

Analytical Report

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Assessment 1

Introduction

Gender and health inequities are significant concerns that continue to plague civilizations across the globe. This article will examine why women may be more susceptible to health disparities than other groups. Women have historically faced significant barriers to healthcare, resulting in inequities in health outcomes. Historically, women's agency and ability to make decisions about their health have been hindered by social standards and conventional gender roles (Mackenbach, 2019). Due to cultural stigmas and taboos, women may be less likely to seek medical attention for concerns connected to their reproductive health and mental health. Furthermore, economic inequalities may hinder women's access to adequate healthcare by making it difficult to pay for necessary medical treatments. Women's caregiving obligations and the gender gap in household chore allocation might also put their health at risk. Women often have less time and energy to focus on their health and well-being due to job, family, and caring demands. When these variables are considered, it becomes clear that women are an especially vulnerable group regarding health disparities. When it comes to healthcare, women confront specific obstacles that must be addressed to ensure that people of all genders have equal access to quality treatment.

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Main Body

Section 1: Contextual background and underlying factor

Gender **and health inequalities** relate to disparities and discrepancies in health outcomes and access to healthcare depending on an individual's gender identification (Lucas et al., 2021). These disparities in treatment and opportunity for men and women originate in entrenched social conventions, cultural beliefs, and systematic prejudices. The four most pressing problems of health and social disparity between genders are as follows:

(1) Disease/illness rates

- (A) Maternal Mortality and Mental Illness (For Women)
- (B) Cardiovascular Disease and Substance Abuse (For Men)

(2) Social Issues

- (A) Gender Pay Gap and Gender-Based Violence (For Women)
- (B) Mental Health Stigma and Fatherhood Expectations (For Men)

Explanation and statistics for each issue:

(A) Maternal Mortality and Mental Illness (For Women)

Maternal Mortality: Maternal mortality is significantly higher among women than among men. According to the World Health Organisation (WHO), around 295,000 women died in 2017 due to pregnancy and childbirth difficulties (Collier and Molina, 2019). The inability to get skilled medical treatment during pregnancy and delivery is a significant cause of maternal death, particularly in low-income nations.

Mental Illness: According to various research, common mental health conditions such as sorrow and anxiety are more frequent among women. According to WHO figures, 7.5% of women suffer from depression, whereas 5.5% of men do (Kozhimannil et al., 2020). Individual differences, hormonal fluctuations, and societal limitations such as gender standards and expectations contribute to this disparity.

Solutions: Prenatal care, skilled birth attendants, and emergency obstetric care are just a few maternal healthcare services that must be made more widely accessible to prevent maternal mortality. To reduce maternal mortality rates, significant investments in healthcare infrastructure, health education, and advocacy for women's health rights are required. Destigmatizing mental illness, expanding screenings, and ensuring gender-sensitive therapies have all been shown to improve outcomes for women with mental illness.

(B) Cardiovascular Disease and Substance Abuse (For Men)

Cardiovascular Disease (CVD): Men are disproportionately affected by heart disease, stroke, and other cardiovascular disorders. According to the Centres for Disease Control and Prevention (CDC), heart disease is the leading cause of death among American men (Bauersachs et al., 2019). This disparity has been linked to several factors, including increased smoking and alcohol use, as well as less frequent medical examinations.

Substance Abuse: Substance abuse, such as alcohol and drug use, is more prevalent among males. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), males have double the prevalence of drug use problems as females (Benjamin et al., 2019). Addiction is often underreported and undertreated because social expectations of masculinity deter men from seeking help.

Solutions: Preventive methods, such as advocating for healthy lifestyles, encouraging men to exercise regularly, and encouraging men to obtain frequent checkups, are critical in the battle against cardiovascular disease. To prevent drug abuse, targeted therapies that challenge ingrained conceptions of masculinity and foster open talks about mental health are required. Because addiction is frequently stigmatised, it is critical to give simple access to confidential support courses for men.

