Gendered perspectives on antimicrobial resistance

There's limited understanding of antimicrobial resistance in many parts of the world. But the intersection of gender is even more overlooked. **Luavut Zahid** reviews the situation...

Globally, antimicrobial resistance (AMR) is gaining momentum at an alarming rate. In some ways, we are operating on borrowed time. The Covid-19 pandemic made it all the more obvious that the fissures in global healthcare systems cannot be ignored. The situation in low- and middle-income countries (LMICs) is especially troubling.

Burdened with socioeconomic and sociocultural problems, many of these countries are now tackling new frontiers in the form of climate change. And the same reasons that make women and children more susceptible to harm during other crises often come together to create a similar effect when it comes to AMR.

A 2020 ReAct study pointed out that: "This is a global health issue that not only disrupts health and food systems but affects countries and communities on almost all levels… LMICs are more susceptible to infection."

Additionally, the lack of information on how gender and AMR interact makes the issue worse. In 2018, the World Health Organization (WHO) recognised the need to: "Take the first step towards better considering gender and equity issues' in countries' attempts to address antibiotic resistance." The pandemic soon followed, and while we now have a whole new problem to tackle, the reality that gender continues to put some at a disadvantage has gone nowhere.

In a study exploring gender and AMR, Nicola Jones and her team note: "Gender can influence every part of an individual's health experiences; access to knowledge, healthcare facilities, financial resources, and paid employment are all heavily gendered and influence behaviours relating to the procurement of antimicrobial and antibiotic agents."

According to statistics from One Health Trust, women are 27 per cent more likely to be given antibiotics than men. This makes them more at risk for AMR and puts them in jeopardy because, in several LMICs, women have restricted or limited access to healthcare.

"These issues are further compounded in LMICs due to stringent sociocultural norms, women's low levels of education, low participation in the workforce, and limited health information and networks. Despite this obvious interconnectedness between AMR and gender, it surprisingly remains unexplored in the current literature. The interaction of biology and sociocultural norms makes women more susceptible to AMR. Women's exposure to AMR and antimicrobial use (AMU) is higher during pregnancy, childbirth, menstruation, and abortion. In addition, young women face a greater risk of contracting urinary tract infections (UTIs), gonorrhoea, and other diseases. Lack of adequate water, sanitation, and hygiene (WASH) facilities puts women at higher risk of contracting antibiotic-resistant infections in LMICs," One Health Trust fellow Deepshika Batheja and Senior Research Analyst Srishti Goel explain.

Needed shift

There is also a cultural element at play where women are not able to get the same level of care because of the very fact that they are women. Patriarchal communities across the globe, especially those suffering from economic stress, will place boys and men above women. For instance, in several South Asian countries, allopathic interventions are simply not available to women. They must instead rely on alternative or native medicines, which can at times be inadequate or simply inaccurate.

The gender divide is also prominent between urban and rural settings. A study from Emily Rousham and her team showed that: "Of 582 observations, 31.6 per cent of drug shop customers were women. Women comprised almost half of customers (47.1 per cent) in urban drug shops but only 17.2 per cent of customers in rural drug shops."

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There's also the fact that women face some health risks that men never will. "Childbirth, abortion, and sanitary health care all expose women to a large range of infections, making AMR a particularly important consideration in maternal health. Moreover, female-dominated professions, such as teaching and healthcare, are also associated with more frequent exposure to infection and disease," according to a WHO report.

The situation in Southeast Asia is no better. "Inappropriate antibiotic use is a major contributor to AMR, particularly in Southeast Asia. Although studies indicate an association between sociodemographic factors, such as gender, and knowledge and practices related to antibiotic use, research is limited," according to Phuc Pham-Duc.

Pham-Duc offers some recommendations on how the gaps can be addressed. There is a need for education interventions: "Although findings on knowledge of males and females were not consistent among the articles included in this review, generally a need to improve knowledge on antibiotic use and AMR among the general public was identified."

Moreover, further research is also needed alongside policy work: "Targeted interventions require in-depth understanding of factors that influence knowledge and use of antibiotics among males and females. As research on gender and antibiotic use is limited, and research exploring reasons for gender differences in knowledge and practices related to antibiotics is even more scarce, there is a need for further qualitative research to develop a greater understanding of differences in knowledge and practices between genders and the underlying reasons for these differences."

Finally, Pham-Duc notes that at the heart of the issue is the fact that antimicrobials are routinely, inappropriately misused. He writes: "Inappropriate use of antibiotics through practices such as self-medication are found to be associated with factors such as inaccessibility, unregulated distribution of medicines, and a lack of medical professionals and quality healthcare facilities, to name a few. Efforts must be taken at all levels to prevent such inappropriate practices."

Addressing the intersection of gender and antimicrobial resistance is crucial for effective and equitable healthcare systems worldwide. By recognising and mitigating the unique challenges faced by women in accessing healthcare and combating AMR, we can strive for more inclusive and sustainable solutions to this global health threat. CRJ

Sources

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