

## Gender and Health Inequalities in Greece: Analysis of Social, Environmental and Policy Determinants

Konstantina Sklavou, Associate Professor

Department of Social Work, University of West Attica, Athens, Greece

\*Correspondence: Konstantina Sklavou, Associate Professor

Email: ksklavou@uniwa.gr

The authors declare  
that no funding was  
received for this work.



Received: 20-July-2025

Accepted: 30-July-2025

Published: 03-August-2025

**Copyright** © 2025, Authors retain copyright. Licensed under the Creative Commons Attribution 4.0 International License (CC BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.  
<https://creativecommons.org/licenses/by/4.0/> (CC BY 4.0 deed)

This article is published by **MSI Publishers** in **MSI Journal of Multidisciplinary Research (MSIJMR)**

ISSN 3049-0669 (Online)

Volume: 2, Issue: 8 (August-2025)

**ABSTRACT:** This review aims to identify the determinants of health inequalities, with a focus on biological, social (e.g., access to care, healthcare utilization), environmental, and structural factors. Gender-specific health outcomes will be analyzed in relation to differences in health status and health-related behaviors. The review will also assess policy and health system responses, evaluating the effectiveness of existing policies in addressing gender-based health inequalities and the extent to which these policies are gender-sensitive. Furthermore, the healthcare system will be examined in terms of how gender dynamics influence the delivery of care. This analysis will help identify existing gaps and opportunities, contributing to the development of targeted recommendations and an action plan. The overarching goal is to promote gender equity and uphold the right to health in Greece. Addressing these disparities requires comprehensive and inclusive policies that expand access to gender-sensitive healthcare, allocate adequate resources for mental health services, and ensure culturally competent care for vulnerable populations—ultimately improving health outcomes for all.

**Keywords:** *gender, equity, rights, health care, policies, quality care*

## Introduction

The women's right is internationally recognized as a priority in human rights and development. Gender differences and inequalities are a fundamental feature of social exclusion and poverty. In the case of health, women's social, economic and political status undermine their ability to protect and promote their own physical, emotional and mental health, including their effective use of health information and services. Expressions of gender inequity, whether in the relations between women and men or within institutions, need to be recognized and addressed. Gender inequalities in health aims to highlight the importance of conducting health research with a gender perspective. This includes two categories as key social variables and correlates: the category of social gender and socio-economic inequalities in health status.

Health is a requirement, indicator and outcome of a prosperous and sustainable society. It is a universal human right and it is no coincidence that it occupies a central position in the sustainable development, as defined in the context of the 17 Sustainable Development Goals of the United Nations . Health and well-being of people should be central parameters in the development of the development and prosperity policies. The sensitization of public opinion and the activation of the political system due to the COVID-19 pandemic creates an excellent dynamic for a comprehensive improvement of Public Health in Greece, with the achievement of a Public Health system in 21st century terms (Giannopoulou & Tsobanoglou, 2020; Karokis-Mavrikos et al., 2022). An integrated, intersectoral, interdisciplinary, interprofessional and multilevel system that is not physician-centric and applies modern science-based practices with special emphasis on equity, population health needs and sustainability, should be implemented. It should be emphasized that health is a political choice and a state obligation.

Gender equity and rights in healthcare are critical issues that affect the well-being of individuals and the overall effectiveness of healthcare systems. In Greece, as in many countries, there are disparities in healthcare access, quality, and outcomes that are influenced by gender. This situation analysis aims to assess the current state of gender equity and rights in healthcare in Greece, identify key challenges, and propose recommendations for improvement. Gender equity ensures that everyone has

