

IFMSA Policy Document

Gender Equity

Proposed by the IFMSA Team of Officials

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Policy Statement

Introduction

Gender equity, which advocates for everyone regardless of their gender(s) having the same amount of resources and opportunities, is recognized to differ from the concept of gender equality which advocates for the equal amount of resources and opportunities given to everyone. Gender equity closely contributes to people's health and their quality of life. Despite continuous commitments, people still face significant challenges on their way to claiming their rights to equitable health outcomes and opportunities due to the discrimination and stigma associated with their genders.

IFMSA Position

The International Federation of Medical Students' Associations (IFMSA) affirms the importance of gender equity in ensuring people from all genders grow in a safe and secure environment, achieve their aspirations, and live free of stigmatisation and discrimination. We recognise gender equity as one that closely intertwines with all Sustainable Development Goals (SDGs) and health agendas set by the World Health Organization (WHO). IFMSA condemns all actions that deprive individuals of their right to achieve their aspirations because of their gender(s), including those built intrinsically in legislatures and regulations. IFMSA recognises that gender inequity disproportionately affects certain genders and demographics and calls on tailored resolutions to tackle them. We emphasise the importance of building and maintaining a healthcare system that is inclusive to healthcare professionals and patients of all genders.

Call to Action

Therefore, the IFMSA calls on:

Governments to:

- Acknowledge gender-based discrimination and create national strategies to achieve gender parity, adopt gender-sensitive laws and policies on access to healthcare services, and criminalise all forms of gender-based violence.
- Develop monitoring and reporting mechanisms regarding gender equity in positions of power
- Set goals and develop strategies to increase the representation of women and non-cisgender individuals in all decision-making and leadership positions within and outside the government.
- Implement family-friendly policies in the workplace, including equal parental leave and childcare services, and eliminate unfair repercussions on future career possibilities due to personal aspirations such as child-rearing.
- Increase access to sexual and reproductive rights and healthcare including contraceptives, menstrual hygiene materials, and abortion services.
- Develop and implement strategies to increase women's access to technology and the Internet.
- In times of global crisis, recognise gender equity as a priority and continue the implementation of strategies for gender equity.

NGOs and International Agencies to:

- Forge partnerships between other NGOs/international agencies to maximise expertise and influence in gender equity initiatives.
- Encourage the active involvement of youth organisations, foster mentorship programs and create opportunities for knowledge exchange.
- Develop policies and raise awareness about intersectionality and how it affects gender equity
- Develop sustainable local, national, and regional gender equity initiatives incorporating robust evaluation processes to measure and enhance program impact over time.

- Foster community engagement, provide networking events, ensure cultural sensitivity, and create a supportive ecosystem where everyone can thrive personally and professionally regardless of their gender(s).

The Healthcare sector and Healthcare providers to:

- Mandate gender-sensitive medicine as the fundamental principle of medical practice and ensure practice is gender-inclusive.
- Establish protocols ensuring non-discriminatory and inclusive environments for healthcare workers and patient populations, particularly women and non-cisgender people, including eliminating gender biases and ensuring equal remuneration.
- Promote diversity and transparency in the staff recruiting process, including but not limited to equal representation in specialities and leadership and research positions.

Medical schools and other teaching institutions to:

- Educate and encourage students to uphold gender equity in clinical practice in collaboration with local organisations or individuals who have experienced gender-based discrimination to ensure holistic professional development of future health workers.
- Develop and implement gender-sensitive medical education for all students, including syllabi with information about the management of gender differences and gender non-conforming bodies.
- Eliminate study materials that reinforce stereotypes, leading to gender-related stigma and discrimination, and modify materials which frame cisgender men's experiences as "default."
- Establish resources and opportunities to empower students who are gender non-conforming.
- Ensure inclusive and respectful learning environments and every student's safety from physical or psychological harassment and assault by creating functional strategies and systems.
- Ensure that supervisors and teachers receive diversity training, by organising regular educational activities

Medical students and IFMSA National Member Organizations to:

- Promote and uphold gender equity culture within the NMO opportunities and leadership positions.
- Promote awareness of the consequences of gender inequity in medical education and practice and the health impact it carries on mental and physical health, especially on women and gender non-conforming people.
- Actively conduct and participate in formal and informal education and capacity-building activities to increase competencies in gender-related issues.
- Utilise existing mechanisms inside IFMSA to promote gender equity such as using the Gender Watch, enrolling activities on gender issues in programs, and reporting incidences of gender discrimination.

Position Paper

Background Information

The United Nations (UN) recognises gender equity as a fundamental human right, acknowledging that women and girls disproportionately experience the impacts of gender inequities in society. The UN has underscored its continued dedication to advancing gender equity through various initiatives and measures, such as the establishment of the Commission on the Status of Women (CSW), the Universal Declaration of Human Rights (UDHR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Declaration and Platform for Action, the UN entity for gender equity and the empowerment of women UN Women, and the Sustainable Development Goals (SDGs). This reflects the UN's steadfast commitment to integrating gender equity as a central focus of its mission.[1]

However, despite these global efforts and international commitments which aim to accelerate the achievement of women's rights and have led to a lot of progress in some areas, the UN Women's "Gender Snapshot 2023" reports that gender equity is still far from realisation, according to the 2030 UN Agenda for Sustainable Development. Some highlights of the report include that no country is close to eradicating intimate partner violence, an estimated 110 million girls and young women are projected to be out of school by 2030, and food insecurity due to climate change is projected to affect about 64% more women and girls than men and boys. UN Women highlights increased sustained funding, greater collaboration among stakeholders, and policy actions that promote women's empowerment and address gender disparities globally as necessary interventions to accelerate the achievement of gender equity.[2,3]

Regional perspective

While there are several similar themes in some areas of gender equity globally, the situation varies regionally. As of 2022, the estimated overall gender gap closed across eight categories of regions is 69.1% in Central Asia, 76.9% in North America, 69% in East Asia and the Pacific, 76.6% in Europe, 72.6% in Latin America and the Caribbean, 63.4% in Middle East and North Africa, 62.4% in South Asia and 67.9% in Sub-Saharan Africa.[4]

In South Asia, many women and girls suffer grave effects of patriarchal values and harmful gender norms that discriminate against them. 1 in 4 girls are married before their 18th birthday, and women and girls are three times less likely to go to school, have five times less access to digital technology, are less prioritised for food, earn typically 70%-90% less wages than men in some Regions, and are more prone to sexual violence. Consequently, 46.5% of young women have no formal education, training or employment opportunities.[5] It is projected that by 2030, the rate of women and girls affected by extreme poverty and lack of food in Asia will be between 1.0% - 6.8 % and 13.0% - 26.3% respectively.[6]

In many countries of the Middle East and North Africa region, women and girls are also affected by strict patriarchal rules, increasing their risk of violence and malnutrition and limiting their physical mobility, and access to the labour market. Consequently, the female labour force participation in this region is 18.4%, below the global female labour participation average of 48% and the male regional labour force participation rate of 77%. In addition, unpaid childcare work in the region implies that women spend five times more hours than their male counterparts on outstanding care work, bringing the female unemployment rate to 15.6%, five times higher than the world average. [7,8]

Likewise, in Latin America and the Caribbean, the issues of gender inequities disproportionately affect women and girls at personal, familial, social, and political levels. Due to stereotypically assigned gender roles, many girls have less time to commit to academic work as they are disproportionately burdened with domestic tasks than their male counterparts. In addition, the region accounts for the second highest rate of adolescent pregnancies in

the world, with 63.1 in 1000 live births being by adolescents aged 15 - 19 years. Furthermore, 21% of women and girls in the region between the ages of 15 - 49 are reported to have experienced physical and/or sexual intimate partner violence.[9][10]

In Europe, due to unequal share of paid and unpaid labour and pay discrimination, the gender pay gap in 2021 was 12.7%, with women earning 13% less than men. Furthermore, as of 2022, women were 10.3% less likely to be employed than men. In addition, 10 in 20 women have experienced sexual harassment, and 2 in 10 women have encountered physical and/or sexual violence from an intimate partner.[11,12].