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Section 2: National Response to reduce health inequalities in your chosen group

The United Kingdom (UK) has implemented legislation, campaigns, and support programs to reduce health and gender disparities (Lipson et al., 2022). To illustrate the national effort to address these inequalities, consider the following two examples:

(1)(1) Improving Maternal Health Services: The gender gap in health outcomes is especially problematic in maternal health. As a result, the government of the United Kingdom has instituted initiatives to boost maternal health care and lower maternal mortality. The Office for National Statistics (ONS) reports that in 2019 the maternal mortality rate in the United Kingdom was 7.4 per every 100,000 live births. The "Maternity Transformation Programme," established in 2016, is one of the efforts to solve this problem (Mate et al., 2022). This initiative aims to enhance the standard of care and birth outcomes for expectant mothers. They are Supporting more excellent mental health and well-being throughout pregnancy and postpartum, emphasizing individualized and ongoing treatment. The United Kingdom (UK) intends to decrease maternal mortality rates and enhance maternal health through increasing access to and the quality of maternity care.

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(1)(2) Public Awareness Campaigns: Public awareness campaigns have played a crucial role in bringing attention to and action on societal problems that contribute to gender and health disparities. Sport England's "This Girl Can" initiative is one such movement. This campaign has as its overarching goal the promotion of physical activity and sport among women of all ages and socioeconomic backgrounds. It encourages women to pursue healthier lifestyles by removing barriers due to prejudices and cultural pressures that prevent them from participating in sports and physical activity (Nooh et al., 2020). Campaigns removing stigma and assisting those with mental health issues have also been crucial in narrowing the gap between those with better and worse mental health. The Duke and Duchess of Cambridge and Harry and Meghan spearhead a mental health awareness campaign called "Heads Together," which focuses equally on men and women. The campaign aims to reduce the stigma associated with mental health issues so that more people will feel comfortable seeking assistance and support when needed.

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Figure 1: National Response to Reduce Health Inequalities in the organization

Section 3: Organisations that support chosen group

Improving Maternal Health Services and Public Awareness Campaigns are critical in promoting awareness of gender and health inequality in the UK.

The "Maternity Transformation Programme" in the United Kingdom aims to reduce inequalities in maternal health care (Steffens et al., 2019).. The project seeks to improve access to excellent maternity care and lower maternal mortality rates by raising the bar on

38 prenatal care, positively impacting delivery outcomes, and placing a premium on women's mental health during pregnancy and the postpartum period.

Gender and health gaps are also reduced because of public awareness efforts like "This Girl Can" by Sport England and "Heads Together" launched by the Duke and Duchess of Cambridge and Harry and Meghan (Shamsuddin, Sheikh and Keers, 2021). By removing cultural obstacles and fostering an optimistic body image, "This Girl Can" inspires women from all walks of life to engage in sports and other physical activities. Instead, "Heads Together" works to eliminate the discrimination that people with mental health issues face to obtain the help they need, regardless of gender.

The Mother Mental Health Alliance (MMHA) is a UK-based nonprofit organization fighting against mother mental health care disparities. Its goal is to boost expectant and new moms' emotional well-being (Kong and Qin, 2021). MMHA is successful in its mission because it conducts research, promotes policy reforms, and supports women and healthcare professionals with resources and advocacy. The Maternal Mental Health Association (MMHA) works to improve healthcare for mothers' mental health by coordinating efforts among organizations, providers, and policymakers (Debono et al., 2021). By increasing maternal access to mental health care and decreasing the stigma associated with such issues, the organization contributes to better maternal health outcomes.

Conclusion

In conclusion, the UK still faces considerable gender and health inequities. Disparities in health outcomes are primarily caused by the fact that women experience unique obstacles to receiving and benefiting from medical care. The Fawcett Society and other national organisations are working to combat these problems. To combat health disparities, the United Kingdom has increased spending on maternity health care, mental health services, and education programmes for the general population. When it comes to lobbying for equal access to healthcare for women and bringing attention to the gender health gap, the Fawcett Society is indispensable. The Fawcett Society aims to advance women's health and achieve healthcare parity by funding research, advocating for legislative reforms, and raising public awareness. More work and cooperation are needed to make the United Kingdom healthier and more welcoming for people of all genders.

