Women In Global Politics & Global Health Care

Around the globe, women have made great advancements for the sake of their education, health, and privacy. Nowadays we can see women as heads of state in countries such as Argentina, Brazil, the United Kingdom, and India. Saudi Arabia, in 2015, was one of the last countries to allow women to vote and run for office. Gendered professions and restrictions are giving way to technological and medical advancements as well as new opportunities for women to explore. These women that run for office work hard to protect and defend their countries nationally and globally as well, in organizations such as the United Nations, or the World Health Organization. However, female representation in positions of leadership are still not as popular as male candidates, and this can lead to serious health concerns that specifically challenge women to be overlooked, which puts the women in their countries at risk. In this paper, I will go into detail about how the lack of women leadership positions and therefore the lack of research done on women and by women impact people all around the world. I will follow on to describe how some specific regions and countries, such as Africa, North America, and India, deal with issues of gender diversity and equal representation.

One of the main issues is the lack of women in leadership not necessarily per country but in global organizations as well. The issue with this is that in most regions of the world, the male to female sex ratio is quite equal, but most of the people making decisions for not only their countries but internationally as well are men. When it comes to health concerns, there are some situations such as pregnancy and childbirth that are more applicable to women as it directly

affects them and their bodies than men. However, men are still the majority when deciding on issues such as birth control, abortions, and illnesses that can target women more often than men. While there are a few high- profile women leading some global institutions, women are for the most part invisible, policy or practice, when it comes to global health governance, despite there being plenty of women in care roles that support health systems around the world.[1] The field of medicine used to be made up of predominantly male figures, but over the years more and more women have started joining the field as nurses, medical practitioners and more. Additionally, around half of the people, they see while in their professions will likely be women which leads us to this central paradox seen in global health, women are prevalent in the delivery of care and health but still are covert in organizations and policymaking for global health strategies. [1] Unfortunately, the scarce amount of women in leadership positions in regards to health doesn't vary much when comparing, for example, developing countries to developed countries. For example, Canada, which has a reputation for strong global health and equity, does have women leaders in their organizations, however, they remain under-recognized and under-valued as anywhere else in the world when compared to male counterparts.[3] This also follows with the finding that along with the lack of women in leadership positions, there is also a lack of women on research teams which then follows with a lack of women in authorship. In the publishing industry, women's experiences differ from their opposite counterparts throughout the editorial process and in the reactions and reviews during the peer-review process, editors have different expectations of a woman's writing and findings than a man's. [2] These gender differences that seem to be innate between men and women might have something to do with the reason why women struggle to be more prevalent in global health discussions despite being so closely

intertwined with the medical and health community, however there are more struggles that are faced when trying to grow professionally in a woman's career.

The professional world can be cruel at times, especially when first trying to get settled in with a job that is suitable, the path to finding one may lead to some inadequate environments in order to be able to build a strong professional resumé. For women this challenge can be very comprising at times, unpaid labor is, unfortunately, one of these challenges. In regards to academic and global health institutions, evidence shows that around 70% of unpaid and underpaid internships are undertaken by women in the United Nations system and social sciences. Not only does this encourage the feminization of poverty, but also promotes inconsistent employment and expands the income inequality. [4] The Sustainable Development Goal (SDG) works on gender equality, decent work, and economic growth, all of which are undermined by those who hire women for unpaid and underpaid labor. While unpaid internships are a good way to gain experience for the workforce, when young women rely too heavily on unpaid opportunities to grow professionally, she also increases the dependence on another source of financial support to support herself. [4] This can become an issue especially if the job or source of income is a toxic environment where she faces sexual harassment or dangerous situations. When women are faced with these circumstances, the unpaid labor that they give so much of their time to can end up setting them back in their careers due to unhealthy physical and emotional environments which can possibly cause them to not give their full time and potential to their profession as well as having the chance to cause possible trauma and a lasting impression that can stress and impact a woman who experienced sexual harassment at the workplace. These are some examples of institutions in place that inadvertently set women back when it comes to