In Northern America, women are paid 82% of their male counterparts' wages. Furthermore, 1 in 3 women and girls have experienced some form of gender-based violence.[13][14] By 2030, the rate of women and girls in North America and Europe affected by extreme poverty and lack of food will be 0.5% and 8.9%, respectively.[15]

In Sub-Saharan Africa, harmful gendered practices and patriarchal norms are a deterrent to the achievement of gender equity. Whereas women in this region work 50% more hours than men, including domestic work, the men earn disproportionately more than women. In regard to political representation, only 16.1% of parliamentarians are women. This region also accounts for the highest rate of domestic violence, with 30% of women having experienced intimate partner violence.[16][17][18]. As of 2020, the maternal mortality rate was at 545 deaths per 100,000 live births. It is projected that, by 2030, the rate of women and girls affected by extreme poverty and lack of food will be 32.5% and 48.6% respectively.[19]

Discussion

1. Gender Equity and Agenda 2030

The Sustainable Development Goals (SDGs 2030) are the global agenda that the UN adopted to achieve development worldwide through addressing the existing global issues that face it. [20] Looking at the goals through a lens that takes gender equity into account is essential because it is all interrelated to gender and its intersections. Through every goal, there is one axis or more tying it to the efforts towards gender equity. [21]

- **SDG 5: Gender Equality.** This SDG consists of 9 targets, with 14 gender-specific indicators.[21] At the current rate of working for the goals, the world is off-track with achieving gender equity, with only 15.4% of the SDG 5 indicators on track. [21]

5.1 "End all forms of discrimination against all women and girls everywhere". According to a 2023 report, 2.4 billion working-age women lack the same legal rights as their male counterparts, where they only enjoy 77% of those rights, except for 14 countries that have achieved full gender parity. [22] The UN estimates that closing these legal protection gaps and removing the discriminatory laws would take 286 years at the current rate. [23]

5.2 "Eliminate all forms of violence against women and girls". In 2017, 1 in 5 women and girls between 15-49 years reported being subject to intimate partner violence, whether physical or sexual. [21] That data misses older women who are outside the range of the age group and are vulnerable to violence, such as economic abuse and neglect perpetrated either by an intimate partner or a close relative in general. [24] This only increased during the COVID-19 pandemic, where 34% of women 60 and older reported being subjected to violence or knowing someone who was since the start of the pandemic. [25]

5.3 "Eliminate all harmful practices". This includes practices like child marriage and Female Genital Mutilation (FGM). 650 million girls worldwide were married before the age of 18, and each year another

12 million are added to the number. [26] It is estimated that 300 more years are needed to end child marriage at the current pace. [23] More than 200 million girls and women alive underwent FGM in 30 African, Middle Eastern and Asian countries where the practice still exists. [27]

5.4 "Recognize and value unpaid care and domestic work", which is 10.8 trillion dollars yearly. [28] Women perform unpaid work 2.6 times more than men, spending 18% of their day on it, while men only spend 7%. [21]

5.5 "Ensure women's full and effective participation and equal opportunities for leadership". Currently, women hold 26% of national parliamentary seats globally. [29] It is mainly achieved through temporary special measures such as representation quotas that are installed to ensure their participation. That is evident in 2022 in the 30.9% of women in countries with parliamentary quotas as opposed to the 21.2% in countries with no such measures. [23] The impact of the time consumption of unpaid care work also resonates here, limiting women's participation in public life and leadership. [21]

5.6 "Ensure universal access to sexual and reproductive health and rights". SRHR services are essential towards achieving gender equity and mitigating the gaps in healthcare. Just 52% of women who are married or in a union can freely make their own decisions about their own sexual life and health, including contraceptives. [21] Adolescents also face such problems, prominently the adolescent pregnancy rate. Yearly, 21 million girls in the 15-19 years age group get pregnant, and 12 million give birth. [30] This is a shared goal with SDG3: Good Health and Well-Being, goal 3.7.

5.a. "Undertake reforms to give women equal rights to economic resources". Women face various difficulties in obtaining and maintaining ownership over land, financial and natural resources, and property. They encounter deep gender inequities in these areas, with data available showing a mere 12.8% share in agricultural land ownership. [21]

5.b. "Enhance the use of enabling technology, particularly information and communication technology". A significant gender divide exists in accessing ICTs especially the internet, with 65% percent of women globally using the internet compared to 70% of men. [31] Further discussion on this topic is found in the "Gender equity in the digital age" section.

5.c. "Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality". This involves the implementation of gender-responsive laws and legislation, coupled with gender budgeting and tracking the allocations to each, despite the challenges involved [21] Further discussion on this topic is found in the "Funding and Sustainability in Gender Equity" section.

- **Other SDGs.**

Each non-specific goal of gender equity still holds ties to achieving it, and inequity could be recognised within the issues they address. [21]

- **SDG 1: No poverty.** This SDG consists of 7 targets, with six gender-specific indicators. [21] Poverty disproportionately affects women as women under the age of 40 are more liable to being poor than men are. There are 4.4 million more women than men, living on less than 1.90 USD daily. [21] They also typically earn 20% less than men, estimated at even less when they are with children. [32]

LGBTIQ+ individuals were not exempt from poverty either, with approximately 22% of them in poverty compared to 16% of straight and cisgender people. [33] In a 2015 survey about transgender people, living in poverty was at a rate of 29% of the respondents. Out of the same respondents, 30% said that they were homeless at some point due to the fact that they were transgender. [34]

- **SDG 2: No hunger.** This SDG consists of 8 targets, with one gender-specific indicator. [21]

Poverty already has implications for the hunger situation and the issue of food security. (FAO) That makes the challenges of poverty in women and LGBTIQ+ people extend to food and lead to hunger and food insecurity all over the world. That means that out of the 9.2% of people of the world's population that are subject to chronic hunger, there are 150 million women in 2021, more than hungry men. [21] [35] [36]

- **SDG 3: Good health and wellbeing.** This SDG consists of 13 targets, with six gender-specific indicators. [21]

The inequity in health is present until now, with 5 million women, children and adolescents dying yearly from preventable causes. [37] Eight hundred thirty women die daily from preventable causes related to pregnancy and childbirth. [38] This amounts to the global maternal mortality rate of 223 per 100,000 live births in 2020. [39]

Out of the 39 million people living with HIV, 53% were women and girls, 10.3% were transgender people, and 7.5% were men who have sex with men. Women and girls accounted for 46% of the new infections in 2020, and up to 77% in sub-Saharan Africa were young women and adolescent girls. [40]

Women and girls are not the only ones affected; LGBTIQ+ people have poor access to healthcare as well when compared with the general population. There are specialised needs for transgender people's health that are not met, from hormonal therapy and gender affirmative care to reproductive needs such as cancer screening and contraception, which are not consistently addressed in healthcare and are hugely varied across all countries. [41]

- **SDG 4: Quality education.** This SDG consists of 10 targets, with eight gender-specific indicators. [21]

Gender parity is mostly achieved in the pre-primary schools, where 44% of children are enrolled. However, in Southern Asia, there are only 94 girls for every 100 boys, representing an 18% enrollment rate. [42]

Despite the overall increase in girls' school enrollment, approximately 48.1% are out of school in certain regions. [21] Out of the 129 million girls globally who are out of school, 97 million are deprived of secondary education. This is attributed to various cultural reasons, including Gender-based violence, poverty, child marriage, or instances where school facilities fail to meet the safety and hygiene needs of attending girls. [43]

In tertiary education, women outnumber men, constituting 52% of individuals in higher education. The “Gender parity index” (GPI) at the tertiary level favours women across all education levels globally, except for at the PhD level. [44]

Education facilities should be safe, non-violent, and inclusive to all children. [45] However significant violence is present in learning environments that are targeting LGBTIQ+ students with forms of homophobia and transphobia. This violence even extends to heterosexual students perceived to be gender non-conforming, leading to potential school dropout. In Argentina for instance, 45% of transgender students dropped out. [46]

- **SDG 6: Clean water and sanitation.** This SDG consists of 8 targets with no gender-specific indicators. [21]

Despite not having any gender-specific indicators, water and sanitation still constitute a large part of women’s lives, and their lack may lead to serious health problems. [21] There is an increased burden on women and girls in 80% of the households with no proper access to water to collect water for household consumption. This contributes to them having less time for other aspects of their lives, such as education and employment. [21]

Menstrual hygiene for women, trans men, and nonbinary persons typically requires Water and Sanitation (WASH) facilities.[47,48]

- **SDG 7: Affordable and clean energy.** This SDG consists of 5 targets with no gender-specific indicators. [21]

The reliance on solid and unclean fuels in 64% of global households poses a risk to women’s health and lives since they typically spend more time at home and are more subjected to it. It is the highest in the households of sub-Saharan Africa (85.7%) and Oceania (86.2%). [21]

- **SDG 8: Decent work and economic growth.** This SDG consists of 12 targets, with seven gender-specific indicators. [21]

There persists division of labour into men’s and women’s jobs according to gender stereotypes, which impacts women’s work quality and conditions. [21] That creates a gender pay gap that makes women earn 0.77\$ for every 1\$ a man earns. [32]

