



WOMEN'S HEALTH: A PRACTICAL GUIDE FOR MEDICAL STUDENTS & FMOS

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FOREWORD

Women's health is a fundamental pillar of **public health, equity, and quality healthcare systems**. Yet significant gaps remain in how women's health is understood, researched, and addressed in policy and medical practice. This manual was developed as part of the **Women's Health collaboration initiated by EuroMeds Chief Editor İman**, bringing together different EMSA pillars. From the **Public Health perspective**, it aims to support medical students and FMOs in understanding the broader determinants shaping women's health and to encourage **student-led awareness and action**. This collaboration also includes the contributions of **Medical Science Director Devin and Medical Ethics & Human Rights Director Alexia**, highlighting the **multidisciplinary nature of women's health**. We hope this manual will **inform, inspire, and empower medical students** to engage with women's health not only as a clinical topic, but as a matter of **equity, rights, and public health**.

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Public Health Director 2025–2026

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WOMEN'S HEALTH

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REPRODUCTIVE HEALTH

- Women live longer than men, but spend more years in poor health.
- In the EU, women live on average 5.4 years longer than men, yet spend ~25% more of their lives in ill health.
- Longevity ≠ well-being: Women's health extends far beyond pregnancy and reproductive care.
- It includes chronic diseases, cardiovascular and autoimmune conditions, mental health, dementia, pelvic health, and menopause.
- Women and girls report poorer physical and mental health, higher unmet healthcare needs, and are more likely to face mis- or under-diagnosis.
- Disparities are shaped not only by biology but also by social norms, structural inequalities, and healthcare system biases.
- Women's health is population health.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Sexual and Reproductive Health and Rights (SRHR) are essential human rights. Ensuring SRHR involves guaranteeing that women and girls can make informed and autonomous decisions about their bodies, sexuality, and reproduction, free from coercion, violence, or discrimination.

SRHR is directly connected to achieving the United Nations Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-Being) and SDG 5 (Gender Equality). These goals advocate for universal access to sexual and reproductive healthcare services and the elimination of harmful practices.

PERIOD POVERTY

- **Definition:** Lack of access to menstrual products, sanitation, and education to manage menstruation.
- **Global scale:** Over 2 billion people menstruate; millions lack products and sanitation.
- **Daily impact:** Missed school and work days, affecting education, income, and well-being.
- **Economic drivers:** High costs, “pink tax,” and low investment in sanitation sustain the issue.
- **Education gap:** Many girls are unprepared for their first period (e.g., 32% in Bangladesh, 66% in Egypt).
- **Crises:** 614 million women and girls live in conflict zones; menstrual needs often unmet (e.g., 540,000+ in Gaza).
- **Within-country inequality:** Rural women often use cloth or nothing; in the U.S., 1 in 4 teens and 1 in 3 adults struggle to afford products.
- **Policy solutions:** Free products, VAT removal, menstrual education, paid leave, and crisis-sensitive planning.
- **Evidence of success:** Countries like Sweden, Spain, and Ireland show that policy prioritisation improves menstrual health.

ADOLESCENT & YOUNG WOMEN'S HEALTH

- **Gender disparities in health emerge early**, with girls and young women facing distinct challenges during adolescence.
- **Key concerns:** mental health, body image, compliance with societal norms, sexual and reproductive health education, and socio-economic barriers.
- **Early intervention** is crucial for lifelong health, resilience, and empowerment.
- **Boys have higher mortality rates**, but girls are less likely to feel very healthy.
- **Physical activity & weight:** Boys exercise more; girls are less likely to be overweight/obese.
- **Suicide:** Girls attempt suicide more often; boys die by suicide more frequently.
- **Mental health & neurological conditions:** Diagnosis patterns differ between girls and boys.

BODY IMAGE & EATING DISORDERS

- Mainly affects **girls** and **young women**, especially in adolescence.
- **Post-COVID increase** in self-harm and eating disorders among teenage girls in the UK, with similar trends across Europe.
- Young women (15-24) show **higher anxiety**, **lower self-esteem**, and **reduced resilience** than their male peers.
- EU initiatives, such as the **Comprehensive Approach to Mental Health**, aim to provide institution- and community-based support.