Assessment 2

Introduction

Gender and health disparities are major public health problems with significant social and cultural ramifications across the globe. These inequalities result from an uneven allocation of

health resources and results according to individuals' gender identities. Women often confront obstacles that prevent them from accessing healthcare and participating in decision-making processes, limiting their autonomy over their health (Homan, 2019). Men are more likely to not seek treatment due to mental health stigma. Some of the warning signs include a rise in the incidence of mental health illnesses among people, as well as more excellent rates of maternal mortality among women. In 2017, over 295,000 women died during or during their pregnancies, and 7.5% of all women have some clinical depression. The gender pay gap, which prevents women from achieving economic independence, and the prevalence of domestic violence affect 1.6 million women in the UK. This research investigates the epidemiological mechanisms that may be used to discover, evaluate, and manage gender and health disparities. The overarching goal of this investigation is to improve healthcare equity for people of both sexes.

Main Body

Public Health Measures to Address Gender and Health Inequalities

Several public health initiatives have been established to limit, manage, treat, and mitigate the effect of gender and health inequities on the target population. These changes aim to expand access to medical treatment and advance gender parity in the medical field. Several initiatives aim to lower the incidence of maternal mortality by improving access to reproductive and maternal health services for women. For instance, only 51% of women in low-income countries get the amount of prenatal care recommended by the World Health Organisation. Thanks to mental health awareness programs and attempts to reduce stigma, men and women are encouraged to seek assistance for mental health difficulties. Support and services for violence survivors are critical components of gender-based violence prevention programs (Crear-Perry et al., 2021). One in three women worldwide has suffered physical or sexual assault. Therefore, programs like these are desperately needed, according to UN Women. The provision of equal care is ensured through gender-sensitive health policy and the training of healthcare workers. Reducing the wage gap between men and women and encouraging financial independence may also improve women's access to medical care. Public health initiatives often require outreach and advocacy within local communities to foster an environment that is healthy and equitable for people of all genders.

Figure 2:Public Health Measures

Key Determinants/Risk Factors of Gender and Health Inequalities

Various determinants and risk factors impact gender and health inequality. Traditional gender roles are shaped by social conventions and cultural beliefs, which may impact healthcare-seeking behaviours and decision-making autonomy, especially for women. Healthcare services may be harder for both men⁴⁶ and women due to economic inequality and a lack of available resources. For example, women in low- and moderate-income nations have more difficulty affording healthcare due to high out-of-pocket costs (WHO). Higher rates of misdiagnosed and untreated mental health diseases may be attributed, in part, to gender norms that prevent⁵⁰ males from seeking care for mental health difficulties (Etindele Sosso, 2022). According to the World Health Organisation (WHO)⁴¹, the suicide rate for males is around 1.7 times that of women worldwide. Acts of gender-based³⁶ violence negatively impact the physical and mental health of women. And according to the World Health Organisation, 30% of women globally have suffered physical and sexual assault at the hands of an intimate partner. Gender bias in medical research and insufficient gender-specific healthcare services are two structural impediments in healthcare systems that lead to gender and health inequities. Education, work, and housing are all examples of social determinants of health that impact both men's and women's health and their ability to get the treatment they need.

Epidemiological studies

Epidemiological studies have shown that women, especially during pregnancy and delivery, are at a greater risk⁴⁷ of maternal mortality due to a lack of expert care. The World Health Organisation estimates that roughly 295,000 women died worldwide as a direct or indirect result of their pregnancy or its immediate aftermath in 2017 (Ward et al., 2019). Social pressures and gender-based violence make women more susceptible to mental illnesses like depression and anxiety. The World Health Organisation reports that 7.5% of women and 5.5% of men are affected by depression globally. However, cultural demands of stoicism may harm men's mental health. It is critical to address these discrepancies via focused treatments⁴² to improve health outcomes for both men and women.

Public health approaches and strategies

Various monitoring and surveillance techniques are used in public health approaches to track the prevalence of gender and health disparities in a specified population (Jones et al., 2019). Some of these structures are:

Routine Health Information Systems:

These networks track the gaps in healthcare between the sexes by collecting and analysing information on healthcare use, illness prevalence, and health outcomes.

Maternal Mortality Surveillance:

Interventions to minimize maternal mortality rates are informed by data gathered by specialized monitoring systems that record maternal fatalities and identify risk factors (Zeeman et al., 2018). The World Health Organisation (WHO) maintains a worldwide database to record and analyse maternal mortality rates.

