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Dr. med. Waltraud Diekhaus

Vice- President MWIA/ Central Europe

Board member of the EWL (European Women's  
Lobby)

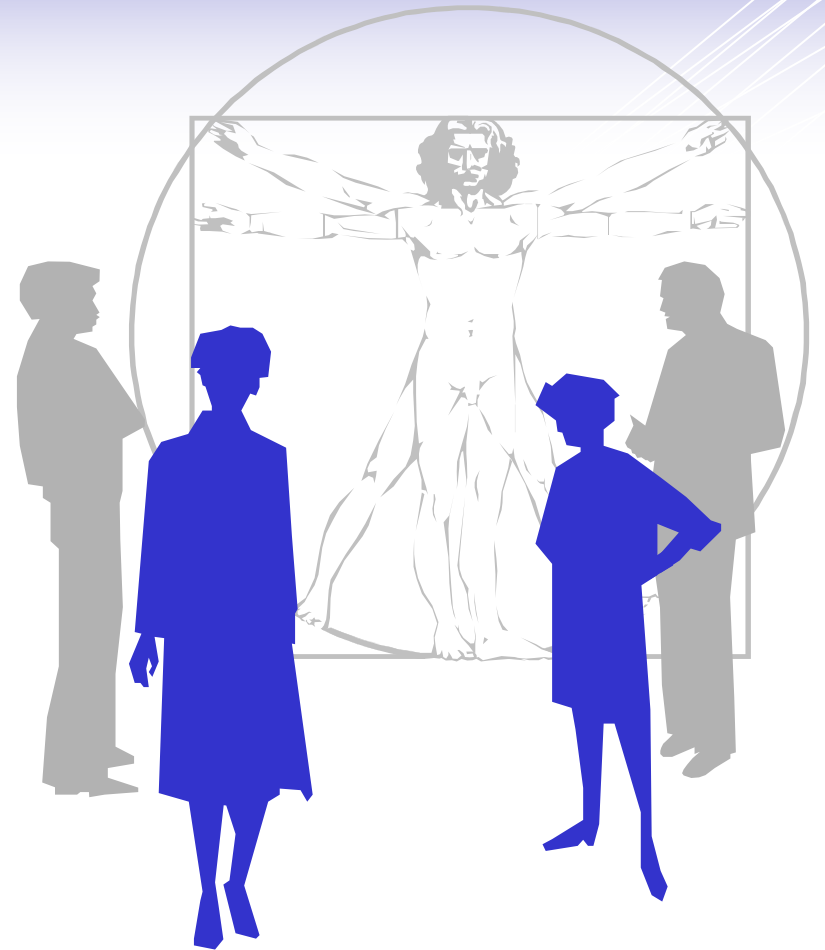
Vice- President of CIOMS (Council for International  
Organisations of Medical Sciences at the WHO)

# GENDER MAINSTREAMING IN Health

## Gender Strategies

Münster, 29 July 2010

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## WHAT IS MWIA ?

It is an association of medical women representing women doctors from all five continents.

It is politically neutral

non-sectarian

non-profit making

# HISTORY

In 1919, MWIA was founded in New York.

In 1922, MWIA held its first international congress. Since then, congresses are organized every three years on topics of immediate interest.

The first MWIA President was Dr. Esther P. Lovejoy, U.S.A.



# MEMBERS

There are four types of membership within the association:

- A. Affiliated national associations
- B. Individual members  
(only in countries that do not have national associations)
- C. Honorary members
- D. Members of honour



## **CURRENT PROJECTS**

Training Manual for **Gender Mainstreaming in Health**

Training Manual for **Adolescent Sexuality**

Prevention of Mother to Child Transmission Plus in HIV/AIDS  
(**PMTCT Plus**)

**Pink Collar Profession (Feminism in medicine?)**

**Issues for Medical Women (Leadership, Mentoring ....)**

**Gender/ Culture Competence**

**Nigerian Widowhood**

## Executive Committee 2004 – 2007















**MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION**  
**27th INTERNATIONAL CONGRESS**  
Hosted by Society of Ghana Women Medical & Dental Practitioners. (SGWMDP)  
31st July- 4th August, 2007 at La-Palm Royal Beach Hotel  
Major Sponsors: RAINBO (UK), GHANA @50 SECRETARIAT, IPAS, DOMOD, UNICEF, UNFPA, MOH, GHS, GO



