

## Why we should talk about gender in health?

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Although the *World Health Organization (2014)* states that health is a state of total well-being, which does not only imply the absence of diseases or conditions in the person, medical practice exhibits little consideration of the socio-cultural factors of its patients. Among these factors is gender, which refers to behaviors and self-representations of people within a particular social context (*Chin et al., 2016*). The question then arises: How does this purely social aspect impact health?

Gender impacts several aspects of day-to-day life. Among those that affect health are risk factors that people incur, how the symptoms manifest, how the person reacts to the symptoms and diagnosis, the behavior of the person in regards to their treatment, and the attitudes of the doctors themselves in care (*Lent & Bishop, 1998; Verdonk et al., 2009; Verdonk et al., 2005*). In simpler words, social factors such as gender interact with biological factors; thus, health issues differ between men and women. This has been shown in many diseases, such as acute coronary syndrome, where the perception of pain is different between men and women (*Chin et al., 2016*).

However, the emphasis in gender and medicine continues to be on sexual and reproductive health, that is, differences caused by sex, not gender (*Verdonk et al., 2005*). The distinction between both is that sex corresponds to the characteristics given by the chromosomes and reproductive organs of people (*Chin, et al., 2016*), while gender responds to socially constructed factors, mentioned above. This confusion seems related to the fact that these concepts continue to be considered relatively new in medicine. Thus, gender remains an unknown concept for future doctors (*Cain et al., 2002*), suggesting that professionals do not have knowledge of these concepts, much less how they influence their patients.

Traditional medical education would eventually not prepare future health professionals to understand the relevance of the different social contexts experienced by men and women in their day-to-day lives, and their effects on health (*Lent & Bishop, 1998*). Gender awareness is lacking in the field of medicine. Thus, these issues must be incorporated in the medical curriculum, since the curriculum determines the identity of future doctors (*Bleakley, 2013*).

There are several reasons why there is still some resistance to these issues in medical schools, from the explicit resistance of

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professionals in charge (*Hochleitner et al., 2013*) to the association of gender awareness to certain ideologies (*Verdonk et al., 2009*).

What must be taken into account is how a gender-aware medical curriculum directly results in improved treatment by professionals for their patients, together with a better diagnosis and treatment (*Hochleitner et al., 2013*). Finally, it would allow for the delivery of more integral healthcare to those who need it.

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