



# Research Reports

## MSMUNQ VI: The SDGs





**Forum: SDG 5**

**Issue:** Measures to enhance and improve medicare care for women and girls in the Gulf Region

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**PART 1 of the Research Report: Root Causes of the Issue**

What are the root causes of the issue? Use images and videos to give Evidence and Examples to your point

1. What [social factors](#) cause this issue? How does it do so?

Gender prejudice continues in health care, despite good intentions. According to a poll taken by TODAY in early 2019, more than half of women say gender discrimination in patient care is a massive problem. One in five women believe their symptoms have been disregarded or dismissed by a healthcare professional, and 17% believe they have been treated differently due to their gender. This is a huge problem in the Gulf because women's issues in healthcare are often believed to not be important or not essential problems, this is mainly due to social stigma around women's health issues and problems. This might be due to cultural or traditional outlook on their roles and purposes in societies.

2. What [economic factors](#) cause this issue? How does it do so?



The health-care systems in several Gulf countries have become inefficient over time as resources have become scarce. Many redundancies, over-investment in tertiary care, and neglect of key services such as primary care, health promotion, and education are among the reasons why they are sometimes failing the people. Primarily, the rich and ultra wealthy receive aid when resources are available. In many gulf countries health facilities are outdated and in poor shape. Shortages of drugs, equipment and supplies are common. According to the National Center for Biotechnology Information, “Over 60% of all the GCC country income from sources of natural gas and oil ( which is the main source of income) is invested into the military or back into the gas industry.” It is estimated that only around 5% of these countries' Gross Domestic Products (GDPs) is put into medicine or public health.

3. What political factors cause this issue? How does it do so?

One thing that is very common in these countries is a lack of representation from women in higher level positions. In some Gulf states, women have fewer than 10% of parliamentary seats. For example, Kuwait's 2020 elections resulted in men winning all 50 seats. Although this is a problem all over the world, it's especially pressing in the gulf region due to the overwhelming majority of leaders being men, not just only in the political field but in basically all forms of leadership. However, not all the GCC countries face the issue of women leadership roles in politics or medicine, for example, the Mother of the ruling amir Sheikha Moza bint Nasser Al-Missned has helped build the county of Qatar in the most important ways, most significantly being educationally. She co-founded Qatar Foundation which is one of the biggest and most well established educational foundations in the world.



Furthermore, she consistently voices her opinion on political issues that involve Qatar. As another example, there's also Sheikha Ghalia bint Mohammad Al-Thani, who was appointed as the Minister of Public Health in 2008, and Director of Hamad Medical Corporation. Yet on the other side of the spectrum, there are countries like Saudi Arabia , who, according to reports conducted in 2017, have had reports come out which state that, “Women can work in most fields, except those considered not 'suited to their nature', such as construction or garbage collection. Only around 22% of Saudi women are employed and, unfortunately, earn on average 56% of what men make.”

4. What other factors cause this issue? Health? Such as a pandemic? Physical? Such as Natural Disasters? Show how each of these root caused has contributed to this problem

There are many other factors that contribute to this problem, and one of them is definitely a social factor. In places like the Kingdom of Saudi Arabia, it is expected that an overwhelming majority of women are at home as housewives and not working, and only 22% of the whole population of women have jobs. when the population of women is 10.2 million. That means that only around 2 million women work, and if this very traditional view of gender roles was not in place, then there would theoretically be a huge amount of economic growth for the countries and the communities.

5. How long has this issue been a problem?



This is a systemic issue that has spanned over hundreds of years and has basically been present since the start of human civilizations. Health care and women have not always been equal in terms of accessibility or proper treatment, but there are other reasons that women don't get proper treatment. In terms of ethnic background, religion, and culture, Arab women tend to be of great diversity. Nonetheless, there are some regional tendencies that have a distinct impact on women's health. Across educational and social lines, Islam and other religious aspects have had a vital impact in women's perceptions and responses to their health requirements. "Of course, cancer screening is necessary... but it won't change the reality that health and disease are in Allah's hands," one Palestinian lady stated in a 2013 research. While religion can provide solace in the face of illness, it may drive some people to delay getting medical help until it is absolutely essential.

6. Why is this issue a problem? Why does it need to be solved at all?

Gender inequality in healthcare has grown increasingly visible in recent years. It's always been around, but studies are now proving how harmful it is to one's general health. According to an article in the journal *Critical Care Nurse*, gender bias is "prejudice in behavior or treatment towards a person on the basis of their sex. It refers to circumstances in which patients with the same problems are examined, diagnosed, and treated differently and at a lesser quality level because of their gender. Gender bias in healthcare can also take the form of assuming that males and females are the same when there are significant disparities between them. Gender bias in healthcare can be difficult to avoid for both healthcare workers and patients who are at risk of being harmed as a result of it."



