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Interpretations of the Determinants of Health from Feminist Perspectives

Interpretaciones de los Determinantes en la Salud desde Perspectivas Feministas

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Abstract:

In this paper, an analysis is carried out on the model of health determinants proposed by Lalonde from the point of view of feminist studies to reflect on the conditions of women that must be taken into account in each of the determinants of health to contribute to the understanding of the importance of gender as an analytical category in women's well-being processes. Healthcare practices are determined by a series of norms created under an androcentric perspective that have excluded the specificities of women, generating inequalities and stigmas towards their discomforts.

Keywords:

Biology, Gender, Environment, Lifestyle, Health system

Resumen:

En este escrito se realiza un análisis sobre el modelo de determinantes en la salud propuesto por Lalonde, desde el punto de vista de los estudios feministas con el objetivo de reflexionar sobre las condiciones de las mujeres que deben ser tomadas en cuenta en cada uno de los determinantes en la salud para coadyuvar a la comprensión de la importancia del género como una categoría analítica en los procesos de bienestar de las mujeres. Las prácticas en atención sanitaria están determinadas por una serie de normas creadas bajo una mirada androcentrista que han excluido las especificidades de las mujeres generando desigualdades y estigmas hacia sus malestares.

Palabras Clave*:*

Biología, Género, Medio ambiente, Estilo de vida, Sistema de salud

INTRODUCTION

Health is a fundamental right for people. However, there are substantial differences between men and women in the materialization for full access to the exercise of this right, where women are at a disadvantage due to the conditions they must face regarding norms, expectations, and social functions, in addition to the conditions in which knowledge is generated, interpreted and applied, whether in health promotion or disease prevention; therefore, gender is a structural factor that influences people's well-being[1], and its study must be present for the generation of public health policies.

The World Health Organization (WHO) establishes that health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity; to understand and address health problems, the WHO has adopted the model of health determinants, proposed by Marc Lalonde, who indicates that the field of health is made up of four factors: human biology, environment, lifestyle and organization in health care, these elements will determine the way in which people are born, grow, live, work, and get older. However, there is inequality in the experience of these four determinants that can be attributed mainly to gender conditions, class, and ethnicity[3]. Subsequently, the Commission on Social Determinants of Health, represented by Michel Marmot, integrated the explanatory model of health with structural and intermediary hierarchies where the elements proposed by Lalonde were taken up (Figure 1).[2]

For centuries, the biomedical model has justified the exclusion of women in research under the premise of having hormonal cycles that impact the studies and can vary the results. It is a gender bias that has influenced medical care, normalizing late diagnoses, and in most cases, they indicate that the women's discomfort or pain is associated with psychosomatic problems, such as stress or anxiety, automatically prescribing anxiolytics

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or antidepressants, leading to hyper medicalization that complicates the prognoses; this is how 50% of the world's population has been affected.[4]

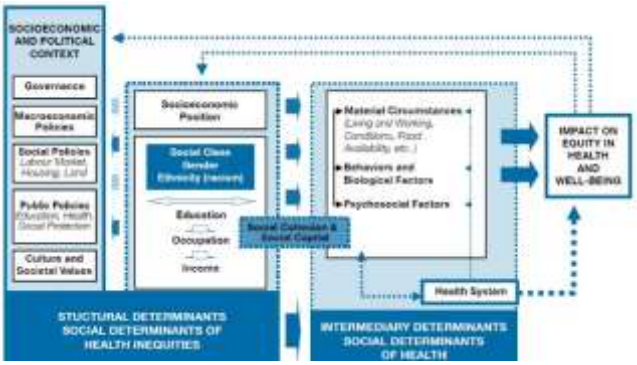

Figure 1. Model of social determinants of health.[2]

Globally, women live longer than men, mainly in rich countries, where they can more easily access health services, and they are the ones who most frequently go to receive this care[5]. However, some indicators reflect the lack of opportunities for healthcare for another segment of women, who live longer but in worse conditions than men. An example of this is the data from the World Economic Forum[6], which indicates that the gender gap existing in political empowerment would take 162 years. It will require 169 years for participation and economic opportunities and 16 years for education. However, on the issue of health and survival, the time required is indefinite.