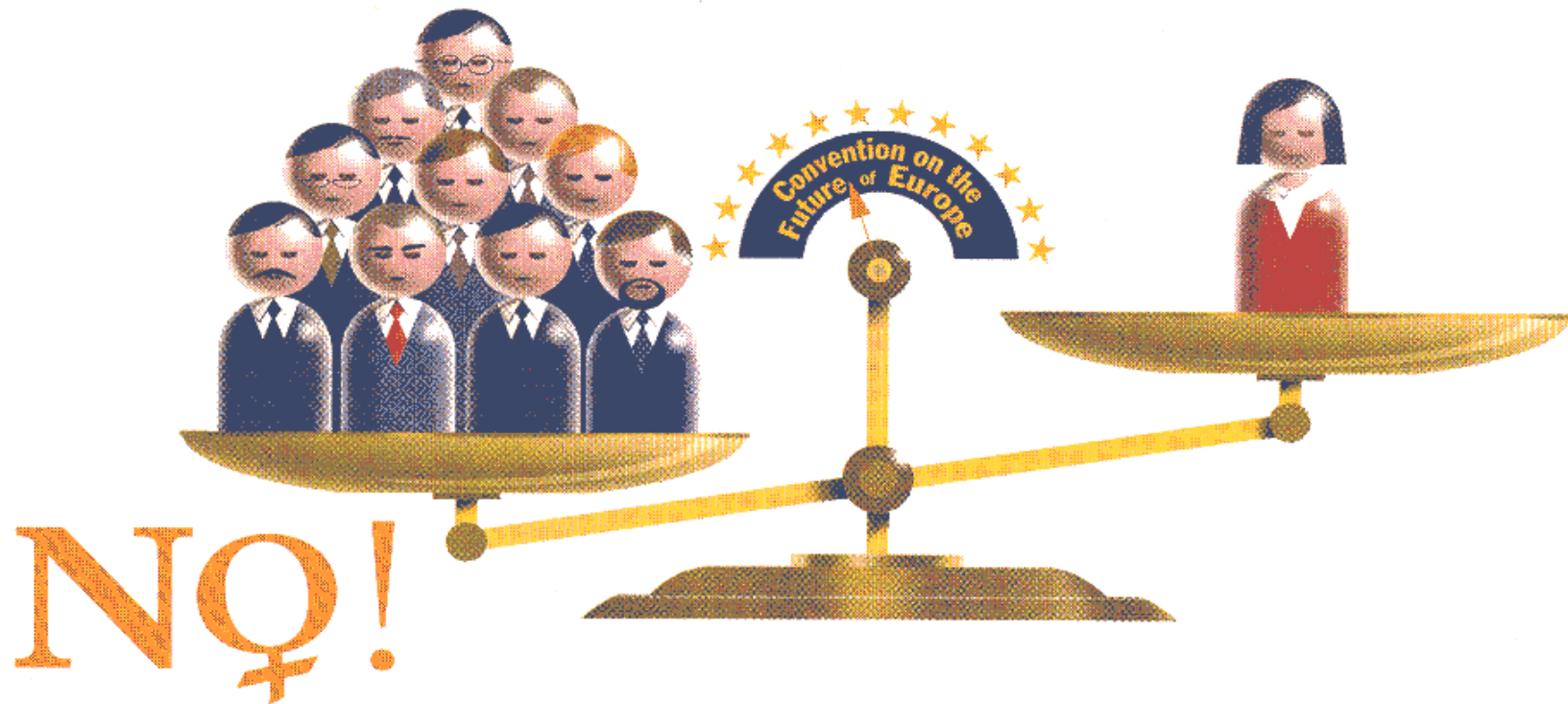
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**I am beginning with some  
introductory slides**