7. Which organizations benefit from the status quo?

There aren't really any organizations advocating for gender inequality but there are tons fighting for equality in all ways. Some of these organizations are : ([UN Women](#)), ([Association for Women's Rights in Development](#)), ([Womankind Worldwide](#)), ([Women for Women International](#)), And ([Equality Now](#)) just to name a few.

8. How do countries benefit from the status quo?

Although no one country would ever admit to not providing equal healthcare or that there is gender bias in healthcare there are some places that unfortunately suffer from this issue, some being Saudi Arabia where as mentioned before men have more and better access to medical care due to the lack of education in health care for female health complications or due to gender bias.

9. Which countries influence this issue the most? How so?

There are many countries that struggle with the issue of healthcare and equality for women and girls. There are not many countries to blame, as this issue is more of a systematic problem, and not directly connected to the government. But there are some countries that have enforced some very powerful legislation to combat the problem of gender inequality as a whole. For example, Iceland is one of the most progressive countries when it comes to the issue of healthcare equality for women and girls, even implementing laws that enforce components to have 40% of board members be composed of women and another law that teaches children from



kindergarten all the way to college about the discrimination and gender bias that women face in the healthcare system.

10. Which countries/groups are the most impacted by this issue?

There are numerous countries and regions that are largely affected by this issue . The most affected would have to be Less Economically Developed (LEDC) countries in general, due to a lack of resources and not well educated people - which almost always results in systematic flaws; in the case of healthcare that flaw would be inequality.

11. Which countries/groups should take the lead in solving this issue?

The GCC comes together very often and the best course of action would be to come together and try to find a solution to the problem as a whole. Seeing as some of the GCC countries already have taken exponential leaps forward on this issue, it is recommended for others to follow suit.

## **PART 2 of the Research Report: UN Treaties/Policies/Resolutions**

This section covers what UN action has been taken to address this issue on the agenda

1. Which resolutions are linked to this issue [ratified](#)?

**([E/ICEF/2017/16](#)) UNICEF GENDER ACTION PLAN, 2018-2021**

(Use this link to find out what resolutions have been made. At the [United Nations Treaty Collection](#) web-page you can find out which treaties also relate to this issue

A list of [UN declarations and conventions can be found here](#). The database can be searched by year or by subject.)

2. How far did this resolution solve the issue?



This resolution was very important when it came to mental and physical health of women and girls. What this resolution aims to do is to try and set plans to achieve in a 4 year time window starting in 2018 till 2021. This resolution also what to learn and reflect on the gender plan that took place between the time of 2014 to 2017 and try to improve upon it. The plan was to give all women opportunities in all fields of leadership and empower them at the same time. They also planned to help the adolescent girls from contracting any medical disease or issues.

3. Why wasn't this resolution completely effective? Was it blocked by a specific organization/country? Were there any objections from a major organization

This resolution was passed on the 15th of September 2017 and was put in place as a guideline for future resolutions while also trying to combat health issues that women face. It was effective in the sense that it set a good structure for the future but whether or not it's effective in the real world is not clear

### **PART 3 of the Research Report: Possible Solutions**

The solution here would be to implement more women to positions of power. The way this would work is that having women in these high positions would give them the ability to dictate what happens through their perspectives, and this will help solve many issues because only a woman would know what another woman needs in terms of healthcare and access to these necessities.

One pro is that this gives women in these communities and in these social bubbles a chance to step up and speak on behalf of their gender. This would also guarantee more



perspective when discussions of a woman's health and wellbeing is on the board. Gulf countries have been known to exclude women in discussions of decision making, so one con might be the push back from some of these governments that are not for change in this way.

Another solution might be trying to implement a system to educate youth and adults on gender equality in STEM fields, encouraging more women into medicine, specifically surgery. It is also essential to improve medical education to show how disease and treatment affects women and men differently, as most diagnoses are based on Caucasian mens bodies, meaning that women and other marginalized communities are more misdiagnosed. Implementing mandatory gender discrimination programs for working adults to educate them on the topic is also helpful.

Pro: improving the education system for medical practitioners will result in fewer malpractice cases

Con: Changing the education field is a slow process that may take many years to effect.

## **PART 4 of the Research Report: Bibliography**

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