a reminder of the ongoing efforts needed to eradicate violence against women and to raise awareness about the importance of this critical issue. By uniting in these efforts, the international community can work towards a world where women and girls can live free from violence and fear, and where their rights are protected and respected.

### Goals of Gender Equality

Gender inequality is characterized by the denial of continued discrimination against women, negative reactions to complaints about inequality, and resistance to efforts aimed at reducing gender inequality. These shared beliefs serve to maintain the current unequal status quo, perpetuating gender inequality. Individuals with such beliefs often blame women for gender inequality rather than addressing the existing male-dominated system, contributing to the persistence of the unequal gender status quo. Progress towards gender equality is facing significant challenges.

A recent global analysis of progress on gender equality and women rights indicates that women and girls have been disproportionately affected by the socioeconomic fallout from the COVID-19 pandemic. They are struggling with higher job and livelihood losses, disruptions in education, and increased burdens of unpaid care work. The pandemic has also led to disruptions in women's health services, particularly sexual and reproductive health, which were already poorly funded before the pandemic. Despite women's essential role in responding to COVID-19, including as front-line health workers, they are still largely excluded from deserved leadership positions

UN Women's latest report, Progress on the Sustainable Development Goals, produced in collaboration with UN DESA: Gender Snapshot 2021, provides the latest data on gender equality across all 17 Sustainable Development Goals. The report highlights the progress made since 2015, while also expressing concern about the immediate impact of the COVID-19 pandemic on women's well-being and the potential threats it poses to future generations.

Some key findings from the report and suggested steps to accelerate progress are:

The pandemic has exacerbated existing inequalities, particularly affecting the poorest and most

vulnerable populations, including women and girls.

Women and girls face food insecurity and deprivation of basic needs due to the combined impact of conflicts, extreme weather events, and COVID-19.

Urgent action is needed to address rising poverty, hunger, and inequality, especially in conflict-affected countries and other areas of acute crises.

The report emphasizes the need for collective action to address the challenges faced by women and girls, particularly in the context of the COVID-19 pandemic. By recognising and actively working to combat gender inequalities and promote women rights, society can strive towards achieving the Sustainable Development Goals and creating a more inclusive and equitable world for all.

## Subunit 3- Women and the Sustainable Development Goals

### 17 Goals of Gender Equality

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## 1. Poverty

Globally, the impact of poverty on women and girls is significant. Around 1 in 5 girls under the age of 15 is growing up in extreme poverty. Unfortunately, in 2021, there was a reversal of progress towards poverty eradication, and extreme poverty increased.

Currently, an estimated 435 million women and girls are living in extreme poverty worldwide, facing significant challenges in accessing basic necessities and opportunities for improvement. However, there is hope for change. With the implementation of a comprehensive strategy by governments, more than 150 million women and girls could be lifted out of poverty by 2030.

This comprehensive strategy would involve measures to improve access to education and family planning, ensuring that women have the tools and knowledge to plan their families and futures effectively. Additionally, achieving equal wages for women in the workforce is crucial to empower them economically and bridge the income gap. Furthermore, expanding social transfers, such as social assistance programs and safety nets, can provide essential support to those in need, including women and girls.

By prioritizing these efforts and taking collective action, governments can make significant strides in reducing poverty and empowering women and girls to lead more dignified and fulfilling lives. Addressing the challenges posed by poverty and its gender-specific impacts is critical to achieving sustainable development and promoting a fair and equal society for all.

## 2. Hunger

Hunger and food insecurity disproportionately affect women, particularly those living in small-scale farming households. On average, small-scale farming households headed by women earn 30 percent less than those headed by men, highlighting the existing gender disparities in the agricultural sector.

The COVID-19 pandemic has exacerbated the global gender gap in food security, leading to a significant increase in women and girls experiencing hunger. In 2020, women's levels of food insecurity were 10 percent higher than men's, compared to a 6 percent difference in 2019.

However, this distressing trend can be reversed with targeted efforts and support. One crucial step is to focus on supporting small-scale women producers, who often face greater challenges and earn less than their male counterparts. By providing increased funding, training, and land rights reforms to women in the agricultural sector, their economic opportunities can be enhanced, leading to more equitable incomes and better livelihoods.

Ensuring access to resources and knowledge for women in agriculture can lead to improved productivity, enhanced food security, and greater economic empowerment. By addressing the gender gap in food security and investing in the potential of women farmers, society can take significant steps towards eradicating hunger and achieving sustainable development goals. Empowering women in agriculture benefits not only their households but also contributes to the overall well-being and resilience of communities and nations.

### **3. Good health and well-being**

The COVID-19 pandemic has had significant impacts on women's sexual and reproductive health, particularly in lower- and middle-income countries. Disruptions in essential health services during the pandemic have resulted in tragic consequences for women and girls.

In the first year of the pandemic, there were approximately 1.4 million additional unintended pregnancies in lower- and middle-income countries. These unintended pregnancies are a result of challenges in accessing and maintaining sexual and reproductive health services during the pandemic.

To address this issue, it is essential to prioritize sexual and reproductive health services as part of the pandemic response. Ensuring that these services continue to operate safely, both now and after the pandemic, is crucial to providing women with the necessary support and care. This includes access to family planning resources, safe abortion services, and reproductive health education.

In addition to prioritizing sexual and reproductive health services, it is crucial to provide adequate support to ensure access to life-saving resources such as personal protective equipment, COVID-19 tests, oxygen, and vaccines. This support should be extended not only to affluent countries but also to lower-income countries and vulnerable populations within each country.

By taking comprehensive and equitable measures to address the health needs of women and girls, societies can mitigate the adverse effects of the pandemic on their well-being. Ensuring access to quality healthcare services, especially in sexual and reproductive health, is fundamental to promoting gender equality and achieving good health and well-being for all. This commitment to support women health will contribute to building resilient and thriving communities beyond the immediate challenges of the pandemic.

### **4. Quality Education**

The COVID-19 pandemic has had a severe impact on females' education, particularly for female refugees and those from marginalised communities. Before the pandemic, half of all female refugees were enrolled in secondary school, but many of them may not return to school after the disruptions caused by the pandemic.

Even a year and a half into the pandemic, 42 percent of the world's countries and territories have schools that remain partially or fully closed. These prolonged school closures have significant consequences for girls, including lost educational opportunities, increased vulnerability to violence, exploitation, and early marriage.

To address this crisis and protect females' education, governments must take urgent and specific measures to support girls in returning to school. These measures should include targeted support for girls from marginalized communities, who are often most at risk of being left behind in education.

Efforts should focus on providing financial assistance, access to technology for remote learning, and mental health support for girls who may have faced additional challenges during the pandemic. Promoting safe and inclusive learning environments, free from gender-based violence and discrimination, is crucial to ensuring that girls can thrive in their education.

Additionally, community engagement and awareness-raising campaigns are essential to emphasize the importance of girls' education and challenge harmful social norms that may hinder their access to schooling.

By prioritizing girls' education and implementing measures to support their return to school, governments can help mitigate the long-term consequences of the pandemic on girls' lives and empower them with knowledge and skills for a brighter future. Quality education is a fundamental right, and ensuring equitable access for all is essential for achieving gender equality and sustainable development.

## **5. Gender Equality**

Despite significant progress made towards gender equality in many areas, women still face discriminatory barriers in almost 50 percent of countries, restricting them from certain jobs or industries. The COVID-19 pandemic has posed significant challenges to gender equality, testing and even reversing the progress achieved in expanding women rights and opportunities.

One concerning impact of the pandemic has been the rise in violence against women and girls, often referred to as a "shadow" pandemic alongside COVID-19. Reports of such violence have increased in many parts of the world, highlighting the urgent need to address gender-based violence and provide support and protection for survivors.

Furthermore, the pandemic has intensified the burden on women in terms of unpaid care work at home. Many women have been forced to juggle care-giving responsibilities with work, leading some to leave the labor force altogether. This shift risks exacerbating gender inequalities in economic participation and representation.

To rebuild and progress, it is essential to center women and girls in all aspects of the pandemic response and recovery. This includes enacting gender-responsive laws, policies, and budgeting, which recognize and address the unique challenges and needs of women. Such measures can help ensure that women rights are protected and promoted, creating a more inclusive and equal society.

Moreover, empowering women and girls is crucial for building a better future. By providing opportunities for education, training, and economic participation, societies can unlock the potential of women as agents of change and progress. Women's meaningful participation in decision-making processes and leadership roles is equally vital for shaping a more equitable and sustainable world.

Achieving true gender equality requires collective efforts from governments, civil society, businesses, and individuals. By recognizing and dismantling discriminatory practices and stereotypes, society can work towards creating a world where women and girls have equal opportunities and rights, contributing to a more just and thriving global community.

## **6. Clean Water and Sanitation**

Gender mainstreaming in water management remains a challenge, with only 26 percent of countries actively working on incorporating gender perspectives into their water management policies and practices. This lack of gender consideration can have profound consequences for women and girls, particularly in water-stressed regions.

As of 2018, approximately 2.3 billion people lived in water-stressed countries, where access to clean and safe drinking water is limited. The lack of adequate sanitation and menstrual hygiene facilities further compounds the difficulties faced by women and girls, hindering their ability to lead safe, productive, and healthy lives.

Women's voices are often marginalized or excluded from water management processes, depriving them of the opportunity to influence decisions that directly impact their lives. Including women in water management processes is crucial for developing effective and inclusive solutions that address the unique challenges faced by women and girls in accessing clean water and sanitation.

By actively involving women in water management, policymakers and stakeholders can gain valuable insights into the specific needs and preferences of women and girls. This can lead to the development of gender-responsive water management strategies that prioritize women's health, safety, and overall well-being.

Additionally, recognizing and addressing the gender dimensions of water management can contribute to more equitable distribution of water resources and ensure that women have equal access to water-related opportunities and benefits.

Promoting gender mainstreaming in water management and enhancing women's participation in decision-making processes can foster sustainable and inclusive water practices. This will not only improve the quality of life for women and girls but also contribute to the achievement of various Sustainable Development Goals, including those related to health, gender equality, and sustainable communities.

## **7. Affordable and Clean Energy**

The transition to clean and renewable energy sources presents a significant opportunity for addressing environmental challenges and promoting sustainable development. However, the renewable energy sector is currently facing gender disparities, with women significantly underrepresented in key roles and leadership positions.

Statistics reveal that only 1 in 10 senior executives in the fast-growing renewable energy sector are women. Moreover, women hold just 32 percent of renewable energy jobs,



indicating a considerable gender gap in employment opportunities within the industry.

To address this issue and ensure that women are not left behind in the energy transition, several important steps can be taken:

1. **Exposing girls to STEM education at an early age:** Encouraging girls to pursue science, technology, engineering, and mathematics (STEM) education from a young age can help break down gender stereotypes and prepare them for careers in the energy sector.
2. **Providing training and support for women entering the energy field:** Offering targeted training programs and mentorship opportunities can empower women with the necessary skills and confidence to pursue careers in clean energy.
3. **Closing the wage gap:** Ensuring equal pay for women working in the energy sector is essential to fostering a more inclusive and equitable work environment.
4. **Increasing women's leadership in the energy sector:** Promoting women to leadership positions within renewable energy companies and organizations can serve as a powerful catalyst for change and inspire future generations of women to join the industry.

## 8. Decent Work and Economic Growth

The COVID-19 pandemic has had a severe impact on women's employment and economic participation. In 2020, the number of employed women decreased by a staggering 54 million, and an additional 45 million women left the labor market altogether. This trend reflects the disproportionate impact of the pandemic on women's economic opportunities.

Women have suffered more job losses than men, and many have faced an increased burden of unpaid care work at home. The pandemic has highlighted and exacerbated pre-existing gender inequalities in the labor market, making it crucial to take comprehensive measures to support women in the workforce.

