

What is the gender gap?

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But let me tell you, this gender thing is history
George H.W. Bush

The gender pay gap is not a myth, it's mathematics
Barack Obama

Gender gap

The term *gender gap* was originally referred to the observed inequity in earnings, where men earned significantly more than women both on average and when performing the same job. Gradually the discussions of gender gaps also expanded in certain areas of society such as education, health and politics. This gap varies between countries and, as attended, social factors are crucial. The World Economic Forum Report for the first time in 2006, introduced the Global Gender Gap report, which provided data on gender amplitude and disparity in the world. An index evaluating the gender gap on economic, political, education and health, provided a ranking of world countries. Rankings aim to create greater awareness worldwide and to allow an effective assessment of gender inequalities. In the last report Italy was placed at 71th place on 136 countries. Analyzing the results for all four sub-indexes of the Global Gender Gap Report,¹ our country is at 65th place with regard to schooling, 72nd for public health, 44th for access to political power and the 97th for the participation in the economic life.

Gender inequalities in health care have been a

major area of social research.² From the beginnings, medical research and clinical trials have been focused on men causing a gender bias. Women live longer but in worse conditions than men (specially the last years of life) and suffer from all chronic diseases.³ Despite advances in women's health, there is still much to do: greater attention to sex differences in clinical research will be needed to achieve equitable health outcomes and to improve quality of care. On the basis of recognized difference between women and men regarding risks progression and treatment response of many diseases, it is mandatory to support equity in health care through gender-specific medical research from basic science to clinical trials, and the subsequent translation into clinical practice.

Disparities between the sexes persist also in the professional environment. In academic medicine⁴ most research articles and editorials continue to be written by men and women account for less than 30% of the reviewers in each of the 6 major medical journals. In our country as also in the rest of the Western world, the percentage of women among physicians is constantly increasing. In the age range between 25 and 29 years old 70% of physicians are women, between 30 and 34 years 51.9%, while 60-69 year-old women are only 14%. At present, women account for 32% of all Italian doctors, but in 10-15 years most physicians will be female.⁵ Nonetheless, the percentage of women at the top of the physician career is quite low: only 16% among the councilors of Doctors and Dentists Board, 14% among head of department and 8% among professors in Medical school faculty are women. Finally 9% of the Directors of Health Companies are women.⁶

Commitment into a career involves also choices in private life: 30% of women physicians at the top of the career is single (10% of men) and do not have children (13% of men).⁵ In all history ages, the women vocation for caring is attributed to the woman; this vocation reaches the acme in the maternal role. Women engaged in family care, spend less time at

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work. Also highly-qualified women, do not assume a leadership role for not taking away time to family care and to their role as a mother.

The most important factor for the competitiveness of a country is human talent. Women constitute half of that potential talent. A government has to support social and economic policies to allow the development of the best talents regardless they are men or women. To increase the presence of women in the workforce is important, but not enough. Everyone, including men could benefit from new policies of reconciliation and a new way of working. Otherwise, women will remain in lower rules or even worse as long they have to choose between career and family. Certainly women could endure better careers, if policies allowing a fairer allocation of time between career and family would be implemented.

The European Commission with Horizon 2020 programme, the biggest EU Research and Innovation programme, pursues a goal of gender equality.⁷

Objectives are: i) fostering gender balance in research teams, in order to address the gaps in the participation of women in the Framework Programme's projects; ii) ensuring gender balance in decision-making, in order to reach the Commission's target of 40% of the under-represented sex in panels and groups (50% for advisory Groups); iii) integrating gender/sex analysis in research and innovation (R&I) content, helps to improve the scientific quality and societal relevance of the produced knowledge, technology and/or innovation.

And in any case the world is made by men and women...

From this year young members of the Federation of Associations of Hospital Doctors on Internal Medicine (FADOI), led by Dr. Cecilia Politi and coordinated by Dr. Paola Gnerre, are engaged in research on gender medicine.

Discovering gender difference in the principal diseases, re-evaluating the FADOI clinical trials by gender, writing monographies, participating as speakers

in Regional and National FADOI Congress are the purpose of the Young FADOI GENDER MEDICINE group.

FADOI Young Members

Imma Ambrosino, Elena Barbagelata, Giada Bardelli, Nunzia Barone, Federica Bertero, Maurizio Cavalleri, Ornella Cazzato, Tiziana Ciarambino, Massimiliano Chiuch, Pietro Crispino, Silvio Di Carlo, Miriam Gino, Federica Lorenzi, Ombretta Para, Maria Cristina Pasquini, Carmelina Rinollo, Francesca Saladini, Claudio Tana, Michela Tonani, Marta Zanon.

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