

SUPPORT GUIDE FOR INTEGRATING THE GENDER PERSPECTIVE

IN HEALTH SCIENCES TEACHING PRACTICE



© 2026 Pilar Fernández Pantoja, Nieves Moyano Muñoz, Raquel Morales Casañas and Ana Gutiérrez Castillo.

This work is licensed under a Creative Commons Attribution 4.0 International (CC BY 4.0) licence.

You may copy, distribute, adapt and reuse this work, provided that you acknowledge the authorship.

To cite this document:

Fernández Pantoja, P. and Moyano, Nieves (Eds.); Morales Casañas, Raquel and Gutiérrez Castillo, Ana (2026). Support guide for mainstreaming gender in teaching practice in Engineering and Architecture. University of Jaén.



SUPPORT GUIDE FOR INTEGRATING THE GENDER PERSPECTIVE IN HEALTH SCIENCES TEACHING PRACTICE



COORDINATED BY:

Pilar Fernández Pantoja
Nieves Moyano Muñoz

CONTRIBUTORS:

Raquel Morales Casañas
Ana Gutiérrez Castillo

INDEX

The importance of integrating gender in Health Sciences	6
Specific strategies	9
Medicine	9
Nursing	10
Physiotherapy	10
Psychology and Psychiatry	11
Recommended UJA bibliography	12
Medicine	12
Nursing	12
Medicine and Nursing	12
Psychology and Psychiatry	13
Recommended external bibliography	14
Bibliography	16

THE IMPORTANCE OF INTEGRATING GENDER IN HEALTH SCIENCES

For decades, **women's health has been studied and treated using medical models based primarily on male experiences, which has led to biases in diagnosis, research and clinical treatments.** This is why it is essential to train healthcare professionals from a gender perspective that incorporates an analysis of the biological and sociocultural differences between women and men. Failure to take this dimension into account compromises the quality of healthcare and the responsiveness of the health system, directly undermining women's physical and psychological well-being. A critical review of the traditional approach to these disciplines is therefore a necessary step towards avoiding medical bias and ensuring care that is based on the real needs of the entire population.

Various studies have highlighted that the inclusion of this perspective in health sciences curricula remains insufficient (Arcos et al., 2007; Xarxa Vives d'Universitats, 2018a; 2020), with a disparity between theoretical commitments and actual educational practice. It is evident that **curricula remain dominated by traditional biomedical approaches that do not systematically address gender inequalities in health.** This educational shortfall has significant consequences for clinical and community care. A gender perspective enables us to understand how sex-related biological factors and social constructions associated with gender interact and have a decisive influence on health and disease outcomes; and **if this perspective is not explicitly conveyed, future professionals will lack the tools to detect, interpret and address significant differences in the prevalence, presentation and progression of certain health conditions.** These factors are of the utmost importance, as they can lead to misdiagnoses, inappropriate treatments and unfair disparities in health outcomes (Arcos et al., 2007). For example, studies have shown that women tend to be under-represented in clinical trials and epidemiological registries, which limits the validity of the treatment protocols developed on the basis of these data (Daitch et al., 2022). This lack of sex-disaggregated data has led to clinical practices that perpetuate structural inequalities, such as the under-diagnosis of cardiovascular diseases in women or differential responses to

certain medicines that have not been adapted to female biology (Aljohmani and Yildiz, 2026). Thus, the aim of gender-sensitive training in this context is to equip students to recognise and address these gaps, both in clinical practice and in applied research.