To promote decent work and economic growth that benefits all, specific actions are needed:

1. **Guarantee decent work for all:** Ensuring that all workers, regardless of gender, have access to fair wages, safe working conditions, and social protection is essential for building a just and sustainable economy.
2. **Implement labor laws and reforms:** Enforcing and enhancing labor laws that protect the rights of workers, including measures to prevent gender-based discrimination and harassment, are crucial steps towards gender equality in the workplace.
3. **Remove legal barriers to married women entering the labor force:** In some countries, legal restrictions or societal norms may limit married women's access to employment opportunities. Removing such barriers can unlock the potential of a significant portion of the workforce and contribute to economic growth.
4. **Support access to affordable and quality childcare:** Access to reliable and affordable childcare facilities is critical for enabling working parents, especially women, to balance their work responsibilities with family life.

## 9. Industry, Innovation and Infrastructure

The COVID-19 pandemic has highlighted both the significant contributions of women to medical research and the existing gender disparities in the fields of science, technology, engineering, and mathematics (STEM). While the crisis spurred remarkable achievements in medical research and innovation, only a small percentage of clinical trials on COVID-19 treatments considered sex and/or gender in their research, potentially overlooking important differences between men and women in treatment outcomes.

To address the underrepresentation of women in STEM fields and promote gender equality in research and innovation, several crucial steps can be taken:

1. Encouraging more women to pursue STEM education: Promoting STEM education and opportunities for girls and women from an early age can help increase the number of women choosing careers in science and technology.
2. Awarding research grants to women-led teams: Actively supporting women-led research teams and projects can provide greater visibility and opportunities for women in the field.
3. Emphasising gender considerations in research: Ensuring that sex and gender are considered in medical research and other fields can lead to more comprehensive and effective outcomes, benefiting both men and women.
4. Implementing quotas to support women researchers: Quotas can be a concrete way of promoting gender diversity and representation in research and innovation, providing a supportive environment for women in male-dominated fields.
5. Promoting inclusive research environments: Creating inclusive and supportive work environments that address gender bias and promote diversity can foster greater participation and success for women in research and innovation.

## 10. Reducing Inequalities

Inequalities persist in various forms, and women, especially those facing multiple layers of discrimination, are disproportionately affected. The COVID-19 pandemic has further exacerbated these disparities, threatening to roll back the limited progress made for women rights and equality.

Migrant women, in particular, face significant challenges and vulnerabilities. Alarming, 53 percent of migrant women reported experiencing or witnessing violence while en route to their new destination, compared to 19 percent of men. This highlights the urgent need to address the unique risks and barriers faced by migrant women during their journeys.

Furthermore, women experiencing intersectional discrimination, such as women and girls with disabilities, migrant women, and those facing racial or ethnic discrimination, encounter even greater challenges. These women are often at a higher risk of violence, marginalization, and exclusion from essential services and opportunities.

To reduce inequalities and promote gender equality, the following steps are crucial:

1. **Committing to ending all forms of racism and discrimination:** A commitment to combating all forms of racism, sexism, and discrimination is essential to fostering an inclusive and just society.
2. **Investing in inclusive and universal social protection systems:** Developing social protection systems that are gender-sensitive and inclusive can provide crucial support to women facing multiple barriers.
3. **Addressing gender-based violence and ensuring access to justice:** Implementing measures to prevent and address gender-based violence is critical for safeguarding the rights and safety of all women.
4. **Promoting equal access to education and economic opportunities:** Ensuring that all women have equal access to quality education, employment, and economic opportunities can help narrow gender disparities.
5. **Amplifying women's voices and representation:** Increasing women's participation in decision-making processes at all levels can contribute to more inclusive policies and programs.

## 11. Sustainable Cities and Societies

Ensuring sustainable and inclusive cities and societies is crucial for the well-being and prosperity of all residents, particularly those living in urban slums and informal settlements. Women, in many cases, are overrepresented in these densely populated areas, facing unique challenges and barriers to essential services and opportunities.

The following steps are vital for achieving sustainable cities and societies:

1. **Addressing health and sanitation in urban slums:** Slum dwellers, including women and girls, are at high risk of mortality from epidemic diseases due to the lack of access to basic water and sanitation facilities. Improving health and sanitation services in these areas is critical for ensuring the well-being and safety of residents.
2. **Providing adequate housing and equal access to land:** Over 1 billion people globally live in informal settlements and slums, often lacking proper housing and secure land tenure. Increasing the availability of durable and adequate housing and ensuring equal access to land for both men and women can contribute to more stable and sustainable urban environments.
3. **Empowering women in urban planning and development:** Women's perspectives and voices should be included in urban planning and development processes to address their specific needs and priorities. Engaging women in decision-making can lead to more inclusive and equitable urban policies and infrastructure.
4. **Enhancing access to essential services and transport:** Women and girls in urban slums often face limited access to health services and transportation options. Ensuring affordable and accessible services and transport can improve their quality of life and economic opportunities.
5. **Prioritising the needs of poor women living in urban areas:** Recognising the unique challenges faced by poor women living in urban areas and prioritising their needs in policy and programme development can contribute to more inclusive and sustainable cities.

## 12. Sustainable Consumption and Production

Achieving sustainable consumption and production patterns is crucial for reducing environmental impact and promoting responsible resource management. Women play a

significant role in consumption decisions and household resource management, making their inclusion essential in sustainability efforts.

To promote sustainable consumption and production, the following actions are essential:

1. **Promoting sustainable lifestyle choices:** Raising awareness about sustainable practices and encouraging responsible consumption can lead to reduced environmental footprints.
2. **Supporting female entrepreneurs and eco-friendly businesses:** Providing support and opportunities for women entrepreneurs who prioritize eco-friendly and sustainable practices can drive positive change in various industries.
3. **Investing in green technologies and innovation:** Supporting research and development of green technologies can lead to more sustainable production processes and products.
4. **Fostering circular economy initiatives:** Encouraging the reuse, recycling, and repurposing of products can minimize waste and reduce resource consumption.

### 13. Climate Action

Climate change is one of the most pressing global challenges, and women are often disproportionately affected by its impacts, particularly in vulnerable communities. Empowering women to participate in climate action efforts is essential for effective and equitable solutions.

To address climate change and promote climate action, the following steps are crucial:

1. **Empowering women as climate leaders:** Promoting women's leadership and participation in climate action initiatives can lead to more comprehensive and innovative solutions.
2. **Integrating gender considerations into climate policies:** Recognising the differential impacts of climate change on women and men can lead to more effective and equitable policies.
3. **Supporting climate-resilient livelihoods for women:** Investing in climate-resilient livelihood opportunities for women can enhance their economic security and reduce vulnerability to climate impacts.

### 14. Life Under Water

Sustainable management of oceans and marine resources is vital for marine ecosystems' health and the livelihoods of coastal communities. Women in these communities often have crucial roles in fisheries and marine-related activities, making their inclusion essential in ocean conservation efforts.

To promote life under water and sustainable ocean management, the following actions are essential:

1. **Empowering women in coastal communities:** Supporting women's leadership and economic empowerment in coastal communities can enhance marine conservation efforts.
2. **Ensuring gender-responsive fisheries management:** Recognizing the contributions of women in fisheries and integrating gender considerations into fisheries management can lead to more sustainable practices.

## 15. Life on Land

Preserving terrestrial ecosystems and biodiversity is critical for sustainable development and combating climate change. Women often have significant roles in agriculture and natural resource management, making their inclusion essential for effective land conservation efforts.

To promote life on land and sustainable land management, the following steps are crucial:

1. **Recognizing women's contributions in agriculture:** Acknowledging and supporting women's roles in agriculture and land stewardship can lead to more sustainable agricultural practices.
2. **Enhancing women's access to land rights and resources:** Ensuring equal access to land and resources for women can empower them to engage in sustainable land management practices.
3. **Promoting agroecology and sustainable agriculture:** Investing in agroecological practices can contribute to sustainable land use and environmental conservation.

## 16. Peace, Justice and Strong Institutions

Women's unequal decision-making power undermines development at all levels. Women chair only 18% of government committees on foreign affairs, defence and human rights. The absence of women in decision-making limits the reach and impact of the COVID-19 pandemic and other emergency recovery efforts. Women hold 18.9 per cent of parliamentary seats in conflict-affected countries, far below the global average of 25.6 per cent. This is unacceptable. It is time for women to have an equal share of power and decision-making at all levels.

Achieving peace, justice, and strong institutions is essential for creating stable and inclusive societies. Women's equal participation and decision-making power in governance and conflict resolution are critical for sustainable development and peacebuilding efforts.

To promote peace, justice, and strong institutions, the following actions are vital:

1. **Increasing women's representation in government:** Ensuring that women have equal access to political leadership positions can lead to more inclusive and effective decision-making processes.
2. **Supporting women's participation in peacebuilding:** Engaging women in peace negotiations and conflict resolution efforts can lead to more sustainable and durable peace agreements.
3. **Promoting gender-responsive justice systems:** Ensuring that justice systems address the specific needs and challenges faced by women can lead to more equitable and effective outcomes.
4. **Eliminating barriers to women's political participation:** Addressing social, cultural, and institutional barriers that hinder women's political engagement can create a more enabling environment for their equal representation in governance.
5. **Strengthening women's participation in conflict-affected areas:** Supporting women's engagement in conflict-affected regions can contribute to more inclusive and sustainable peacebuilding efforts.

## 17. Global Partnerships for the Goals

Global partnerships are crucial for achieving the Sustainable Development Goals (SDGs), and gender equality is a fundamental aspect of all 17 targets. However, needs and priorities of women are not adequately prioritized in many country commitments, including those related to climate action.

To strengthen global partnerships for the goals and accelerate progress on gender equality, the following actions are essential:

1. **Enhancing gender mainstreaming in SDG implementation:** Integrating gender considerations into all aspects of SDG implementation can ensure that women rights and empowerment are central to development efforts.
2. **Increasing investment in gender-responsive programmes:** Allocating sufficient resources to gender-responsive initiatives can address the specific challenges and barriers faced by women in achieving the SDGs.

3. Supporting women's leadership in global initiatives: Promoting women's leadership and participation in international forums and decision-making processes can lead to more inclusive and effective global partnerships.

4. Advocating for gender equality in climate and development commitments: Urging governments and stakeholders to prioritise gender equality in climate action and development commitments can lead to more comprehensive and impactful strategies.

5. Accelerating action on women rights post-COVID-19: Recognizing the setbacks caused by the pandemic, there is an urgent need to take decisive action to address the challenges and advance women rights and empowerment.

With only nine years left to achieve the Global Goals by 2030, it is imperative to prioritize gender equality in all development efforts. Gender-responsive policies, partnerships, and investments can drive progress on women rights and empowerment, contributing to the achievement of the SDGs and building a more just, equitable, and sustainable world for all. The time to act is now, and collective efforts from all stakeholders are essential to ensure that no one is left behind in the pursuit of sustainable development.

## Conclusion

Indeed, achieving gender equality and empowering women and girls remains a pressing global challenge. While progress has been made in certain areas, there are still significant gaps and disparities that need to be addressed. The Sustainable Development Goal 5 (SDG 5) dedicated to achieving gender equality and empowering women and girls is crucial in this regard.

Some areas, such as women's representation in local government seats, have shown progress and are close to the target. However, in other critical areas like unpaid care work and decision-making on sexual and reproductive health, much more needs to be done to achieve the desired outcomes.

Building differently and better going forward requires placing women and girls at the center of response and recovery efforts. This includes the implementation of gender-sensitive laws, policies, and budgeting to create an inclusive and equitable society.

Women's role in the world and Europe's economy is significant, but challenges persist, such as the gender pay gap and underrepresentation in leadership positions. While women's education levels are commendable, there is still a need to break barriers and promote gender diversity in higher leadership roles, both in academia and corporate settings.

Political representation of women is gradually improving, but there is still a long way to go to achieve true gender balance in political decision-making bodies.

# MODULE 3 - GENDER INEQUALITY IN HEALTHCARE

## Overview

# LEARNING OBJECTIVES

At the end of this module the participants will able

to define and explain the various manifestations of gender bias in healthcare, including stereotyping, differential treatment, and implicit biases.