However, the type of gender inequity against gender non-conforming people exists in another dimension. Barriers such as the incongruence of their legal names and gender identification with their social presentation could lead to challenges regarding employment processes or even harassment. [49] This makes the rate of LGBTIQ+ people’s unemployment in the US thrice that of regular citizens, as per a 2015 survey data.[34]

- **SDG 9: Industry, innovation and infrastructures.** This SDG consists of 8 targets with no gender-specific indicators. [21]

In innovation, 28.8% of researchers are women, which remains less than 1/3 of the researchers in the world. This exists through a wide variation across all the regions of the world. Australia and New Zealand make up 52% as well, and 47% are in Latin America and the Caribbean. On

the contrary, East and Southeastern Asia 25%, Central and Southern Asia 33% and sub-Saharan Africa 31%. [21]

- **SDG 10: Reduced inequalities.** This SDG consists of 10 targets with one gender-specific indicator. [21]

This goal tackles all forms of discrimination between countries and within them. Its focus on reducing inequalities in every aspect and empowering people who face discrimination is to ensure a dignified life for everyone. [50]. This includes tackling a variety of social, economic and political exclusion. [51]

The “Global Acceptance Index” (GAI) developed by the Williams Institute to measure the acceptance rates of LGBTIQ+ people in 175 countries shows that the lowest rates in 2020 are Moldova, Ethiopia, Mauritania, Azerbaijan and Zimbabwe. It also shows that their rates decreased over time between 2010 and 2020. [52] There is a limitation in finding the exact extent of discrimination against LGBTIQ+ people due to the difficulty in measuring their number within a population. [41]

- **SDG 11: Sustainable cities and communities.** This SDG consists of 10 targets with three gender-specific indicators. [21]

Various challenges face women within their societies, rendering those cities unsustainable and frequently unsafe for women. Things like sexual harassment on public transport and their inability to hold land and property threaten their public life. Further, more than 50% of women and girls reside in slums where they are more liable to lack of clean water and sanitation, less living space and sustainable housing. [21]

- **SDG 12: Responsible consumption and production.** This SDG consists of 11 targets with no gender-specific indicators. [21]

Women and girls are more likely to use public transport rather than drive a private car, which contributes to reducing their material footprint as consumers. This necessitates gender-responsive strategies to make public transport a less hostile environment for them. [21]

- **SDG 13: Climate Action.** This SDG consists of 5 targets, with one gender-specific indicator. [21]

Climate change disproportionately affects poor and rural women who depend on agriculture because of its effect on crop yields. [21] These women are estimated to be a quarter of all women with economic activity. [53]

More than 11000 natural disasters reported are attributed to climate change and increasingly extreme weather events. [54] When such disasters occur, women and children are 14 times more likely to die than men. [55] The aftermath also carries risks of vulnerability to gender-based violence- especially sexual violence- as well as the lack of safety and access to shelters. [56]

- **SDG 14: Life below water.** This SDG consists of 10 targets with no gender-specific indicators. [21]

Women's livelihoods, especially in seaside cities, depend on fisheries and aquaculture. Within this field, they are still discriminated against and subject to inequities through inaccessibility to technologies to run those fisheries efficiently and being involved in secondary roles. [21]

- **SDG 15: Life on land.** This SDG consists of 12 targets with no gender-specific indicators.[21]

Poor women's inability to possess private land makes them more dependent on forests to meet household food and fuel needs. [21]

- **SDG 16: Peace, justice and strong institutions.** This SDG consists of 12 targets, with six gender-specific indicators. [21]

Despite the increasing recognition of the gendered nature of conflicts and the importance of keeping it in perspective to uphold peace, women's underrepresentation in governance institutions remains an obstacle. In contrast, the shortcomings of these institutions currently continue to fail them.[21]

- **SDG 17: Partnerships for the goals.** This SDG consists of 19 targets with one gender-specific indicator. [21]

Achieving the SDGs for women and girls requires a supportive environment, increased partnership and cooperation, mobilisation of resources, and technological progress through effective collaboration. [21]

- **Intersectionality**

It is a framework facilitating the understanding of the multifaceted nature of injustice people face. It originated within the Black racial and social justice movements in the 60s-70s, first coined by Dr. Kimberlé Crenshaw. [57] "In essence, Intersectionality is a way of thinking about identity and its power relationship," was how she described it in 2015.[58]

It examines the patterns of interconnected oppressions and privilege that interplay in an individual's life and the context of society. Age, sex, gender identity, disability, sexual orientation, education, social class, minority status and indigeneity are all to be taken into consideration. [57]

The 2030 agenda's core is to leave no one behind and reach those in most need of it. That includes covering all the inequalities and discrimination to reach everyone. Through this, the UN entities strive to leave no one behind by promoting human-rights-based development policies and programs that can address inequity and the specific needs of groups facing intersectional discrimination. [59]

2. Legislation Discrimination

Women currently have only about three-quarters of the legal rights that men have, and almost 2.4 billion women who are of working age still don't have the same legal rights as men.

When laws limit women's voices, don't protect them from violence, or maltreat them at work and in retirement, it makes it hard for women to participate in society and share their talents and skills fully. These legal restrictions hold back progress and stop women from reaching their full potential. The laws that affect women cover everything from basic rights like safety and freedom to more complex issues like balancing work and parenting,

owning property, getting credit, and inheriting what is rightfully theirs. The law plays a big role in shaping women's opportunities in different parts of their lives [60].

Gendered restrictions on freedom of movement around the world have been recorded. In 56 countries, the law treats men and women differently regarding the freedom to move around. For instance, in eight countries, a woman doesn't have the same travel rights as a man, and in 14 countries, a woman can't leave her home whenever she wants. Additionally, in 34 countries, a woman doesn't have the same freedom as a man to choose where she wants to live [60].

Across nations in all regions, women face challenges in marriage legislation. In 17 countries, the law dictates that a married woman must follow her husband's orders, and in 28 countries, the law designates the husband as the head of the household. Around the world, 89 countries need legal changes to empower women in marriage and allow them better decision-making. Unfortunately, 46 countries still restrict a woman's ability to get a divorce. Shockingly, 30 countries don't have any laws against domestic violence. Even in the other countries, many don't specifically prohibit economic and financial abuse. While many countries let victims of domestic violence get protection orders, only 30 countries allow survivors to get one right away or within 24 hours. In 25 countries, it takes two to seven days, and in 19 countries, it takes more than seven days [22].

In general, there is a scarcity of actions and, specifically, long-term plans to tackle the childcare crisis. A study of 159 countries found that when maternity leave is shorter than 30 weeks, more women tend to join the workforce [61]. While maternity leave days increased globally, paternity leave saw only slight growth. The Middle East, North Africa, and Sub-Saharan Africa had notably low paternity leave averages in 2021, with fathers getting around 2.0 and 2.7 days, respectively. The COVID-19 pandemic has worsened gender imbalances in caregiving, impacting women's jobs [60].

Women face legal gaps and challenges in the workplace. Studies demonstrate that workplace sexual harassment creates economic problems for individuals, employers, governments, and society as a whole. Shockingly, 46 countries worldwide don't have laws against sexual harassment at work. Among the 144 countries that do, 8 lack ways to address it through legal or criminal means. In the majority of the countries, legally women can choose where they work and there are laws protecting them from workplace discrimination and harassment. However, 70 countries still need to work on reforming and improving workplace gender gaps. For example, in 18 countries, a husband can legally stop his wife from working [60].

Research in the United States shows that if women were paid the same as men, the poverty rate for all working women would nearly halve. Only half of all countries in the study made by the World Bank have laws requiring equal pay for men and women doing equivalent work. In 21 countries, women are not allowed to work night hours like men, and in 69 countries, they face restrictions in industrial jobs. Additionally, 53 countries prohibit women from working in jobs considered dangerous [60].

Women's opportunities in entrepreneurship and finance and their ability to start a business is affected by the law. Unfortunately, 104 countries don't have a specific law against gender-based discrimination in credit access. In seven countries, women face legal restrictions in registering a business like men, and in six countries, women can't open a bank account in the same way as men [62].

The gender gap in assets-owning laws show challenges and inequalities. In many poorer countries, there are noticeable differences in property ownership between men and women, especially in rural and impoverished areas. A global issue is that 43 countries don't ensure equal inheritance rights for husbands and wives, and 42 countries restrict daughters from inheriting property in the same way as sons [63].

Women living with disabilities are overlooked in the legal frameworks. Out of 71 countries, all mention equal rights for people living with disabilities in their constitutions, but none specifically address women living with disabilities. Disability laws often use neutral language and don't adequately consider the specific needs of women living with disabilities, who experience additional forms of discrimination [60].