64 million 267 thousand 152 women live in Mexico, and life expectancy is 75 years at the national and state level. With women living longer than men, women have an average of 78 years and men 72 years[7]. However, in the years that women live longer, they must face various types of violence and discrimination in the public and private spheres, actions that, when analyzed, can be grouped into the different determinants of health. The disparities that exist between men and women in accessing health resources are not related solely to the biological characteristics of the sexes; they are also generated by social demands determined by gender, placing women at a disadvantage for the protection of their health[8]; more women are affiliated with health services not related to work benefits, as in the case of Seguro Popular/Insabi, compared to men who are affiliated with health services such as Instituto Mexicano del Seguro Social (IMSS), Instituto de Seguridad y Servicio Social de Trabajadores del Estado (ISSSTE), Petróleos Mexicanos (PEMEX), Secretaría de la Defensa Nacional (SEDENA) or Secretaría de Marina (SEMAR)[9], these types of situations confirm that the conditions of dependency and vulnerability of women are related to government strategies, as well as family and marital relationships.[10]

In this sense, this article aims to reflect how women's conditions interact with the four determinants of health proposed by Lalonde to contribute to understanding the importance of gender as an analytical rather than a descriptive category of the population's well-being processes.

Understanding the gender perspective as the identification of economic, social, and political inequalities and asymmetries in the public and private spheres, the result of social and cultural assignment, from a binary vision of the sexes, ideas, attitudes, behaviors, etc., to women and men in certain historical context, and that in this case impact differently on health, highlighting the avoidability of these circumstances that place women in a disadvantaged position.[11]

Feminist epistemology has generated discussions about the production of objective, neutral, and universal scientific knowledge that, in the case of health sciences, does not identify the scientific and clinical biases that exist in its application to women[12]. Therefore, social sciences such as sociology, medicine and health anthropology from feminist frameworks have generated contributions to understanding health processes in this population and understanding there are various feminisms.[13] In this way, it has been possible to identify overlaps or intersectionalities related to sociocultural processes[14] that impact health, as the social determinants model explains[2].This way, the importance of health analysis is identified with a gender perspective.

BIOLOGY AND GENDER

From the model of health determinants, human biology refers to the organic constitution of human beings, the systems that compose it (nervous, endocrine, digestive), hereditary factors and all the mental processes that comprise corporality; it is made up of biological factors and their rhythms, cycles, life stories.[15]

Based on the differences in the bodies of men and women, health should be considered a process experienced differently, as is the case with exposure to discomfort and susceptibility to diseases; however, the presence of androcentric patterns in the research, diagnosis and treatment of diseases has generated the invisibility of the biological characteristics of women and the gender roles which they are exposed, these elements trigger inequalities in health.[16]

Throughout history, medicine and its biomedical models have been proposed from an androcentric approach, resulting in theories and practices that respond to the same structure, based on anatomical, physiological, and pathological differences that generate inequality and norms of feminine subordination.[17-19]

Human biology has been an element that influences the inequality of the established social order, directly affecting half of the world's population[12] and impacting their quality of life Thus women still have a higher life expectancy than men; they live exposed to higher health risks, both physical and psychological, due to the demands of social roles determined by biological characteristics[20,21], In this sense, Foucault states that: "the body is the recipient entity of disciplines and basis fundamental of the devices of knowledge-power," which is why it identifies an influence of the State, medicine, and power on the medicalization and pathologization of discomforts that have a social origin that, when individualized, reduces the problem at the same time as the institutions gain the possibility of

controlling people's bodies and lives in a social, administrative, and health way, aimed mainly at women.[22] The specificities of women's bodies have been studied regarding biological reproduction, focusing only on the processes related to the topic and the organs involved in maintaining the species. This phenomenon can be observed in birth control policies for Indigenous women by being subjected to forced sterilizations, having children with non-indigenous men or facing barriers to accessing prevention services for diseases such as ovarian and breast cancer. It is also observed in the submission to forced pregnancies in girls and adolescents[23,24]; there are also paradoxes such as predominant studies of reproduction in women. However, there is a shortage of studies on menstruation[13]; the symptoms that women manifest outside of reproductive functions are related to mental illnesses, generating erroneous and late diagnoses and treatments. An example of this is that indicated by Roselló[18] when returning to the cases of women who attend consultations caused by the presence of tiredness, general malaise, and muscle pain and receive treatment for depression when it could be anemia because of iron deficiency.