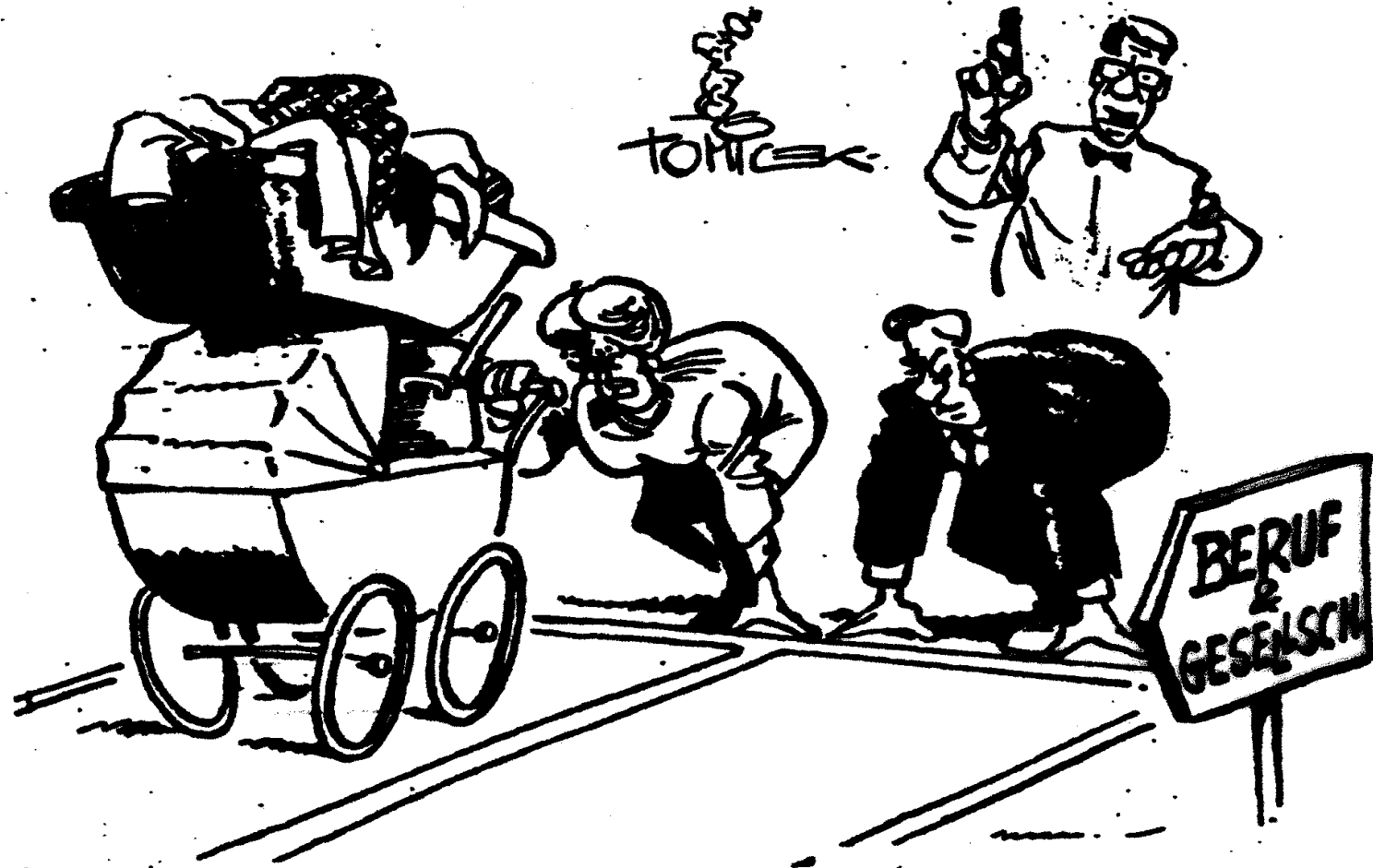


# Have we got the balance right?









At the same starting line!

... auf gleicher Startlinie!



## MWIA CONGRESSES

- 1924 1st Congress London, U.K.: **Maternal Morbidity**
- 1929 2nd Congress Paris, France:  
**Sex Instruction for Children and Adolescents –  
Analgesia in Midwifery**
- 1934 3rd Congress Stockholm, Sweden:  
**Physical Education - Birth Control**
- 1937 4th Congress Edinburgh, U.K.:  
**Cancer in Women and its Prevention -  
Maternal Mortality and Abortion**
- 1947 5th Congress Amsterdam, Netherlands:  
**The Responsibilities of Medical Women  
in the reconstruction of the post-war world**