Reforms in the legal frameworks have been observed on a global scale. However, Improvements in treating women equally under the law are slower than they have been in 20 years. Many changes have concentrated on giving more paid time off to parents, removing restrictions on women's work, and ensuring equal pay. Successful reforms in developing countries in Africa and Asia are attributed to several factors including international mandates, support from development partners, women's group activism, multi stakeholder coalitions, and the use of research and data [60].

3. Funding and sustainable infrastructure

3.1 Gender-sensitive budgeting

According to the UN Women action kit, "Gender responsive budgeting (GRB) is the process of formulating, approving, implementing, monitoring, and auditing the Annual State Budget (ASB) to ensure the budget is responsive to the needs of both women and men".[64] It is a means to achieve gender equity as part of gender mainstreaming. It is not about spending equal amounts on each gender but rather that it addresses their needs adequately. That is, because all women's needs are different and must be considered with an intersectional lens to identify them.[65] [64]

Gender-sensitive financing is self-sustaining due to the positive economic feedback its effects carry. This is because it generates resources that can help address other sustainability goals and creates fiscal space. [66] It helps strengthen the national budgets' accountability and work towards the SDGs. [28]

3.2 Sustainability

The interplay between social protection, public services, and sustainable infrastructure in the achievement of gender equity is crucial to ensure the economic, social, and political empowerment of women. [67]

3.2.a Social protection

According to the ILO "International Labour Organisation", social protection is defined as "the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle. Social protection includes benefits for children and families, maternity, unemployment, employment injury, sickness, old age, disability, survivors, as well as health protection". [68] The main areas in protection measures are maternity, child and family care, unemployment, employment injury, sickness, health, old age, disability, and survival benefits.[67]

The social vulnerabilities necessitating these protections are often gendered in nature, on all levels. On the micro level, there is unequal division of household labour by gender and individuals have a limited sway on the decision making power and control over assets. On the meso level, there is limited mobility in the community and limited market opportunities paired with economic vulnerabilities. On the macro level, there is unequal division of market labour. [67]

Older women of retirement age often receive no pension, in contrast to men of the same countries. Even in countries with a lesser gender gap, they are still more likely to receive fewer pension benefits due to the lower wages they earn over the years and their earlier age of retirement. [69]

3.2.b Public services

Gender inequities that are present on all levels hinder access to public services such as healthcare, including sexual and reproductive health, education, and public transport. [67]

Gender-responsive public services are those that address women's need in the public spaces and aid in achieving gender equity. These services ensure women's social and economic inclusion and provide safe access to the public space. In addition, they alleviate some of the burden of harassment and violence towards women. They require the cover of gender responsive budgeting to realise them. [70]

An example is the Gender Desks in police stations which make it easier for women to report gender based violence. [67] Since its opening in Tanzania in 2008, the gender and child protection desk facilitated the reporting of sexual violence and provided access to the services needed post-reporting.[71]

3.2.c Sustainable infrastructure

Physical infrastructure:

Gender blind infrastructure causes women to have limited access to the basic services. Identifying existing challenges in equity leads to addressing the different needs of the society members and making the infrastructure more gender responsive. [72] Investment in sustainable physical infrastructure reduces the burden of unpaid care on women and helps free up time for them to spend in remunerative jobs and earn their livelihoods. This increases their bargaining power within their households. [73]

The time freed up from unpaid labour raises women's income by 17.7% annually. [66] An example of that is fetching water for the household, which is an unpaid and primarily female job. [74]The improvement of WASH facilities in low income countries lowered the time spent on this, as well as contribute the betterment of girls' school attendance. [66]

It is the right of all human beings to have access to safe, secure, and affordable housing. In many countries, women are among the groups that are vulnerable to face discrimination in housing or live in inadequate conditions. [75] Quality and adequate housing is beneficial to women in many ways through providing job opportunities, improving their health, mental and physical, and giving them a share in the decision making process in the household.[76,77]

Energy access for women has the potential to free up the time they spend on collecting fuel allowing them to invest that time into generating income instead. This is achievable through more sustainable energy types, such as the use of solar panels. [67]

Access to ICTs facilitates women's opportunities in the market and helps them find employment through bypassing other constraints that hinder women's access to public and economic life. [67]

3.2.d Social infrastructure:

Social spending on education and health that drive gender equity forward and contribute to a better productive economy are termed social infrastructure. This type of spending is not a pure expense but rather an investment that generates resources and creates fiscal space that helps drive forward development. [66]

According to some studies, closing the education gap between boys and girls can have a positive impact on economic growth, with per capita GDP growth rates increasing by as much as 1 percent per year. Additionally,

research has shown that gender inequalities in education can result in significant output losses, which could exceed \$60 billion in sub-Saharan Africa and rise to \$255 billion in the Africa region as a whole. [66] [78] [79]

However, further research is needed to determine the exact extent to which investing in social infrastructure contributes quantitatively. [66]

4. Gender Equity and Intersectionality

Vulnerable populations

Several forms of discrimination may interact synergistically to worsen the difficulties faced by women who are members of vulnerable populations such as ethnic minorities and immigrants, those living with disabilities, those living in remote areas, the LGBTQIA+ community, adolescents, and more. It is thus important to acknowledge that the systems of power and privilege that underlie society also shape the way gender disparities are experienced. As such, no analysis of gender-based discrimination is complete without consideration of the intersectional nature of inequity. [80] [81]

It is equally important to take into account the experiences of those from marginalised groups and different cultures or backgrounds to effectively identify and combat structural inequalities. Failure to do so may cause efforts to promote gender equity to exclusively address problems faced by women in less marginalised groups (for example, cisgender, heterosexual, middle/upper-class women) and misconstrue their experiences as universal for all women. For example, statistics on wage discrimination within the workplace can be skewed by lack of consideration of how age, disability status, visa and immigration status, sexual orientation, ethnicity, or other factors may affect the gender pay gap. [82][83] Furthermore, bringing intersectionality into the forefront may help build a more multicultural and critical view of the sexism and gender biases within society, and may magnify the voices of those with unique and diverse lived experiences. [81] In fact, truly equal outcomes for all cannot be achieved if some individuals are not represented properly in our efforts to deconstruct the systems of power and discrimination in society. [84]

Below are some examples of how gender equity impacts individuals from historically socially and economically marginalised populations. However, it is impossible to properly discuss how gender equity impacts every marginalised community in societies around the world, and equally impossible to represent the lived experiences of each individual within the populations listed below. Thus, it is crucial that any efforts to combat gender equity should take into account the unique experiences of the affected populations to develop complex solutions that also acknowledge and address other forms of inequity. [80] [80,81]

4.1 People living in rural and remote areas

In rural populations, women and girls face a multitude of structural, environmental and cultural constraints that augment the gender disparity faced on a daily basis. Issues such as cultural expectations of women, poverty, lack of access to infrastructure and commonplace patriarchal attitudes pose a threat to women and girls in communities with poor social mobility and a chronic lack of resources to improve living conditions.

Often, women are expected to carry out unpaid household chores for their families. This is complicated by the lack of infrastructure, and the burden falls on women to provide water, fuel, wood, and other resources for their household, increasing the time spent on labour without remuneration. For example, women spend over eight times more time fetching wood and water in rural areas of Malawi than men do. [85] As such, climate change and environmental degradation may also disproportionately impact the livelihoods of women, especially as

women typically rely on forests more than men do due to fewer occupational options, less mobility, and cultural responsibilities. [86]

Where women are employed in rural areas, they may be working as unpaid family workers or own-account workers, or, be paid significantly less than men doing the same work. Furthermore, their jobs are frequently more vulnerable, shorter-term and less protected than for their male counterparts. [85][85,87] Cultural familial obligations which confer time constraints, social norms about labour, and inequity in education and experience force female workers into low-skilled seasonal or part-time work with lower wages, poorer working conditions and limited social protection, and marginalises the voices of women in rural workers' and employers' organisations. [88][89] Additionally, women also have restricted access to productive resources. Less than 20 percent of landholders are women, and critical resources such as fertiliser, livestock, equipment and other services and assets required for agricultural labour are more inaccessible for female-headed households as compared to male-headed households. [85,89]

Education is an empowering tool for rural women to rise out of poverty and hunger, and to generate higher wages and gain more decision-making power within their households, as well as increase the productivity and yield of food harvests (by, for example, teaching women about pesticide use and agricultural procedures). [85,89,90] [91] However, access to education is highly disproportionate between men and women in rural communities, often due to a greater prevalence of issues relating to cost, social and cultural barriers, labour obligations, and geographical distance. As such, over two-thirds of the world's 796 million illiterate people are women, primarily those living in rural areas. [87][92][93] This widens the discrepancy between genders, and ensures that inequity sustains itself into future generations.