*to foster empathy and provide inclusive care*

*recognize the intersectionality of gender with other social identities*

to identify and evaluate the effects of gender bias on patient care, including diagnostic delays, treatment disparities, and breakdowns in communication

The module on addressing gender bias in healthcare equips professionals with strategies to combat and provide equitable care. It highlights various forms of bias, its impact on patient care, and the importance of understanding gender and social identities.

## Subunits

Introduction	1 HOUR
Gender and Health: An Overview	1 HOUR
Gender bias, intersectionality and physical health	1 HOUR
Gender bias, intersectionality, and mental health	1 HOUR
Addressing Gender Bias in Healthcare	1 HOUR

### Subunit 1 - Introduction

Gender bias in healthcare refers to the differential treatment, expectations, and assumptions based on a person's gender. It can manifest in various ways, from subtle biases in communication to significant disparities in diagnosis and treatment. Gender bias can negatively impact patient outcomes, patient satisfaction, and trust in the healthcare system.

The content of this document is designed to enhance your understanding of gender bias in healthcare and provide practical strategies for creating a more inclusive and equitable healthcare environment. We aim to empower you to make positive changes in your practice and improve patient care, by examining the effects of gender bias and exploring ways to address it.

Throughout this document, we will delve into the complex relationship between gender and health, highlighting the biological and social aspects that contribute to different health needs and risks. We will explore the various forms of gender bias that can arise in healthcare settings and discuss their impact on patient care. Furthermore, we will touch upon multiple oppressions and healthcare, exploring how gender bias in healthcare is often combined with racism. It is essential to understand that gender bias intersects with other social identities, such as race, ethnicity, and socioeconomic status. We will explore the concept of



intersectionality and its implications in healthcare, emphasizing the importance of cultural competency and sensitivity in providing inclusive care.

Furthermore, we will provide you with practical tools and strategies to recognize and address gender bias in your daily interactions with patients. By fostering effective communication, empathy, and shared decision-making, our aim is to promote a more patient-centered approach that respects the diverse needs and experiences of individuals.

This module will also discuss the role of training and education in combating gender bias.

The 'gender order' in society means that a 'normal' human being is assumed to be a man, women as a group are regularly subordinated to men, and boys and men are seen as being more important and valuable compared with girls and women (Connell, 2014).

Furthermore, boys and men are often perceived as more significant and valuable when compared to girls and women (Connell, 2014). This prevailing gender order entails an unequal distribution of social determinants, such as economic wealth

## Subunit 2- Gender and health: an overview

The 'gender order' in society means that a 'normal' human being is assumed to be a man, women as a group are regularly subordinated to men, and boys and men are seen as being more important and valuable compared with girls and women (Connell, 2014).

Furthermore, boys and men are often perceived as more significant and valuable when compared to girls and women (Connell, 2014). This prevailing gender order entails an unequal distribution of social determinants, such as economic wealth, education, and political power, between men and women (Hamberg, 2008). Additionally, the concept of gender involves the ongoing social construction of what is considered "feminine" and "masculine," which is influenced by power dynamics and sociocultural norms associated with women and men. Thus, gender is continually shaped through interpersonal interactions, with individuals actively participating in the process of "doing gender" (Zimmerman, 1987).

Numerous studies have examined gender disparities in various aspects of health, ranging from ischemic heart disease (Liudat et al., 2018; Aggarwal et al., 2018) to the communication dynamics between doctors and patients (Bertakis, 2009), the adverse effects of medications (Carey et al., 2017), and the diagnosis of psychological disorders (Garb, 2022).

Gender is a complex concept that encompasses social factors. In healthcare, it is important to recognize that gender influences health needs, risks, and experiences.

Biological factors	Biological factors, such as hormones and genetics, can result in different health needs and risks between sexes. For example, females assigned at birth may experience unique health concerns related to reproductive health, while males assigned at birth may have specific risks associated with prostate or testicular health.
Social factors	Gender is influenced by social and cultural factors, which shape expectations, roles, and behaviors (Buttler, 1979). These societal constructs can impact how individuals perceive and express their health concerns, as well as how they are treated within healthcare settings.

For this training, sex is defined as a biological construct, in terms of differences between males and females concerning anatomy, physiology, genes, and hormones. Gender is defined as “a social construct regarding culture-bound conventions, roles, and behaviors for, as well as relations between and among, women and men and boys and girls” (Krieger, 2003). Gender norms concern behaviors which are generally considered to be appropriate, desirable, and “normal” for men or for women (Johnson et al. 2009).

**Intersectionality:** It is important to consider gender in conjunction with other social identities, such as race, ethnicity, and socioeconomic status. Intersectionality recognizes that individuals may face multiple forms of discrimination and biases that compound their health experiences and outcomes. By understanding the intersection of gender with other factors, healthcare professionals can provide more tailored and inclusive care. It is crucial to approach healthcare with sensitivity and cultural competency to address the diverse health needs and experiences of individuals across the gender spectrum.

**Various factors have been put forward to explain the disparities in patient management that indicate potential gender-related prejudice. Some of these reasons include:**

- Underestimation or misunderstanding of a woman's risk for health issues or complications (Jarvie, 2010).
- Differences in the way women experience symptoms, particularly related to cardiac conditions (Beery, 1995).
- Variances in how women perceive themselves and their illnesses (Lansky, 2005).
- The most probable explanations lie at the patient level, the physician level, or both. Patients may have misconceptions regarding indications, risks, or benefits of surgery (Berkhoff et al., 2011).
- Differences in communication style between women and men when describing symptoms or injuries to physicians. Women tend to provide a more personal and narrative account, while men typically describe symptoms in a straightforward, factual manner with fewer comments (Berkhoff et al., 2011). This narrative presentation style by women has been associated with increased diagnostic errors in evaluating chest pain (Birdwell, 1993).

- Unconscious biases among physicians, characterized by social stereotyping (Borkhoff, 2008).
- Overt discrimination based on gender, where some physicians take women's symptoms less seriously, attribute symptoms to emotional rather than physical causes, and refer women less often than men for specialized care, even when women have a higher degree of disability (Borkhoff, 2008).
- Cultural biases, particularly among older male physicians (Laino, 2012).
- Women perceiving stroke and heart disease as primarily affecting men (Laino, 2012).
- Perceived differences in injury severity or perceived benefits of trauma center care, possibly influenced by subconscious gender bias (Gomez et al., 2012).

It is important to note that the exact factor or combination of factors contributing to gender bias in these situations remains uncertain. Different clinical scenarios may be influenced by different factors. Additionally, the healthcare community has not suggested that any of this research evidence or apparent bias against women is intentional. However, it is crucial for critical care nurses to recognize that gender bias can be detrimental even when unintentional. The more insidious its presence, the more likely it can permeate and impact patient care in subtle and undetected ways.

### Understanding Gender Bias in Healthcare

To effectively address gender bias in healthcare, it is important to have a clear understanding of what it entails. Gender bias refers to the differential treatment, expectations, and assumptions based on a person's gender, which can occur consciously or unconsciously. Understanding the manifestations of gender bias in healthcare is crucial for healthcare professionals to be able to recognize and address these biases effectively.

#### Gender bias in healthcare can take several forms:

<p><b>Stereotyping</b></p>	<p>Healthcare professionals may hold preconceived notions about how individuals of a particular gender should behave or present their symptoms, leading to biased treatment decisions.</p>
<p><b>Diagnostic Bias</b></p>	<p>Gender biases can influence the likelihood and accuracy of diagnoses, as symptoms may be interpreted differently based on gender stereotypes.</p>
<p><b>Treatment Disparities</b></p>	<p>Certain treatment options, interventions, or preventive measures may be overlooked or underutilized based on gender biases.</p>

## Access to Care

Gender bias can affect access to healthcare services, with certain groups facing barriers or discrimination based on their gender identity.

Gender bias in healthcare can manifest in various ways, often operating subtly and unconsciously. By becoming aware of these manifestations, healthcare professionals can take proactive steps to recognize and challenge gender bias in their practice.

### Some common manifestations of gender bias include:

<b>Stereotyping</b>	Making assumptions about individuals based on gender, such as assuming women are more emotional or men are more stoic.
<b>Differential Treatment</b>	Providing different levels of care or attention based on gender, leading to disparities in access, diagnosis, and treatment
<b>Language and Communication</b>	Using gendered language, interrupting or dismissing patients based on their gender, or failing to listen attentively to their concerns.
<b>Implicit Bias</b>	Unconscious biases that affect decision-making processes, leading to disparities in care and outcomes

To recognize gender bias, healthcare professionals should be attentive to their own thoughts, behaviors, and interactions with patients. Actively reflecting on biases and seeking feedback from colleagues and patients can help uncover and address implicit biases.

### Effects of Gender Bias on Patient Care

Gender bias in healthcare can have significant implications for patient care and outcomes. It can result in disparities in diagnosis, treatment, and access to healthcare services, ultimately impacting patient well-being and satisfaction.

### Research has shown that gender bias can lead to the following effects:

- **Diagnostic Delays:** Women's symptoms may be dismissed or downplayed, leading to delayed or missed diagnoses. Men, on the other hand, may face underdiagnosis of certain conditions due to gendered assumptions.
- **Treatment Disparities:** Different treatment options and interventions may be recommended based on gender biases, leading to unequal access to appropriate care.

- **Undertreatment or Overtreatment:** Bias can influence healthcare professionals' decisions to either undertreat or overtreat patients based on gender stereotypes, resulting in suboptimal care and potential harm.
- **Communication Breakdown:** Gender bias can affect the quality of communication between healthcare professionals and patients, leading to misunderstandings, reduced trust, and non-adherence to treatment plans.

A comprehensive review conducted by Salles et al. in 2019, involving 42,991 Implicit Association Test records, along with a cross-sectional study of 131 surgeons, revealed the presence of both implicit and explicit gender bias. The data suggested that healthcare professionals and surgeons possess implicit and explicit biases that associate men with careers and surgery, while associating women with family and family medicine.

Gender bias can emerge from two different scenarios: First, when there is an assumption of sameness or equality between genders, neglecting genuine differences in anatomic physiology, pathophysiology, course of diseases, or response to treatment. Second, when there is an assumption of differences between genders even in the absence of such differences. Both instances can lead to erroneous and stereotypical views about men or women, which may influence the practices and care provided by healthcare professionals. For instance, a common example is downplaying a woman's complaints of symptoms like pain by attributing them to emotional rather than physical causes (Samulowitz et al., 2018).

### **Cultural Considerations and Intersectionality**

When addressing gender bias in healthcare, it is essential to recognize that gender intersects with other social identities, such as race, ethnicity, and socioeconomic status and that these intersections create unique challenges and experiences that must be acknowledged to provide effective and equitable care.

### **Cultural competency is vital in understanding and addressing the diverse needs and experiences of patients and it involves:**

- **Recognizing and Respecting Differences:** Healthcare professionals should be aware of the cultural norms, beliefs, and practices that may influence how gender is understood and experienced in different communities.
- **Avoiding Stereotypes:** Stereotyping based on intersecting identities can compound bias and perpetuate inequalities and healthcare providers should challenge assumptions and approach each patient as an individual with unique experiences.
- **Tailoring Care:** Cultural considerations should guide healthcare professionals in tailoring care plans that respect patients' values, beliefs, and preferences while addressing their gender-specific health needs.
- **Collaborative Care:** Engaging in open and respectful dialogue with patients, their families, and community leaders can help bridge cultural gaps and ensure collaborative decision-making.

The goal is to create an inclusive and equitable healthcare system that recognizes the diversity of patient experiences and needs.

However, often this is not the case, as results from multiple researches suggest that race bias occurs for the diagnosis of conduct disorder, antisocial personality disorder, comorbid substance abuse and mood disorders, eating disorders, posttraumatic stress disorder, and the differential diagnosis of schizophrenia and psychotic affective disorders.

