Editorial

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"Gender and human rights in international healthcare"

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Welcome to the second issue of 2023! Women now make over half of our world's population, and yet we are far from reaching gender equality and fair access to health-care provision. Despite of making gender equality a fundamental human right, this persistent inequality continues to impact on many females with some even risking, or losing their lives because of it. Back in 1948, when the Universal Declaration of Human Rights was signed, we all agreed that "*All human beings are born free and equal in dignity and rights*" *and that* "*everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, [. . .] birth or other status.*"

The *IJHRH* agrees with the latest UN Secretary-General's statement that "achieving gender equality and empowering women and girls is the unfinished business of our time, and the greatest human rights challenge in our world" [1]. Therefore, I am extremely pleased to dedicate this Special Issue to matters of gender in international health care. As always, our Journal looks at important and current health and social care topics independently of location. This allows the reader to make useful comparisons across jurisdictions, societies and continents. Although some have made progress, others could learn from best practice. But first, we must acknowledge that gender inequality is a societal failure and not a privilege, as some may see it.

I am extremely happy to see the first paper of this important issue to have a focus on sports, gender and health care. This is a much-neglected area in research and policy. "*The influence of sports policies on the right to fair competition for women*" looks at the grouping of athletes according to gender. As we know, this has been done historically for matters of fairness so that it can neutralise the advantages that males may have on females due to body composition, structure and testosterone levels. For example, the performance in the men's category in the 100-metre dash was superior to the women's in the Olympic Games in Sydney by 8.78% (±0.16), in Athens by 9.88% (±0.21), in Beijing by 10.11% (±0.29), in London by 9.25% (±0.59) and in Rio de Janeiro by 8.6% (±0.23). However, as the paper points out, major sport organisations periodically change the rules that guide the inclusion criteria to compete in the female category. The authors, therefore, looked at whether changes in gender metric rules bring female sports performance closer to male performance, reducing the equality of conditions for female competitors. To this end, the paper compared female and male results from the past five Olympic games in the 100-metre dash, high jump and javelin throw. The authors conclude that interference of the International Olympic Committee in the sex metric influences the athletic performance of women in some sports. Rules that facilitate participation of transgender athletes, or with sexual differentiation disorder and other forms of hyperandrogenism improve female athletic performance overall.

The second paper, "*Women's Health Concern in Jordan: Knowledge, Practice, and Barriers toward Cervical Cancer Screening*" aims to identify Jordanian women's knowledge pertaining to risk factors and screening choices of cervical cancer. The researchers spoke to 200 women between 20 and 70 years old from health and public centres in Jordan. Amongst other findings, the paper reveals that 55.5% of the participants had no information, and 75%

did not know the risk factors. Moreover, 50% of the sample did not know where to take the test, and 50% reported a lack of encouragement from the husband to undertake the test. The authors argue that public education about cervical cancer and its screening is essential and indeed timely for cancer prevention for women.

Moving onto "*The association between emotional maturity and domestic violence among infertile women*" research with 184 infertile Iranian women was undertaken to reveal a shocking result. More than 50% of these women declared experiencing domestic violence, and about the same percentage had unstable emotional maturity. Interestingly, the total score of domestic violence was significantly related to the women's emotional maturity while correlation was found in spouse's education level. This paper brings to light the need for public awareness and specialist support and training for women to improve their emotional maturity and make the more resilient against this type of violence. This, of course, must be done in a culturally appropriate manner.

Staying with the same topic, "*Psychological impact of domestic violence on women in India due to covid-19*" looks at the increased rates internationally of violence against women during the lock down. Looking back at what happened during that time, the paper identifies the factors and causes responsible for domestic violence and its psychological impacts on women. To this end, the authors used the Indian National Commission for Women's) data on complaints received regarding violence against women and domestic abuse in the year 2020. They also reviewed several published journal articles that discuss domestic violence against women during the COVID-19 period in different countries. It is not surprising to read their results that economic instability and social and cultural norms of India ignited psychological abuse against women. The effects of the lockdown continue to have an adverse psychological impact on women, making them suffer from posttraumatic symptoms, substance abuse, panic attacks, depressions, hallucinations, eating disorders and even self-harm. Action must be taken to mitigate these risks.

"*The importance of community support for women in a Gulf Coast Indigenous tribe*" is an important reminder of the valuable role of community support especially for women who experience reproductive health disparities. A total of 31 semi-structured interviews were conducted with individuals who identify as women. In addition, a community advisory board with representatives from their tribe provided feedback throughout the project. The paper discusses the key themes that emerged from the research and which include Community Closeness and Support; Community Support in Raising Children; Informal Adoption Common; and Community Values of Mutual Aid and Self-Sufficiency. The authors identify a research gap in the literature looking at the value and support of community networks in programmes serving tribes.

The sixth paper, "*Enhancing Female Status by Improving Nutrition: The Role of Corporate Social Responsibility in Nigeria's Oil Region*" critically examines the corporate social responsibility (CSR) initiatives in Nigeria by multinational oil companies' (MOCs). In particular, the authors investigate the impact of the global memorandum of understanding (GMoU) on improving female status by improving nutrition in the Niger Delta region of Nigeria. A total of 768 women respondents were sampled across the rural areas of the Niger Delta region to conclude that the GMoU model made significant impact in the key areas of assessment – gender-sensitive nutrition education, food security at household level, reduction on food taboos and female access to education. This may suggest that CSR interventions targeting to improve the nutrition status of girls and adolescents will help to ensure that female's status improves throughout the life circle in the region. This conclusion further implies that MOCs' investment in the nutrition of female is an important short-term barometer in assessing expected returns to improving household nutrition and overall.

The last paper, "*Persistent Economic Inequalities in Menstrual Hygiene Practices in India: A Decomposition Analysis*" examines the socioeconomic inequalities that exist in the use of unhygienic menstrual practices in India. To produce their findings, the authors looked at data

from the National Family Health Survey-5 (2019–2021) for 240,285 menstruating women aged 15–24 years. Amongst other conclusions, the paper argues that the state of Punjab is experiencing the highest level of economic inequality, followed by Telangana and Haryana. The results from decomposition analysis suggest that rural residence (13%), illiteracy (7%), poor economic status (53%), not reading newspaper (12%) and not watching TV (14%) contribute 99% to the total socioeconomic inequality in using unhygienic menstrual practices in India. The contribution of economic status to total inequalities is more in all the states except for Kerala and Mizoram, where caste and residence play an important role. This is an important finding for the international literature as it signifies a direct link between economic inequality and the use of unhygienic menstrual practices.

I hope that you find this Issue useful in your practice and research. Your feedback is always welcome; you can submit your views via our website as well as your work for peer review and publication at www.emeraldgrouppublishing.com/journal/ijhrh?id=IJHRH#author-guidelines. We review papers on an ongoing basis and have a target of returning them to the author within five to eight weeks of receipt. Warm wishes from everyone at the *IJHRH* and stay safe!

Note

1. www.un.org/en/global-issues/gender-equality (accessed June 2023).