

The gender gap is universal

The gender gap is universal, and permeates all social strata, institutions, culture, science, and even the economy, health and access to education.

An editorial by Enrique F. Schisterman, which we recommend, was recently published in the journal *Epidemiology*, with the emblematic title: "The changing face of epidemiology: Gender disparities in citations"¹, stresses that there is marked gender inequality between female and male scientists. The former tend to publish much less as last author who, as we know, is the most important figure, compared to their male colleagues, and have less citations for publications. Female doctors, though more numerous than their male colleagues, occupy the lowest ranks, are paid less, have less promotions and are less likely to receive funds. The situation does not change if one looks at Europe: in March, the European Parliament discussed the draft resolution "Equality between women and men in the European Union in 2014-2015"², based on a document of the Committee on the Rights of Women and Gender Equality (FEMM) which asks European institutions to give priority to gender equality. In the same period, a report titled "Empowering women in the EU and beyond"³ was published by GlobalStat of the Florence-based European University Institute (EUI) together with the European Parliament Research service (EPRS), which highlighted gender disparities in some fundamental areas.

In summary, access of European women to economic and financial resources remains lower than that of men. The gender gap in earnings in the EU stands at 39.7%; this means that for every 100 euro earned by a man, a woman earns 60. A woman's salary is even lower if she has children, while the salary of fathers increases. Women's pension payments are lower than those of men and women over 65 years of age are at greater risk of poverty than men. Women are 28% less likely to have a bank account compared to men who are more reliable for banks and financial institutions.

There are also inequalities in access to the labour market: the participation rate is inversely proportional to the fertility rate. In Europe, 9 women on 100 are jobless. Two million women aged 15 to 24 years are unemployed (9.3%) and they account for another 12.3% among NEETs. The European Commission analysed the situation of 613 among the largest listed companies in the EU: Only 5% of women cover the position of Chief Executive Officer (CEO), 7% that of President and only

23% sit on Boards of Directors⁴. If we look at governmental institutions, women account for only 18% of ministers⁵.

In this issue, the *Italian Journal of Gender-Specific Medicine* features some interesting contributions, starting with that of a group of authors of Mauriziano Hospital in Turin. In the article "Gender-related differences in hypertrophic cardiomyopathy: 30 years of experience in an Italian center"⁶ they examine this pathology in terms of gender differences and how they can affect treatment and outcomes. Hypertrophic cardiomyopathy (HCM) has a greater prevalence in men, but the women affected are older and more symptomatic and have a higher HCM-related mortality rate. These differences are the result of several factors. The awareness of gender differences for the appropriate treatment of male and female patients with this disease is crucial.

A group of authors of the United Nations Interregional Crime and Justice Research Institute and Ecletica, Institute for Training and Research, focuses instead on the gender-based approach and substance dependence in the article titled "Exploring the level of gender mainstreaming in the working agenda of substance use treatment centers in Italy"⁷. They ask to what extent this approach is applied in Italian substance use treatment centres and what are the critical issues and advantages that professionals perceive? The study, conducted by sending a questionnaire by e-mail to public and private substance use treatment centres, shows the presence of barriers, for instance, in access by women compared to men and in the absence of a gender perspective. The gender-specific centres are mostly dedicated to mothers and pregnant women.

Fulvia Signani, a psychologist at the University of Ferrara, offers an almost philosophical analysis in her contribution titled "Gendered research: methodological aspects of a challenge."⁸ She writes that gender or gender-specific medicine is not only a new branch of clinical medicine, but also the application of a transformational paradigm that combines biomedical and psycho-social research. Gender is described in terms both of psychological identity and of the attributed social status. Overcoming gender bias is a central element of gendered research. The study offers two examples: the role of *caregiver*, typical of women, and the *caregiver burden*.

Another contribution is the original article by Rita Biancheri and Stefania Landi of the University of Pisa,

titled "Health, gender and healthcare design: considerations about hospital environments in a gender-sensitive perspective."⁹ The authors observe different determinants of health, including gender, which is a cross-cutting determinant, and hospital environments, and how they can affect the well-being of hospitalized patients and their perception of health. It is a reflection on how spaces could be restored and upgraded even with minor changes to improve the health of hospitalized patients. The authors conducted a survey of the state of the art in the field and empirically compared an old hospital in Lucca from the end of the nineteenth century with new generation health facilities. The *concept* calls for a transition from clinical facilities that observe bodies to a centre where the design on spaces becomes an important moment of care.

The contribution by Biagio Moretti and his team at the University of Bari, "A review of gender differences in proximal humerus fractures,"¹⁰ examines humerus fractures which are very frequent injuries in the female population aged 65 years and over, but have a higher mortality rate in males. The study provides a review of the literature about gender differences between men and women with fracture of the proximal third of the humerus in terms of anatomical and structural characteristics, incidence and mortality rate.

Luciano Agati and Valentina Scalzi of Sapienza University of Rome take us on a journey abroad to Yemen with "The experience of a cardiologist and of an internist in taking charge and care of patients from other cultures from a gender perspective: the Yemen project."¹¹ A cardiologist and an internist tell us about their experience inside and outside hospitals through a series of snapshots of daily life. Their description of the health situation in Yemen is striking: gender differences in the treatment of male and female patients, the state of health of the population with a high incidence of rheumatic heart disease due to the total lack of primary and secondary prevention and gender differences in the treatment of women suffering from acute coronary syndrome.

An interesting interview with Councillor Stefania Saccardi takes us back to Italy with "Gender medicine policies in the Tuscany Region."¹² Saccardi provides an overview of the state of the art: from the commitment of the Tuscany Region on these issues, which started by setting up a permanent commission for gender medicine issues, to the inclusion in the 2012-2015 Integrated Regional Social and Health Plan of a specific chapter titled "Health and Gender Medicine" and the report "Gender Health in Tuscany." In this region, gender health is among the top 7 priority actions for the Department.

In 2014, the Regional Gender Health and Medicine Coordination Centre was established and it currently

has many tasks and several functions in connection with major entities and regional authorities. The objective of the Tuscany Region is to continue to invest in gender medicine.

Good reading to all.

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