## Subunit 3- Gender bias, intersectionality and physical health

### Peripheral Arterial Disease

Despite the guidelines provided by the American College of Cardiology/American Heart Association for peripheral vascular disease, which recommend the use of aspirin, statins, and angiotensin-converting enzyme (ACE) inhibitors for patients undergoing peripheral arterial surgery (Smith et al., 2011), these therapies are not commonly prescribed for both men and women (Welten et al., 2008). Specifically, women receive less antiplatelet,  $\beta$ -blocker, or lipid-lowering therapies for peripheral arterial disease (PAD) or cardiovascular disease compared to men (Enriquez et al., 2008; Miller et al., 2000). Furthermore, women are less likely to be offered surgical revascularization even though the treatment options for PAD are similar for both sexes. Several factors contribute to this disparity, including women's older age at disease onset, smaller vascular size, worse surgical outcomes, and psychosocial factors. However, a recent study found that women are offered surgery less frequently for carotid endarterectomy across all age groups, suggesting that factors beyond age and surgical risk influence physicians' decisions (Poisson et al., 2010). It is important to note that being female is already considered a negative risk factor for vascular interventions in peripheral arterial disorders (Vouyouka et al., 2010).

### Stroke

Studies conducted in Europe and North America have identified gender-related differences in the management of stroke, indicating that women with stroke are less likely than men to receive appropriate diagnostic imaging, antithrombotic therapy, or carotid revascularization. Researchers in Glasgow aimed to determine if similar gender bias existed in stroke management in the United Kingdom. Their study, involving 3261 patients with stroke, revealed that women were significantly less likely than men to be prescribed statins or ACE inhibitors and to receive combination antiplatelet therapy (aspirin and dipyridamole) upon discharge (McInnes et al., 2008). Additionally, women with stroke experience longer waiting times in the emergency department, receive less aggressive treatment, and undergo fewer diagnostic procedures during their hospital stay (McInnes et al., 2008; Reeves et al., 2009). One study found that women had 11% longer door-to-doctor times and 15% longer door-to-image times compared to men (Gargano et al., 2009).

### Osteoarthritis

To understand why total joint arthroplasty (TJA) is underutilized by women with knee osteoarthritis, researchers conducted a study involving standardized patients, one man and one woman with similar clinical backgrounds, to visit physicians who were unaware of the

patients' comparability except for gender. The study revealed that 42% of physicians recommended TJA for the male patient but not the female patient, highlighting a gender bias in the decision to recommend TJA (Coytte et al., 1997).

### **Coronary Artery Disease**

Gender bias has long been recognized in the referral of women with coronary artery disease (CAD) for diagnostic and therapeutic procedures such as angioplasty, coronary revascularization, implantable cardioverter defibrillators (ICDs), and heart transplants (Beery, 1995; Lansky, 2005). This bias partially explains why women with CAD are older, have more comorbidities, and experience worse outcomes compared to men. Similar gender disparities have been reported in countries like India, China, and western Asia, indicating a global issue of inequitable medical services for women with heart disease (European Institute of Women's Health, 2012).

### **Acute Coronary Syndrome**

Gender bias also affects the management of patients with acute coronary syndrome (ACS). Despite higher risk profiles and mortality rates, women with ACS and obstructive coronary artery disease receive less aggressive evidence-based drug therapies for secondary prevention compared to men. They are less likely to be prescribed aspirin, statins, and  $\beta$ -blockers at discharge (Bugiardini et al., 2010).

### **Acute Myocardial Infarction**

Women who experience acute myocardial infarction (MI) have significantly worse prognoses, higher rates of complications, and higher mortality rates compared to men (Alfonso et al., 2006). Despite these circumstances, women with acute MI are less likely to undergo reperfusion and revascularization procedures, and when they do, their outcomes are worse than men's. The gender disparity in outcomes cannot be solely explained by the size of their coronary vessels. Thus, being female itself is considered an independent predictor of morbidity and mortality (Lansky, 2005; Alfonso et al., 2006).

### **Organ Donation and Transplantation**

Gender inequities persist in the field of organ donation and transplantation, where women have a lower probability of being registered on the waiting list and experience longer durations between starting dialysis and being registered compared to men (Couchoud et al., 2012; Gordon, 2012).

### **Trauma Patient Triage**

Evidence suggests that gender bias influences the triage of severely injured trauma patients. Despite trauma triage guidelines designed to ensure access based on physiological status and injury characteristics, significantly fewer severely injured women are directed to trauma centers compared to men with comparable injury severity (Gomez et al., 2012).

### **Chronic Pain**

Multiple studies indicate that women's pain is often psychologized, down-valued, or dismissed compared to somatic conditions (Hoffman et al., 2003; Werner et al., 2004). This psychologization of women's pain can lead to stress and may cause healthcare providers to take their pain less seriously, creating a vicious circle. As long as stress and psychological strain are associated with femininity and hierarchies exist between somatic and psychological conditions in healthcare, the dichotomy between men's and women's pain and the prioritization of somatic conditions over psychological ones may persist (Moller-Leimkuhler, 2004; Tait et al., 2009).

## Subunit 4 - Gender bias, intersectionality and mental health

### Generalized Anxiety Disorder

A study conducted on fifth-year medical students found that they were more likely to diagnose Generalized Anxiety Disorder (GAD) in female patients compared to male patients. This bias exists despite better investigation of symptoms in males and more frequent discussions of associated physical symptoms with male patients. It is a well-documented bias in psychiatric illness where anxiety is more prevalent and accepted in women, leading to a higher likelihood of attribution to women and potential under-diagnosis in men (Pigot, 1999; Delgado et al., 2016).

### Depression

Depression is consistently reported as being twice as common in women compared to men in Western countries. The higher prevalence of depression in women is attributed to social and cultural factors, such as sexual and physical abuse experienced by many women, as well as biological processes involving estrogen and progesterone. This connection between women and depression has sparked extensive research into biological mechanisms in women. However, Hirschbein (2006) suggests that the concept of depression itself needs scrutiny. In her medical history research, she found that even before depression was officially recognized as a diagnosis, psychiatrists assumed that women were more often depressed than men.

### Eating Disorders

Eating disorders may be underdiagnosed in certain groups. For example, males with eating disorders may present with a muscularity eating style, which can be overlooked by clinicians who are more familiar with traditional eating disorder symptoms. Similarly, eating disorders may be underdiagnosed in African American females due to the predominance of beauty and body standards that are centered around whiteness (Gordon et al., 2006; Murray et al., 2017).

### Compulsive Sexual Behavior Disorder

While Compulsive Sexual Behavior Disorder is not included in the DSM-5, it is listed in the International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11). A study involving mental health professionals found that gender non-conforming individuals



and females assigned at birth were more likely to receive a diagnosis of Compulsive Sexual Behavior Disorder. This could be attributed to cultural assumptions regarding sex, sexuality, and different gendered expectations related to promiscuity and sexual desire (Klein, Briken, Schröder, & Fuss, 2019; Fuss, Briken, & Klein, 2018).

## Schizophrenia vs. Other Psychotic Disorders

Historically, there has been a replicated finding of race bias in the differential diagnosis of schizophrenia and psychotic affective disorders. Black and Hispanic (Puerto Rican) patients have been more likely than White patients to receive incorrect diagnoses in this context (Garb, 1997).

## Subunit 5- Addressing gender bias in healthcare

Addressing gender bias in healthcare requires a multi-faceted approach involving policy changes, cultural transformation, and individual commitment. Healthcare organizations should develop comprehensive strategies to promote gender equity and reduce bias throughout their systems.

Some key strategies for addressing gender bias include:

**Cultural Competency Training:** Providing education and training programs that enhance healthcare professionals' understanding of gender bias, its impact, and ways to address it effectively. Remember, gender bias training should be an ongoing and evolving process to keep pace with the evolving understanding of gender, cultural dynamics, and healthcare disparities.

**Policies and Procedures:** Implementing policies that promote gender equity, such as standardized assessment and treatment protocols that are not influenced by gender biases.

**Diverse Representation:** Encouraging diversity and inclusivity within healthcare organizations, including leadership positions, to foster an environment that reflects the needs and experiences of diverse patient populations.

**Accountability and Evaluation:** Establishing mechanisms to monitor and evaluate progress in reducing gender bias, such as collecting data on patient outcomes and satisfaction, and holding individuals and organizations accountable for addressing bias.

## Enhancing Communication and Empathy

Effective communication and empathy are crucial elements in mitigating gender bias and providing inclusive care. Healthcare professionals should strive to develop communication skills that recognize and respect individual differences, including gender.

**To enhance communication and empathy:**

Avoid assumptions and stereotypes by using gender-neutral language when appropriate. Address patients by their preferred name and pronouns, respecting their gender identity.

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#### USE INCLUSIVE LANGUAGE

Be mindful of cultural differences and how they intersect with gender. Understand that patients may have unique experiences and needs based on their cultural background.

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#### CULTURAL SENSITIVITY

Adopt a patient-centered care approach that involves patients in decision-making, values their perspectives, and respects their autonomy

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#### PATIENT-CENTERED APPROACH

Navigate your lesson with this guide to make time for meaningful discussions. Engage in active listening by providing patients with ample time to express their concerns and experiences, validate their emotions and demonstrate empathy.

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#### ACTIVE LISTENING

## MODULE 4 - GENDER AWARENESS IN THE CLASSROOM

### Overview

## LEARNING OBJECTIVES

At the end of this module the participants will able

To raise awareness on equal rights for all

To understand the pre-judgements and pre-notions on Professional's (Doctors, Nurses and Midwives) and Patient's end

*To foster a safe space for facilitating exchange of the idea and better communication to improve the understanding amongst the colleagues and with patients.*

*To comprehend and implement the attitude adjustment techniques for*

When roles and responsibilities are not linked to any particular sex (at the time of birth) and can be handled by anyone, it is called *Gender Equality*. This involves defining and neutralizing the working of men and boys with women and girls and bringing about the changes in their attitudes, behaviours, and roles and responsibilities at home, in the workplace, and in the community. Genuine equality means more than parity in numbers or laws on the books—it means expanding freedoms and improving overall quality of life so that equality is achieved without sacrificing gains for boys and men or girls and women.

### Gender awareness in healthcare

This implies that men and women have equal rights and free to exercise them to get a complete medical assistance and that they must not be discriminated on any grounds. Gender inequality poses a threat to the women's health and limits their mobility hence marginalizing them and not including an important part of society. Healthcare systems practise and promote restrictive gender norms and gender inequalities, which contribute to huge gender disparities in health field.

### Why to have the Gender Awareness

Addressing the gender-bias issues is important from social inclusion and society happiness index point of views. This creates an awareness amongst the society for the basic guidelines. Many Healthcare systems still function on reinforcing the traditional gender roles for patients and tend to neglect the gender inequalities in health. These models and clinic-based programs are not gender responsive meaning they do not cater to the special needs for men or women. Working a healthcare provider, females have less authority than males, and they are often devalued and abused. Such is the case that even with existence of strong gender equality policies that target for greater representation of female physicians, the gender discrimination still thrives. We will not be able to realize our mutual goals of universal health coverage and the Sustainable Development Goals without tackling the part that restrictive gender norms and gender inequality that exists both inside and outside of health institutions.

### Why include the practical tools at classroom level?

Healthcare systems are run by the administration which includes young professionals and veterans as well. It is crucial to understand that the teaching methods for adults in a work field is quite different from that for a child in the elementary school. When it comes to adult training, learning-by-doing is the best method for acquiring new knowledge. Practical tools that coincide with the theory are found to be way more useful than just reading the textbooks. Execution of tasks makes it easier to understand new concepts and it gets imprinted easily on the minds.

### What kind of tools are we talking about?

They are mostly related to subject course materials like textbooks, workbooks, and research articles. Other tools might be a Role Play in form or dramatics that require children to act and perform like certain story characters under the direction of the teachers. This method is also part of learning-by-doing strategy.