becoming successful in their careers in the health industry. Thankfully, however, in India, when it comes to the field of law, women employees are able to leverage time to be home at certain times in order to be with her son but that she would be able to continue working from home once she put him to bed. [5] The flexibility in workplaces that can be seen in firms like this one in India, do well to diminish the gender inequality related to hiring women seeing as how being able to compromise a good time schedule that works with both the employer and employee in order to still get the work tasks completed to meet deadlines. While it should seem like an easy task to ease the way for more women to be able to find their way onto research projects, publications, and leadership positions, the struggle can be greater than anticipated not only the challenge in the profession but also the gender stereotypes and differences that society has added to the minds of not only the general society but has also had an influence in the medical field.

One other problem that prevents women from being presented equally in leadership positions is the structure around leadership positions themselves. According to the structure, if one were to increase the number of women in leadership positions, one would also need to decrease the number of men, which causes turmoil among men. There are men who are currently concerned with their status as global leaders, feeling that it is devalued whenever they are asked to identify women for high-level organizations and conferences. [2] However, they do not think about how women are being undervalued daily for lack of recognition for their hard work when it comes to health practices. The initiative to start adding more women into leadership seems to concern the people currently in those positions because they feel like if the talk of including them in the conferences and organizations might possibly mean their own job being at risk for termination. This is a good reason to be concerned, however, it must still be kept in mind that the

global population is quite equally split between men and women, and therefore the representatives for the said population should also be split in a way that is suitable to the global population. At the end of the day, it would help organizations and panels be able to better cater to the needs of their people to better help their health and lifestyle.

Since unfortunately there is a disconnect between the global population's health and how to address the issues said population faces, there are some health issues that remain a mystery to researchers and therefore cannot be treated and addressed with the general public. Breast cancer, for example, is a disease that typically is harmful to women, therefore most of the research that has been done to cure and address breast cancer has been tested on women or female subjects. This seems like a good solution, but the concern with this is that it causes male breast cancer research to be overlooked. Men, quite similarly, are also being harmed by the gendered institution of medicine when in regards to breast cancer, because some diseases are gendered, those of the genderless likely to develop that illness will be at a disadvantage since there is not as much research done on how that illness affects that body type. Another example of the lack of research done on gendered illnesses is Ebola, data shown by the WHO and World Bank show that there were no studies done based off on how the illness affects women versus men and different body conditions. This data would be important in understanding what to look out for as well as to protect women's and child's maternal and newborn health. [1] Seeing as Ebola is an illness said to have originated in Africa where maternal mortality risk is also 100 times higher than it is in wealthier regions, this research may be helpful in making a difference in many women and children's lives. [6] However there is conflicting research that shows that gendered differences when looking at medicine might actually not be the most useful when trying to

diagnose and state a prognosis, Roxanne Pelletier and Louise Pilote, conducted a research study involving patients diagnosed with acute coronary syndrome to see if gender made a difference on whether the patients had a relapse occur within a year after treatment. They found, that sex did not make a difference in a patient's likelihood of relapse, but gender did, patients received a score between 1 and 100 points to gauge feminity and masculinity levels, regardless of their sex, and patients with a higher "femininity" score had a more likely chance of experiencing a recurrence of the illness. [7] As interesting as this study is, it only brings more attention to the lack of knowledge regarding gendered medicine and how that can harm women and men all over the world. Studies over the years have shown that women in leadership positions spend more time on women's health, education and the development and access to health care than male leaders in global health. [6]