Medically, access to care services may be limited in remote communities. This increases the burden of care-giving on women in societies that place the responsibility of women to take care of the sick, conferring a heavy toll on their well-being, exposing them to infection, and increasing the probability that they may have to forgo education or employment. Furthermore, quality reproductive health services and antenatal care, as well as skilled health professionals during delivery, are less accessible for such women, increasing maternal mortality and the vulnerability of women in these communities. [85]

Victims of gender-based violence in rural and remote communities tend to experience assault and harassment for longer periods of time and with increasing levels of violence as compared to victims from urban populations. This is due to a multitude of unique and complex obstacles victims face when reporting or leaving their abusers. In tight-knit rural communities with a high density of acquaintanceship, perpetrators of gender-based violence can trap victims within the community. Victims may also be faced with financial insecurity and a lack of employment opportunities if they leave their abusers, with poor access to housing and welfare services. Other challenges faced include culturally constructed gender roles, the stigma of abuse and poverty, and the isolation of rural communities. [94]

4.2 People of colour and immigrants

It is well documented that for women of colour, the burden of discrimination is made worse by the synergistic effects of gender and race.

Minority, immigrant and indigenous women often have more limited employment opportunities, forcing them into low-paying or unstable employment situations. [95] For instance, studies have shown that given equal qualifications, applicants with immigrant backgrounds are perceived less favourably by employers. [95,96] This effect perpetuates itself, as the lack of ethnic representation in leadership positions contributes to multiplication

of inequity. Furthermore, within the workplace, women of colour may suffer from lower self-esteem and poorer mental health, and are more likely to be on guard due to the expectation of gender and racial bias, which further worsens the problem as it decreases individuals' willingness to engage in networking and work activities, and leads to higher turnover rates. [97]

For immigrants, anti-immigrant policies and sentiment and reduced rights protection from local governments may add an additional layer of difficulty in accessing the same opportunities as non-immigrants. For instance, Romani women may face issues accessing basic rights, healthcare, education, employment, and more. [98]

People of colour and immigrants have been shown to be at higher risk for sexual harassment and gender-based violence. Perpetrators of violence are conscious of power relationships, and choose to target more vulnerable women, for example, in workplaces. In addition, race-based violence often exists against women explicitly because of their ethnic or religious origins, especially when ethnic conflict produces a large number of female refugees who become more vulnerable to sexual violence. Due to poor protections conferred by the law, women in immigrant and minority groups are often also at higher risk for exploitation by traffickers that place them in positions which restrict their freedom of movement, or expose them to overt violence, forced labour, or forced marriage. [80][95][99][100]

4.3 LGBTQIA+ individuals

The patriarchal systems that form the basis of discrimination also creates restrictive expectations of gender roles, expression, identity, and sexual orientation. As such, the root of the marginalisation of the LGBTQIA+ community lies in the intersection between the misogyny and the homophobia and transphobia of society.

Individuals who transgress stereotypes about gender or sex, reflecting traits which are too "masculine" or "feminine", and individuals of non-heteronormative sexual orientations are placed at a higher risk of discrimination in employment opportunities, job security, and hostility or harassment in the workplace or at schools. They may also face overt forms of discrimination such as assumptions about gender or sexual orientation, physical violence, slurs, exclusion, suppression and more, leading to poorer health and economic outcomes for LGBTQIA+ individuals. [81][101][102][103]

Transgender women in particular experience transphobia on a daily basis, and may face significant financial difficulties, little or no access to career opportunities, poor organisational support, and day-to-day humiliations, such as have trouble accessing bathrooms that align with their gender identity or having to rectify their name and gender on documents. This is especially so during periods of gender transitions, when individuals are at their most vulnerable and require organisational support for their needs. [81,104]

Many efforts to achieve gender equity also leave out individuals who fall outside the gender-binary who are also affected by difficulties created by existing patriarchal structures, including individuals who identify as non-binary or intersex. [105]

Transgender, non-binary and intersex persons may also struggle to obtain official and legal recognition of their gender identities, and may often also have poor social support, predisposing them to significant health issues. [106][107]

4.4 Adolescents

Adolescence is a crucial and sensitive period for emotional and social learning, including the consolidation of gender norms and attitudes about gender equity. This presents a precious opportunity to shape positive beliefs

about gender and identity early, reducing the harm of gender inequity in the future generation. At the same time, gender norms and disparities become increasingly important from childhood to adolescence, posing risks to both adolescent girls and boys. Adolescent girls are more frequently lacking access to education, forced to drop out of school, burdened with unpaid work, expected to marry early, facing the risks of early pregnancy, being victims of human trafficking, and experiencing gender-based violence. Meanwhile, adolescent boys are more likely to be involved in hazardous child labour, are more at risk of death due to road injuries and homicides, and are more encouraged to engage in high-risk behaviours, such as smoking, binge drinking, and illicit drug use. [108,109][110]

4.5 People living with disabilities

Women with disabilities are often ignored or glossed over, and are faced with limited opportunities for social or financial mobility in society. The United Nations estimates that three-quarters of women with disabilities are unemployed and many more receive lower wages, leaving women with disabilities significantly poorer than men with disabilities and women without disabilities. Biassed attitudes and unique learning challenges also interfere with the quality of education children with disabilities get, which contributes to poorer opportunities in the future. Gender-based violence and sexual exploitation also disproportionately affect women with disabilities, who are twice as likely to be victims of gender-based violence as women without disabilities. Furthermore, women with disabilities are often denied reproductive healthcare or forced to be sterilised, or otherwise may find healthcare services less physically accessible, or that healthcare providers are less experienced in accommodating them. [111][112]

5. Gender Equity in Public Health Crisis

The world is experiencing an unprecedented surge in mass displacement. During emergencies, existing gender inequity tends to worsen due to sudden environmental changes. This exacerbation of pre-existing gender disparities poses specific challenges for women and girls during and after crises. Consequently, they face heightened insecurity, limited mobility, increased vulnerability to sexual exploitation and abuse, and a higher risk of gender-based violence [113].

The absence of healthcare in humanitarian situations significantly affects women's sexual and reproductive health. Sixty percent of preventable maternal deaths occur in emergency settings, as highlighted by UNFPA (2015). Historical events, such as the 1918 influenza, indicate elevated rates of miscarriages, while the SARS and MERS epidemics show higher odds of pregnancy-related mortality, including maternal, neonatal, and stillbirth deaths due to reduced antenatal care coverage. Empirical research reveals increased physical and sexual violence against women during the Ebola crisis in Sierra Leone, Liberia, and the Gambia, and recent studies indicate a rise in family violence risk during the COVID-19 lockdown. Additionally, the COVID-19 pandemic has disrupted the supply chains for modern contraceptives in some low-income countries, potentially increasing the risk of teenage pregnancies. Moreover, Public Health Emergencies (PHEs) can result in the breakdown of maintenance or supply systems, limiting the availability of essential hygiene products like soap and menstrual materials. Insufficient access to private, safe, and clean hygiene facilities can subject women to physical discomfort, shame, and stigmatisation during menstruation, hindering overall disease prevention efforts. The absence of fundamental services may also force women to travel extended distances to obtain water, escalating their unpaid responsibilities and diminishing the time allocated for education or income generation [114].

Nearly half of the global population of 70 million displaced individuals consists of children and adolescents under the age of 18. In crisis situations, girls are more prone to educational setbacks compared to boys. Sexual and gender-based violence is widespread in humanitarian environments, but it is often underreported, and formal

institutions have limited capabilities to prevent rape and harassment in adolescents in such settings. Due to concerns about the safety of girls and their protection needs, families frequently restrict girls' mobility, and their participation in social events may face further discouragement. This can adversely impact their physical and psychological well-being, contributing to an increase in child marriages and early motherhood in displacement contexts. This trend is often driven by a lack of alternative options for socioeconomic security and inadequate provision of sexual and reproductive health services and information [115].

Funding for gender equity initiatives is consistently insufficient. Gender-based violence services received only 0.12 percent of total humanitarian funding from 2016 to 2018, translating to an average of less than USD\$2.00 allocated to each vulnerable woman or girl at risk of GBV in crisis and conflict situations. In 2019, only 0.3 percent of humanitarian funding was directed towards GBV programming [113].