In addition to the purely biomedical implications, **a gender perspective is essential to understanding the social and cultural dimensions of health: health cannot be conceived of without taking into account living conditions, social roles and expectations, or the power relations that shape the experience of health and illness** (Xarxa Vives d'Universitats, 2018a). For example, the way in which family caregiving roles are constructed tends to fall disproportionately on women, influencing not only their own health needs but also what people expect of them in terms of healthcare: for instance, that women are 'natural carers'. Furthermore, **mental health statistics show a higher rate of mental disorders among women than men**, which reflects the greater number of psychosocial pressures to which women are subjected, as well as the tendency of patriarchal society to classify women as 'mentally ill' when they do not conform to their pre-established roles. **Inequalities are also observed in adherence to treatment, access to support resources, and even in doctor-patient communication**: whilst women seeking medical advice tend to describe their health problems by relating their symptoms to various aspects of their daily lives, healthcare professionals focus on objectivity and tend to steer the conversation in strictly clinical terms, without allowing women to express themselves openly (Arcos et al., 2007).

Furthermore, incorporating a gender perspective into training can also be used to address fundamental issues of ethics and human rights in public health. There are many forms of discrimination which intersect (for example, among rural women, migrants or the LGTBIAQ+ community), so broadening this perspective is essential for designing and implementing fairer and more effective health policies and programmes for all minority groups.

It should be noted that **the changes to be introduced are not limited to the acquisition of theoretical knowledge, but must also extend to the transformation of teaching and assessment methodologies**. The Xarxa

Vives guidelines recommend the introduction of practical exercises, case studies and clinical simulations that address situations of inequality, discrimination and gender diversity, thereby promoting the development of critical and ethical skills in a real clinical context (Xarxa Vives d'Universitats, 2018a; 2018b; 2020).

Given the various issues highlighted –such as diagnostic bias, the invisibility of symptoms and the failure to take biological and sociocultural differences into account– there is an unavoidable commitment to incorporating a gender perspective across healthcare education in order to prevent these inequalities from continuing to be reproduced in medical practice. To facilitate the inclusion of this content, specific strategies for the various degree programmes offered by the UJA are set out below, along with recommended reading for each programme.

SPECIFIC STRATEGIES

MEDICINE

- Incorporate compulsory modules on key gender concepts (sex versus gender, health inequalities, stereotypes and biases) into core and clinical subjects.
- Review and adapt the content on anatomy, physiology and pathology to include relevant gender differences in morbidity, symptomatology and therapeutic response.
- Include modules explaining how gender influences the epidemiology of prevalent diseases, so that students can relate statistical data to clinical decisions.
- Train students to identify and support victims of gender-based violence and/or sexual abuse.
- Develop clinical cases and simulations that reflect situations of health inequality (for example, atypical symptoms in women with heart attacks) to foster gender-sensitive diagnostic skills.
- Incorporate reflection exercises on the impact of gender on the doctor–patient relationship, clinical communication and therapeutic decisions.
- Equip students with communication skills that prevent bias and promote active listening, particularly with people who report symptoms that are atypical for their gender or sexual orientation.
- Include at least 10 per cent of questions with a gender perspective in assessments.
- Assess learning outcomes related to the ability to apply a gender perspective in real clinical contexts, not merely as theoretical content.

NURSING

- Include teaching modules on how gender roles and social expectations affect health, self-care and adherence to treatment.
- Review care protocols to ensure they take relevant gender factors into account (for example, the impact of unpaid care work on women's health).
- Promote community-based practices that take into account diverse family and social contexts, and their impact on the experience of illness and well-being.
- Incorporate case studies that consider the intersection between gender and other social determinants (class, ethnicity, sexual orientation).

PHYSIOTHERAPY

- Incorporate into the theoretical content an analysis of the impact of gender roles on physical activity, functional load and the onset of musculoskeletal conditions, particularly in relation to unpaid care work.
- Update physiotherapy assessment and intervention protocols to take account of gender differences in pain perception, the progression of injuries and response to treatment.
- Use clinical cases as a teaching tool to analyse gender inequalities in rehabilitation processes, particularly with regard to adherence to treatment and access to physiotherapy services.
- Analyse gender differences in sports and occupational rehabilitation, particularly with regard to injury prevention and return to activity.

- To integrate unbiased therapeutic communication into clinical practice, taking into account potential biases in the professional-patient relationship and in the interpretation of symptoms such as pain and functional impairment.

