

## Society for Public Health Education

### RESOLUTION FOR ELIMINATING FEMALE GENDER DISPARITIES

Approved by the SOPHE Board of Trustees May 2, 2002

Whereas SOPHE recognizes that the health and well-being of communities and the individuals within them is dependent not only on biological, but also social and environmental factors, and that under-represented communities of people in which health disparities are most evident have been historically silenced, ignored and their trust violated with regard to economic opportunity, environmental safety, health care access, health care service delivery, and education; and

Whereas, worldwide, 70% of the 1.2 billion people living in poverty are female (1) and low socioeconomic status (SES) is the primary predictor of poor health (2, 3, 4, 5); and

Whereas SES impacts on women's reproductive lives are such that economically disadvantaged women are more likely to have difficulties conceiving a child (6); and

Whereas when economically disadvantaged women do conceive, they are likely to be younger, which can have severe negative ramifications on the young mothers as evidenced by facts that fewer than 60% of teen mothers graduate from high school by age 25, they are more likely to have lower family incomes in later life than those who postpone childbearing, and their children have an increased risk of abuse and neglect and are more likely to become teenage parents themselves (7, 8, 9, 10); and

Whereas although women in the United States have had major gains in the struggle for equality, and women comprise more than 50% of the United States workforce, they are still only 12% of the managers (11); and in the 10 industries that employ the majority of working women in the United States (71%), female managers are making less on average than their male counterparts; and in 7 of the 10, the pay gap has actually increased since 1995 (12); and consequently women's economic status is still lower than men's resulting in a variety of issues that have a negative impact on their health (4, 13); and

Whereas heart disease and stroke are the leading causes of death for women over 50, and when women suffer from diseases such as cardiovascular disease, they are more likely than men to die partly due to delayed diagnosis, treatment variances (from male patients), and physiological differences in disease manifestation and treatment between the genders (3); and

Whereas women are at a higher risk than men for most sexually transmitted diseases (STDs) due to biological and physiological differences in susceptibility and diagnosis (14, 15); and women suffer more frequent and more serious STD complications than men do (16); and Healthy People 2010 calls for the promotion of responsible sexual behaviors, strengthening community capacity, and increasing access to quality services to prevent STDs and their complications (16); and

Whereas more than one-third (37%) of women seeking treatment in hospital emergency rooms for violence-related injuries have injuries inflicted by spouses, ex-spouses, or non-marital partners (17); 76% of females who are raped and/or physically assaulted are assaulted by a current or former husband, cohabiting partner, or date (18); and this violence results in an increased risk of attempted suicide, substance misuse, depression, and abusing their own children (19); and Healthy People 2010 calls for reducing injuries, disabilities, and deaths due to unintentional injury and violence(20); and

Whereas 50% of the country's homeless population are women who have extremely limited access to health care and are often discriminated against by providers, increasing the potential for complications during childbirth and infant morbidity and mortality (21, 22); and

Whereas it is important to understand ethnic and cultural differences in women's roles from a non-ethnocentric viewpoint and also understand the impact on women's health that these differences may have (23, 24); and

Whereas in some religions and cultures, the tradition of male authority is so strong that males control communication with their wives' physicians, thus preventing women from participating in decisions that affect their health and restricting their access to health information (23, 19); and

Whereas the complaints of incarcerated women are often dismissed as psychosomatic and preventive screening is extremely limited leading to the spread of infection, chronic health problems, undiagnosed cancer and other serious diseases (25); and

Whereas older women have the highest breast cancer rates but are unscreened relative to their risk (26); and

Whereas diagnosed cases of AIDS among older women are increasingly disproportionate among midlife women and women of color, and 47% of all women aged 65 and older report knowing little or nothing about HIV/AIDS (27); and

Whereas Healthy People 2010 acknowledges that although the overall death rates of women are currently lower than the overall death rates of men, women have shown increasing death rates over the past decade in areas where men have experienced improvements; and one of the two overarching goals of Healthy People 2010 is the elimination of health disparities (28).

*Now therefore be it resolved that SOPHE should:*

#### **INTERNAL ACTIVITIES:**

- 1) Educate SOPHE members through national and local trainings, conference sessions and pre-conference workshops, articles in News & Views, and publications in Health Education and Behavior and Health Promotion Practice on the causes of gender inequality and its effects, including the roles of SES, cross-cultural communication issues, and institutional sexism, on the health and lives of all people.
- 2) Assess whether, or not, SOPHE's actions promote and/or tolerate the disparities that exist between genders through an examination of policies and organizational regulations.
- 3) Acknowledge any disparities that may exist in SOPHE and remedy through modification of policy.

#### **EXTERNAL ACTIVITIES:**

- 1) Collaborate with organizations such as the Center for Disease Control and Prevention (CDC), the NIH Office of Women's Health, the National Organization for Women (NOW), and others dedicated to health policies and programs that (a) increase women's access to health information and care, and (b) reduce and ultimately eradicate socioeconomic disparities.
- 2) Advocate for increased funding for research designed to:
  - a) Examine health issues specific to women;
  - b) Include measures that assess changes across the lifespan;
  - c) Measure sexism and its effects on population health; and
  - d) Include women in all research and clinical trials that have diagnosis, treatment, and/or outcome implications for both men and women.
- 3) Advocate for:
  - a) Programs that encourage and support first generation female college attendees, particularly for women in communities of low SES;
  - b) The dissemination of information about access to and availability of health care, job opportunities, and education programs;
  - c) Programs that provide health services for women in communities of low SES;
  - d) Services that specifically address the needs of homeless and incarcerated women;
  - e) Culturally appropriate health education resources for women and their partners who are of various religions and ethnicities;
  - f) Training programs for doctors, nurses, and other health professionals in an effort to increase awareness of and understanding about the specific health issues linked to domestic violence, sexual assault, and homelessness; and
  - g) Training programs for doctors, nurses, and other health professionals that include education about cultural diversity, differences in health beliefs and practices, communication styles, and expectations about health care.
- 4) Encourage women to be active participants in issues regarding reproductive choice, violence, health and politics.
- 5) Increase public awareness on specific issues that effect women's health disproportionately such as breast cancer, STDs, violence, and others indicated by research.

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