Sociological Study of Relationship between Gender and Women's Health

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Abstract

Current paper aims to investigate role of gender in women’s health and disease. Research theoretical framework is feminist theory overall. Analytical – document methods was used. one of the basic issues in every social system is status of women’s health in the society which is highly influenced by variables out of medical and health system including socioeconomic status, climatic conditions education level, cultural and political situation, etc. in the members of society. The health should be considered at physical, mental and social dimensions. Meanwhile, gender factor plays considerable role in determining health of the society members and influences it. Division of gender and sex concepts has entered recently in social sciences and humanities and provides more realistic perspective for the scholars in this area. Sociologists believe that health and physical and mental diseases are not merely biological or psychological realities, rather simultaneously they have social dimensions and nature. Social factors may play significant role increasing, preserving and promoting health and they also contribute essentially in prevalence and continuation of the diseases.

Keywords: Health, disease, sex, gender, feminist explanations, social - gender inequalities, social and biological explanations of health and illness.
Introduction

Provision of individual and social health of all classes of the society is today one of the serious concern for many people in the world and it is also supported by all levels of the governments as well as medical experts. However, concept of health cannot be correctly and accurately defined. Despite of various continuous attempts in this regards, whether in today communities of health policy making or in medical and clinical literature, health is still primarily defined as lack of illness. Such meaning for health puts it in the professional medical field area and views it as a concept which can be best preserved through systematic and accurate control of the human body.

In the margin of sociological conferences always this discussion is raised that sociology field has marginalized women’s issues or they are overlooked (SadeghiFasaei, 2010). Smith as one of the serious critics maintained that sociology ignores women’s experiences and since all sociological research works mainly focus on men, their findings are not generalizable to women. He accused sociology to some gender biasing and considered as a drawback methodologically for this field (Smith, 1974). Abbott and Wallace emphasized that sociology at its best state overlooks gender issues and in its worst state it is s type of sexism (Abbott & Wallace, 1995). Oakley regarded reason for sexism in sociology as domination of men on this profession and gender ideology which considers subordination of women as a normal thing (Oakley, 1972, quoted in SadeghiFasaei, 2010). Research and studies on relationship between gender variable and health of society members has been considered since several decades ago in western communities, and it has become especially considered by scholars in social and behavioral sciences and biology in Iran over last years. It has manifested significance of attention to gender inequalities and discriminations in the society which make ground for many physical and psychological diseases. Considering health as a concept influenced by a complex collection of biological, psychological, social, cultural, economic, religious, and environmental factors, it should be stated that in this meaning, health is not only concern of medical sciences practitioners, rather all scholars in social sciences, especially sociologists and psychologists are interested in investigating on it (Riahi et al., 2010). Sociologists maintain that social factors have significant effect on the response and sustainability of health strengthening or weakening behaviors of individuals. According to this view, behaviors which are done by the individuals in relation with their health can be properly recognized only when they are studied in relation with their social context. In other words, identification and reception of health related behaviors is not computed and may not be possible without understanding social environment in which individuals live (Riahi, 2005).