COMPREHENSIVE SEXUALITY EDUCATION

- Evidence-based, age-appropriate education empowers young women to make informed choices about sexual and reproductive health.
- Helps prevent sexual and gender-based violence, STIs, early pregnancy, and promotes healthy relationships.
- Misinformation, disinformation, and policy rollbacks in some EU countries limit access.

UNDERDIAGNOSIS OF AUTISM & ADHD IN GIRLS

- Women and girls may be underdiagnosed for autism and ADHD.
- Gender norms can mask symptoms (e.g., interests in art, animals, literature).
- Symptoms may be misinterpreted as anxiety, mood, or eating disorders.
- Clinician bias and different symptom presentations contribute to underdiagnosis.

WOMEN'S HEALTH IN ADULTHOOD

- Women report **higher unmet healthcare needs** than men, often due to **financial barriers, distance, or long waiting lists**.
- Men experience **higher mortality rates** across all age groups.
- Women are **more likely to be underdiagnosed or misdiagnosed**, particularly for **cancer, cardiovascular disease, autoimmune disorders, and reproductive health issues**.
- **Mental health challenges** (e.g., anxiety, depression) are more common among women, while men may **underreport symptoms** due to **stigma and gender norms**.
- **Reproductive health** (pregnancy, childbirth, postpartum complications, and menopause) significantly shapes women's health outcomes.
- **Access to timely, high-quality care** still varies across **regions and socio-economic groups**.

UNMET HEALTHCARE NEEDS

- Women report **higher unmet healthcare needs** than men; in the EU-27, **28% of women vs 23% of men** experience delays due to **financial, distance, or waiting list issues**.
- Contributing factors include **higher healthcare needs, underdiagnosis/misdiagnosis, lower financial resources, gender-based violence, and gender-specific conditions** (pregnancy, childbirth, postpartum depression, menopause, endometriosis).
- Men's **agentic gender bias** leads to delayed care; women are less confident in accessing **quality, affordable healthcare**.
- Women are more affected by **arthritis, anxiety, depression, low back pain, headache disorders, and dementia**, while men are more affected by **hypertension and cardiovascular diseases**.
- Overall, women carry a **higher morbidity-driven burden**, men a **higher mortality-driven burden**.

UNDERDIAGNOSIS IN WOMEN

- Women are more likely to be **underdiagnosed, misdiagnosed, or delayed**.
- Serious conditions (**cancer**) are often diagnosed late; reports of “**not taken seriously**”.
- **Treatment disparities** (e.g., stroke management).
- **Complex trauma mislabelled; endometriosis** may take **7-9** years.

Contributing Factors:

- **Underrepresented** in clinical trials (oncology, neurology, immunology).
- Limited research on **women-predominant conditions** (endometriosis, PCOS, menopause, autoimmune).
- **Pregnant/breastfeeding** women are **excluded** from studies.
- **Symptoms differ** (heart attack: back pain, dizziness, nausea).
- **Diagnostic tools** are **less sensitive** for women.
- **Bias** attributing pain to **emotional causes**.

SELF-PERCEIVED MENTAL HEALTH

- Women report **lower self-perceived mental health** than men and are more likely to experience **anxiety** and **depression** across OECD countries.
- **Eating disorders** are more common in **women**; **ADHD** and **autism spectrum disorder** are more common in **men**.
- **Social norms** and **stigma** lead men to underreport symptoms and delay help-seeking.
- Mental and physical health are **bi-directionally linked**, with chronic stress affecting **cardiovascular, immune, and neurological systems**.
- **Social determinants** (poverty, trauma, discrimination, and social isolation) worsen both mental and physical health outcomes.

PREGNANCY AND MATERNAL HEALTH

- Maternal and neonatal health relies on **high-quality, respectful, timely care**, but **disparities persist** across countries and socio-economic groups.
- **Maternal mortality varies**, and not all countries report confidential inquiries.
- **Overmedicalisation** is a concern; many countries **exceed the WHO's 10-15% caesarean rate** without clear mortality benefits. Unnecessary procedures increase **maternal morbidity** and long-term impacts.
- **Private maternity services** often have higher intervention rates than public ones.