### Benefits of raising awareness

Gender must be viewed as a fundamental factor in determining and shaping the health systems. With basic understanding on the Gender Awareness, it becomes easier to identify the issues that are consequences of gender discrimination and inequality. With high institutional support and progressive measures like initiating mutual respect, there can be increased provider responsiveness and accessibility for healthcare units. With such strategies, the global ambition of providing the health coverage to everyone can be achieved.

# Subunits

Understanding the Gender equality in healthcare: rules and laws that follow	1 HOUR
Self-awareness in healthcare: for professional students and teachers	1 HOUR
Gender neutrality: use of neutral language & denoting anyone by person	1 HOUR
Attitude Adjustment: making small changes and character building: personality analysing with SWOT	1 HOUR
Physical or mental abuse- emotional abuse- verbal/non-verbal	1 HOUR

## Subunit 1 - Gender Equality

As per the United Nations (UN), ***“Gender equality is not only a fundamental human right, but a necessary foundation for a peaceful, prosperous, and sustainable world. There has been progress over the last decades, but the world is not on track to achieve gender equality by 2030.”***

And this Gender inequality can be very well seen in the Healthcare systems also across the globe. For the basic healthcare to be efficient and accessible to all, it is important that a country’s health systems are in place. Their power is essential to reaching the Sustainable Development Goals (SDGs), which call for universal health care and are endorsed by 193 countries. Health systems exhibit gender biases and disparities that result from constrictive gender norms. Gender disparities can make a health system less effective or even incapacitate it if they are not addressed.

### Importance of ground rules in healthcare system

It is crucial to lay down some ground rules of engagement between the doctors-patient and doctor-doctor/nurse. These rules help in improving the patient care, collaboration between the fellow doctors, facilitating productive results and creating a more positive environment. Establishing the rules via normative documents is first stage of any regulation process: laws and rules might be sufficient to avoid abuses and corrupt practices. Some ground rules can be-

- Encouraging and supporting patients/fellow work person to share their experiences/ views of services
- Showing respect towards the views of others and avoid being judgmental
- Allowing others to speak. Some people may not be used to speaking in a group/ committee situation or they may have a disability, which affects their speech
- Respecting confidentiality: issues, comments, individual health conditions and views should not be discussed outside the meeting, unless members agree that they can be shared or noted
- Try to use appropriate jargons and words for denotation

## Examples of law in regards to Gender Equality

In Norway, a national 2013–2017 strategy, **Equality and Equity in Health Care – Good Health for All**, is targeted to cater to all the social determinants of health and individual health-related behaviours.

***“A WHO guideline is defined broadly as any information product developed by WHO that contains recommendations for clinical practice or public health policy. Recommendations are statements designed to help end-users make informed decisions on whether, when and how to undertake specific actions such as clinical interventions, diagnostic tests, or public health measures, with the aim of achieving the best possible individual or collective health outcomes.”***

These guidelines define the medical foundations and practices across the world.

Let us look at some examples on how healthy conversations could be-

### CONVERSATION BETWEEN TEAM MEMBERS

The Medical Assistant (MA) has combed the schedule and is presenting the findings to the provider (in this case Doctor A)

**MA:** Do you have some time now to go over the schedule for this week?

**Dr. A:** Yes. This is a great time; I have about 10 minutes before my next patient.

**MA:** So, I found a few patients who might not be able to come as per schedule and some are those who are not required to visit but I was not quite sure what to do.

**Dr. A:** Let's go over them now.

**MA:** Yes. First, Patient 1 has a follow-up appointment scheduled but just came in last week for a cough and you saw her 2 months ago for a cold. I am not sure if I should reschedule her.

**Dr. A:** Yes, let's keep her. I adjusted her meds last visit and I want to follow up. I am sorry; I don't think I indicated that I wanted to do a med follow up in her chart. That would have been helpful.

**MA:** No problem. Patient 2, who was here 2 weeks ago and 2 weeks before that. His meds and labs are up to date.

**Dr. A:** What is he in the schedule for?

**MA:** Diabetes follow-up. Should I keep him in or go for a reschedule as I am no sure about this meds updates?

**Dr. A:** I think we can reschedule him; he doesn't need to be in here every other week!

**MA:** Those were the only 2 patients on the list.

**Dr. A:** Great, let's go to lunch!

## CONVERSATION BETWEEN HEALTHCARE PROFESSIONAL AND PATIENT

There is a female patient with pain in her stomach who has come to visit the doctor. Let's hear out their conversation-

**Doctor B:** Hi, how are you feeling today? What issue are you experiencing?

**Patient:** Doc, there's a huge pain in the left side of my stomach since yesterday night. I tried to release my bowels and walk a little in the morning but it didn't help. What you think it could be?

**Doctor B:** Don't worry, let's check your pulse rate and other vital to see if they are good. (After initial checkup, the doctor states further). Everything looks fine, it appears that you have been stressing out on something and not taking proper sleep. Is that so?

**Patient:** Yes, I have been dealing with lot of work pressure lately. So, what would we do next.

**Doctor B:** In that case, I can prescribe some mild painkillers. But I would recommend to go for a pathology test and an Ultrasound test to ensure that the bodily functions are working as they should. You can proceed for submitting the samples and taking test now.

**Patient:** Thank you, Doctor.

This appeared to be a respectful and polite talk that paved way for the patient's fast recovery without dismissal of her ailing condition or giving her any further tension in this situation.

### Defining the norms: their effects on different genders

There are certain norms that have been existing in the field of medicine. Traditional standards are reflected in the manner that health services are offered and this leads to poor care for men, women, and other gender minorities. On one hand where men are seen as strong and not in need of care, women are valued for their ability to bear children, and both men and women are defined as heterosexual and cisgender. For instance, women are more likely to have depression or anxiety, cancer, and other age-related health issues due to aging factor but the health systems usually don't address these health-related problems. In some cases, much inferior care is provided for women than for men.

Sometimes, the seriousness of Men's Health is also neglected by the healthcare even though they have much higher health risks and lower life expectancy relative to women. There have been many delays reported in healthcare seeking for men. Research reveals clinical opposition to men's participation in maternity and paediatric care, supporting restrictive norms that males are not required for maternal and child health, despite evidence of the importance of their inclusion.

In order to overcome the inequities that are reinforced by restrictive gender norms, health institutions must acknowledge their harmful effects and take appropriate action.

## Subunit 2- Self-awareness in healthcare

The term Self-awareness in healthcare basically implies the "combination of self-knowledge and development of dual-awareness, a stance that permits the clinician to cater to and monitor the needs of a patient, the work environment, and his or her own subjective experience."

It is observed that Clinicians who lack self-awareness are more prone to lose their bearings, become more stressed out in interactions with their coworkers, see empathy as a liability, develop compassion fatigue, and experience burnout. Self-awareness can certainly increase the self-care while also improving patient care and satisfaction. Being self-aware improves your decision-making skills, relationships/communications, boosts confidence, helps in regulating & managing emotions, gives a good overall perspective and elevates the happiness levels.

Further, with incorporation of self-awareness practices into their work, medical professionals are better able to accept limitations (such as those related to their own vulnerability, personal impact, responsibility for change, and boundaries of what is known and unknown), as well as to retain self-awareness in connection to others. Also, it supports emotional availability of a professional for the patient, self-realization, and ability to deal with highly challenging emotions-based situations. Quality education, regular meditation, thoughtful writing, reading books/case studies and peer support are some of the practical ways to improve self-awareness.

### Ways in which self-awareness can be increased in classroom-

- **Problem solving tasks and Role Plays:** Engaging the professionals in real-time tasks that are based upon the actual complex situations can turn out to be a great step in boosting the self-awareness amongst the healthcare givers. Role Plays are yet another method that includes reacting spontaneously or quickly on any situation based on number of factors and emotional levels developed in the past.
- **Mindful Meditation:** this entails a process of learning to pay close attention to even the smallest changes in one's body, mind, emotions, and environment while maintaining a compassionate, nonjudgmental attitude toward oneself and others. The practice of mindfulness meditation increases awareness of both one's internal reality—the physical, emotional, and cognitive reality—and of the exterior reality that people interact with. This practice has been widely used in healthcare systems and corporate workplaces. Programs like mindfulness-based stress reduction (MBSR) for nurses and medical students inside the hospital setup are intended to reduce the emotional exhaustion, control personal thoughts, and improve mental well-being.
- **Compassionate silence and writing:** The idea of compassionate silence has just recently been a part of the patient-clinician interaction in palliative care<sup>1</sup>. This skill might be acquired through contemplative activities like mindfulness-based meditation. Active intention is necessary for compassion; thus, the medical practitioner must not only pay attention but also keep their attention on task and their perceptions clear. When a clinician has mastered the mental skills of steady attention, emotional balance, and pro-social mental traits like naturally occurring empathy and compassion, these compassionate silences come effortlessly to them.

Reflective writing that includes expressing your emotions and reflecting the inner thoughts is part of self-care and awareness.

- Social emotional learning (SEL):** this is a kind of teaching strategy that involves learning on how to adapt to new environments, identify and manage individual emotions, build positive relationships, and set goals for the future. For medical practitioners, one of the SEL ways can be knowing how gender-sensitive they are. For this the way forward is creating google docs that contains standard questions on emotional intelligence and self-awareness with ratings from 1 to 5-
  - 5- highly aware of gender sensitivity at work
  - 1- least aware about gender sensitivity



*Areas in Social and Emotional Learning*

It is crucial to understand and reflect empathy towards the condition of the patients. For example- if a female patient is experiencing unbearable pain in the lower back; then the healer must understand the condition and scale the patient’s description of ailment to better judge for its reality and suggest the solutions thereafter. This will assist the doctor in making a better judgement and prescribing correct remedy.

- Self-monitoring:** By enabling organisms to reflect their own experience and activities to themselves, self-monitoring extends self-perception in time and in depth. It involves the capacity to monitor our past, present, and future behaviour as well as forecast it. It comprises the capacity to recall recent acts and the capacity to foresee our propensity to succeed in memory-intensive

### 6 WAYS TO IMPROVE SELF-AWARENESS

- Ask For Feedback**  
 Then you can clarify and modify any incorrect views that you have established about yourself.
- Recognise your strengths & Weaknesses**  
 This allows you to sustain your strengths and work on your weaknesses.
- Self - Reflect**  
 This unlocks thoughts and emotions that might otherwise be disregarded.
- Monitor your self - Talk**  
 Make sure that your self-talk is positive and that you celebrate your wins and don't dwell on your failures.
- Practice Saying "NO"**  
 Set yourself a goal for the number of temptations you will resist each day. Saying "no" may not give you immediate gratification but it will help you to reach your long-term goals.
- Question your Decisions**

### Areas of Emotional Intelligence

Four areas of emotional intelligence are particularly relevant for health care leaders and workers.





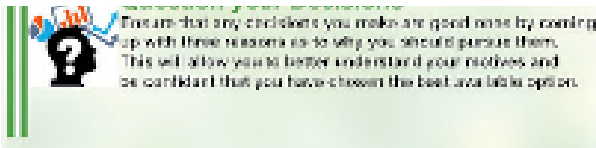


Figure 2.2 Ways to improve Self-awareness

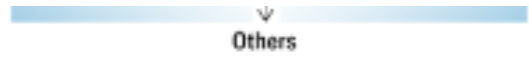
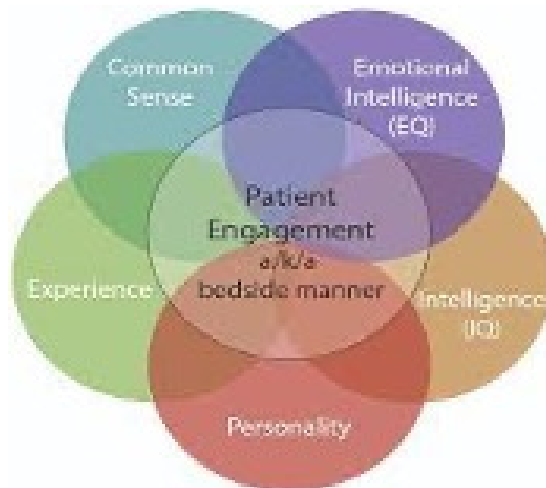


Figure 2.3 Emotional Intelligence areas (HandinHand, 2021 (Fessell D, 2020))

## Measuring self-awareness-

There are 3 scales for measuring the awareness by yourself:

1. Situational self-awareness scale- measures the public/private awareness and is developed based on the specific situations
2. Emotional self-awareness questionnaire (ESQ)- As the name suggests, emotional awareness is measured on surface using tools like typical questions framed in form of interactive Google surveys and on subscale level- self-reflection, empathy, adaptability, motivation, self-regard, self-efficacy, networking, influence, and management of emotions is measured.
3. Self-awareness outcomes questionnaire (SAOQ)- focuses on being more reflective, accepting an individual and self as it is and levelling up at being proactive at work.