6. Gender Equity in the Digital Age

6.1 Gender digital divide

The gender digital divide is the gender disparity in access, affordability, utilisation and ownership of information and communication technologies (ICTs). [116]The inability to afford or access ICTs, decrease in technologically literacy, social biases and norms all could lead to digital exclusion on the basis of gender. [117]Women's likelihood to own smartphones is less than men by 26%. This number shows an increase in South Asia (70%) and Africa (34%). [116]

"There was also a gap between boys and girls in terms of access to the internet," were words that the UN High Commissioner for Human Rights said to the Human Rights Council in March 2023 while calling to reinforce Internet access as a human right. [118]Yet there is still a gender gap in internet access that is estimated at 11% from 2013-2017. [116]

Looking at the various things that divide the digital world by gender, the significant concerns over online safety play a key role [119], with social media at the forefront as an unsafe space where 68% of abuse of women and girls take place. [120]

6.2 Gendered disinformation

Disinformation is deliberately making and spreading false information and narratives with the intention of causing harm, deceive or mislead. [121] It could be gendered, where it is targeted specifically at women or gender non-conforming people to harass, discredit or ridicule them online as an intimidation tactic to silence them. [122]These campaigns may use gender roles and equity and sexuality narratives, which may be combined with race, immigration or religious aspects to incite fear, polarise public opinion or dismantle the social fabric.[123]

Through that, it creates a vicious circle of hate followed by self-censorship, limiting the women and gender non-conforming people's presence online, with 30% of women journalists self-censoring and 20% of them withdrawing from all online interactions because of harassment. [124]Women politicians also face these tactics to undermine and humiliate them through fabrication of sexualized tweets, imagery or videos with 42% of them subject to such attacks and 44% of them receiving threats online. [123] [125]

6.3 Technology-facilitated Gender Based Violence (TFGBV)

"An act of violence perpetrated by one or more individuals that is committed, assisted, aggravated and amplified in part or fully by use of information and communications technologies or digital media, against a person on the basis of their gender," is how the UNFPA defines technology-facilitated abuse. [126]

6.4 Digital Violence

Digital violence's overall prevalence, both experienced and witnessed, in the world is at 85%. [127] It includes various forms like cyberstalking, hacking, doxxing, image based abuse (IMA), revenge porn, hate speech,

sextortion, online impersonation, online grooming and online gender and sexual harassment. [128] However, it is noticed that people with intersecting identities are more likely to be harassed, like black women in politics and journalism being targeted for hate speech 84% more than white women. 22% of LGBTQ+ people experienced online harassment over the course of one year. [129]

Furthermore, 74% of women surveyed in the same previous survey were concerned that such online threats would extend to the offline setting. [127] That is because the phenomenon does not exist apart from the “real world” violence and should not be separated from it since they follow the same patterns of behaviour that experts recommended viewing online violence as a continuation to its offline counterpart. [130]

6.5 Internet of Things (IoT) facilitated GBV

ICTs are not limited to the online world with its social media only, since there is a recent rise of various devices that operate through connection to the internet, dubbed the Internet of Things. They range from smart TVs to even smart refrigerators and even washing machines. These devices' setting up and installation collect information from the user end and retain this data then share it with various parties which makes the data vulnerable to be extracted. [131]

The data extracted could be sold to 3rd parties and weaponised to facilitate gender based violence. [132] From stalking to collecting photos and videos of women and to intimate partner violence, these are all ways the IoT devices could be abused.[131]

- Workplace discrimination and representation (focus on workforce overall not just health workforce!)
 - Workforce participation
 - economic discrimination
- Gender-Sensitive Medicine and Education
 - Gender-responsive health system [include how legislation affect building a gender-responsive health system and also the role of health professionals]
 - Academic
 - patient education

7. Workplace: discrimination and representation

Discrimination at work is defined by the ILO (International Labour Organization) as: “any distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin (among other characteristics), which has the effect of nullifying or impairing equity of opportunity and treatment in employment or occupation.” Although many forms of discrimination were reduced, less evident aspects have yet to be thoroughly tackled since their weight and visibility are highly subjective depending on the country involved. In terms of intersectionality, those facing prejudice based on their gender may also face discrimination based on their other identities, such as their migration experience or their indigenous statuses, which accumulates to the overall feeling of being underprivileged at the workplace. [133]

Thus, eliminating discrimination benefits both workers and employers by boosting morale and self-esteem among the employees and ensuring the creation of a safe space, which in turn propels productivity and proficiency. [134] From an economic angle, narrowing the gender disparities in workforce engagement could significantly amplify the global GDP. Regions where these gaps are most prominent stand to gain substantial growth advantages. Additionally, numerous advanced nations would experience notable rises in their average yearly GDP growth, which is especially significant during periods of nearly stagnant economic growth. [133]

7.1 Workforce participation

Women continue to be under-represented in the workforce, where it is often more difficult to find a job than their male counterparts for various reasons. Despite increasing rates of women's employment within countries such as Burkina Faso and Qatar in the past century, the women-to-men ratio in labour force participation globally stagnates at 68.2%, as of 2022. At the extremes, Yemen has the highest gender gap at 61%, with only 6% of women enrolled in the workforce, whereas Burundi has the lowest gap at -1.6%, with 79% of women working. [135] Moreover, 47% of women worldwide are participating in the labour workforce, whereas the number jumps to 72% for men, making a difference of 25%. [133]

Unemployment is defined as people who are available for and are seeking jobs but do not have one. Women wanting to work have a greater challenge to find a job, especially in the Northern African and Arab states where the unemployment rates are over 20%. In Iraq, the gender gap in unemployment is highest, with 32.8% women versus 11.3% men without a job. Even in situations where both genders have difficulty finding work, there is an overrepresentation of women engaging in low-quality tasks and vulnerable circumstances, such as taking up household chores or helping in their relatives' businesses, compared to men who are more prone to turn to self-employment alternatively. [133][135]

This phenomenon is due to the perpetuating concept of gender roles, where societal, cultural, or religious pressures reinforce the duties attributed to women while forbidding them to take on similar jobs to their gender counterparts, including less financially beneficial jobs related to domestic care work for example. [133] Overall, women spend more time than men working both paid and unpaid jobs. Within low and middle-income countries, women are responsible for three-quarters of the household chores, whereas, in high-income countries, they are responsible for about two-thirds. [136] Childcare duties also fall within the gender roles of being a mother. The time spent on unseen labour translates to time lost for potentially seeking or working in a paid job. For the same reasons, they tend to seek jobs allowing flexibility, which are often lower in pay. [137] The balance between work and family impedes women from seeking better work conditions and opportunities.

Within the leadership roles of the workforce, there is a visible lack of diversity due to the prominence of occupational gender segregation. For example, globally, within the national parliaments, 26% of seats are assigned to women, reaching the lowest at 0% in Yemen and the highest at 61% in Rwanda. [138] Within the healthcare sector, women comprise 70% of this workforce, yet they hold a mere 25% of leadership positions on all levels. Even within the global health sectors, the presence of women in high-level policy-making positions remains limited, with only approximately 25% occupying the most impactful leadership and governance roles. Other examples are that women represent 5% of the Fortune 500 CEOs but take up 39% of the global labour force. [139] To explain this phenomenon, research has stated that the lack of representation in leadership positions stems from unfairness rather than lesser capabilities. Indeed, starting from the recruiting phase, women face biases during their portfolio assessment, particularly when applying to roles in a male-dominated field. Furthermore, female leaders are evaluated more critically and are appraised with higher performance standards than men. This phenomenon is amplified when women act more assertively within the workplace, which goes against their expected societal qualities. [140]

Another persisting issue is the sexual harassment found in the workplace, stemming from the misuse of authority involving women as victims and men as perpetrators. Oftentimes, those coming from lower socioeconomic situations, from indigenous origins or ethnic minorities, or of non-cisgender identities are more at risk of being subjected to sexual aggression. Globally, 8.2% of employed women encountered sexual violence and harassment during their working years, while the figure stood at 5.0% for men. Fuelled by traditional gender stereotypes, sexual harassment can worsen prevailing gender disparities within the workforce, including lower

female participation and the tendency for women to be directed into lower-paying sectors or positions with limited advancement opportunities. This further amplifies the unequal standing of women both in work environments and within societies. [141,142]

Moving beyond the binary notion of gender, the majority of transgender individuals also encounter negative job consequences at work, intersecting with factors such as age, education, and racial background. No conclusive data can be extracted concerning their participation in the workforce due to the limited research on this subject. Still, studies have shown worsening negative job outcomes related to inconsistent transgender inclusivity in the workplace. [143] Overall, there is evident inequity in workforce participation, especially for women, due to outdated societal beliefs stored in a male-dominant mentality, thus impacting the mobility and freedom of female workers within the job market.