PREGNANCY AND MATERNAL HEALTH

Key Actions

- Provide **holistic, patient-centred care**.
- Ensure **equitable access** to sexual, reproductive, maternal, and newborn services.
- Expand **midwifery care**, especially for vulnerable or rural women.
- Follow up on **complicated pregnancies** (e.g., preeclampsia, gestational diabetes).
- Screen/support **perinatal depression**.
- Offer **prenatal diagnostics, fertility, and assisted reproductive care** with psychological support.
- Provide **bereavement care** after pregnancy loss.

PELVIC FLOOR DYSFUNCTIONS (PFDs)

- Medium- and long-term consequences of pregnancy and childbirth can appear years post-partum and affect women of reproductive age or post-menopause.
- PFDs include pelvic organ prolapse (POP), urinary incontinence (UI), faecal incontinence (FI), perineal trauma, and sexual dysfunction.
- 1 in 4 women suffer from one or more PFDs, with significant social, economic, and health consequences.

Key Actions

- Measure maternal pelvic morbidity as part of maternal health quality.
- Invest in research: epidemiological, basic science, interventional, and low-cost diagnostics/therapeutics.
- Train frontline health workers in prevention, screening, referral, and management of PFDs.

FERTILITY AND INFERTILITY

- Fertility is a **fundamental aspect of women's health and gender equality.**
- **1 in 6 people** of reproductive age in Europe face infertility.
- Access to fertility care is often **unequal, stigmatised, and unaffordable.**

Key Actions

- Provide **safe, ethical, inclusive, evidence-based fertility treatments** for all.
- Ensure **consistent public funding** for IVF and MAR, following best-evidence models.
- Integrate **psychological support** into fertility care.
- Implement **employer support and legal frameworks** for treatment access, flexibility, and statutory leave.

PERIMENOPAUSE AND MENOPAUSE

- No European country provides **perimenopause leave** or comprehensive menopause policies.
- Supporting women in perimenopause prevents **workforce loss** and reduces **old-age poverty risk**.
- **Hormonal changes** increase **cardiometabolic risks**: hypertension, dyslipidaemia, weight gain, insulin resistance, diabetes, inflammation, vasomotor symptoms, mental stress, and sleep disturbances.
- Severe vasomotor symptoms can **impair brain health** in mid- to late-life.

Key Actions

- Expand **public and workplace support** for perimenopausal women.
- Close the **service gap** in complex menopause care.
- Integrate **menopause education** into school curricula.
- Raise awareness of **perimenopause and menopause challenges**.

WOMEN'S HEALTH IN LATER LIFE

- Women live longer than men across the EU and OECD, but **extra years are often in poor health.**
- Women spend ~25% more of their lives in **poor health** due to chronic illnesses.
- Women represent **>50% of long-term care recipients**, both in institutions and at home.
- After menopause, **cardiovascular risks** increase: hypertension, heart attacks, atrial fibrillation, stroke.
- Older women often face **complex care needs** amid limited pensions, benefits, and social resources.
- Social connection is crucial; some countries (e.g., Austria) provide **one-stop social benefits and care counselling** for older women.
- More **public funding** is needed for health and long-term care services.

BRAIN HEALTH

- Brain disorders are highly prevalent and debilitating; ~1 in 3 people will experience a neurological or mental disorder in their lifetime.
- Women's brain health is sex-specific: differences in brain regions and gene expression affect susceptibility to neurological and psychiatric disorders.
- Common conditions impacting women: multiple sclerosis, Alzheimer's, stroke, depression, anxiety, and eating disorders.
- Optimising brain health improves mental and physical health, social engagement, and workforce participation.
- Gender specific approaches are essential for tailored diagnosis, treatment, and care in older women.

NON-COMMUNICABLE DISEASES (NCDs)

- Health promotion and prevention can reduce the burden of NCDs by up to 70%.
- Prevention is central to improving women's quality of life, productivity, and social participation.
- A sex- and gender-sensitive NCD strategy is essential for long-term impact.

ANTIBIOTIC RESISTANCE (AMR)

- 35,000 deaths annually in the EU due to antibiotic-resistant infections (€1.4 billion cost).
- Lack of sex- and gender-disaggregated data limits effective interventions.
- Women face higher barriers to care, increasing vulnerability to complications.
- National AMR plans should integrate gender-responsive approaches.