Sociologists distinguish sex and gender so that sex is developed based on physical characteristics, while gender represents beliefs and behaviors which show being male or female, and its concept varies in different cultures and different social classes (Holmes, 2008). In feminist theories, gender is perceived as a theoretical concept, based on which social relationships, especially those based on difference between two sexes, are understood. Gender is one of the main elements of social construct which shapes experience of the groups along with the class and race (Anderson, 1977). Sex and gender are not defined with the boundaries in the body of individuals, rather they are associated to the social relations and shaped and developed through the space (Tankis, 2009). In fact, sex is a physical and biological reality and gender is a social concept in social structure which includes femininity and masculinity concepts in social structure process and it plays significant role in socialization of individuals and shaping their gender behaviors alongside individuals’ beliefs and perceptions regarding man and woman (Cuthbert, 2006). On the other hand, concept of gender has changed in different cultures and social classes; they show femininity and masculinity in different ways and use them in the life in different ways so that special expectations are imposed on men and women in all cultures (Holmes, 2009). Based on social learning theory, gender role growth is influenced by social factors and it is obtained through change in behavior and as a result of experience and practice (Khosravi et al., 2003). Considering intercultural differences in gender roles there is no doubt that considerable part of characteristics of gender roles are acquired, like other social roles, and their formation pursue rules of social learning. Thus, gender should not be considered as a natural reality, rather it is something which is learned and we learn to be (Mortazavi, 2007).
Since 1970s especially in USA and Western Europe, social and behavioral sciences scholars have had more accurate look at gender effect on health status in men and women as well as differences in health related behaviors in terms of gender. This attitude and interest in studying gender differences in health status was increased due to two factors. Frist, feminism wave and second, increasing attention to existing inequalities in health status of different groups of the society, since perhaps no other characteristics of the individuals are not susceptible to social and cultural learning more than their gender, accurate investigation of men and women differences in attitude and behavioral dimensions can be a useful approach regarding understanding social – mental and cultural factors on the way of health life and health related behaviors (Riahi, 2005).

Investigation of Health Concept

Webster's Dictionary considers health as well physical and psychological status especially being free from pain or physical illness. Oxford dictionary defines health as great status of body and mind and state in which body actions are done timely and effectively (SeyedNozadi, 2008). Paying attention to health concept and increased life expectancy along with health is the same concept which introduced by John Caldwell in 1990 under the title of Health Passage. By introducing this concept, he hoped to encourage sociologists to focus their attention on this question: how people can live healthier and longer, instead of excessive focusing on increasing the number of years of life (Mcnicoll, 2003).

Health is a broad concept and its definition is affected by the awareness and perception of the communities with different geographical and cultural conditions (Jennie and Wills, 2000). In addition, health is a dynamic trend and its meaning would change over the time (Kerr, 2000). The older definition for health is not being ill (Jennie and Wills, 2001). Health, whether as individual or collective, undoubtedly is one of the main dimensions of human life. Health is a necessary condition for playing social roles and all human beings can have perfect activities only if they feel healthy and the society regards them as healthy (Vadadhir, 1999). World Health Organization in 1981 provided a definition for health which is highly cited. According to this definition, concept of health includes: having optimal level of physical, mental, economic, and social health (Khosravi et al., 2003). Health and illness are concepts which have overlaps and they are put in a wide scope. One side of the spectrum is health, and optimal physical, mental and social health which changes over the time. The other side includes illness which accompanies symptoms and disability. Scholars on biomedical patterns often have found that personal aspects of patients – backgrounds, social relations, lifestyle, personality, and their mental processes – should be considered in the concepts of health and illness. Thus, biological – mental – social pattern has been accepted to the most advanced theory (Sarafind, 2002). Health and illness do not have specific boundaries and it is better to consider a spectrum for health; in one side there is perfect health and in the other side there is death (SeyedNozadi, 1999).

As mentioned health and illness have relative meanings and they mostly are dependent on the one’s feeling toward his status. The diagnosis for to what extent one is sick and needs physical is also something which is instilled by one and his relatives. Gender is an important factor in health feeling in individuals. Various studies have showed that “women often suffer from pain, but they do not consider themselves as sick” (Abbott & Wallace, 2004).
Definition of Gender Concept

The term “gender”, unlike sex, is a social category. Basic feature of gender is created primarily in the family environment and then it is strengthened in school environment, groups of peers and through mass media. Since the birth, parents have different behavior based on the children’s gender (Mohseni, 2009). Thus, it is better to address nature of several similar but different concepts regarding gender. Sex: it includes anatomy, physiology, and genetics as being male or female (RafaeeShirpak, 2008). Gender: it is something which is defined as male or female by the person, society, or legal system (RafaeeShirpak, 2008). Gender Identity: it refers to private and personal belief regarding being male or female. One person may be male biologically, but he feels femininity (RafaeeShirpak, 2008). Sexuality: it is a perfect sensory experience which involves both mind and body and it does not confine only to the genital tract’s activity and it is manifested at all known as human, and it includes our values, attitudes, behavior, physical appearance, beliefs, emotions, interests, spiritual aspects of human, personality as well as the socialization way (RafaeeShirpak, 2008). Today it has been proved that women and men have similar intelligence and emotions and analytical ability, thus difference between two sexes in brain performance should not be considered as difference in the thinking ability and it does not justify any discrimination regarding competence of men and women or their inequalities in division of social and cultural works (Golumberg, 2005).