**Common sense** – basic norms as per environment

**Emotional Intelligence** – set of emotions developed based on maturity

**Experience** – based on previous actions taken

**Personality** – congenital behaviour or derived from birth

**Intelligence Quotient** – mindfulness and analytical thinking skills

Subunit 3- Gender Neutrality

In a healthcare setting, it is important for the care providers to offer a safe, judgement free, and inclusive environment to its patients to understand the in-depth criticality of issues and maximize the outcomes of treatment. If the patients believe that contacting with healthcare providers would be uncomfortable, unfriendly, or likely to cause psychosexual problems later, they may choose to avoid contacting the healthcare units which is not good. This scenario is particularly true for issues related to sexual- reproductive health given that this is very sensitive area and not all professionals are trained to deal in this subject.

The right treatment starts from the beginning where the appointment booking is done and goes till the treatment finishes, with neutrality being maintained throughout the process.

THE TERM 'GENDER-NEUTRAL' MEANS THAT SOMETHING IS NOT ASSOCIATED WITH EITHER WOMEN OR MEN. IT MAY REFER TO VARIOUS ASPECTS SUCH AS CONCEPTS OR STYLE OF LANGUAGE.



Figure 3.1 Pre-judgements and assumptions about the gender identification

### Some good practices that can be followed at clinics are-

- Use of appropriate language: non-judgemental and non-assuming language relating to the patient's lifestyle, status, body physique or past experiences. Using more **inclusive and affirmative language** can assist the care seeks understand their autonomy better and in much respectful manner. This can help reduce the indifferences amongst the different genders.

One method to start being more inclusive is to use terminology that is genderless, using precise descriptions rather than designating certain traits as masculine or feminine. In

- place of "masculine" or "feminine," use adjectives for the face and other parts like "wider or an angular forehead" and "smooth forehead" or "squarer chin" and "narrower jawline."
- Keeping the treatment patient-centric: It's better not to make assumptions about someone's lifestyle, sexual orientation, or marital status while using inclusive, person-centred terminology like pronouns. It's usually advisable to ask these questions individually and inclusively of all patients while providing any type of reproductive or sexual health treatment. It's also recommended practice to ask people what terms they prefer when discussing body components and taking medical histories. Patients who identify as transgender or cisgender use a variety of words. Political stances about gender and care that affirms gender should not be discussed inside the consultation room.
  - Be empathetic: Professionals might have to deal and manage with clinical situations of distress or Dysphoria (situation where a person's internal world/mechanism becomes dysregulated due to a feeling that their identity doesn't match with the outside world and they somehow don't fit in the system). Most people will go through life with some degree of dysphoria, and this may change and develop over time. This will frequently be an outside aspect that conflicts with their internal sense of gender such in case of transgender and non-binary people. Conversations in this regard must be made with utmost trust and respect for all individuals seeking healthcare.
  - Be informed about misinformation: It's very easy for the wrong information to get circulated around. So, only rely on the trusted sources while getting any new information. Healthcare professionals must be able to tell fact from fiction since patients might suffer greatly because of misinformation and deception.
  - Keep the terminology database updated: The vocabulary used in the healthcare field is often complex, always evolving and if utilized improperly can lead to upsetting results. The language that each patient uses to express their own identity must be respected and should be reflected by doctors and medical students. Some of the terminology examples include Transgender, Trans-sexual, Non-Binary, Gender incongruence, dysphoria<sup>1</sup>, transition, Re-transitioning, Gender identity and expression.

### The use of gender-inclusive language includes:



- Using preferred pronouns or gender-neutral pronouns throughout the office
- Updating marketing materials and websites to include gender-inclusive language
- Using specific descriptions of aesthetic outcomes rather than "masculine" or "feminine."

Figure 3.2 Gender inclusive language examples

## Subunit 4 - Attitude adjustment

Being a caregiver, it is extremely important to maintain a positive and caring attitude towards the patients who require to be treated. The fact that so few people truly get what is necessary and how to achieve it makes developing **collaborative models in healthcare** one of the most fascinating aspects of the field. Payers and providers have never actually collaborated; instead, they have long considered one another as enemies who are playing a never-ending game of "hide-and-seek." Most of their interactions have been governed by secrecy, suspicion, and wrath. The unfortunate fact that patients frequently never come up in those interactions—it is just a boxing match about cost per unit of care—may be the worst of all.

### Why focus on this?

For a professional, while performing any diagnosis and treating the patient, it happens sometimes that small facts and observations are often overlooked. Sometimes, the problems can be gender-specific and not taken seriously. The responsibility for this goes to either the lack of time or a generic perception about certain ailments or genders. This severely hinders the overall treatment process as the cause of distress might be wrongly linked. To mitigate this situation, there is requirement of perception change or as we can call it "attitude adjustment". The viewpoint can be changed by including small behavioural changes like in the verbal communications, self-assistance and learning while practising.

### We can understand this with an example-

**Doctor-** Hi, what may I assist you with today?

**Patient-** Hi Doctor, I think I have some pain in my right ankle, maybe it happened when I twisted my leg, it really hurts.

**Doctor-** Ok, let's examine your leg, please lay down straight on bed. The bone looks alright so it appears that you may have sprained your leg which means there is small disrupt in the muscle tissue.

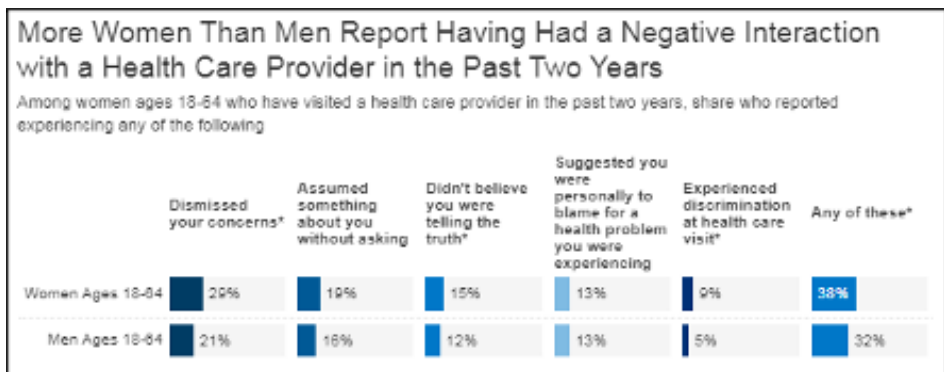
**Patient-** Will I be able to walk? Do I need to get operated, Doctor?

**Doctor-** Definitely, you can walk but I need to make sure the bone is fine 100%. For that we would need an X-ray, no need for operation.

**Patient-** (takes a deep breath and relaxes) This is good to hear, I was a lot stressed.

Here, we observed how with a positive attitude and acknowledgement of problem, it is much easier to offer treatments. Once can also analyse the situation of the patients whether they are in real distress and do they really need a further treatment. This is also vital for the doctor-patient engagement, carrying out the pre-diagnosis and later offering a viable solution. This kind of change requires a willingness to accept the change, start from small perception building steps, analyse the Strengths, Weaknesses, Opportunities and eliminate the Threats, cultural shift and keep the conversations transparent.

Figure 4.1 is an example from the KFF Women's Health Survey, 2022 which states the behavioural aspects of the conversations between doctors and female patients.



## Subunit 5- Physical and mental abuse

In healthcare systems, it is often observed that patients as well as staff members experience physical, sexual, and emotional forms of abuse by caregivers, close family members, other patients, or fellow colleagues. Of this, mental or emotional abuse is the most common form of abuse seen inside the hospitals. Unfortunately, because it is the hardest to identify and frequently goes undetected, researchers are unsure of the number of victims or how frequently it occurs. You might not know who to turn to if you experienced abuse while a patient or while seeking healthcare in the community. This may encompass, for instance, worries about how you were handled by a doctor, nurse, mental health professional, therapist, or general practitioner.

Physical abuse accounts for bodily discomfort, harm, or impairment as a result of mistreatment or neglect by the nursing or healthcare staff. This kind of abuse is much more hazardous as it can result in serious, life-threatening injuries. Even medical workers are not spared from this abuse. According to international studies, around 10-15% of medical workers are subjected to violence each year; in some contexts, this number may even exceed 85%. According to data, there is a seven-fold increase in the likelihood that someone may face physical violence after experiencing psychological abuse. Then comes the elderly people, who are more prone to be abused physically and emotionally than young adults. Reports from Nursing homes across the world suggest that, 1 out of 10 senior citizens has been abused at the hospitals where they went to seek medical care and 1 in 3 nursing home residents have reported that they are victim of elder abuse.

It is very easy to recognize verbal abuse when compared to a non-verbal one simply because of its nature. It is mostly seen in forms of shouting, yelling or emotional manipulation by the abuser. Abuse by caregivers in nursing homes needs to be reported right away. They can be abusing others because they are anxious, unhappy, or dealing with other issues. Even though some nursing home staff members might be accidentally hurting the patients, their actions are improper and risky. Therefore, it is crucial that such incidents must be dealt with utmost care and immediate attention. Threatening a patient, intimidation, scapegoating, blaming, and making the sufferer feel guilty- all are counted in verbal forms of abuse.

When it comes to non-verbal abuse, it is tough to spot one as there is no exchange of words or expressions, only through behaviour. It can cause serious emotional damage and hamper the patient's

emotional bandwidth and increase the distress. Examples can be giving the patient a silent treatment, not paying attention to their explanations about the ailment, isolating or ignoring the patient.

If one notices such signs of abuse or the condition seems to be severe & continuous, they must be immediately reported and brought into spotlight. Reporting can be done at the healthcare unit administration, nursing home abuse advocates or at the state government offices. It is also possible to list out and publish such incidents on Consumer Voice websites if the abuse is prolonging and very severe.