OBESITY & PHYSICAL INACTIVITY

- Physical activity in girls drops by >50% between ages 11-15.
- Policies must address sex- and gender-specific barriers in schools and communities.
- Rising obesity increases cardiometabolic and cardiovascular risk in women.

CARDIOVASCULAR & CANCER PREVENTION

- Smoking prevalence among European women is among the highest globally.
- Hypertension, diabetes, obesity disproportionately increase women's heart attack risk.
- Expand breast cancer screening (45-75 years).
- Use HPV testing (30-65 years) as primary cervical cancer screening.
- Promote heart health checks for women with pregnancy complications, autoimmune diseases, and post-menopause.

HEALTH PROMOTION & PUBLIC AWARENESS

- Combat stigma around menstrual health, fertility, menopause, and abortion.
- Mandatory, evidence-based Comprehensive Sexuality Education (CSE).
- Education on sex- and gender-specific heart attack symptoms.

EARLY DIAGNOSIS: ENDOMETRIOSIS

- Diagnosis delays average 7-10 years.
- Trivialisation of menstrual pain contributes to delayed care.
- Europe-wide awareness campaigns and multilingual educational materials are needed.

WOMEN-FRIENDLY WORKPLACES

- Policies must support women across life stages: pregnancy, IVF, breastfeeding, menopause, ageing.
- Flexible working hours and caregiving support are essential.
- Reduce stigma and ensure job security and career continuity.

HEALTH WORKFORCE INEQUITY

- 78% of healthcare workers are women, yet a 24% gender pay gap persists.
- Women are underrepresented in senior leadership.
- Promote gender parity in management and governance.

GENDER-SENSITIVE MEDICAL TRAINING

- Integrate sex and gender differences into all medical and health curricula.
- Develop evidence-based training in collaboration with researchers and advocacy groups.
- Mainstream gender perspective across medicine, nursing, pharmacy, midwifery, and continuing education.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

- Health outcomes are shaped by **income, education, employment, housing, food security, and access to healthcare.**
- Gender inequality intersects with **socio-economic, geographic, and cultural factors**, creating structural barriers to care.
- **Vulnerable groups** face higher risks of health inequities.
- Chronic disease often creates additional **financial burdens** through out-of-pocket costs and reduced work capacity.
- Equity-based funding and sustainable support for **patient organisations and community services** are essential.

COMMERCIAL DETERMINANTS OF HEALTH (CDOH)

- Harmful industries (tobacco, alcohol, ultra-processed foods, fossil fuels) significantly shape population health.
- These commercial factors contribute to **2.7 million deaths annually in the WHO European Region** ($\approx 24.5\%$ of deaths).
- Limiting exposure and strengthening regulation are critical for preventing NCDs and protecting reproductive health.

FINANCIAL INEQUALITY

- Gender wage gap in the EU $\approx 15\%$; lifetime earnings gap $\approx 39\%$.
- Pension gap averages **35%**, increasing the risk of poverty among older women ($\approx 20\%$).
- Caregiving interruptions and undervalued domestic work drive long-term economic disadvantage.

EDUCATION & ACCESS TO INFORMATION

- Education strongly influences health outcomes, well-being, and life expectancy.
- A persistent **gender digital divide** limits women's opportunities in technology-driven labour markets.
- In the EU, **12.5% of young women (15-24)** are not in employment, education, or training (NEET).
- Health literacy and education empower women to **exercise agency over their health and rights**.

CULTURAL & LINGUISTIC BARRIERS

- Migrant and Roma women often face **language, cultural, and systemic barriers** when accessing healthcare.
- Lack of interpretation services and culturally competent care worsens disparities.
- Increasing **diversity within the health workforce** can improve access and trust.

CAREGIVING RESPONSIBILITIES

- 7.7 million women in the EU are out of the labour market due to unpaid care responsibilities (vs 450,000 men).
- Unpaid care contributes to the **employment gap (11%), pay gap (13%), and pension gap (29%)**.
- Policies must promote **shared caregiving responsibilities** and **stronger social support systems**.

