

Gender-related sociocultural differences and COVID-19: what influence on the effects of the pandemic?

Differenze socioculturali legate al genere e COVID-19: quale influenza sugli effetti della pandemia?

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ABSTRACT

In the first stages of the pandemic, the adverse outcomes of COVID-19 were significantly higher in men than in women most likely as the effect of biological, hormonal, metabolic differences between the two sexes. However, gender-related differences in lifestyles and social roles can also greatly influence the course of disease. To fully understand the influence of gender in the COVID-19 outbreak, the collection and dissemination of disaggregated data must be enhanced to allow a better knowledge of the effects of SARS-CoV-2 infection in men and women, not only from a biomedical point of view, but also considering the risk factors associated with the different roles that they play in the society.

Keywords: gender-specific, adverse outcomes, social roles, disaggregated data

RIASSUNTO

Nella prima fase della pandemia, gli esiti avversi di COVID-19 si sono registrati in percentuale significativamente maggiore negli uomini che nelle donne per cause che certamente hanno il loro fondamento nelle differenze biologiche, ormona-

The data on SARS-CoV-2 spread, morbidity, and mortality have strongly highlighted the need to carry out a careful analysis on the gender-specific response to the COVID-19 pandemic. It comes from the evidence that the differences between men and women not only in biological, but also in sociocultural aspects can affect the onset, the course, and the outcome of the disease.

Changes in lifestyle, such as increased sedentary behaviour and caloric intake, might occur during lockdown periods and favour pathological conditions such as obesity, hypertension, and type-2 diabetes, that have been shown to increase the risk of adverse events for COVID-19. The higher percentage of adverse outcomes of COVID-19 in men than in women, sometimes observed in first epidemic stages, is certainly based on biological, hormonal, metabolic differences between the sexes; however, differences in lifestyles can also play an important role. Smoking and alcohol consumption, along with poor eating habits, more frequently found in men than women, may contribute to the higher male mortality observed.¹ On the other hand, women might be more easily exposed to SARS-CoV-2 in-

KEYPOINTS

- Gender-related differences that influence many socio-cultural aspects can affect the onset, the course, and the outcome of COVID-19.
- To fully understand the disease a careful analysis on the role of sex/gender-specific response to the pandemic is recommended; this analysis is essential to provide effective preventive/therapeutic strategies.
- Enhancing the collection of disaggregated data, taking into account also the effects of the social roles, is strongly needed.

li, metaboliche tra i due sessi, ma sulle quali possono giocare un ruolo importante anche differenze legate al genere negli stili di vita condotti e nei ruoli sociali ricoperti. Per comprendere appieno il ruolo delle differenze di genere nell'epidemia di COVID-19, bisogna potenziare la raccolta e diffusione di dati disaggregati che studino i diversi effetti dell'infezione da SARS-CoV-2 in uomini e donne non solo da un punto di vista biomedico, ma anche sociale, considerando i fattori di rischio associati ai diversi ruoli che uomini e donne ricoprono nella società.

Parole chiave: genere, esiti avversi, ruoli sociali, dati disaggregati

fection as they represent 70% of the health and social care workforce. Family care, that is especially borne by women in 'normal' conditions, increased during the COVID-19 pandemic, e.g., as a consequences of school closures. Furtherly, the increase in unpaid household workload, already three-fold higher in women than in men, may have also the side effect of limiting women's economic and employment opportunities.²

Pregnant women may be at risk of complications during the COVID-19 pandemic, but data about this aspect are scarce until now.

An increased risk of maternal and infant morbidity and mortality may potentially occur as a consequence of service suspension and decrease in essential health care resources assigned to sexual and reproductive domains due to the priority of intervention against COVID-19.² The past humanitarian crises have shown that a reduced access to dedicated services for family planning, pharmacological abortion, HIV prevention, and gender-based violence results in increased rates of unwanted pregnancies, unsafe abortions, sexually transmitted infections, pregnancy complications,

post-traumatic stress disorder, depression, suicide, maternal and child mortality.

Finally, one aspect that deserves to be carefully considered is that the social isolation, while protecting people from the risk of SARS-CoV-2 infection, can increase violence against women. During a pandemic, the risk of physical, sexual, psychological, or economic violence, that occurs between partners and that is largely perpetrated against women, increases dramatically.³

In conclusion, to fully understand the role played by the gender in the COVID-19 epidemic, the collection and dissemination of disaggregated data must be enhanced to allow a better comprehension of the relevant factors associated with the different roles played in the society, where adverse outcome risks could vary by gender.

Conflict of interest: none declared.

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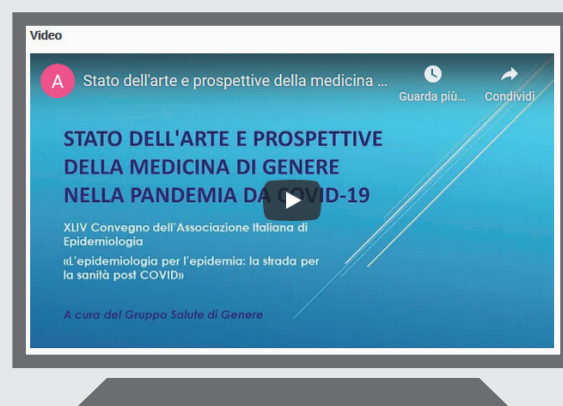
Gruppo di Lavoro AIE Salute e medicina di genere

La Medicina di genere rispecchia una dimensione interdisciplinare della medicina, e richiama l'attenzione sullo studio dell'influenza del sesso e del genere sulla fisiologia, fisiopatologia e patologia umana. Con l'approvazione del Piano per l'applicazione e la diffusione della Medicina di Genere, nel giugno 2019, il concetto di "genere" in medicina viene inserito per la prima volta in Italia, come garanzia di cure appropriate e personalizzate da erogarsi in modo omogeneo a livello nazionale.

La proposta di creare un Gruppo di Lavoro AIE sulla salute e medicina di genere nasce dal crescente interesse su questo tema, non solo relativamente agli aspetti clinici, ma anche nell'ambito della ricerca epidemiologica. Il GdL è stato istituito formalmente durante il XLIV Convegno dell'AIE, e prevede la partecipazione di professionalità provenienti da ambiti lavorativi diversi, ma accomunate dall'interesse a mettere in luce le differenze di genere in epidemiologia. Il GdL promuove la collaborazione con il Centro di Riferimento per la medicina di genere, istituito presso l'Istituto superiore di sanità, e con altri gruppi di lavoro che a livello nazionale, regionale e locale si occupano di salute e medicina di genere.

Le coordinatrici del GdL, Eliana Ferroni e Cristina Mangia, organizzeranno mailing-list, teleconferenze e incontri per discutere e programmare insieme le attività del gruppo.

Per fare parte del gruppo di lavoro, si può inviare una email all'indirizzo email aie.salutedigenere@gmail.com, indicando i propri recapiti.



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