Health Status in Society and Difference between Two Sexes in Health and Illness

It is true that mortality rate in women is lower than men in some age groups, but they have higher vulnerability against diseases compared to men. Prevalence of diseases is more among women and they have more adverse conditions in terms of access and use of medical services. Such differences related to gender are raised since the birth in the world (Mohseni, 1997). General perception is that women have better health compared to men, because life is longer in women than men. It is not yet clear to what extent biological, social, and cultural factors play role in health and life longevity. However, it is known that average lifelong of women is longer than men by 7 years, but women get sick more than men. In addition, it is known that some diseases, which their number is not small, are specific to women. On the other hand, we know that quality of life is something other than quantity of life, and many of old women suffer from various diseases and they need medical care. The important point is that women’s health cannot be considered as equivalent to lack of disease in them (Khosravi et al., 2003). According to declaration of WHO, enjoyment of high health achievable standard level is one of the basic rights of the individuals and many women in the world are deprived from this basic right. This declaration adds that some health problems of women are determined by individual biology, but many of their problems results from socioeconomic factors or they are exacerbated through these factors (Ahmadi, 2007). Of course, women may suffer from some health related problems which mostly have social and cultural color. For example, insufficient and inadequate vaccination program for girls, negligence in the treatment of anemia in women and girls, incompetence or lack of general medical care of women and family planning and sex education, as well as antenatal and postnatal care, unsafe drugs, inadequate attention to the disease that mainly affects women, such as breast cancer, governmental research works which are mostly done by sampling from male populations and thus it prevents from utilization of proper treatment methods for women, lack of women as a consultant physician and researcher in the fields of health care, lack of women's education about child care, nutrition and other health-related issues, lack of adequate health care for women who live in rural areas, migrant women, refugees and displaced women, elderly women, disabled women, and women in ethnic minorities are problems which may prevent from enjoyment of other human rights as well as right of healthy life by women (Mertos, 2004). As observed in Fig 1, based on WHO estimation, 53 percent of human health depends on the lifestyle and personal and social habits and behaviors. 16 percent of the health is obtained genetically and observation of marital health and selection of suitable and healthy partner is a value which determines health of the next generation. Human environment including healthy water
and air considers 21 percent of human health, suitable medical care for prevention accounts for 10 percent of our health (Parsay et al., 2008).

Research Theoretical Framework

Considering that relationship between gender and women’s health which is raised in this paper is in gender inequalities area, inequalities explaining theories are used for its analysis. Thus, considering research problem and existing issues, feminist theory is used as one of the best theories in social sciences area for describing gender inequalities issues.

Feminist theorists maintain that research in women’s area should be conducted for demands of women, not about them. Unlike traditional research works, which attempted to use this understanding for their management, feminist research works are conducted aiming at making women’s conditions better. As referred by Bordo and others: “outcome of feminist research is change, pragmatism and release of women” (Fonow& ¬Cook, 1991). ¬Skeggs referred to distinction of feminist research from other research works and stated that nature of the reality in western society is unequal and hierarchical (¬Skeggs, 1994, quoted in SadegheeFasaee, 2010). Although feminism does not adopt a single theory and feminists do not have a single theory regarding gender, all theorists in this intellectual area seek for explaining inferiority of women and the ways to release them. Feminists view gender as a categorical variable and they consider the reason for inequality of man and women as their social status. They consider gender-orientation in different institutions of the society, from the politics to education and economy and management and especially health and medical institutions as the factor for inferiority of women and thus their lower status compared to men particularly in the important issue of health. It is the issue which has not been explicitly mentioned in none of contemporary sociological theories.