7.2 Economic discrimination

Most gender pay gaps cannot be explained by variables such as age, experience, education, hours worked, or chosen field. Thus, economic discrimination in favour of men and against women continues to be at the centre of the issue named the gender pay gap. According to UN Women, globally, women make 77 cents for each dollar their male counterpart makes, “a gap that will take an estimated 70 years to close.” The wage disparity based on gender and the lack of legislation enforcing equal pay in numerous nations results in reduced lifetime earnings for women, limited access to work-related benefits, and increased poverty among elderly women. [139] Thus, female workers are more likely to be paid poorly for the same work, time, and position, which further puts them at risk of poverty and denies them social protection and employment contracts, particularly in the Global South. [133] All of the aforementioned issues reflect on pensions. With lower access to social protection, lower salaries, fewer working hours, and higher rates of informal work, women above retirement age receive a pension that is 65% lower than men’s. [133][144]

Education played a significant role in the gender pay gap, but its influence has diminished in recent years. Indeed, in most nations, women achieve higher education compared to their male counterparts within the same field but still earn lower salaries, with less hierarchical mobility and less salary upgrade if they were to get a promotion. [140] As for countries outside the high-income category, many women cannot access further educational institutions; thus they resort to unofficial employment and female-majority industries. [139] Studies have shown a relationship between greater women’s representation in a job and lower monetary compensation. Moreover, gender-based variations in remuneration are 14 times more substantial than differences observed in performance evaluation scores. Even in wage arrangements, women tend to not engage in negotiating their salary, thus, contributing to the gender pay gap. However, even if they were to do so, they would still be less likely to be compensated fairly. This phenomenon can be explained by the lower value associated with women and their work due to the societal norms and perceptions of men holding greater values and statuses in comparison. [140]

Another contributing factor is the “motherhood penalty,” which allows justification of lower salaries solely based on the ability to bear pregnancy. In contrast, married men and those with dependent children will receive a “fatherhood bonus,” resulting in higher earnings than single men. Statistically, the pay gap spans from 1% or less in nations like Canada to 30% in Turkey. A Denmark study reveals that the increasing salary pattern over the years stands true for women and men who do not have a child, as well as men with a child, but it is not the case for women with a child. Moreover, salaries rapidly decrease and never fully recover for women who get pregnant during their careers. [133]

The regulations set by the ILO require a minimum maternity leave duration of 14 weeks, which has been achieved by 120 countries as of 2021. However, 64 nations do not meet that minimum maternity leave duration, meaning that 30% of prospective mothers worldwide do not have access to adequate time off to recuperate after childbirth and care for their newborns. Additionally, the monetary benefits from maternity leave should be sufficient to ensure the well-being of both the mother and the child, preventing them from falling into poverty or facing hardship. In 2021, 123 nations will provide complete compensation during maternity leave, benefitting 90% of prospective mothers residing in these countries. Nonetheless, in 13 countries, monetary benefits during maternity leave are less than two-thirds of the individual's prior earnings, and in 3 countries, maternity leave lacks compensation or is entirely unavailable. [145] Although various nations have some level of maternity support in the workforce, approximately 60% of pregnant individuals lack a legal guarantee of leave. Nearly 66% are devoid of any legal entitlement to paid maternity leave. This absence of coverage significantly affects women's capacity to maintain stable employment and can prevent their return to work following childbirth. [133] Given the current rate of progress, it will require a minimum of 46 years to establish basic maternity leave rights in the 185 countries assessed. [145]

Regarding paternity leave, the average across the world remains at 9 days, with large differences between the regions. This signifies a global gender leave gap of 16.7 weeks when compared to the average of 18 weeks of maternity leave. Worldwide, paternity leave, when offered, is compensated, except in 13 nations, which make up 30% of prospective fathers. Consequently, insufficiently compensated paternity leave dissuades fathers from taking time off, perpetuating disparities in the division of unpaid caregiving responsibilities between parents. [145]

8. Gender-Sensitive Medicine and Medical Education

Gender-sensitive medicine directs attention towards the impact of both biological disparities (sex) and socio-cultural power dynamics (gender) on healthcare. It examines how both sex and gender influence health behaviours, disease development, diagnosis, management, and their long-term implications. Moreover, this topic delves into the healthcare system's structure, exploring how cultural norms influence workforce composition and opportunities, consequently affecting the quality of care and research direction. [146]

Understanding disparities related to sex and gender in medicine remains limited. The systematic integration of research sensitive to sex and gender has not yet become standard practice. This results in substantial gaps in evidence, particularly concerning the diagnosis and treatment of diseases in women and the categorisation of their symptoms as "unusual." Presently, the mandatory inclusion of female participants in clinical trials is in place. Yet, this doesn't automatically guarantee detailed analyses based on sex, potentially restricting the development of targeted treatment approaches specific to each gender. [147]

To rectify inequitable practices that often put women at a disadvantage, strategies need to be participatory and incorporate community-based knowledge. Initiatives for health promotion should address systemic hurdles, aiming to reshape gender stereotypes. The alignment of gender between users and healthcare providers can significantly influence the acceptance of gender-targeted services and also the professional trajectories of women researchers within the academic realm. [146]

Patient Education

Recent literature has shown the interconnection between biological variances and societal gender traits. In healthcare, medical practitioners may be perpetuating health gaps, particularly through gender bias in clinical situations. Two primary biases are outlined: "gender stereotypes," wherein men and women unnecessarily receive different management, and "gender blindness," which involves overlooking existing differences that hold clinical significance. [148] Consequently, gender influences the prescription of preventive measures and the

recommendation or acceptance of invasive treatments. Behaviours associated with gender play a role in risk exposure and preventive actions for various diseases. This idea is notably shown in the cardiovascular domain, where women frequently underestimate their risk compared to men, thus delaying seeking treatment for heart attacks.

Research indicates that female doctors employ communication methods to encourage conversations about preventive health matters with patients. In contrast to their male counterparts, female physicians conducted lengthier medical consultations, invested more time in establishing rapport, posed more open-ended queries, and offered additional information on biomedical and psychosocial subjects. This observation illustrates the potential differences in the amount of details extracted from a medical visit depending on the practitioner's gender. Other discoveries indicate noticeable variations between concordant gender dyads (patient and doctor being of the same gender) versus discordant ones (patient and doctor not having the same gender), where concordant medical visits showed greater proficiency in comprehending the patient. [149] Thus, it can be said that gender influences the construct of therapeutic relationships of patients and doctors and vice-versa.

Taking a gendered approach in medicine involves inclusive patient education and finding methods to improve the management of diseases that are often overlooked, such as ischaemic heart diseases and chronic obstructive pulmonary diseases in women, mood disorders in men who may present with specific symptoms that are not accounted for in the Diagnostic and Statistical Manual of Mental Disorders (DSM), and even bone loss which was underestimated as a post-menopausal disease until recently. Most existing medical guidelines and protocols lack specificity regarding gender or sex. In cases with evidence-based data, it is crucial to create practice recommendations based on gender and implement health system campaigns following such protocols. For diseases where the standard for diagnosis does not apply to all genders, it is essential to establish new diagnostic norms based on reference populations. Overall, this change in practice can render better prevention and enhance patients' knowledge of their health. [148]

Academic Contexts

As healthcare practitioners, communication is necessary when interacting with colleagues and patients, especially due to the sensitive nature of announcing diagnoses and disease management. Understanding the sensitivity surrounding gender and the use of inclusive language is essential, particularly for medical students. For example, research indicates that individuals within the LGBTIQ+ community often experience heightened mental stress and frequently feel uncomfortable while encountering medical professionals. Having lived in predominantly heterosexual and binary societies, they might feel discomfort, fear, or resistance during medical examinations that require body exposure or physical contact. In this case, the lack of gender sensitivity may lead to unintended harm to the patient and hinder the diagnosis or treatment of their conditions. [150]

Several local and national educational and administrative reforms have led to increased integration of gender in medical curricula in several countries such as the Netherlands, Taiwan, and Canada. Although change is on the way, there has been a lack of well-defined gender-specific curricula addressing theories of gender or exploring comprehensive gender-related subjects, making it challenging to incorporate gender education into medical studies adequately. Several reasons could be at play such as the lack of time within the curriculum, the scepticism surrounding the value of gender-sensitive education, and the original "gender blindness" rooted within the medical education system. [150]

Furthermore, gender bias, whether explicit or implicit, continues to exist within medical education. This concept stems from enduring cultural norms that dictate individuals' behaviours. Conventional beliefs perceive gender as binary and emphasise the expressions of "masculinity"—typically associated with assertiveness and leadership—or "femininity"—associated with expectations of nurturing and collaborative skills—in a way that aligns

with societal norms corresponding to the assigned sex at birth. [151] According to a scoping review on subjective performance evaluations of medical trainees, 62.5% of studies showed that male students received preferential treatment in quantitative assessments. [152] This trend can affect future career decisions and extend to post-graduate education evaluations. [152,153] The concept of gender bias can also be reversely applied to preceptors. This means that the assessment of the professorial figures is tainted by the traditional perceptions of a cis-gender male as the symbol of the ideal mentor and the unconscious assumption that individuals with more feminine traits have lower performance potential. [151]

Before addressing implicit biases at an individual level, it is essential to bring them into conscious awareness through self-assessments and systematic change within the faculty and curricula. By raising the issues at hand, comprehensive efforts can be put into developing strategies and policies ensuring effective promotion and establishment of structural bias reforms.