The hegemonic view of health practices is not a situation that only has consequences on women's health but also affects men; an example of this is the difficulty in diagnosing affective and emotional problems in them because through risky behaviors (addictions, fights, risky sexual behaviors), which lead to demonstrating their masculinity, they cover up the lack of social skills, expression of emotions or perception of self-efficacy.[25]

Feminist studies consider that the body is a place where the processes that build subjectivity and cultural identity are created, where imbalances in the accumulation of social and symbolic capital are reflected[24], and in the case of female bodies, relates to the metaphors of temple, cage, prison, and territory, this is understandable in the relief of ideas that affirm that women's bodies are individual but that through structural and systemic inequality also belongs to the other, in the sense that in everyday life women's bodies are available to satisfy the needs of others, in this way it has been conceived as a territory of conquest within a capitalist, colonialist, and sexist system.[26]

The body, from the cartesian body/mind duality, has historically been related to the natural and nature to the feminine, the feminine to the woman, while the mind is associated with culture, work, the masculine, and therefore to man, and intentionally in the singular, as if there was only one body and essence of man, the same with woman[27].Hence, when studying people's health, one must identify that bodies are crossed and constructed by positions, interpretations, and political interests.[28]

ENVIRONMENT AND GENDER

For the model of health determinants, the environment addresses those external factors that affect people's environment, significantly influencing their health[15]. It does not refer only to the natural environment; it also emphatically includes the social environment, so people have no control over them, and if they do, it is minimal, because beyond the individual, collective actions are required to modify them. In this sense, the reflection in this section focuses on assessing the environmental context more broadly, beyond the services and material goods that measure the social class to which one belongs as if it were synonymous with quality of life.

From the ecofeminism approach, the relationship between the environment and women has had a significant link, especially with nature, the earth, and self-care practices; some ecofeminists affirm this association from the biological characteristics of the species, while others derive the relationship from the social construction around women's bodies and their social roles.[29]

The environment and human relations today have been affected by the increase and exacerbation of phenomena such as femicides, sexual violence, trade, and exploitation of women's bodies, megaprojects, or the displacement of people from their territories from drug trafficking and organized crime. These situations have modified the social, political, and economic context of towns and cities, leading to the breakdown of the social fabric, which weakens regulatory and cultural systems that impact the physical and social environment.[30]

Health professionals must take into account that the results of extractive practices have modified the territory and its environment, therefore, the health of its inhabitants, where the conditions to access a dignified life remain below the economic interests that the capitalist system requires[31], which is why the struggle of ecofeminists to make visible the need to defend livelihoods collectively stands out, where one of the alternatives points towards the defense of one's own, of local knowledge, ancestral knowledge and the defense of the common.[32]

In this way, one can understand that the line of action marked by patriarchal and colonial capitalism has generated violent and catastrophic processes in the environment, being the engine that drives ecological destruction and the subjugation of women, where domination, conquest, and looting destabilize ecosystems and their complex order, ignoring the importance of interdependence for the well-being of human and non-human life.[29,32]

The way of life that capitalism demands, based on its projects, must organize nature and human life. It has been possible through asymmetrical relationships, appropriation, and exploitation implemented to generate value continuously for the accumulation of assets[33], where women and the feminine have an increased burden to sustain vital processes, having to face and create forms of resistance to the environmental barriers that arise in their territories.[34]

LIFESTYLE IN WOMEN

Lifestyle refers to the decisions people make individually about their health, the control they have over it, and the ability to modify this factor. It considers behaviors and lifestyle habits that are generally the result of their own decisions, but they are also due to the influence of the social environment.[15]

From the biomedical point of view, this determinant is mediated by motivational and behavioral variables, which may influence

decision-making. It is also related to obtaining achievements establishing goals and meaning in life. The recommendation from the focus is to maintain healthy practices such as self-acceptance, self-esteem, optimism, satisfaction with the personal environment, and self-compassion, in addition to constant communication with health personnel to provide guidance and attention to their changes during this process.[35-37]

With commitment and determination, following these indications seems something easy to do. However, from feminist criticism, it must be recognized, by the reflection made in the previous section, that in a violent environment inside and outside the home, the problem of maintaining a healthy lifestyle is more complex and requires adaptation beyond the individual. Therefore, health recommendations must consider the social elements that modify the individual actions of women to maintain a healthy lifestyle.