fair access to healthcare services, regardless of gender, and that healthcare systems recognize and address the different needs of all genders (Tricco et al., 2021). It involves removing barriers to care and addressing gender-based discrimination. Gender rights in healthcare refers to the right of individuals to receive care that respects their gender identity, includes them in decision-making processes, and ensures their dignity and privacy. In Greece also, access to healthcare services varies significantly between urban and rural areas. Women and LGBTQ+ individuals in rural areas often face greater challenges in accessing specialized care (Anastasaki et al., 2024). In addition, economic barriers and constraints can disproportionately affect women, especially single mothers or women from low-income backgrounds, limiting their ability to access necessary healthcare services. The healthcare system in Greece has traditionally focused on maternal and reproductive health for women, often overlooking other gender-specific needs, such as mental health, cardiovascular health, and gender-sensitive treatment for men and LGBTQ+ individuals. Furthermore, there is a need for more culturally sensitive care that respects the rights and needs of all genders, particularly for transgender individuals, who may face discrimination or lack of understanding in healthcare settings.

The challenges and barriers concern on traditional gender roles and stereotypes which can influence the type of care individuals receive and their willingness to seek care. While in Greece policies aimed at promoting gender equity exist, implementation is inconsistent, particularly in areas like reproductive rights, LGBTQ+ health, and gender-based violence. Finally, there is a scarcity of disaggregated data by gender, making it difficult to fully understand and address the specific healthcare needs of different genders.

### **Key definitions**

Before continuing with the desk research, the key definitions used throughout this literature review will be introduced. These key terms will be used for searching literature within the scope of the Situation Analysis Report, including existing quantitative and qualitative data about the situation and the number of people/organizations affected. WHO defines health as *“a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”*.

Also specifies a healthcare system as *“a system consisting of all organizations, people and actions whose primary intent is to promote, restore or maintain health”* (WHO, 2019). According to WHO, the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being. Health inequalities can be described as *“the preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies”*.

Gender equity *“the concept recognizes that women and men have different needs and power and that these differences should be identified and addressed in a manner that rectifies the imbalances between the sexes. This may include equal treatment, or treatment that is different but considered equivalent in terms of rights, benefits, obligations and opportunities”*.

Gender equality *“is a prerequisite for a functioning democracy, in which all women and men, all girls and boys, in all their diversity, enjoy their human rights in law and in practice. Gender equality entails equal rights for all, as well as the same representation, visibility, empowerment, responsibility and participation, in all spheres of public and private life. It also implies equal access to and distribution of resources between women and men. Achieving gender equality is central to the fulfilment of the Council of Europe’s mission: safeguarding human rights, upholding democracy and preserving the rule of law”*. Gender equality is an important policy goal of the Council of Europe. Priority areas of intervention are defined by the Gender Equality Strategy 2024-2029 and working methods include intergovernmental work, cooperation projects and gender mainstreaming . Gender equity means being fair to women and men. To ensure fairness, measures are often needed to compensate for historical and social disadvantages that prevent women and men from otherwise operating as equals. Equity leads to equality .

### **Methodology - Desk review**

A desk review is going to be conducted, involving in-depth analysis of the available literature on the topic, including review of existing research and data on gender, equity and rights in health care (Flick, 2018).The review is going to include available

data of the global literature of gender, equity and human rights (GER) and quality care worldwide and in Greece. These sources could include, but not limited to, published scientific articles, databases of international or national relative organizations, grey literature, reports from key civil society organizations representing underserved sub-populations and websites, national health plan, population health surveys, national health information system data (including trend data), performance reports (e.g. annual health statistics report), facility assessments, administrative data, research/evaluation studies, datasets/ documents from ministries, data sets/ documents from civil society – reviews, analyses, evaluations, case studies, etc. The following databases and sources could be used in order to carry out the desk research: *WHO, OECD, National School of Public Health, Archives of Hellenic Medicine, Health Science Journal, Journal of Psychiatric and Mental Health Nursing, Rostrum of Asclepius, Health Policy, The International Journal of Health Planning and Management, General Secretariat for Demographic and Family Policy and Gender equality, Observatory of Gender Equality of the General Secretariat for Demography and Family Policy and Gender Equality and the National Statistical Authority (ELSTAT)*. Data collection will include an in-depth desk review to collect all available literature on the topic and any statistical data existing, disaggregated by gender to assess differences in health outcomes, access to healthcare services and risk factors (Bradley et al., 2007).