Mental Health Surveys:

The incidence of mental health illnesses and gender gaps in access to mental healthcare is measured using population-based surveys (Rogers, Krajewski and Shuster, 2023). In the United States, for instance, the National Survey on Drug Use and Health (NSDUH) collects data on mental health and drug use.

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Gender-Based Violence Data Collection:

Gender-based violence is tracked to establish safeguards and aid initiatives. Violence against women is monitored globally by the World Health Organization's Prevalence Data on Violence Against Women.

Gender-Disaggregated Data Collection:

Data collection on men and women independently allows for detecting differences and evaluating outcomes in the fight against health disparities based on gender (Stark, Seff and Reis, 2020). FOR INSTANCE, the UK's Office for National Statistics compiles health data broken down by gender.

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Public health impact and short- and long-term consequences

Epidemiological research has offered vital insights into the public health effect of gender and health inequities on the defined target group. Increased maternal mortality rates in the short term are a direct result of women's lack of access to trained medical personnel during labour and delivery (Yoshikawa et al., 2020). According to research published in The Lancet, nearly 94% of worldwide maternal fatalities occur in poor and middle-income countries, where access to maternal healthcare is typically restricted. Depression and anxiety, which are too frequent among women, may further lower their quality of life and ability to get things done.

Long-term impacts include the intergenerational propagation of inequities. For instance, women's lack of access to prenatal care has been linked to unfavourable birth outcomes and ongoing health problems for their offspring (Palmer et al., 2020). According to research published in the International Journal of Environmental Research and Public Health, maternal healthcare interventions may improve child health outcomes, which might help end the generational transmission of disease.

Health Interventions

A comprehensive health intervention program should include a variety of interventions to address gender and health inequities. As a priority, it must implement laws that guarantee equal access to healthcare for all sexes and promote gender equality (Lattie et al., 2019). Mental health stigma may be reduced, and help-seeking behaviours can be enabled via health education and awareness initiatives. Awareness and stigmatization of mental health concerns may be decreased by initiatives like those implemented in schools and workplaces. Equally important are multi-sectoral strategies that bring together efforts to amend the law, involve the community, and provide resources for victims of violence, depending on their gender

The effectiveness of the suggested treatments may be measured in several ways. Maternal mortality rates, mental health indicators, and occurrences of gender-based violence are only some metrics that may be measured quantitatively. According to the Global Burden of Disease report, mental health illnesses will cause 11.5% of all deaths globally this year. Focus group discussions and interviews are examples of qualitative assessment approaches that may provide light on how community members feel about the intervention and its influence on gender norms and attitudes.

Strength and Weakness

There are several advantages to taking a public health and epidemiological stance. The incidence and distribution of health inequities may be better understood via epidemiological research, which can guide more precise treatments and policy choices. The method places a premium on evidence-based practice, guaranteeing that all therapies are founded on solid research (George et al., 2020). As a result, specific interventions may be created when vulnerable groups and causes are isolated. Moreover, public health initiatives encourage a comprehensive strategy for health promotion by coordinating efforts across healthcare, education, and policy.

The method has its challenges, however. Interventions may be less successful if it fails to address the nuances of the social and cultural elements that contribute to health disparities. Gathering and analysing data also requires a significant investment of time and energy. To have long-lasting effects, public health strategies must evolve in response to new threats and changes in the requirements of the people they serve. The reliability of prevalence estimates for mental health problems and gender-based violence may be compromised using self-reported data due to underreporting and probable bias.

Conclusion

In conclusion, serious public health concerns are posed by the gap between the sexes in terms of health. Epidemiological research has shed light on the extent of these inequalities and their effects on the population of interest. Maternal mortality and women's mental health problems are two immediate effects that need focused actions to enhance long-term results. The intergenerational transfer of inequality is only one example of why we need comprehensive initiatives to end chronic disease. Public health initiatives to resolve these inequalities should prioritize expanding access to care, decreasing associated stigma, and advancing gender parity. Although the epidemiological method acknowledges the complexity of social and cultural elements and continuously adapts to new health concerns, it does provide evidence-based answers.

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