PSYCHOLOGY AND PSYCHIATRY

- To integrate content on gender as a key analytical category in understanding identity, emotions and mental processes.
- To include a critical examination of how gender norms influence the expression of psychological symptoms and traditional diagnostic criteria.
- To incorporate into training tools that do not assume cultural or gender biases in the assessment of personality, behaviour or disorders, whilst fostering critical assessment criteria.
- Design practical sessions and clinical case studies that address diverse gender experiences, including gender-based violence, mental health in LGBTIQ+ contexts and the effects of multiple forms of discrimination.
- Promote educational research focused on issues of inequality in mental health, adopting an intersectional approach, and strengthening skills to design, conduct and interpret gender-sensitive studies.

RECOMMENDED UJA BIBLIOGRAPHY

MEDICINE

- García Dauder, S., y Pérez Sedeño, E. (2018). *Las “mentiras” científicas sobre las mujeres*. Catarata.
- Ibáñez Martín, R., y Pérez Sedeño, E. (2012). *Cuerpos y diferencias*. Plaza y Valdés.
- Jiménez Díaz, M. C., Párraga, J. A., y Lozano, E. D. (2012). *Actividad física en mujeres mayores de 60 años: Efectos en niveles plasmáticos de colesterol y otros parámetros*. Académica Española.
- Ortiz, T. (2006). *Medicina, historia y género: 130 años de investigación feminista*. KRK Ediciones.
- Valls Llobet, C. (2020). *Mujeres invisibles para la medicina: Desvelando nuestra salud*. Capitán Swing.

NURSING

- Martínez i Bueno, C., y Torrens Sigalés, R. M. (2017). *Enfermería de la mujer*. Difusión Avances de Enfermería.
- Moreno Preciado, M. (2021). *Transculturalidad, género y salud: Manual de enfermería cultural*. Elsevier.

MEDICINE Y NURSING

- Casado, R. M., y García-Carpintero, M. Á. (2019). *Género y salud: Apuntes para comprender las desigualdades y la violencia basadas en el género y sus repercusiones en la salud*. Díaz de Santos.
- Daponte Codina, A., Bolívar Muñoz, J., y García Calvente, M. M. (2009). *Las desigualdades sociales en salud*. Escuela Andaluza de Salud Pública.
- Esteban, M. L., Comelles, J. M., y Díez Mintegui, M. C. (2010). *Antropología, género, salud y atención*. Bellaterra.
- Gómez Rodríguez, A. (2019). *Escritos sobre ciencia y género*. Catarata.
- Harding, S. G. (1996). *Ciencia y feminismo*. Morata.
- Valls Llobet, C. (2016). *Mujeres, salud y poder*. Cátedra.
- Velasco Arias, S. (2014). *Sexos, género y salud: Teoría y métodos para la práctica clínica y programas de salud*. Biblioteca Nueva.

- World Health Organization Commission on Social Determinants of Health (2009). *Subsanar las desigualdades en una generación: Alcanzar la equidad sanitaria actuando sobre los determinantes sociales de la salud: Informe final de la Comisión sobre Determinantes Sociales de la Salud*. World Health Organization.