The literature review will drive the needs assessment in the field under research and help us to identify gaps and areas needing further research, as well as to report on the current situation. The review will also identify any data limitations and bias in terms of adherence to the Sex and Gender Equity in Research (SAGER) Guidelines , and the Human Rights-Based Approach to Data framework (described below). Literature published the last 20 years is going to be searched (2004-2024), to include information, if existing, about before and after financial crisis in Greece, as well.

Desk review will include but not limited to, the following key terms: [“health” OR “health services” OR “health care”] AND [“access” OR “equity” OR “quality” OR “satisfaction” OR “barrier” OR “obstacle”]. Inclusion criteria will be a) published from 2004 to 2024, b) concerning Greece, c) published in Greek or English language.

## Quality of care

Quality of care is one of the most frequently quoted principles of health policy, and it is currently high up on the agenda of policymakers at national, European and international levels (WHO, 2019; OECD, 2017). At the European level, the European Council's Conclusions on the Common Values and Principles in European Union Health Systems highlight that "the overarching values of universality, access to good quality care, equity, and solidarity have been widely accepted in the work of the different EU institutions" (European Council, 2006) and recognizes quality as an important component of health system performance.

At the international level, quality is receiving increasing attention in the context of the Sustainable Development Goals (SDGs), as the SDGs include the imperative to "achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all". This is reflected in two World Health Organization reports published in 2018, a handbook for national quality policies and strategies (WHO, 2018) and a guide aiming to facilitate the global understanding of quality as part of universal health coverage aspirations (WHO, OECD, & The World Bank, 2018).

Quality health care can be defined in many ways but there is growing acknowledgement that quality health services should be: effective (providing evidence-based healthcare services to those who need them), safe (avoiding harm to people for whom the care is intended) and people centered (providing care that responds to individual preferences, needs and values). So according to WHO , Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge and is critical for achieving universal health coverage. As countries commit to achieving Health for All, it is imperative to carefully consider the quality of care and health services. Institute of Medicine (IOM) in the US defined quality of care as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge". In fact, the dimensions of quality of care have

been the focus of considerable debate over the past forty years. The next section focuses on this international discussion around the dimensions of quality of care.

### **Access and utilization of quality of care**

Access to the healthcare sector can be mediated by a significant number of socioeconomic factors, giving rise to inequalities among different social groups. Women and men in the EU can expect to be in good health until 65 and 64 years of age, respectively. However, as women tend to live longer, more of their life is spent in poor health – an average of 19 years, compared with 14 years for men.

Gender consists one of the above-mentioned socioeconomic factors, with women generally considered to be in less advantaged position than men regarding this particular issue. According to Geitona, Dimitrios and Kyriopoulos' analysis, it appears that the utilization of primary healthcare in Greece depends on self-rated health status, age, income, gender, and region (Geitona et al., 2007). In this context we can see the dimension of access and utilization of health services via health literacy. Health literacy is a serious problem. Effective approaches can be employed to blunt the adverse effect on women's health. WHO defines health literacy as 'the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health' and explains that "health literacy implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions" (Nutbeam, 1998). Low health literacy negatively affects a woman's health knowledge, preventive behavior, ability to navigate the health care system, and ability to take care of their selves (Shieh & Halstead, 2009).