### ***Emotional Abuse signs and instances***

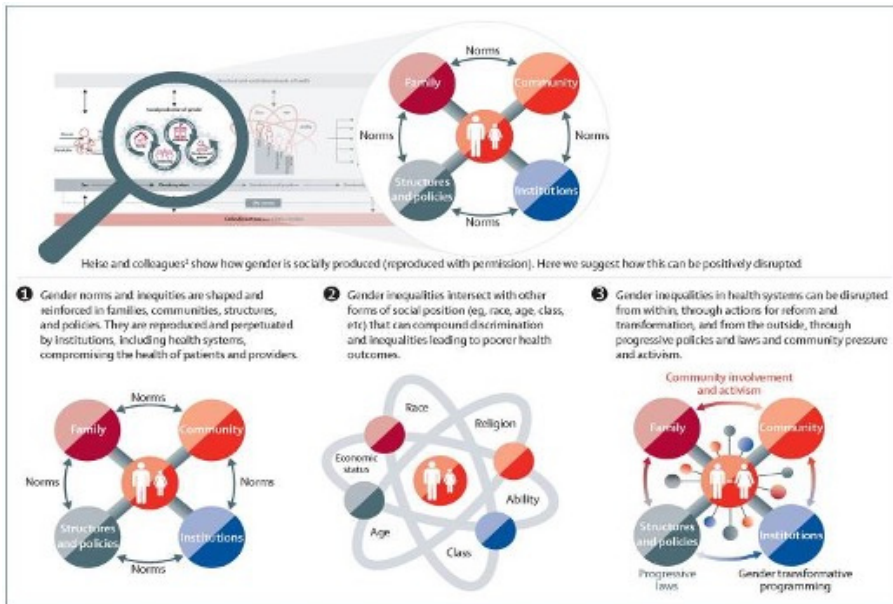


### **Gender bias norms disruption**

There are different approaches on how to disrupt the existing gender norms and indifferences in current healthcare systems. There are areas where a direct attack can bring down such regressive norms namely-

1. Cure vs. Care standards- raising the bar of these standards can automatically raise the neutrality of the healthcare norms and professionals will be more focussed on matching with the aforesaid quality numbers. This can be set by the government or medical societies.
2. Domestic labour norms- inclusion of female health workers (nurses/doctors/mid-wives) into the norms and standard protocols to avoid issues like verbal abuse, underpayment, or other forms of disrespect.
3. Monitoring the authority & power- to keep a check on the system in control if there is any misuse of the granted institutional powers in the healthcare units.

## How can gender-transformative approaches change Healthcare systems?



## MODULE 5 - GENDER SENSITIVE LANGUAGE

### Overview

# LEARNING OBJECTIVES

At the end of this module the

participants will able

to be aware of the importance of the specific weight that every word has

to avoid using stereotypes or making assumptions.

to avoid inappropriate questions.

*to know how to be an ally and show support through the power of words.*

*to respect the pronouns that a person has chosen to have.*

Using gender-sensitive language in healthcare is essential to foster inclusivity, respect, and understanding for individuals. Gender-sensitive language, also known as inclusive language, involves using terminology that recognizes and respects the diversity of gender identities, while actively avoiding stereotypes and biases related to gender. Its goal is to promote equality and ensure that all individuals, regardless of their gender, feel valued and understood.

Gender-sensitive language goes beyond the traditional binary understanding of gender (male and female) and acknowledges that gender exists along a spectrum, encompassing various identities such as transgender, non-binary, and genderqueer.

Within this unit, you will find a set of guidelines for incorporating gender-sensitive language into healthcare practices. These guidelines include using inclusive terms, avoiding assumptions, considering cultural sensitivities, and emphasising the importance of continuous education and awareness. By following these suggestions, healthcare professionals can create an inclusive and respectful environment that meets the diverse needs of all individuals.

Language possesses the power not only to reflect the thoughts of writers but also to shape the thinking of listeners or readers, thereby influencing their behaviour. The selection of words frequently carries implicit assumptions regarding gender roles. By conscientiously avoiding gender-based discrimination in our language, we take an important step towards promoting equality. The systematic use of gender-neutral terminology helps shape attitudes and expectations, preventing the marginalisation of women and challenging stereotypical notions of masculine and feminine roles. It is through an inclusive language that we can foster a more equitable and unbiased society.

## Subunits

UNDERSTANDING GENDER IDENTITY	1 HOUR
IMPORTANCE OF INCLUSIVE GENDER LANGUAGE	1 HOUR
INCLUSIVE LANGUAGE GUIDELINES	1 HOUR
GENDER IDENTITY TERMS	1 HOUR
SEXUAL & REPRODUCTIVE HEALTH	1 HOUR

Creating an inclusive and respectful society for all requires dismantling prejudices and challenging stereotypes. This can be achieved by directing our focus towards our language, thoughts, and actions. The selection of our words is crucial since they reflect our thoughts and emotions. Uttering something insensitive can potentially cause harm to others.

Understanding the nature of prejudices and stereotypes is crucial in order to effectively address and overcome them. Prejudices involve making judgments based on preconceived opinions and irrational thinking, devoid of personal experience or direct knowledge. They often give rise to unfavourable or hostile attitudes. In their cognitive- declarative form, social prejudices manifest as stereotypes. These stereotypes are shared beliefs deeply ingrained in a particular culture and embedded in society, influencing how information is processed. They can become so deeply entrenched that they are difficult to distinguish from reality, perpetuating beliefs that are overly generalised and overly simplified.

Prejudices and stereotypes have a profound impact on shaping the collective imagination of society, often leading to a discriminatory environment. Disassembling these prejudices and stereotypes is a complex task that necessitates awareness and a shift in perspective. Additionally, the use of language plays a crucial role in this process. The LGBTQI+ community, for instance, faces daily encounters with the prejudices and stereotypes prevalent in our society. Initiating the deconstruction process



involves adopting the appropriate language and communication methods, both in speaking and writing, thereby contributing to the creation of an inclusive and welcoming space for them.

The linguistic structure of many European languages, particularly those derived from Latin, lacks gender neutrality. As a result, the masculine form is often employed as a default when referring to groups of individuals, inadvertently excluding women and non-binary individuals. However, there are some helpful linguistic tips that allow us to actively contribute to creating a respectful and inclusive society, where everyone feels comfortable. It is essential for all individuals to take action, altering their attitudes and behaviours in order to promote inclusivity and respect for all human beings.

## Subunit 1 - Understanding gender identity

People often use the terms “sex” and “gender” interchangeably, but this is incorrect. Sex refers to biological physical differences, while gender is how people identify. “Sex” refers to the physical differences between people who are male, female, or intersex. A person typically has their sex assigned at birth based on physiological characteristics, including their genitalia and chromosome composition. This assigned sex is called a person’s “natal sex.” Gender, on the other hand, involves how a person identifies. Unlike natal sex, gender is not made up of binary forms. Instead, gender is a broad spectrum. A person may identify at any point within this spectrum or outside of it entirely. Each person’s deeply felt internal and individual experience of gender, which may or may not correspond to the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.<sup>2</sup> People may identify with gender that are different from their natal sex or with none at all. These identities may include transgender, nonbinary, or gender-neutral.

There are many other ways a person may define their gender. At birth, female-assigned people have higher estrogen and progesterone levels, while assigned males have higher levels of testosterone. Assigned females typically have two copies of the X chromosome, and assigned males have one X and one Y chromosome. Also, some babies are born with atypical genitalia due to a difference in sex development. Being intersex can mean different things. For example, a person might have genitals or internal sex organs that fall outside of typical binary categories. Or a person might have a different combination of chromosomes. Some people do not know that they are intersex until they reach puberty.

### GENDER IDENTITY

Gender identity is each person's internal and individual experience of gender. It is a person's sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their birth-assigned sex.<sup>1</sup>

Trans or transgender is an umbrella term referring to people with diverse gender identities and expressions that differ from stereotypical gender norms. It includes but is not limited to people who identify as transgender, trans woman (male-to-female MTF), trans man (female-to-male FTM), transsexual, cross-dressers, or gender non-conforming gender

A transgender woman was labelled as male at birth but has the gender identity of a female. A transgender man was assigned female sex at birth but identifies as male. Some transgender people don't identify with one gender exclusively. Their gender identity may combine both female and male elements, for instance, or they may not feel like either gender. These people are often described as being "non-binary."

Some people don't neatly fit into the categories of "man" or "woman," or "male" or "female." For example, some people have a gender that blends elements of being a man or a woman, or a gender that is different from either male or female. Some people don't identify with any gender. Some people's gender changes over time.

## Subunit 2- Importance of inclusive language

### Impact of misgendering and using inappropriate language

For people who are transgender, nonbinary, or gender nonconforming, coming into their authentic gender can be an important and affirming step in life.

Sometimes, people continue to refer to a person who is transgender, nonbinary, or gender nonconforming using terms related to how they identified before transition.

### This is known as misgendering.

Misgendering occurs when you intentionally or unintentionally refer to a person, relate to a person, or use language to describe a person that doesn't align with their affirmed gender. For example, referring to a woman as "he" or calling her a "guy" is an act of misgendering.

In scenarios where government IDs need to be presented – such as at government offices, in schools, and in hospitals – people who haven't changed their gender markers can be subject to misgendering. In many cases, people make assumptions about their gender based on what's listed on their IDs.

For many – though not all – people who are trans, a shift in pronouns is an affirming part of the transition process. It can help a trans person and the people in their lives start to see them as their affirmed gender. Getting a person's pronouns wrong is a fairly common example of misgendering.

Pronouns are terms we use to describe ourselves in the third person in place of our name. These can include:

- he/him/his
- she/her/hers
- they/them/theirs
- gender-neutral pronouns, such as ze/hir/hirs

While there's been some controversy around the use of gender-neutral pronouns – particularly the use of they/them/theirs as a singular pronoun as opposed to a plural one – public acceptance of the singular "they" has grown in the past several years.

## What can you do to prevent misgendering?

Stopping your own misgendering behaviours and encouraging others to do so is an easy and effective way to support the trans people in your life.

Here are a few things you can do to prevent misgendering and affirm a person's identity:

### 1. Don't make assumptions.

You might think you know how someone identifies, but you can never know for certain unless you ask.

### 2. Always ask what words you should use!

You can ask people specifically or ask people who know a given person. Or, you can simply get in the habit of asking everyone their pronouns and terms they use for themselves.

### 3. Use the right name and pronouns for the trans people in your life.

You should do this all the time, not just when they're around. This signals the proper way to refer to your trans friends to other people. It also helps you get accustomed to saying the right thing.

### 4. Avoid using gendered language to speak to or describe people unless you know it's the language that a particular person prefers.

Examples of gendered language include:

- honorifics such as "sir" or "ma'am";
- terms like "ladies," "guys," or "ladies and gentlemen" to refer to a group of people;
- typically gendered adjectives such as "handsome" and "beautiful".

Practice using these gender-neutral terms and forms of address instead. You can say things like "my friend" instead of "sir" or "ma'am," and refer to groups of people as "folks," "y'all," or "guests."

### 5. Don't default to gender-neutral language if you know how a person wishes to be addressed.

It can seem like using the singular "they" to describe everyone is a safe bet, and sometimes that's actually a good way to navigate a situation where you're uncertain how a person identifies. But, it's important to respect the wishes of people who have specific gendered language that they want you to use.

## Building trust and rapport with patients

When healthcare providers use inclusive gender language, it signals respect, affirmation, and a willingness to understand and meet the unique needs of each patient. This helps establish a foundation of trust and creates a safe space for patients to disclose sensitive information, ask questions, and actively participate in their care. Transgender and non-binary individuals often face healthcare disparities, including barriers to accessing appropriate care, discrimination, and inadequate provider knowledge. By using inclusive gender language, healthcare providers can help address these disparities by fostering a more inclusive and

d welcoming environment, improving patient-provider communication, and tailoring care to meet the specific needs of each patient.

## Subunit 3- Inclusive language guidelines

### When talking about people's genders?

Using inclusive language means respecting people's genders even when they do not look or sound like we might expect from someone of that gender. Some people may decline gender-affirming medical intervention due to religious, financial, medical or personal reasons. A good tip is to mirror a person's language: if an individual identifies themselves as a woman, then they are a woman. If an individual identifies as a man, then they are a man. It is important to be focused but it could happen to make an error and mess up a pronoun. If this happens, correct yourself, apologise and move on. Accept that you may mess up, this is part of being an ally. When you mess up don't make a huge deal, don't apologise profusely. Just correct yourself, apologise and move on. Indeed, putting a lot of energy into apologising could translate into a more focus on the other person. Your focus should instead be on figuring out for yourself how not to make the same mistake again.

### When talking about people's relationships?

When talking about people's roles and relationships, we often use gender language without realising it.

A good tip is to check out people before using words that assume their relationship or use words as "partner", instead of boyfriend/girlfriend/wife/husband or "parents" instead of mother/father.