given extensive feminist studies (Engels, 1884, Stuart Mill, 1869, Beauvoir, 1949, Rabatam, 2006, Michael, 1997, Alice and Waters and Reed, 2004, El DeWalt, 1996, Abbott and Wallace, 2004, Esther Nabati, 2000, Burke, 2008; Pasnov, 2003, Rio Sarseh, 2006; Mitchell, 2004, and Jegger, 1996) in recent years, novel awareness has been achieved regarding importance of gender, variety and heterogeneity of feminism in addressing women’s issues, its internal coherence obstacle in all communities and practical solutions have been provided. Feminist movement has emphasized two points: first, what is definition of woman? Second, what is perception of men about women? It seems that perception of women about themselves is the component which has been less considered by the feminism (Lamei et al., 2009). Overall, there are three classes of feminist theories regarding gender:

- Gender difference theories: based on these theories, feminists believe that women’s status and experience in most situations differ from status and experience of men in the same situations. The main content of these theories is that women have values, motivations, interests, emotions, awareness, and perception which are different from men. In addition, their perception of the social reality construct is also different from men. These theories provide three explanations for gender differences including biological explanations, symbolic explanations, and psychological explanations.

- Gender inequality theories: this class of theories state that status of women in most cases is not only different from status of men, but also it is inferior or unequal to them and these inequalities originate from the society’s organization, rather than biological and character differences. This class of theories is divided into two categories: liberal feminist theories and Marxist feminist theories.

- Gender oppression theories: this group of theories express situation of women in terms of power relationship between men and women, as women are oppressed, that is, they are subordinated and abused by men. This pattern of oppression is associated by its deepest form in the society and it has created Patriarchal structure. Patriarchal is a power structure which is strengthened by expression of a powerful and strong ratio and gender differences and inequalities are products of Patriarchy. This class of theories is divided into three categories including psychoanalytic feminism, socialist feminism and radical feminism (Ritzer, 1995).

Shortcomings of the international system of health in attention (or lack of attention) to women was challenged originally by the second wave of feminist movements which started in the world. Radical
feminists in USA and the west attempted to redefine physics and gender of women and Self-help groups were developed which taught women to examine themselves. One of the main changes in movements related to women’s health of publishing the book “our body, our existence” by Boston Women’s Health Book Collective. Women’s attempts for organizing and collective self-training in health issues could challenge patriarchal medical systems and confiscation of women’s skills and knowledge in this system; the skills and knowledge which were underestimated if they were provide by the women, but if they were offered in institutionalized and professional way, it would be regarded as valuable. Most authors argue that International Women and Health Meeting (IWHM) emerged from this radical feminist group in USA and Western Europe (Desay, 2012).

The most explicit way through which the society’s culture plays role in creating behavioral difference of men and women is socialization. Socialization is the process in which human beings learn their living styles and acquire especially personality, so that they are prepared for performance and behavior in the society as a member. The factor which is emphasized by sociologists in socialization process is learning skills and attitudes which are appropriate to individuals’ social roles. Gender socialization is part of socialization by which not only the children become social creatures, but also they turn into individuals with male or female characteristics. In this situation, objective gender of being male or female includes a collection of behaviors and characteristics which are suitable and proper in the society for men and women (Riahi, 2007). Gender roles, like other roles, are learned through socialization process. In our society, leading gender roles may even start earlier than training other roles. Since the beginning, parents adopt different behavioral approach toward their children according to their gender. Findings of the study in Boston showed differences of gender roles are often shaped up to five years old. During this period, the children learn personality female and male characteristics and even they distinguish male and female jobs. Regarding socialization of children, in addition to family and training in schools, mass media also plays role which provide a kind of behavioral pattern and most of customs become common in the society through which (Landis, 1998).

Of course, considering feminism does not have a unit and integrated theory and it includes various classifications and schools, none of the schools is specifically emphasized in this research, and mostly shared critical theoretical points of these schools are considered by the authors.