### **Women's Health and Gender-Specific Challenges**

Women's health needs encompass unique and specific areas related to reproductive, maternal, and sexual health. These areas, combined with social, economic, and structural factors, contribute to what is commonly referred to as the gender health gap—the disparities in healthcare access, outcomes, and treatment between men and women. Addressing these aspects is essential for improving health outcomes and

reducing inequalities. Reproductive health is central to women's overall well-being and includes a broad range of services related to menstrual health, contraception, fertility, and the prevention and treatment of reproductive system disorders. Maternal health encompasses the well-being of women during pregnancy, childbirth, and the postpartum period. Poor maternal health can lead to severe complications and is a significant contributor to the gender health gap. Sexual health is integral to women's overall well-being and includes the prevention and treatment of sexually transmitted infections (STIs), sexual dysfunction, and ensuring safe and consensual sexual experiences. Despite progress, sexual health remains a deeply stigmatized issue for many women.

Gender equality and the empowerment of girls and women will not be possible without the realization of sexual and reproductive health and rights . For women and girls to lead healthy lives, and to be free to participate in social, economic and political life, they need universal access to quality services, information and education, and conditions that allow them to realize their sexual and reproductive rights . Sexual and reproductive health and rights services are critical for women and girls to have healthy lives, address violence and power relations in their lives, and open doors to opportunities. On these grounds alone, they must be considered priority interventions. Sexual and reproductive health and rights are important rights in themselves but can also magnify possibilities for empowering girls and women and for achieving gender equality. Women's economic rights, especially in relation to work and income, advance economies, sustainable development and improve livelihoods. However, women still remain more affected by poverty, unpaid care burdens and insecure work than men. In addition, the causes and consequences of early marriage are strongly linked to low levels of education, poverty and the low socio-economic status of women .

It is widely recognised that sex and gender interact with factors such as race, ethnicity, socioeconomic status, disability, age, and sexual orientation to shape human health (Guzikevits et al., 2024). The gender health gap relates to the lack of equity concerning healthcare for women and men. A new study reveals that doctors treat men and women differently to pain. The study took place in hospital emergency

departments and suggests that women have more limited access to painkillers and medical care (Bird & Rieker, 2008). According to the McKinsey Report, calculated the magnitude of this gap: a staggering 75 million years of life are lost each year due to poor health or early death among women. The challenges women face when seeking healthcare play out in multiple different ways and in different diseases and sectors of society. In terms of the potential economic impact of addressing these challenges, all age groups and geographies could benefit, with most of the potential coming from women of working age. Sex and gender shape health. There is a growing body of evidence focused on comprehensively and systematically examining the magnitude, persistence, and nature of differences in health between females and males. Women live longer than men, but spend more of their lives in poor health (Patwardhan et al., 2024).

Violence is defined by the World Health Organization (2022) as the intentional use of physical force, whether threatened or actual, against another person or a group or community, which has serious consequences or has a high likelihood of resulting in injury, death, mental distress, malnutrition or deprivation. Violence at work refers to acts or threats of violence directed against workers, either inside or outside the workplace, involving verbal abuse, intimidation, harassment and physical assaults up to and including homicide (Bacchus et al., 2024). Although workplace violence has become a worrying trend worldwide, the true magnitude of the problem is uncertain due to limited surveillance and lack of awareness of the issue. As a result of the above, it appears that if workplace violence, particularly in healthcare settings, is not adequately addressed, it will become a global phenomenon, undermining peace and stability among active communities, while posing a risk to the health and well-being of the population. Collaborative efforts are therefore needed to maintain control and prevention measures against violence in the workplace, especially in the area of health.

Gender bias in medicine leads to the underdiagnosis or misdiagnosis of women's health issues. For instance, women experiencing heart attacks are more likely to be misdiagnosed, as symptoms in women are often atypical compared to men (Kruk et al., 2018). Similarly, conditions like chronic pain, endometriosis, and autoimmune

diseases are often dismissed as psychological rather than physical ailments. Also, women seeking reproductive healthcare often face discrimination and judgment, especially when seeking abortions, contraception, or fertility treatments. In some cultures, and regions, women are shamed or face legal barriers when they seek these services. Finally, violence against women in health care, many healthcare settings perpetuate violence against women through coercive medical practices, such as unnecessary cesarean sections, episiotomies without consent, or withholding pain relief during childbirth.

