The inequalities between men and women are most visible when it comes to mental health, writes Beatriz Becerra Basterrechea.

When we talk about gender equality in society, we tend to think of the pay gap or in public prominence. We also associate it with physical and psychological violence. However, reference is rarely made to health. This is the issue on which I was Parliament's rapporteur.

Health is more than not becoming ill. It is, according to the World Health Organisation, "a state of complete physical, mental and social wellbeing and not just the absence of the illnesses or diseases". Therefore, inequality between men and women is a question of health. It is, literally, a matter of life and death.
Biological differences mean that women and men have different health problems. Men cannot suffer from endometriosis, to give one obvious example. But this physical difference does not explain anything in and of itself.

What we have to ask ourselves is whether enough attention is paid to endometriosis or if there are appropriate programmes for its prevention and treatment. We have to ask ourselves if enough is invested in researching new treatments.

If we extend these questions to any other illness the answer is that only gender differences explain why more resources are allocated to male impotence than against illnesses such as endometriosis.

The same can be said for clinical trials. Gender differences are not taken into account and therefore women's health is not being protected equally.

However, perhaps where this inequality is most evident is in mental health. It is particularly visible in the rates of common mental disorders like depression or anxiety. Depression and anxiety are three times more present in women than in men.

This asymmetry is explained by hormonal factors but also by differences in the socio-economic position of men and women in our societies and by other social factors. A woman who is fully in charge of her life will benefit from much stronger mental health.

We cannot and must not make do with the present situation. Inequalities are unacceptable. As is inequality in terms of salaries (16 per cent according to the last report from 2015 on equality between men and women in the EU). As it is in terms of pensions (40 per cent according to the aforementioned report). In health terms, we are putting lives at risk. We are putting the lives of half the population at risk, lives of women.

The European Union has a lot to contribute. It is obliged due its founding treaties to guarantee the protection of human health as part of all its policies and to collaborate with member countries to improve public health, to prevent human illnesses and to obviate sources of danger to physical and mental health.

Unfortunately, the current picture shows that, at the moment, we are not properly addressing the issue. Although we are slowly progressing towards achieving equal rights, we still have a long way to go and inequalities between men and women are still a sad reality in many areas. One area that often goes unnoticed is that of gender inequality in areas related to health.

The strong support for the principles laid down in my report is an important step towards improving
gender equality in mental health and clinical research. The report calls for a holistic approach and stresses that Commission and member states' policies must take due account of gender differences in research and health care, in terms of prevention, diagnosis and treatment.

Women are dramatically underrepresented in biomedical research, despite making up over half of the EU population. Failure to improve women's representation in clinical trials and biomedical research results in putting women's health and lives at risk.

Mental health and wellbeing are heavily gendered and influenced by many factors such as socioeconomic factors, income disparities and discrimination. The most vulnerable groups of people, such as migrant women, disabled or LGBTI persons, should not be left behind.

About the author
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