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1950	6th Congress	Philadelphia, U.S.A.: Anaemia in Women - <b>Pathology and Hygiene of Housework</b>
1954	7th Congress	Gardone, Italy: <b>The Menopause</b>
1958	8th Congress	London, U.K.: <b>The Adolescent</b>
1963	9th Congress	Manila, Philippines: <b>Parent Education and the Medical Practitioner</b>
1966	10th Congress	Rochester, N.Y., U.S.A.: <b>Optimal Utilization of Medical Women Power</b>
1968	11th Congress	Vienna, Austria: <b>The Hungry Millions</b>
1970	12th Congress	Melbourne, Australia: <b>The Health of Women in Industry</b>
1972	13th Congress	Paris, France: Toxoplasmosis
1974	14th Congress	Rio de Janeiro, Brazil: <b>Genetic and Environmental Factors</b> affecting Human Health

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1976	15th Congress	Tokyo, Japan: Viral Infections and their Sequelae
1978	16th Congress	Berlin, F.R. Germany: Mass Media And Medicine
1980	17th Congress	Birmingham, U.K.: <b>Medical Priorities in Developing, Progressing and Established Countries</b>
1982	18th Congress	Manila, Philippines: <b>Humane Management in Medicine</b>
1984	19th Congress	Vancouver, Canada: <b>Men and Women: Biological and Behavioural Differences</b>
1987	20th Congress	Sorrento, Italy: Adolescence: Medical and Psycho-Social Aspects
1989	21st Congress	Seoul, Korea: Incidence of Cancer in Women in Different Countries



- 1992 22nd Congress Guatemala City, Guatemala:  
Health for All Children
- 1995 23rd Congress The Hague, The Netherlands:  
**Women's Health in a Changing World**
- 1998 24th Congress Sao Paulo, Brazil:  
**The Health of Women in the XXI<sup>st</sup> Century**
- 2001 25th Congress Sydney, Australia:  
**Women's Health in a Multicultural World**
- 2004 26th Congress Tokyo, Japan  
**Medicine in a New Life Style**
- 2007 27th Congress Accra, Ghana  
**Women in the World of Medicine**
- 2010 28<sup>th</sup> Congress Münster, Germany  
**Globalisation in Medicine-Challenges and Opportunities**
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Health is the greatest Wealth

Women's Health is global Wealth



# Gender Mainstreaming is the key concept to step forward

Sex and gender are terms that are often used synonymously due to the lack of clarity about the differences between the two.

## **SEX**

is a biological description which is determined by biology

All over the world is valid: **XX = female**  
**XY = male**

# Gender

means the full range of

- sex differences
- personality traits
- attitudes
- feelings
- behaviours

depends on

- social system
- tradition
- religion
- workplace
- status in the family
- culture of a country



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Gender roles are the particular roles considered appropriate for women and men in a given society

There is no doubt that Gender Roles differ between

e.g. poor and rich countries,

e.g. Buddhist, Christian and Islamic ethics

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Gender roles and unequal power relations between women and men interact with other social and economic factors to produce different and inequitable patterns of exposure

to health risks,  
access to and utilization of health information,  
health care and  
services.

There is no doubt that women in all countries need special care in accordance with their special needs



## The internationally accepted **DETERMINANTS OF HEALTH**

1. Income and social status
2. Social support networks
3. Education
4. Employment/ Working conditions
5. Social environments
6. Physical environments
7. Housing
8. Personal health practices and coping skills
9. Healthy child development
10. Biology and genetic endowment
11. Access to health services
12. Gender which cross cuts all
13. Culture/ ethnicity/ immigration, refugee status

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Gender Mainstreaming in Health must begin with a comprehensive evaluation the way gender impacts on health



**GENDER MAINSTREAMING in Medicine MEANS  
SEX- DISAGGREGATED DATA  
IN ALL MEDICAL FIELDS**

IN HEALTH AND ILLNESS,  
IN DIAGNOSIS AND THERAPY,  
IN YOUTH AND AGE,  
IN PHARMACOKINETICS AND PHARMACODYNAMICS,  
IN MORBIDITY AND MORTALITY



## The ideal committee?



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It is without question that a gender-specific view of health and illness will only be implemented when women are represented in the various medical positions and are fully embedded in the decision-making processes.

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## TWO KEY AREAS FOR REFORM , both within the health sector and beyond

1. Building strong leadership and a coherent institutional response
2. Making health systems work for women

**In future, Gender Mainstreaming will unearth that there is a lot more to research and find than we dream of today. In the following just two examples concerning symptoms and therapy!**

- For instance, it has meanwhile been found that a cardiac infarction is only recognised later in women because they display other symptoms than men - a fact that was established only a few years ago.