The lifestyles that women have, on average, are influenced by various systematic elements of socialization such as the roles that both men and women are, culturally, expected to fulfill within the family and public spheres such as the workplace or places where their activities are carried out, and are necessary but unpaid, these social expectations and the sexual division of labor multiply the physical and emotional burden that manifests itself in their health, which can be attributed to the susceptibility to discomforts that affect health chronically, but that does not end up producing their death directly, so analyzing living conditions will be valuable to identify and understand that there are inequalities in health between men and women.[38]

These roles and expectations that mark women's ways of life and make them the main ones responsible for the reproduction of the family are often not carried out by pleasure or by their own decision but even generating discomfort in them. There are the conditions that allow them to have economic income, social acceptance, or general stability, having to face limited inclusion options[29], which are not only the product of cultural processes but are also perpetuated by neoliberal policies, where women face a higher level of vulnerability from various complex phenomena that lead them to alienated ways of life and that from the health area are not taken into account in individual assessments, such as the case of women caregivers of sick relatives, abandonment in the case of older adults, immigration changes, incorporation into organized crime, struggles to find missing relatives.[32]

HEALTHCARE SYSTEMS AND GENDER

This determinant refers to the resources available for health care such as centers, human, economic, material, and technological resources, considering the conditions of accessibility, efficiency, effectiveness, and quality in practice and coverage.[15]

In this sense, feminism, with the ideal of social justice, seeks to incorporate the transversal analysis of inequality in healthcare based on the conditions of people and power relations, which the State legitimizes through the policies it establishes in terms of health, regulating social relations, reproducing an unequal social order and also goes through practices through the operating rules of the institutions.[39]

In relation to the creation of public policies that influence the development of measures in health systems to reduce the inequality gap on the subject, the United Nations Organization through the 2030 Agenda for Sustainable Development and the Sustainable Development Goals approved in 2015, stated that its objective is to achieve gender equality and the empowerment of girls and women by mainstreaming gender perspective, raised in objective five but which must be applied in one of its objectives, in terms of health, objective three is guarantee of a healthy life and the promotion of well-being for everyone at all ages. Based on them, recommendations are made to countries to implement measures to eradicate gender inequality.[40]

In this regard, Mexico has implemented a governing program called "Proigualdad" through the Instituto Nacional de las Mujeres. This program aims to promote equal access to health services for women and men and to improve their health by enhancing the coverage and quality of services.[41]

Although the gender perspective has gained importance for the creation of public policies, it has been challenging to mitigate inequalities between men and women for various reasons. One has to do with the existence of androcentric public policies, where men occupy a hegemonic position in diverse social spheres; this way resource distribution is developed under the power exercised by men[40], who ignore the needs of women and the actions applied with said resources maintain a paternalistic approach.[42]

The medical-hegemonic practices[43] and heteropatriarchal[44] practices in institutions provide care unequally for the population that does not have a masculine and hegemonic gender identity, which means that within the excluded population, women face profound obstacles to accessing healthcare, the incorporation of care ethics in the area of health consolidates the rights approach, seeking the promotion and respect of autonomy that counteracts structural violence, which accepts the knowledge/subject continuum, where the object of study becomes the subject of its knowledge.[45]

These paternal actions that keep women in subjection link to the historical position adopted by the state regarding women as objects of care, not as subjects, where the State established the conditions for women without taking them into account. Their participation is not comprehensive and equal to men; the resources provided to women focus on the sexual division of labor; that is, the interest has been to generate strategies and conditions that help women live better while keeping them in activities established by gender roles, relegating them to the private sphere, in care, reproduction, and attention to the family activities.[46]

The discussion about public policies and the resources they generate for substantive equality between men and women must focus on how the beneficiaries are considered in their design and on the inclusion or exclusion of the activities and functions granted to them; women have had to face the consequences of

inequality of resources, power, and privileges, it is necessary to articulate the spheres of the State, market, and family to transform the established gender order, in addition to allocating own resources to the needs of women and have authority in public administration.[47]

CONCLUSIONS

Throughout this writing, we identified aspects respecting health policies, which the institutions and the personnel who provide services must incorporate into their practice to reduce the inequality gap between men and women. For the analysis of health determinants to be meaningful, it is necessary to develop, apply, and evaluate it with the population groups intended to be understood, in addition to recognizing the health conditions and practices carried out by health personnel. Research must generate information about the life processes of women with an intersectionality approach, that is, from their biological, psychological, ethnic, and class conditions, among others, from the incorporation of qualitative and humanistic techniques to understand the subjective experiences of people, beyond reducing the interpretation of our reality based on statistical data and avoiding the oversizing of the biological sphere above social and cultural factors; therefore, another option is found by resorting the care ethics in the creation of public policies and their institutionalization.

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