HOUSING & LABOUR CONDITIONS

- Poor housing conditions (overcrowding, damp, poor insulation) worsen **respiratory, autoimmune, and mental health outcomes**.
- **Energy poverty affects 20% of women vs 16% of men in the EU**.
- Poor working conditions, financial stress, and job insecurity increase risks of **physical and mental ill-health**.

DOMESTIC, SEXUAL & GENDER-BASED VIOLENCE (DSGBV)

- 25.4% of women in Europe experience physical and/or sexual intimate partner violence in their lifetime.
- Violence significantly increases risks of mental illness, trauma, HIV/STIs, and long-term health complications.
- Forms include domestic, sexual, economic, psychological, obstetric, workplace, and online violence.
- Trauma-informed healthcare and early screening—especially during pregnancy—can improve outcomes.

CLIMATE CHANGE & ENVIRONMENTAL HEALTH

- Climate change disproportionately affects women's health across the life course.
- Extreme heat increases pregnancy risks, including hypertensive disorders and complications.
- Environmental stressors (heat exposure, air pollution, food insecurity) are emerging cardiovascular and mental health risks.
- Climate adaptation policies must incorporate gender-responsive health strategies.

SEX- AND GENDER-SENSITIVE RESEARCH & DATA

- Women's health has historically been **understudied** and **underrepresented** in research, particularly in clinical trials.
- The lack of **sex- and gender-disaggregated data** leads to gaps in diagnosis, treatment, and health technologies.
- Women experience **nearly twice as many adverse drug reactions as men**, highlighting the need for sex-specific pharmacological research.
- Only **~7% of global biomedical research funding** is allocated to female-specific conditions.
- Data collection should systematically be **disaggregated by sex, gender, and age** to improve evidence-based policymaking.
- Greater research investment is needed on **pregnancy, breastfeeding, menopause, and female-specific diseases**.

INNOVATION & FEMTECH

- Health technologies often fail to address **women's biological and social health needs**.
- Investment in the **FemTech** sector can accelerate innovation in diagnostics, prevention, and care.
- Community health professionals (e.g., **midwives**) play a key role in implementing digital health technologies, particularly in underserved areas.
- However, **AI and digital health tools risk reinforcing gender bias** if based on biased datasets.
- Closing the **gender digital divide** is essential to ensure women can access and shape technological innovation.
- Strong regulation is needed to prevent **misinformation, censorship of women's health information, and data privacy risks**.

CARDIOVASCULAR DISEASE (CVD)

- The leading cause of death among women in the EU.
- In 2022, CVD accounted for 32.4% of all deaths in the EU:
- 35% of female deaths
- 29.8% of male deaths
- Women's symptoms often differ from men's, leading to underdiagnosis and delayed treatment.
- Risk factors such as smoking, hypertension, and diabetes have disproportionate impacts on women.
- Research and policy—including the EU Cardiovascular Health Plan—must integrate sex-specific risk factors and symptom recognition.

CANCER

- The **EU Beating Cancer Plan** supports prevention, screening, and research targeting women's cancers.
- **Breast cancer** remains the leading cause of cancer death among women worldwide.
- Around **30,000 women die annually from cervical cancer in Europe**, despite it being largely preventable through **HPV vaccination and screening**.
- Women are also more likely to die from **bladder cancer** due to delayed diagnosis linked to gender bias in symptom recognition.
- The burden of cancer in Europe is projected to **nearly double by 2030**, requiring stronger prevention strategies.

MENTAL HEALTH

- Women experience **higher rates of most mental health disorders**, except substance-use disorders.
- They are more likely to experience:
 - **Depression**
 - **Anxiety disorders**
 - **Phobias**
 - **Suicidal thoughts and attempts**
- **Half of all mental health conditions begin during adolescence.**
- Women are **three times more likely to develop eating disorders.**
- Risk factors increase across the life course due to **childbirth, menopause, caregiving burdens, and social inequalities.**
- **Vulnerable groups** often face additional barriers to mental healthcare.

NEUROLOGICAL DISORDERS

- Several neurological conditions are more prevalent in women, including:
- Dementia, Migraine, Multiple sclerosis
- Sex and gender influence disease onset, progression, and treatment response.
- EU initiatives such as JPND, EBRA, and the Innovative Health Initiative support research in brain health, but greater investment in women-specific neurological research is needed.