-Due to the higher body fat share of the woman, there is a greater distribution volume for lipophil drugs.

- The receptor sensitivity for glucocoids varies.
- Metabolising processes dependent on hormones display gender-dependent differences that are not fully known yet.
- Experiments show differences in the pain- threshold and pain-tolerance.

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In Germany in all age groups, drug consumption among women is higher. An analysis of the age and gender related cost, however, shows that men as of the age of 65 cause considerably higher drug cost than women.

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■ In Germany Women grow older than men on average, however, they are sick more often.

How can this be explained?

■ They avail more of preventive measures and act more health consciously.

Do they grow older because of this?

■ Allegedly, women receive primarily drugs and men primarily examinations.

What conclusions may be drawn?



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Gender differences in illness behaviour may also stem from men being less prepared to accept illness and suffering.

When men look after their health, it is mainly for fear of losing their job.

Women look after their health because they feel responsible for the care of others.



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There are more addicts among men but some 70% of the women are drug addicted.

Double the amount of women suffer from depression than men. Men, on the other hand, are said to suffer from schizophrenia more often.

Osteoporosis, hypertension, arthritis and immune defects occur more often in women.



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-Diabetes has a much more unfavourable impact on women's coronary vessels than on men's.

-Women's coronary vessels are thinner and more flexuous which makes heart surgery more difficult for women.

-In Europe 55% of women, but only 45% of men die of myocardial infarction.

- Migraine appears three times more often in women than in men.

- During childhood, asthma cases affect boys twice as often as girls, this changes after adolescence when more women than men suffer from asthma.

- Women who have smoked as much as men of the same age are more susceptible to the risk of developing lung cancer.

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Men have more infectious diseases and die more frequently and earlier .

In some developing countries, however, women die earlier than men - could it be that their "biological advantage" is reversed through their social discrimination?

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These are a few insights into this subject. Are men and women really being treated differently?

Do professional and social differences really impact health significantly?

Do male or female doctors really treat patients of the same gender differently than the other?



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Why do women in most countries live longer even though they are ill more often?

Why do men attend preventive examinations less?

Do men suffer much more from the climacteric and hormone deficiency than we know?

What are the biological, what are the social factors that play a role in the gender-specific behaviour?

## The powerful Brain of the weaker Sex

- A man's brain may be ca. 150 g heavier

(however, elephants and killer whales are not more intelligent than humans, although their brain is significantly larger and heavier),  
but

- with regard to perception, touching, hearing, smelling and tasting women are more sensitive than men.
- Women's fine motor skills are superior.
- Women have better social, emotional and linguistic abilities.
- On average, two-year-old girls know 115 more words than boys of that age.
- The daily number of words women use amounts to 20,000 whereas men use 7,000.

## MEN

- Two thirds of emergencies refer to men.
- 75% of people taking their own life are men.
- The number of boys suffering from childhood illnesses is twice as high as that of girls.
- There are more male than female miscarriages.





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# GENDER STRATEGIES

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## DIFFERENCES IN MANAGEMENT

# 1. SYMPTOMS

Are the symptoms of a particular disease

(e.g. Headache, fatigue, myalgia, dyspepsia,  
depressed mood, temper outbursts)

approached and handled the same for  
women and men?

## 2. FINDINGS

Are the findings for a particular disease  
(e.g. Chest pain, depression)  
the same for women and men?

## 3. AETIOLOGY

Is the aetiology of a particular disease the same for women and men?

## 4. INVESTIGATION

Are there differences in the investigation of particular findings between women and men?

(e.g. Headache, abdominal pain, chest pain, back pain)



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## 5. TREATMENT

Is treatment of a disease the same for men and women?

## 6. RISK FACTORS

Are risk factors for a particular disease the same for women and men?  
(e.g. lung cancer, angina, chistosomiasis, accidents)

## **GENDER MAINSTREAMING IN MEDICINE means:**

### **PROMOTION OF RESEARCH BY WOMEN**

Women's participation in research must be encouraged

### **PROMOTION OF RESEARCH FOR WOMEN:**

Research must address women's special needs

### **PROMOTION OF RESEARCH ABOUT WOMEN**

Research has to contribute to our knowledge of gender differences  
in medicine





Improve Women's Health and  
you improve the world

