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EDITORIAL ARTICLE

Advancing gender-responsive healthcare policy through research

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ABSTRACT

The Center for Gender and Women Studies (CGWS) of UP Manila has committed to publishing an annual special issue on gender-related studies in the Philippine Journal of Health Research and Development (PJHRD). This initiative aims to stimulate greater interest among scholars and researchers to conduct more studies that will assist the Center in developing systems for evidence-driven policy guidelines and protocols.

This special issue highlights the compelling need for policy interventions to address the persistent gaps in gender equality. The six articles included in this issue provide a robust source for evidence-based policy formulation addressing the needs for gender-responsive healthcare.

Intimate Partner Violence: Intervention Frameworks Based on Risk Stratification

The risk profiles among intimate partner violence (IPV) survivors in the study of Santos & de Guzman showed 36.8% low-risk, 36.8% moderate-risk, and 26.4% high-risk. This stratification has significant implications for resource allocation and intervention. The high prevalence of mental health comorbidities—with 21% reporting suicide attempts and 25% being diagnosed with depression—demonstrates the necessity of integrating mental health services into IPV response protocols [1].

The finding that 98.1% of survivors demonstrated awareness of the Anti-Violence Against Women and Children Act while 95.5% reported access to social support networks suggests that information campaigns are effective. However, the persistent prevalence of IPV despite this knowledge indicates that approaches must extend beyond awareness to address implementation gaps and barriers to protection.

Institutional Mental Health Frameworks: The Stepped-Care Model

The study of de la Fuente *et al.* established a data-driven framework for addressing gender-related mental health concerns through a stepped-care model with four evidence-based intervention levels. This model optimizes resource utilization by matching intervention intensity with assessed need severity. The research identified gender-specific mental health trends, including elevated suicide risk among sexual-minority youth and differentiated stress response patterns between genders [2].

The finding that 25% of participants had previously sought mental health consultations indicates a substantial demand for services, necessitating systematic institutional responses.

LGBTQ+ Healthcare Access: Addressing Structural Barriers

The Photovoice project of Delos Reyes *et al.* investigating LGBTQ+ healthcare experiences in the National Capital Region identified seven empirically derived themes representing structural and interpersonal barriers to equitable care. The "X-ray vision in healthcare" theme documented the psychological burden of shame and self-stigma, while "Intersecting identities" demonstrated how socioeconomic status compounds with gender and sexuality to create multiplicative disadvantages [3].

The methodology allowed for participant-led identification of barriers, enhancing the ecological validity of findings. The "Call for Systemic Change" theme connected individual experiences to policy gaps, particularly the absence of SOGIE (Sexual Orientation, Gender Identity, and Expression) protections in existing legislation.

Clinical Competence: Addressing the Implementation Gap

The physician competence study by Tejam & Torres-Ticzon conducted at UP-PGH utilizing the validated LGBT-DOCSS assessment tool revealed a critical implementation gap: while physicians demonstrated high attitudinal awareness (6.13/7), their clinical preparedness was significantly lower (4.43/7). This discrepancy identifies a specific intervention target for medical education reform [4].

The lowest scores were observed in clinical training for transgender patient care and perceived clinical experience with LGBT individuals. Consultant-level physicians demonstrated a greater understanding of barriers faced by LGBT adolescents, suggesting that clinical experience contributes to competence development.

Adolescent Reproductive Health: Addressing Vulnerability Factors

The study of Ibañez *et al.* using interpretative phenomenological analysis of unwanted pregnancy experiences among adolescent mothers aged 12-15 years identified consistent contextual vulnerability factors, including dysfunctional family backgrounds and economic insecurity. The study documented inadequate pregnancy complication knowledge, particularly relevant to the four participants who experienced miscarriage [5].

The finding that some participants entered forced marriages or relationships as survival strategies points to critical failures in child protection systems. The methodology permitted an in-depth understanding of individual trajectories while identifying common pathways to vulnerability.

Gender and Body Image: Implications for Athletic Programs

The phenomenological study of Tolentino & Cafe about female collegiate athletes identified the transition from competitive sports as a critical period for body image disturbance and psychological adjustment. Participants reported significant lifestyle changes from active to sedentary patterns, with variable effects on body satisfaction not consistently aligned with conventional attractiveness norms [6].

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The study documented various coping strategies, from adaptive approaches (social support, cognitive reframing) to maladaptive behaviors (restrictive eating, excessive exercise). The application of Bourdieu's theoretical framework of habitus and field provided an explanatory context for the conflicts experienced during this transition.

Conclusion

The collective findings from these six studies support a comprehensive policy framework addressing gender-responsive healthcare at multiple levels:

1. Legislative level: Enact and strengthen protections against gender-based discrimination in healthcare settings, particularly for vulnerable populations, including IPV survivors, LGBTQ+ individuals, and adolescents.
2. Educational level: Reform health professions education to emphasize clinical competence in gender-responsive care, moving beyond awareness to practical skill development.
3. Institutional level: Implement validated frameworks such as the stepped-care model with standardized protocols for screening, intervention, and referral.
4. Community level: Strengthen social support networks and community-based resources identified as protective factors across multiple studies.
5. Individual level: Address internalized stigma and psychological barriers to care-seeking through evidence-based interventions.

The intersectional findings across these studies demonstrate that effective gender-responsive healthcare requires coordinated policy approaches rather than fragmented interventions. Particularly significant is the recurrent finding that attitudes and awareness are insufficient without corresponding structural changes and practical implementation mechanisms.

Future research should focus on evaluating the cost-effectiveness of the proposed interventions and developing implementation science approaches to bridge the persistent gap between policy formulation and effective implementation. Longitudinal studies tracking outcomes across the proposed multi-level interventions would provide valuable evidence for ongoing policy refinement.

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