PSYCHOLOGY AND PSYCHIATRY

- Age and Gender Considerations in Psychiatric Diagnosis (2007). *Age and gender considerations in psychiatric diagnosis*. American Psychiatric Association.
- Aránzazu, B. (2009). *Guía de buenas prácticas para la elaboración de informes psicológicos periciales sobre custodia y régimen de visitas de menores adaptada a casos de violencia de género*. Colegio Oficial de Psicólogos de Madrid.
- Chan Gamboa, E. C., y Estrada Pineda, C. (2009). *Apoyo social y colectivos vulnerables: Una herramienta para la intervención contra la violencia de género*. Ediciones de la Universidad de Oviedo.
- Cruz Martín-Romo, C. de la. (2018). *Sexualidades diversas, sexualidades como todas: Aportaciones desde la sexología al ámbito de la diversidad funcional y la discapacidad*. Fundamentos.
- Ferrer Pérez, V. A. (2017). *Feminismo y psicología social*. Grupo 5.
- Gómez Zapiain, J. (2014). *Psicología de la sexualidad*. Alianza.
- Lamas, M. (2019). *El género: La construcción cultural de la diferencia sexual*. Universidad Nacional Autónoma de México, Centro de Investigación y Estudios de Género.
- López Zafra, E. (2010). *Violencia contra las mujeres: Descripción e intervención biopsicosocial*. Universidad de Jaén.
- Lorente Acosta, M., Lorente Acosta, J. A., y Lorente Acosta, M. J. (1998). *Agresión a la mujer: Maltrato, violación y acoso: Entre la realidad social y el mito cultural*. Comares.
- Narrow, W. E. (2009). *Consideraciones sobre la edad y el género en el diagnóstico psiquiátrico: Agenda de investigación para el DSM-V*. Elsevier/Masson.
- Prados García, C. (2023). *Adolescencia, redes sociales y violencia de género digital*. Tirant Humanidades.

- Ramírez Rico, E., y Tajahuerce Ángel, I. (eds.) (2018). *La intervención en violencia de género desde diversos ámbitos*. Dykinson.
- Sastre, G., y Moreno Marimón, M. (2005). *Resolución de conflictos y aprendizaje emocional: Una perspectiva de género*. Gedisa.

RECOMMENDED EXTERNAL BIBLIOGRAPHY

- Bradbury-Jones, C., Taylor, J., y Herber, O. R. (eds.) (2021). *Understanding gender-based violence: An essential textbook for nurses, healthcare professionals and social workers*. Springer.
- Cabré i Pairet, M., y Salmón Muñiz, F. (eds.) (2013). *Sexo y género en medicina: Una introducción a los estudios de las mujeres y de género en ciencias de la salud*. Universidad de Cantabria.
- Cleghorn, E. (2021). *Unwell women: A journey through medicine and myth in a man-made world*. Dutton.
- García-Leiva, P. (2015). *Psicología del género: investigación y aplicaciones*. Síntesis.
- López Sáez, M. (dir.) (2008). *Psicología social del género*. Pirámide.
- Newman, C. (2020). *How sex and gender impact clinical practice: An evidence-based guide to patient care*. Academic Press.

BIBLIOGRAPHY

- Aljohmani, A., y Yildiz, D. (2026). Biological sex differences in pharmacokinetics and adverse drug reactions. *Naunyn-Schmiedeberg's archives of pharmacology*, 399(3), 3285–3301.
- Arcos, E., Poblete, J., Molina Vega, I., Miranda, C., Zúñiga, Y., Fecci, E., Rodríguez, L., Márquez, M., y Ramírez, M. (2007). Perspectiva de género en la formación de profesionales de la salud: Una tarea pendiente. *Revista Médica de Chile*, 135(6), 708–717.
- Daitch, V., Turjeman, A., Poran, I., Tau, N., Ayalon-Dangur, I., Nashashibi, J., Yahav, D., Paul, M., y Leibovici, L. (2022). Underrepresentation of women in randomized controlled trials: A systematic review and meta-analysis. *Trials*, 23, 1038.
- López, M. et al. (2026). Integrating gender in health professional education: Best practices and challenges. *International Journal of Health Professions Education*, 12(1), 45–62.
- Xarxa Vives d'Universitats (2020). *Guía para una docencia universitaria con perspectiva de género: Enfermería*. Xarxa Vives d'Universitats.
- Xarxa Vives d'Universitats (2018a). *Guía para una docencia universitaria con perspectiva de género: Medicina*. Xarxa Vives d'Universitats.
- Xarxa Vives d'Universitats (2018b). *Guía para una docencia universitaria con perspectiva de género: Psicología*. Xarxa Vives d'Universitats.

