

# Sex and gender sensitive medicine - political and scientific discourse/Introduction

Sex and gender-sensitive medicine has developed in the last few decades out of women's and, to some extent, men's health research. <sup>[1]</sup> With the women's liberation movement in the 1970s, the demand for female self-determination arose in medicine as well as other areas. 1975 was designated by the United Nations as the International Year of Women. It was also in this year that the first World Women's Conference was held in Mexico. The first World Health Organization (WHO) document on women's health was adopted in 1994 at the Women's Health Counts, a conference on women's health in Central and Eastern Europe: The so-called Vienna Declaration on Women's Health. This resolution formulated general principles on women's health and developed a commitment to women's health policy at a national level. In connection with this, women's health centers were established in many countries and women's health reports were published. <sup>[2]</sup> In 1995, at the Fourth World Conference on Women in Beijing, an action plan was adopted which included, among other things, women's health issues. <sup>[2]</sup> In addition, the countries committed themselves to protecting women's rights, combatting poverty among women, prosecuting violence against women as a human rights violation and reducing gender gaps in the education system. Furthermore, sex and gender equality should be promoted in all areas (i.e. politics, the economy and society). <sup>[3]</sup> Thus, the Fourth World Conference on Women can be seen as a platform for so-called Gender Mainstreaming, which was laid down in a legally binding manner at the European level by the Amsterdam Treaty in 1999. In the same year, the Federal Republic of Germany recognized gender mainstreaming as a universal guiding principle in a resolution of the national Cabinet. The term gender mainstreaming is used to outline initiatives for the equality of women and men in all areas of society. In the health system, this mainstreaming combines two important objectives: To reduce social inequality and to improve the health care system. <sup>[1]</sup>

At the international level, women's health was addressed in the following years mainly in the context of poverty, malnutrition and reproductive health. The WHO Regional Office for Europe, however, set other priorities. Particular attention was paid to issues such as gender equity, health research and migration. The Madrid Statement of 2001 and the international conference on Gender & Health in Vienna in 2002 are examples of such initiatives. <sup>[4]</sup> The Madrid Statement called on the Member States of WHO Europe to devote more attention to sex and gender differences in disease incidence and mortality rates. The need for sex and gender-sensitive studies, which were only available in fragments at that time, was undisputed. <sup>[5]</sup>

Thanks to the above-mentioned progress in health policy, the field of sex and gender health research and practice has developed significantly over the past 20 years. For example, interdisciplinary research on sex and gender in medicine has expanded. At present, it is widely accepted that sex and gender-sensitive medicine encompasses all aspects of biological (sex) and social factors (gender) and their interactions with one another. For this reason, interdisciplinary cooperation between human science and medical and natural science departments is essential.

Sex and gender sensitive health reporting has also evolved. The first prototype of a sex and gender-sensitive health report was published in 2005. This compiled existing research data in a sex and gender-comparative manner and embedded it in a theoretical framework. Subsequently, the Robert Koch Institute developed guidelines to help include the variables sex and gender in future health reports.

In the course of the women's health movement, aspects of men's health were initially neglected and thus reporting on men's health was not properly established. Eleven years after the first publication of a comprehensive women's health report, the report on the state of men's health in Germany was finally published in 2014 by the Robert Koch Institute. Special emphasis was placed on the importance of employment or unemployment for health-related well-being. In addition, concrete measures for male-specific prevention and health promotion were derived. <sup>[5]</sup>

In order to enable sex and gender-sensitive health care, it is essential to integrate sex and gender concepts into medical education. In 2003, cardiologist Vera Regitz-Zagrosek founded the Institute for Sex and Gender Studies in Medicine at the Charité in Berlin. Regitz-Zagrosek also published the first textbook entitled Sex and Gender Aspects in Clinical Medicine together with Sabine Oertelt-Prigione in 2011. There is currently no independent department and/or full professorship for sex and gender medicine in Germany. The Berlin Charité is the only university with an institute for sex and gender sensitive medicine in Germany and the only medical faculty to include sex and gender aspects in the regular curriculum plan for medical students. In addition, a module on sex and gender-sensitive medicine was introduced here for master's students and medical students, which is also offered as an additional training course for doctors and those working in public health. <sup>[6]</sup> In Austria, two medical universities already have their own department chairs for sex and gender-sensitive medicine: in 2010 Alexandra Kautzky-Willer received the first chair at the Medical University of Vienna, and in 2014 Margarethe Hochleitner received the second chair at the Medical University of Innsbruck. Since 2010 in Austria it has also been possible to obtain a Master of Science in Sex and gender-sensitive Medicine. <sup>[7]</sup> The resistance in traditional medicine has been and still is considerable in the institutionalization of sex and gender-sensitive medicine. In the future, sex and gender sensitive medicine should be made a discipline in its own right for the advancement of specific research approaches and therapeutic concepts and ultimately the provision of medical care which is sex and gender-sensitive. <sup>[8]</sup>

## Literature

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