### Gendered Effects of the Pandemic on Health Service Delivery

Impact on Reproductive, Maternal, and Mental Health Services. The COVID-19 pandemic has had profound and disproportionate impacts on gender, equity, and rights in healthcare, exacerbating pre-existing inequalities and creating new challenges (Karokis-Mavrikos et al., 2022). These effects have been particularly severe for women, marginalized groups, and low-income populations, exposing gaps in healthcare systems and social protections globally. Addressing these issues requires understanding the differential impacts on genders and the need for inclusive, rights-based responses in health policy.

Table 1, Women's Health and Gender-Specific Challenges

<b>Increased Burden of Care</b>	Women globally bear a disproportionate share of caregiving responsibilities, both at home and in healthcare professions. During the pandemic, they have been overrepresented among frontline health workers, making up around 70% of the global healthcare workforce, especially in nursing, which has exposed them to higher risks of infection and stress.
<b>Disruptions in Reproductive and Maternal Health Services</b>	The pandemic severely disrupted access to reproductive health services, including family planning, antenatal care, safe childbirth services, and abortion care. This led to increased rates of unintended pregnancies, maternal mortality, and unsafe abortions, particularly in low-resource settings where healthcare systems were already strained.

<b>Sexual and Gender-Based Violence</b>	Lockdowns and movement restrictions led to a global surge in domestic violence, as many women were trapped in unsafe environments with their abusers. However, healthcare services for survivors of gender-based violence were limited due to restrictions, overburdened healthcare systems, and diversion of resources to COVID-19 responses.
<b>Mental Health Impact</b>	Women experienced a greater mental health burden due to the pandemic, exacerbated by increased caregiving responsibilities, job losses, and exposure to gender-based violence. This stress was often unaddressed as mental health services became less accessible during the crisis.
<b>Vaccine Inequities</b>	Inequitable distribution of vaccines during the pandemic reflected and reinforced global health disparities. High-income countries secured the bulk of vaccine supplies, leaving low- and middle-income countries with limited access. Within countries, marginalized communities often faced barriers to vaccination due to logistical, financial, and informational hurdles.
<b>Access to COVID-19 Testing and Care</b>	The ability to access testing, treatment, and hospital care varied widely by socioeconomic status. Wealthier individuals had better access to private healthcare, while poorer communities, particularly in rural or underserved urban areas, struggled with overwhelmed public health systems and limited testing capabilities.

Coronavirus pandemic exacerbates challenges for immigrants and refugees also. It burdens refugees with additional threats and has impacts in all fields of their life. The pandemic seems to be affecting refugee protection policies as well as intercepting any effort to integrate them socially. Immediate measures are needed to improve conditions, so pandemic wont discourage solidarity and inclusion. The pandemic era also needs more than ever mental health protection policies as it seems to demonstrate an enormous burden (Balikou & Sklavou, 2021).

## Discussion

Improving gender equity and rights in healthcare requires a multifaceted approach that begins with integrating gender-sensitive policies at all levels of healthcare delivery (Tricco et al., 2021). This involves training healthcare professionals to recognize and address gender biases that affect patient treatment and access. Healthcare systems should prioritize the recruitment and retention of a diverse workforce that reflects the communities they serve, ensuring that women's perspectives and needs are adequately represented in decision-making processes. Furthermore, collecting disaggregated data on health outcomes and access by gender is crucial for identifying gaps and tailoring interventions effectively. By implementing these measures, healthcare organizations can create an inclusive environment where all individuals, regardless of gender, feel valued and supported in their health journeys.