More about types of romantic and sexual orientation

Someone who experiences the following orientation would experience romantic or sexual attraction in the particular way described:

**Aceflux/aroflux:** At a capacity that changes over time  
**Akioromantic/akiosexual:** Do not desire those feelings to be returned  
**Aromantic/asexual:** To no person of any gender  
**Biromantic/bisexual:** To males and females  
**Demiromantic/demisexual:** Only after a close emotional bond has formed  
**Grayromantic/graysexual:** Rarely or at very low intensity  
**Heteroromantic/heterosexual:** To person(s) of different genders  
**Homoromantic/homosexual:** To person(s) of the same gender  
**Panromantic/pansexual:** To person(s) of every gender  
**Polyromantic/polysexual:** To person(s) of multiple but not all genders  
**Reciproromantic/reciprosexual:** Only after the other person(s) is attracted to them first

### When talking about people's bodies?

Some people can find it disrespectful when others describe them based on their anatomy or medical history. In medical contexts where such questions may be relevant, we can be aware that intersex men

and trans men may identify as biologically male, just as intersex women and transwomen may identify as biologically female. When health professionals misgender people’s chests and genitals, this can be a major barrier to the provision of health services and lead to poorer health outcomes. When medically relevant, we can ask about people’s sexual activities and behaviours without assuming based on anatomy.

### When talking about health issues and medical services?

Terms like “female” and “male” are often less informative than we may think. For example, when a trans woman who identifies as female takes estrogen, treating her as biologically male is physiologically inappropriate: some lab test results affected by hormonal levels should be assessed against a standard female range.

We can include intersex men and trans women who may get pregnant by saying “pregnant people” instead of “expectant mothers”. The same principle applies to medical treatment: we can describe pap smears as “urogenital services” instead of as “women’s services”.

### Addressing patients respectfully and affirmatively

The National LGBT Health Center advises providers to use intentionally inclusive language when taking patients’ histories. Intake forms should also be updated accordingly, and providers should refer to them regularly. This can help lessen the burden on patients to constantly reaffirm their experiences.

Exclusive Language	Inclusive Language
Female or Male Mother or Father Husband or Wife Marital Status	Female, Male, Not Applicable Parent or Guardian
Living Arrangement	Spouse or Partner
“What is your sex/gender?”	Relationship Status (e.g., single, married, partnered, widowed, separated, and divorced)
“Do you have a boy/girlfriend or wife/husband?”	“With whom do you live?”
	“What is your current gender identity?” “What sex were you assigned at birth?” “What are your pronouns?”
	“Are you in a relationship? If so, can you describe the nature of the relationship?”

Framing all interactions in the health setting with inclusive language is a starting point for improving patients’ experiences. The following phrases suggested by the National LGBT Health Education Center can help:

“How may I help you today?” (instead of tacking on

How may I help you today? (instead of tacking on sir, ma'am)

“What pronouns do you use?”

“What is your preferred name?”

“We ask all of our patients these questions because they are important for healthcare. However, you do not need to answer. If you would like to discuss this more, I would welcome your questions.”

***“I’m sorry. I didn’t mean to be disrespectful. What terms are you comfortable with?”***

## Subunit 4 - Inclusive patient intake and documentation

### Collecting gender information sensitively

When data collection practices are inclusive of people with diverse sex characteristics, gender identities, and sexual orientations, they communicate to LGBTIQ+ patients that they are welcome, accepted, and respected. When data collection practices are not inclusive, they can marginalise and exclude LGBTIQ+ patients and act as one of the most significant barriers to accessing services. Furthermore, participating in a discriminatory system has a proven negative impact on the health of LGBTQIA+ community members.

When it’s crucial to collect information about gender or collecting information on gender is really required you should follow the standard model for collecting gender information:

- What is your gender?

Woman

Man

Self-described (please specify): \_\_\_\_\_  Other

The most inclusive option is simply to provide an open-ended space for people to write their gender, just like their name.

What is your gender? \_\_\_\_\_

Where possible include both the option for self-identification and the ability to opt out of the question. Giving a variety of options, such as those below, allows the person to choose the option that they prefer most.

Woman

Man

Non-binary/gender diverse

My gender identity isn't listed. I identify as \_\_\_\_\_

Prefer not to say

## Ensuring confidentiality and privacy

Patients are less likely to reveal accurate information if they fear that personal information will be shared with anyone other than the health provider. When clients experience violations of privacy or confidentiality they are also more likely to drop out of services.

## How to Use Inclusive Language in Healthcare

For individuals who identify as lesbian, gay, bisexual, transgender or gender-fluid, going to a healthcare appointment can be a daunting experience. At clinical practices that do not prioritize inclusive care, their experiences might be invalidated many times over—by the intake forms by health history questions and by the staff's failure to use gender neutral pronouns.

Exclusive language in particular can be deeply painful and violating for people in this community, as it erases their experiences. To avoid further harm, some may choose to avoid healthcare altogether.

But inclusive language can be a powerful tool in validating someone's lived experience and potentially improving their health outcomes, says Kodiak Soled, RN, MSN.

“The small shift in language really doesn't cost us anything. And yet, it will earn healthcare providers so much currency in patient trust, which translates to better outcomes.”

**Kodiak Soled, RN, MSN**

“If you start by introducing yourself as my healthcare professional with your pronouns and ask me questions with inclusive language that allow me to see my family structure or body parts in your question, I may automatically start to unclench,” she said.

Research suggests that actively practicing inclusive care can help. For example, a [Social Work in Health Care study](#) indicates that care from a trans-affirming provider is associated with decreased rates of depression and suicidality for transgender and gender-variant individuals.

Using inclusive language is just one part of creating a respectful environment for patients who identify as LGBTQ, but it can be a place for providers to start.

*"The small shift in language really doesn't cost us anything," said Soled. "And yet, it will earn healthcare providers so much currency in patient trust, which translates to better outcomes."*

## How to Use This Inclusive Language Guide

While this guide can help build a common vocabulary, providers should always allow patients to describe themselves and should follow the patient's terminology. Some of the following terms have definitions that overlap but are presented here because they may be preferred by various individuals. By being familiar with all of the possible options, providers can create the safest, most respectful environment for their patients.

- **Assigned Sex at Birth:** The sex (male or female) assigned to a newborn based on their anatomy. May be referred to as birth sex, natal sex, biological sex or sex. Use assigned female and assigned male instead of biological female and biological male.
- **Cisgender:** A person whose gender identity is the same as their assigned sex at birth. Use instead of normal, real or not trans.
- **Gay, Lesbian and Queer:** Commonly used words to describe an individual's sexual orientation.
- **Gender Diverse:** An umbrella term describing an "ever-evolving array of labels" that individuals may use when their gender identity, expression or perception does not conform to society's expectations.

## Specific Gender Identity Terms

- **Genderqueer:** Refers to an individual whose gender identity falls outside the traditional gender binary. Other terms to describe this identity include gender variant, gender expansive, agender and gender creative.
- **Gender Minority:** Describes individuals whose gender identity or gender expression differs from their assigned sex at birth. For some, this term may be preferable to gender nonconforming or others.
- **Gender Nonconforming:** Describes an individual whose gender expression differs from society's expectations for males and females.
- **Hijra:** Term used in South Asia, particularly India, to describe trans women. Many hijras live together in communities.
- **Nonbinary:** Describes individuals who do not identify as a man or woman.
- **Third Gender:** Category of individuals who choose to identify as neither of the two traditional genders, both or a combination of the two.
- **Transgender (abbrev. trans):** Describes an individual whose gender identity differs from their assigned sex at birth, usually used when gender diverse traits are "persistent, consistent and insistent" over time. It is also used as a categorical term for gender identities other than male and female.
- **Two-Spirit:** Refers to the historical and current First Nations people whose individual spirits blend female and male spirits. Used by Native American LGBTQ communities as an alternative term to gay, lesbian or transgender that honours their heritage.
- **Gender Dysphoria:** Psychological distress that individuals whose gender identity differs from their assigned sex may experience. It can result in significant difficulty functioning in social, occupational and other settings. To learn more, visit the Mayo Clinic's page on gender dysphoria.
- **Gender Expression:** How an individual appears, dresses, speaks and behaves (e.g., a feminine gender expression).



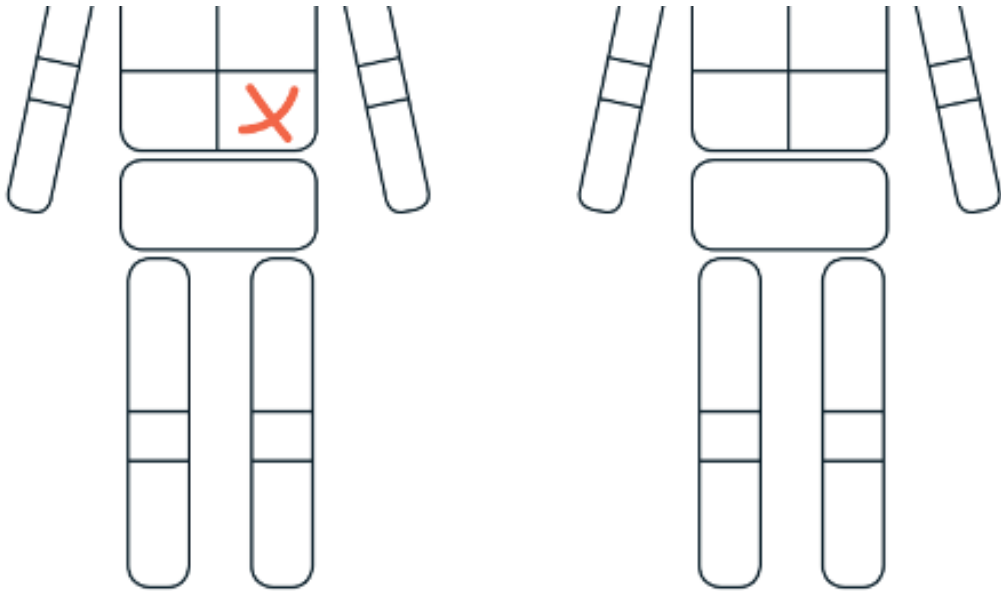
- Gender Identity: An individual's personal sense of being a man, woman, both, neither or another gender.
- Intersex: An umbrella term for the variety of physical conditions in which the sexual or reproductive anatomy an individual is born with is not exclusively male or female. Often, anatomy for both or either sexes appears later in physical development of the individual.
- LGBTQI+: Acronym referring to the lesbian, gay, bisexual, transgender and queer communities, as well as those who are questioning
- QPOC/QTPOC: Refers to queer people of colour and queer and transgender people of colour, respectively
- Queer: An umbrella term sometimes used to describe individuals who consider their gender identity or sexual orientation as outside of societal norms.
- Sexual Minority: Describes individuals who identify as gay, lesbian or bisexual or those who are attracted to or have sexual contact with people of the same gender.
- Sexual Orientation: How a person describes their sexual or emotional attachment to others. Recommended instead of "sexual preference" or "lifestyle."
- Asexual: Describes an individual who does not experience sexual attraction or does not wish to act upon attraction to others in a sexual way
- Bisexual: A sexual orientation describing someone who is emotionally and sexually attracted to individuals of their own gender and other genders.
- Gay: A sexual orientation describing someone who is emotionally and sexually attracted to individuals of their own gender. It is more commonly used to describe men.
- Lesbian: A sexual orientation describing a woman who is emotionally and sexually attracted to other women.
- Romantic Orientation: Describes an individual's pattern of romantic attraction based on gender, regardless of sexual orientation. Examples include biromantic, aromantic and heteroromantic.
- Straight or Heterosexual: Describes a man who is emotionally and sexually attracted to women or a woman who is emotionally and sexually attracted to men.

## Gender sensitive diagrams

It is helpful to use forms that use images to document pain or areas of concern should make sure these images are gender-neutral. Forms could also employ the use of diagrams not having a human outline, such as quadrants. Images that have a specific gender may limit patients from identifying certain medical issues. For example, male/transgender male patients obtaining a breast screening would need a non-female illustration to document/locate the area of interest.

Use the diagram below to indicate any areas of pain and concerns





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