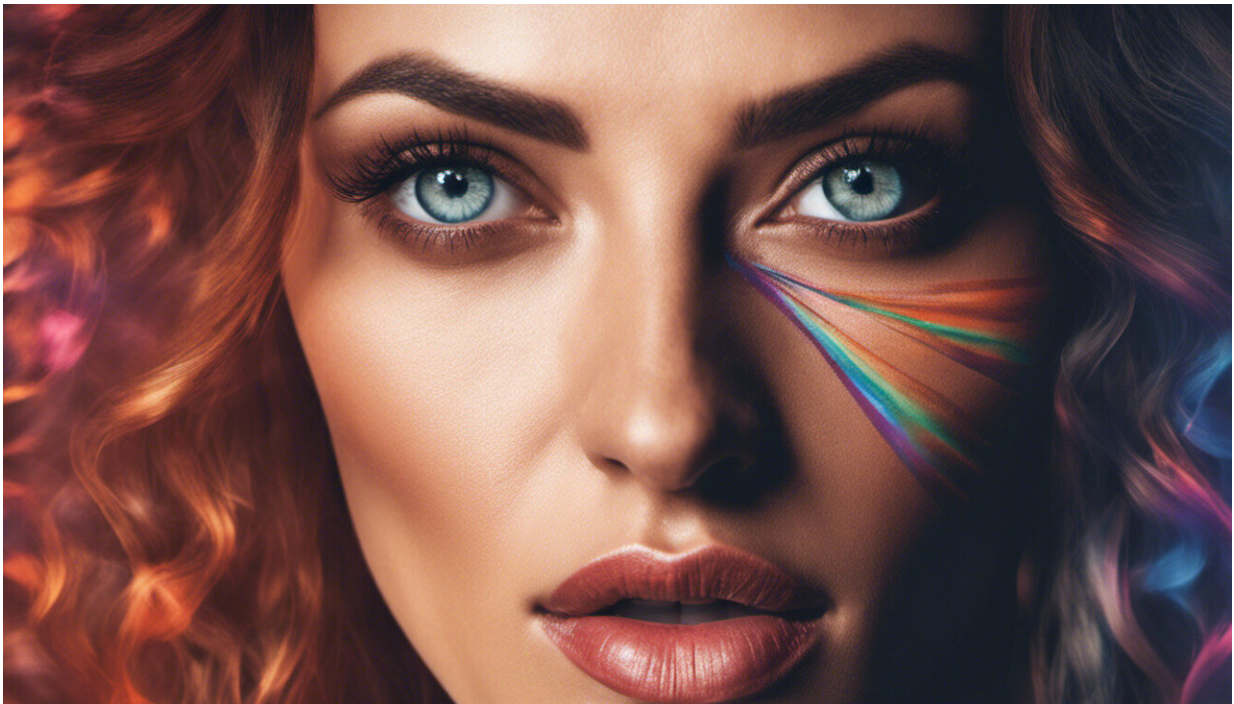


# Gender-specific health programs address important issues but risk creating new biases

July 21 2021, by Matthew Jenkins, Victoria Chinn

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Credit: AI-generated image ([disclaimer](#))

Gone are the days when health programs were designed to simply punish or reward people to encourage behavior change. We now know lasting behavior change is more complex and nuanced, and this has prompted a proliferation of programs that attend to factors like motivation, confidence, social support and social determinants of health.

Among such programs, we've observed a trend towards [gender](#)-targeted interventions. Examples include programs for men focusing on [rugby fandom](#) as a route to getting them to look after their health, and those for women that concentrate on [small, holistic health changes](#) to limit the impact of damaging body ideals.

While biological sex is based on our anatomy and physiology, gender is a [socialized identity](#). Our gendered identities accompany societal expectations of how we should or should not act.

There is no doubt gender shapes how we "do" health—the way we eat, sleep, exercise, connect with others and manage stress. While gender-specific needs are important, a gendered approach may ignore people who identify as neither and it runs the risk of creating new biases.

## **A case for women-focused health programs**

Women-focused health programs were arguably developed as an antidote to an overwhelmingly patriarchal society.

The most obvious bias in [health research](#) is that much of the data on women's health has been collected by and from men.

Gendered [disadvantages or inequities](#) for women also result from poor representation in leadership positions and unfair norms that place greater expectations on them.

For example, women spend more time than men doing unpaid [household work](#) and taking on [caring responsibilities](#). These imbalances trickle down to shape how women spend their time and care for their health.

In response, women-specific research centers have been established in [New Zealand](#) and [internationally](#) to help close the gap in knowledge

regarding women's health.

Similarly, organizations like [YWCA](#) and [Women's Health Victoria](#) position gendered inequities at the center of their work and help create a better understanding of how health programs can effectively support women's long-term outcomes for behavior change.

In New Zealand, [Shift](#) supports young women to be physically active through a focus on collaboration, fun, building community and leadership. [Next Level Health](#) empowers women by using a holistic and weight-neutral approach to behavior change. This moves the focus away from body weight and defines health more broadly, emphasizing well-being, connection to people and place and other behaviors.

As a result, sleep, self-care and stress management become as important as physical activity and nutrition. Such programs create a more inclusive and relevant vision of health and counteract the [body image concerns](#) women often experience due to socialized pressures to attain an "ideal" body.

## **"Tough' approach to men's health**

Despite a male-dominated health system, men continue to have a higher risk of various health conditions, including [coronary heart disease](#) and being [overweight](#).

When it comes to health behavior programs, men are notoriously difficult to recruit. This may be due to the fact [men are less likely to seek help](#).

There have been urgent calls for [male-specific healthy lifestyle programs](#) that often use "masculine" male-dominated sports ([rugby](#), [football](#)) to entice men to join.

Some, such as [Tough Talk](#), play with stereotypical male traits to encourage men to discuss their health. In parallel with women's health research, [male health research centers](#) are fast becoming commonplace.

Considering these [gender differences](#), a gendered approach can be justified. Gender equality and [health equity](#) are [global priorities](#) and such programs have potential to address them. Playing to peoples' gendered identities may work for recruitment and effectiveness, too.

## **Slipping through the cracks**

While gendered interventions aim to fill certain gaps, they may actually create new ones, particularly when we consider that many health programs are funded by nationally competitive grants that often favor projects with potential for greater impact (the biggest slice of the population).

People who identify with the wider group of LGBTQI+ are vulnerable in terms of [mental health](#). This disparity exists because of the greater inequities this community faces.

Some solutions may come from [gender-diverse marketing](#) that emphasize gender responsiveness, rather than placing a specific gender at the center of campaigns.

Perhaps non-gendered health programs could create open discussion about how people identify their gender, rather than repeating an inherited gendered story. Admittedly, that might be idealistic for a lifestyle program.

We're not arguing against gender-specific programs. Gender bias in [health](#) research is an ongoing issue, among others, that requires [targeted action](#) to eliminate harmful inequities.

But we suggest gender responsiveness as a compatible approach for lifestyle programs, in which gender is embraced but does not drive the program. A choose-your-own-path approach that allows for diverse identities and autonomy, regardless of gender. Otherwise, the gaps we aim to fill might become gaping holes elsewhere.

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