Dear Editor,

We greatly appreciate your insightful editorial highlighting the role of primary care in addressing gender-based health disparities. However, we would like to address a few constructive points to further enhance the discussion.

As mentioned in your editorial, women generally have a longer life expectancy than men. However, women are more likely to suffer from depression and psychological distress. In contrast, men are more likely to have higher rates of externalizing disorders such as antisocial behavior and substance use disorders. Therefore, while primary care is indeed important, acknowledging that specialized care, such as gender-specific mental health care, plays a pivotal role in addressing gender-based health disparities is crucial.

Furthermore, the editorial would greatly benefit from a deeper and more comprehensive understanding of intersectionality. Targeted interventions are necessary to address the distinctive health experiences that arise from the intersection of several identities, including race and class. According to one study, Black and American Indian and Alaskan native women have the highest rates of pregnancy-related mortality.

A study conducted in France explored the association between gender and socio-environmental factors and how they impact women’s access to oncological care. The study discovered that women encounter unique challenges in accessing such care, primarily when dealing with issues such as inaccessibility of public transport, familial difficulties, social isolation, insecurity, and financial hardship. These obstacles have a significant negative impact on women’s ability to access oncological care.

There are various approaches to addressing gender-specific mental health concerns. One effective strategy is to integrate mental health services into primary care. Adopting intersectional and culturally sensitive methods for healthcare is crucial, taking into account race, class, and other intersecting identities with gender.

Furthermore, to serve underprivileged communities, healthcare services such as telemedicine and mobile healthcare units should be made accessible and available. Community outreach and education initiatives can also help promote awareness of gender-based health disparities and health literacy.

Further research is necessary to gain a better understanding of how gender intersects with other social determinants of health. This understanding can help implement targeted interventions. In addition, policy reforms are imperative to tackle structural barriers and provide equal access to healthcare for all genders.

These solutions are crucial for addressing healthcare disparities and promoting equitable and efficient care, regardless of an individual’s gender or other intersecting identities. We appreciate your valuable input in this critical dialogue, and look forward to deeper engagement with these intricate matters.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.
REFERENCES