In addition to systemic changes, community engagement plays a vital role in promoting gender equity and rights in healthcare. Initiatives aimed at raising awareness about health rights and services available to marginalized groups can empower individuals to seek the care they need. Community health programs that specifically target gender-based health issues, such as reproductive health and domestic violence, can help break down stigma and encourage open discussions about these topics. Collaborating with local organizations and advocacy groups can further enhance the reach and effectiveness of these initiatives. By fostering a culture of inclusivity and support within communities, healthcare systems can significantly improve health outcomes and ensure that everyone has equal access to necessary services.

Concluding we estimate that there some focal points we should working in gender, equity and rights in health care.

Maternal Health: Vulnerable women, particularly Black and Indigenous women, face disproportionately high maternal mortality rates. This is due to a combination of poor access to prenatal care, racial bias in medical treatment, and underlying socioeconomic factors.

**Gender Bias in Healthcare:** Gender stereotypes and biases within healthcare systems can result in women's health concerns being downplayed, misdiagnosed, or inadequately treated. Conditions like chronic pain, mental health disorders, or autoimmune diseases are often overlooked in women (Breivik et al., 2006).

**Reproductive Rights:** Access to contraception, abortion, and fertility treatments is often limited for marginalized women, especially those living in conservative regions, rural areas, or in poverty.

**Mental Health:** Mental health conditions such as depression, anxiety, and PTSD are more prevalent among women from vulnerable groups, yet they often face significant barriers to accessing mental health services.

**Sexual and Reproductive Health:** Women from vulnerable groups may be at a higher risk for sexually transmitted infections (STIs) and unintended pregnancies due to inadequate access to education, preventive care, or safe healthcare services.

**Chronic Illnesses:** Women of color, low-income women, and older women are more likely to suffer from chronic conditions like diabetes, hypertension, and heart disease, often exacerbated by lack of preventive care and social determinants of health such as poor diet and limited access to exercise.

**Strategies to Improve Care for Vulnerable Women:** Improving healthcare for women from vulnerable groups requires a focus on reducing systemic barriers and ensuring that care is equitable, inclusive, and sensitive to the specific challenges these women face. Addressing social determinants of health, ensuring access to reproductive and mental health services, and creating supportive, culturally competent healthcare systems are essential steps in improving outcomes for marginalized women.

**Culturally Competent and Gender-Sensitive Care:** Healthcare providers need training to address the unique challenges faced by vulnerable women. This includes being mindful of gender, cultural norms, language differences, and ensuring respectful and inclusive care for all. Immigrant and refugee women may not receive culturally competent care, and language differences can result in miscommunication about health conditions and treatment options.

**Economic Inequality:** Low-income women often face a lack of health insurance, inability to pay for medical services, and challenges in securing time off from work to receive care.

**Social Stigma:** Women from LGBTQ+ communities, women with HIV/AIDS, or those with mental health conditions may avoid seeking care due to fear of discrimination or mistreatment.

**Violence and Trauma:** Women who have experienced domestic violence, sexual assault, or human trafficking often face barriers to accessing healthcare, such as lack of trauma-informed care, fear of retaliation, or mistrust of authorities. Safely expanding parenting programs to involve household and community members can lead to sustained reductions in violence and improvements in gender equality. Violence against women and children, sharing common risk factors and harmful effects, can be mitigated through community-based and parenting programs that address both violence types. For sustainable progress in gender equity and violence reduction, these programs need to address harmful gender norms and involve community members beyond the parenting couple (Karathanou & Sklavou, 2022).

**Community Outreach and Education:** Developing community-based health programs that reach vulnerable women in their communities is essential. Health educators and community health workers can help bridge gaps in access and build trust with healthcare providers.

**Access to Reproductive Health Services:** Policymakers and healthcare systems should focus on ensuring that vulnerable women have access to comprehensive reproductive health services, including contraception, safe abortion services, prenatal and postnatal care.

**Telehealth and Mobile Health Clinics:** In rural or underserved areas, telehealth services and mobile clinics can help provide access to healthcare for women who face transportation or geographical barriers.