SEXUALLY TRANSMITTED INFECTIONS (STIS)

- STIs often have more severe health consequences for women, including infertility and long-term reproductive complications.
- HPV vaccination significantly reduces cervical cancer risk, yet coverage remains uneven across the EU.
- HIV infections among women remain a concern, with many cases linked to heterosexual transmission and late diagnosis (~60%).
- Young women under 24 have the highest chlamydia rates in Europe, and up to 80% of infections are asymptomatic, increasing risks of delayed diagnosis and complications.

RECOMMENDATIONS FROM THE EIIWH MANIFESTO FOR WOMEN'S HEALTH

The following recommendations are adapted from “Towards an EU Strategy for Women’s Health”, a report prepared by the European Institute of Women’s Health (EIIWH) and supported by over 50 expert organisations. They outline priority actions for EU institutions and Member States to address structural gaps in women’s health.

1. Develop a Comprehensive EU Women’s Health Strategy
2. Strengthen Research, Data, and Innovation
3. Embed Equity and Intersectionality Across EU Health Policy
4. Secure Sustainable Funding and Monitoring
5. Promote Gender-Sensitive Healthcare and Workforce Training
6. Address Key Health Priorities for Women
7. Harness Digital Transformation for Equality
8. Advance Women’s Health in EU External Action

KEY RECOMMENDATIONS AND ACTIONS

TAKE ACTION

As future healthcare professionals, medical students have an important role in advancing **more equitable and gender-sensitive healthcare**. While many improvements in women's health require **policy and systemic change**, **individuals and student organisations** can contribute by **raising awareness, promoting education on gender differences in health, and challenging biases in medical training and practice**. Through **advocacy, education, and collaboration**, medical students can help support a **more inclusive and comprehensive approach to women's health**.

AS AN INDIVIDUAL MEDICAL STUDENT

- **Educate yourself on sex and gender differences in health.** Many medical curricula still lack training on gender-sensitive medicine.
- **Challenge gender bias in clinical discussions and learning environments.** Be aware of how symptoms and treatments may differ for women.
- **Promote awareness of women's health topics,** including menstrual health, endometriosis, menopause, and cardiovascular disease.
- **Support inclusive and respectful patient communication,** considering social, cultural, and gender-related factors.
- **Engage in research or academic work** addressing women's health gaps, where possible.
- **Advocate for gender-sensitive healthcare** within your medical school and clinical training settings.

**KEY RECOMMENDATIONS
AND ACTIONS****AS A FACULTY MEMBER
ASSOCIATION (FMO)**

- **Organise awareness campaigns and educational events** on women's health topics, including cardiovascular disease, reproductive health, and mental health.
- **Integrate gender-sensitive medicine into trainings, workshops, and conferences** organised by the association.
- **Advocate for improved women's health education** within medical school curricula.
- **Collaborate with NGOs, public health organisations, and patient groups** working on women's health issues.
- **Support research initiatives and student-led projects** addressing gaps in women's health.
- **Promote inclusive healthcare discussions**, highlighting intersectionality and the needs of diverse groups of women.
- **Use social media and communication platforms** to raise awareness and share evidence-based information on women's health.

KEY REPORTS AND SOURCES

1. OECD (2023). Gender Equality at Work: Gender Equality in a Changing World - Taking Stock and Moving Forward. Gendered differences in health outcomes and healthcare access. OECD Publishing, Paris.
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3. UN Women (2025). Period Poverty: Why Millions of Girls and Women Cannot Afford Their Periods. Available at: <https://www.unwomen.org/en/articles/explainer/period-poverty-why-millions-of-girls-and-women-cannot-afford-their-periods>

FINAL NOTES

In summary, addressing women's health requires awareness of the **unique biological, social, and intersectional factors** affecting health outcomes. As **future healthcare professionals**, **medical students** play a **vital role** in promoting **gender-sensitive medicine**, **raising awareness**, and **challenging biases** in healthcare education and practice. We encourage all students to **take action** through **advocacy, research, education, and collaboration** to help create a **more inclusive and equitable healthcare system**. By engaging with these issues early, you can contribute to **meaningful change**, influence **future policies**, and support the development of **innovative solutions** that address the **diverse health needs of women**.