Another possible issue that might come with more women participating in research studies that follow off the issue of the lack of space in leadership positions is the lack of funding. Similarly to how a lot of men do not want to give up their positions as leaders to accommodate more women in leadership, many do not want to cut back funding on their own research projects in order to fund someone else's project. This concern is not specifically targetting women as anyone with ongoing research projects is not going to be willing to cut back, regardless of the gender or sex of the person who wants to start up another project. The issue also comes down to the fact that in some countries, health fields are typically dominated by males, although more and more women have begun entering the practice over the century. Additionally, despite the lack of funding for health systems in international organizations, the concern over lack of knowledge in maternal mortality across the globe is of high concern as it not only occurs in less wealthy

countries but in highly developed countries as well. Amnesty International found that the United States spends around $85 billion a year, the highest of any other area of medicine, on charges related to pregnancy and childbirth, yet they still rank behind forty other countries when it comes to a woman's risk of dying from pregnancy-related complications. [8] The present concern regarding Ebola in Africa and its effect on maternal and newborn child death, serves as another concern for the importance of funding in global health, more specifically women's health. [1] Women's lack of leadership and visibility not only compromises their reputation and advancement in their own careers but also overlooks the achievements and findings of other women that should be recognized and harms the advancement in world medicine and equity. [3]

Europe has begun to include programs and organizations meant for the purpose of reversing gender blindness and to aid women in becoming recognized for their findings in the public eye. The European Association of Science Editors has established guidelines in order to include gender in their variables in scientific research and findings, the Sex and Gender Equity in Research has done so as well. [2] Germany's Women in Global Health organization has made it one of their priorities to actively revise the German Government's global health strategy and the list of women included in the 2018 Women Leaders in Global Health. Currently, their list includes 102 women from 55 different institutions:

"... of whom 27 (26%) work in academia, 18 (17%) in the private sector, 12 (12%) in ministries, nine (9%) in international organisations, eight (8%) in non-governmental organisations, seven (7%) as independent or freelance consultants, seven (7%) in federally owned enterprises, six (6%) in research institutions, two (2%) in foundations, two (2%) in federal development banks, two (2%) in public-private partnerships, one (1%) in politics, and one (1%) in journalism

(appendix). 85 (83%) of the women on the list work in Germany and 94 (92%) are German. 56 (55%) of the women are in leadership positions, of whom ten (18%) are heads of division, nine (16%) are team leaders, eight (14%) are professors, five (9%) are chief executive officers, five (9%) are directors, four (7%) are vice-presidents, three (5%) are heads of section, two (4%) are presidents, two (4%) are heads of office, two (4%) are deputy heads of section, and one (2%) each is head of division, a former federal minister, a parliamentary secretary, a deputy head of department, associate professor, and a chief physician." [6]

These initiatives have been put in place in order to support more diversity within the range of women who work for public health initiatives and allow their voices to be heard in a manner they deserve. While in Europe they have been having to make these changes, India is already advanced when it comes to gender differences in the professional workplace.

Although not directly in the field of public health, lawyers in India are held to different gender roles when being evaluated through a professional environment. While most Western nations tend to view women as cordial, respectful and not as insistent, therefore making them not as desirable as lawyers, in India, women it is more desirable for them, as they are more likely to be better negotiators thanks to their patience and lack of aggression. [5] Lawyers in India are able to negotiate time to go home early to be with family as long as they can still complete their work in time. The flexibility and trust that can be seen between the employees and employers show that women are not discriminated against or disadvantaged in their careers because of their sex or gender. These patterns displayed in the developing country of India are ideas that can spread globally through global health initiatives with the hopes of diminishing gender inequality around the world.

Overall it is possible to see changes in the gender dynamic that is expressed in global politics, some countries have already begun with advancements that are benefitting women's health and professional lives, such as India and Germany. Although there are still more advancements to be made, including in the medical field that can reveal to be useful in the development of health initiatives, progress is ongoing and more women leading research studies on mysterious diseases and infections will benefit not only the women but also the general public in increased health and prevention procedures. When women are in equal proportion in leadership positions in the same way they are in equal proportion in the general population, the most effective decisions that are most suitable to the majority of people will benefit.

References

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