**Advocacy for Policy Change:** Advocating for policies that protect women's rights to healthcare, expand access to Medicaid, address gender and racial disparities, and provide legal protections for undocumented women is critical to improving care.

**Trauma-Informed Care:** Healthcare systems should adopt trauma-informed care approaches for women who have experienced violence, trafficking, or other forms of trauma. This includes ensuring privacy, safety, and supportive care environments.

**Social Support Services:** Many vulnerable women need more than just healthcare, they require access to social services like housing, education, food security, and employment opportunities, which are all important social determinants of health.

## Conclusion

Achieving quality healthcare for all requires measurement frameworks that reflect diverse needs and experiences across genders and uphold human rights principles. However, in Greece existing Quality of Care frameworks often overlook or inadequately address gender-specific health needs and rights-based issues. As healthcare systems aim to deliver equitable, patient-centered care, integrating gender and rights considerations into quality of care measurement frameworks is essential. In Greece the right to health for women and girls is challenged by significant inequities driven by factors such as sex, age, socioeconomic status, and geographic location. Especially for women which are at high risk or characterized as vulnerable groups. Addressing these inequities requires targeted policies that expand access to gender-sensitive healthcare, provide resources for mental health, and ensure culturally competent services for vulnerable populations, paving the way for improved health outcomes across all groups.

This policy brief highlights the critical importance of embedding gender and rights perspectives in quality of care frameworks, which can guide policies to ensure comprehensive, respectful, and non-discriminatory care for citizens in Greece. By aligning those measures and principles, healthcare providers can better address disparities, improve health outcomes, and foster inclusive systems responsive to all populations. We also tried to identify determinants of health inequalities, focusing on

biological determinants and social determinants (e.g. access to care, health utilization), and environmental and structural determinants.

Improving gender equity and rights in healthcare requires a multifaceted approach that begins with integrating gender-sensitive policies at all levels of healthcare delivery. This involves training healthcare professionals to recognize and address gender biases that affect patient treatment and access. Healthcare systems should prioritize the recruitment and retention of a diverse workforce that reflects the communities they serve, ensuring that women's perspectives and needs are adequately represented in decision-making processes. Furthermore, collecting disaggregated data on health outcomes and access by gender is crucial for identifying gaps and tailoring interventions effectively. By implementing these measures, healthcare organizations can create an inclusive environment where all individuals, regardless of gender, feel valued and supported in their health journeys.

In addition to systemic changes, community engagement plays a vital role in promoting gender equity and rights in healthcare. Initiatives aimed at raising awareness about health rights and services available to marginalized groups can empower individuals to seek the care they need. Community health programs that specifically target gender-based health issues, such as reproductive health and domestic violence, can help break down stigma and encourage open discussions about these topics. Collaborating with local organizations and advocacy groups can further enhance the reach and effectiveness of these initiatives. By fostering a culture of inclusivity and support within communities, healthcare systems can significantly improve health outcomes and ensure that everyone has equal access to necessary services.

## **Bibliography**

1. Anastasaki, M., Angelaki, A., Paganis, P., Christidi, E. O., Papathanasiou, N., Stoupa, E. P., ... & Lionis, C. (2024, March). Barriers and gaps to medical care for transgender individuals: a TRANSCARE scoping review with a focus on Greece. In *Healthcare* (Vol. 12, No. 6, p. 647). MDPI.
2. Bacchus, L. J., Colombini, M., Pearson, I., Gevers, A., Stöckl, H., & Guedes, A. C. (2024). Interventions that prevent or respond to intimate partner

violence against women and violence against children: a systematic review. *The Lancet Public Health*, 9(5), e326-e338.