9. Gender-responsive Health System

Health systems carry societal biases and reproduce structures and processes of discrimination and oppression present in wider society. Achieving Universal Health Coverage (UHC) that operates on the principles of equity requires active consideration and remediation of gender disparities, amongst other sources of inequities ingrained within health systems. [154] While women comprise 70% of the health and social sector workforce globally, they tend to occupy lower-status healthcare roles and have limited representation among highly skilled professionals and managerial positions. The lack of women in leadership roles necessitates addressing gender biases and disparities in education and the healthcare job market through transformative policies focused on gender equity. [155] Formulating policies and health regulations across all health governance tiers oriented toward gender transformation could foster gender parity and equity in workplaces, elevate women to leadership and decision-making positions, and ensure fair working conditions for all. [154]

To tackle gender disparities and other factors contributing to insufficient resources, there is a need to implement intersectional strategies considering gender, vulnerability, and marginalisation when planning, designing and executing funding mechanisms for health systems. Further development within legal accountability mechanisms is also needed to ensure the respect of existing human rights obligations and prohibit unfair charging of fees or services targeting specific gender populations, such as those receiving maternity care. Nations are also advised to strengthen their monitoring capacities for gender rights advancements within service coverage and health outcomes through enhancing national-level databases and disaggregating data by sex. [155]

10. Strategies to ensure gender equity

The progress towards achieving gender equity so far has required interventions and effective strategies in multiple sectors by individuals, private institutions, national and international organisations, and national, regional, and international governments. These strategies must be emulated, sustained and heightened to continue this progression. [156][3][157]

Gender-based violence (GBV), in all its forms, represents one of the main root causes of gender inequity. International commitments and interventions for gender equity have been pivotal in eliciting national action to address GBV. Globally, the most effective practice for addressing GBV is its criminalisation. By strengthening the capacity of law enforcement agencies and judicial systems, many countries have been able to prevent and respond to GBV in all its forms. This strategy is important and encouraged as it holds perpetrators accountable, deters potential perpetrators, empowers survivors to speak up, reduces victim blaming, and provides strong legal protection for victims. However, proper funding and improved GBV case data collection are crucial to this strategy's effective implementation. [158][159]

Additionally, on more personal levels, other effective strategies that have contributed to addressing GBV and advancing the realisation of gender equity include consent education, holding one another accountable, listening to and believing survivors, and supporting activists and women organisations. [160]

Furthermore, gender minorities' political participation is crucial to effectively generating gender-responsive solutions at government levels and realising gender equity. However, multiple barriers still exist that limit their full involvement in politics. Implementing a compulsory quota for women in the country's parliament and other mechanisms to support women's political participation are crucial in bolstering their leadership in governments. [161][162][163]

Gender imbalance within organisational structures is also a deterrent to achieving gender equity. To address this, many organisations have implemented a gender strategy to ensure gender accountability. A gender strategy involves the creation of measurable and targeted objectives to combat gender inequity at all levels of an organisation. Aspects of such a strategy can include staff selection systems to eliminate bias in hiring and flexible working arrangements that reflect the needs of the female staff. [164][165]

The gender pay gap is still a present systematic issue limiting women's economic freedom and, by extension, gender equity. Developing and implementing policies in private and public institutions that raise the minimum wage, encouraging pay transparency, unionising the workplace, promoting paid family and medical leave, and improving access to childcare are pivotal to addressing the gender pay gap. [166]

The gender strategy is not just for organisations. Countries and regions that have developed and implemented exhaustive national and regional gender equity strategies that mandate action at all sectors and levels have improved their peculiar gender-related issues, like the United States of America and Europe. Through this, the prioritisation of female education, maternal health, menstrual health, gender mainstreaming in water resources management, comprehensive budget allocation for gender equity, and domestic violence legislation at government levels can be ensured. [167][168][169]

When it comes to improving female education, which is pivotal for women and girls to function optimally in society, Bangladesh has taken an effective approach to addressing its female out-of-school population by creating a stipend programme for female secondary school students to encourage their academic participation. This has resulted in an additional 2.5 years of schooling amongst this population. [170][157]

Regarding maternal mortality, Nepal has successfully reduced its maternal mortality rate by 65.5% by increasing its budget allocation for maternal health, focusing on free maternity care, providing financial incentives for pregnant people attending and completing antenatal care visits and giving birth in healthcare facilities, increasing access to skilled maternity health professionals in remote areas, and legalizing abortion. [171] Moreover, the Maldives has achieved the highest reduction in maternal mortality: 90%. This was achieved by investments and policies that prioritised maternal nutrition and research on the specific causes of maternal deaths in the area, in addition to ensuring that around 95% of births are attended to by skilled healthcare professionals. [172]

Menstrual hygiene management is crucial for gender equity as people who menstruate cannot go about their daily activities effectively without access to proper menstrual health care. Period poverty is a major issue in achieving good menstrual health. To address it, countries like Lebanon, Ireland, Mexico, Malaysia, and Tanzania have completely removed taxation on menstrual hygiene products. Other helpful strategies include curbing menstrual health stigma through sensitisation, free access to water, sanitation and hygiene facilities, menstrual hygiene supplies, and policies that eliminate discriminatory practices on menstruation. [157][173][174]

Furthermore, men and boys have a role to play in the achievement of gender equity, as gender-based issues are a burden for both men and women. By engaging men for gender equity, their influence and privilege can be used to heighten sensitisation schemes on gender-based violence and the challenges women face, support women's reproductive health, and address the burden of men's roles and expectations under patriarchy. In Rwanda, nearly 3000 local leaders have been engaged to fight GBV thanks to a men's resource centre. In Turkey, a program for fathers has been successful in promoting awareness of the prevention of violence against women through gender sensitivity and equity training. Men's participation in domestic activities in Mozambique has been increased through an innovative course on gender equity designed for men. Reports from a very successful gender equity campaign in Bosnia and Herzegovina confirm that without engaging men and boys, the work of advancing gender equity will require more time and will be half as effective. [175][176][177]

Ultimately, all strategies to achieve gender equity cannot be fruitful without contributions and collaborations at individual, institutional, and governmental levels. Participating in domestic work at home, speaking up about inequities, and forming or volunteering with grassroots, national, or international gender-based organisations can play an important role in supporting advocacy and activism towards the full realisation of gender equity. [178][156]

11. IFMSA Contributions

The contributions of IFMSA to gender equity are mainly through its Gender Based Violence (GBV) program and partly through its Maternal Health and Access to Safe Abortions (MHASA) program.

In the last four terms:

- A total of 97 activities were enrolled under the GBV program, with 29 activities in the 2019/2020 term, 33 activities in the 2020/2021 term, 26 activities in the 2021/2022 term, and 9 activities in the 2023/2024 term.
- IFMSA consistently commemorated gender equity-related campaigns such as International Women's Day (IWD), Sexual Assault Awareness Month, I am Generation Equality, and International Day for the Elimination of Violence against Women (IDEVAW).
- At international and regional levels, IFMSA contributed to gender equity through 3 GBV workshops (Violence to Victory Workshop) in the past 3 years and about 84 sessions on gender-related issues at General Assemblies and Regional Meetings. Some of the sessions' topics included feminism, sexism, climate change and women's rights, consent, gender-sensitive curriculum and intimate partner violence.
- Gender equity-related policy documents on Eliminating GBV, FGM, Abolishing Child Marriage, Harmful Traditional Practices, Menstrual Health, and Obstetrics Violence and Humanised Birth were adopted.
- 9 Medical Students International (MSI) articles on gender issues were published.
- The MHASA program had a total of 51 activities enrolled under its gender-related focus areas, such as access to safe abortions, obstetrics violence and humanised birth, and menstrual hygiene management. [179][180][181][182]
- IFMSA has actively participated in the Commission on the Status of Women (CSW). At the 66th and 67th Session of the CSW in 2022 and 2023, respectively, the IFMSA delegations submitted and delivered written and oral statements and organised parallel and side events, all advocating for gender equity. [183][184]

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