3. Balikou, P., & Sklavou, K. (2021). Pandemic Exacerbates Challenges for Refugee Children and Families. *Dialogues in Clinical Neuroscience & Mental Health*, 4(2), 105-109.
4. Bird, C. E., & Rieker, P. P. (2008). Gender and health: The effects of constrained choices and social policies. In *Health Inequalities and the Life Course Conference, 2004, State College, PA, US; Portions of this research were presented at the aforementioned conference, the meetings of the Academy Health, the American Sociological Association, the British Medical Sociological Association, the Royal Institute of Public Health Conference in Lisbon, and the 37th World Congress of the International Institute for Sociology in Stockholm.*. Cambridge University Press.
5. Bradley, E. H., Curry, L. A., & Devers, K. J. (2007). Qualitative data analysis for health services research: developing taxonomy, themes, and theory. *Health services research*, 42(4), 1758-1772.
6. Breivik, H., Collett, B., Ventafridda, V., Cohen, R., & Gallacher, D. (2006). Survey of chronic pain in Europe: prevalence, impact on daily life, and treatment. *European journal of pain*, 10(4), 287-333.
7. European Council. (2006). Council conclusions on common values and principles in European Union health systems. *Official Journal of the European Union*, 146, 1–2.
8. Flick, U. (2018). Doing triangulation and mixed methods.
9. Geitona, M., Zavras, D., & Kyriopoulos, J. (2007). Determinants of healthcare utilization in Greece: implications for decision-making. *The European journal of general practice*, 13(3), 144-150.

10. Giannopoulou, I., & Tsobanoglou, G. O. (2020). COVID-19 pandemic: challenges and opportunities for the Greek health care system. *Irish journal of psychological medicine*, 37(3), 226-230.
11. Guzikevits, M., Gordon-Hecker, T., Rekhtman, D., Salameh, S., Israel, S., Shayo, M., ... & Choshen-Hillel, S. (2024). Sex bias in pain management decisions. *Proceedings of the National Academy of Sciences*, 121(33), e2401331121.
12. Καραθάνου, Φ., & Σκλάβου, Κ. Σύγκριση ποιότητας ζωής τυπικών και άτυπων φροντιστών ασθενών με Alzheimer.
13. Karokis-Mavrikos, V., Mavrikou, M., & Yfantopoulos, J. (2022). Stakeholder perceptions and public health system performance evaluation: Evidence from Greece during the COVID-19 pandemic. *Frontiers in Political Science*, 4, 1067250.
14. Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., Roder-DeWan, S., ... & Pate, M. (2018). High-quality health systems in the Sustainable Development Goals era: time for a revolution. *The Lancet global health*, 6(11), e1196-e1252.
15. Nutbeam, D., & Kickbusch, I. (1998). Health promotion glossary. *Health promotion international*, 13(4), 349-364.
16. EMANUEL, D. C. M. ASSESSING THE QUALITY AND PERFORMANCE OF HEALTH SERVICES PROVIDED IN MEDICAL PRACTICES.
17. Patwardhan, V., Gil, G. F., Arrieta, A., Cagney, J., DeGraw, E., Herbert, M. E., ... & Flor, L. S. (2024). Differences across the lifespan between females and males in the top 20 causes of disease burden globally: a systematic analysis of the Global Burden of Disease Study 2021. *The Lancet Public Health*, 9(5), e282-e294.

18. Shieh, C., & Halstead, J. A. (2009). Understanding the impact of health literacy on women's health. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 38(5), 601-612.
19. Tricco, A. C., Bourgeault, I., Moore, A., Grunfeld, E., Peer, N., & Straus, S. E. (2021). Advancing gender equity in medicine. *Cmaj*, 193(7), E244-E250.
20. World Health Organization. (2018). Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care. In *Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care*.
21. World Health Organization. (2019). *Global action plan on physical activity 2018-2030: more active people for a healthier world*. World Health Organization.
22. World Health Organization. (2022). *Global report on health equity for persons with disabilities*. World Health Organization.
23. World Health Organization, & World Bank Group. (2018). *Delivering Quality Health Services: A Global Imperative*. OECD Publishing.