Health and Medical Inequalities Based on Gender against Women

Factors including health are put both inside the person and outside of him and in the society where he lives. These factors have interaction and ultimately that promotes or decreases one’s health. These factors are put in four determining categories including 1. Genetic and biological factors which may determine readiness for acceptance of the disease, 2. Factors related to lifestyle and behaviors such as smoking, 3. Environmental actors such as housing and air pollution, 4. Extent of medical services (Sajadi and Sadrosadat, 2004). There are salient differences between two sexes and more importantly is ability of women in birth giving. These biological differences help development of sexual identity, i.e. being man or woman. In fact, sexual identity is the first and primary identity which covers the human beings. Children specifically perceive their sexual identity as girl or boy since 18 months old to 3 years old. In many communities, some differences are observed between two sexes which are not merely result of their biological differences. It highly reflects effect of socialization (Sotudeh, 2005).

Possible Longevity and Its Social Determinants

Women’s health in the society highly depends on socioeconomic factors, class status, race, ethnic issues and level of their education. Although seemingly all of these factors can also be considered as determinants for men’s health, addition of gender inequalities to race and social determinants, individual institutionalized behaviors and habits, and access to medical services have considerable effect on physical and mental health of women. Finally, collection of all of these social processes plays much more effective role in level of health and longevity of women compared to her inherent and
natural characteristics. In this research, firstly illness is investigated in physical aspect and its affecting factors are studied. Then psychological aspect of illness and its affecting factors in both sexes are examined.

**Effect of Economic Condition on Women’s Health and Illness**

Poverty influences individuals’ health directly and indirectly. Poverty leads to malnutrition and thus the body gets vulnerable to infectious diseases. Poverty is accompanied by lack of receiving medical and health cares. Thus, poor individuals which suffer from preventable diseases more than rich people are caught by chronic diseases and these diseases make them more disabled. Studies on women’s health are rare and high discrimination and bias of physicians in women’s health cause that women’s health level at any socioeconomic class is lower than men and fewer medical centers are allocated to them. Considering women suffer more form the poverty, hence they face problems of malnutrition, weak body safety system, and lack of access to medical services (Khosravi et al., 2003). Although the reasonability of making money is under shoulder of the father, the main reasonability and unpaid task is often under shoulder of the mother. This tradition is still common that the society considers labor and income making as the major contribution of the men in the family life. It is one of the main and valuable dimensions of father role, while the main contribution of women is motherhood role and preserving and caring children, and employment and money making is in the second level of importance for them. If they want to both present their job and income and perform their maternal tasks, they will face various problems (Bernards, 1997). Despite of participation of many women in recent years in economic and social activities, stabilization of their situation compared to men’s situation in various social areas including employment and income opportunities is yet confronting serious obstacles and problems. Studies on decision making in martial life indicates that men usually have higher power regarding household economic resources. It is mostly men which decide on the way of organizing household financial affairs and it determines boundaries for many other aspects of life (Giddens, 2010). In this regards, importance of sex role socialization in the family and then in the school, where secondary socialization occurs, as one of the main elements of ideology dominant over women should not be underestimated (Allen & Barker, 1976). The longer people live in stressful socioeconomic conditions, they would suffer physically mote and they can utilize less health in their elderly (Wilkinson, 2004). Overall, women in the world experience the secondary status. Studies have shown considering women produce half of the world foods, they rarely own agricultural lands. They generally work in low-paid jobs. The numbers of single parent households which are run by women are increasing in these countries and these families constitute often the poorest demographic sectors in these countries. In fact, femininity of poverty has become a global social phenomenon (Sotudeh, 2005). Women usually are inevitable of doing any work due to lack of necessary training and skill. These works are often the most dangerous, most backbreaking, cheapest and most undesirable jobs. Outcome of such works for women’s health and their families may be disastrous. Least outcome of such works is gradual and inevitable decline in vitality, and premature aging. In the view of human resource development, other cost should be paid: if women perform such works for survival, then there is no place for education, learning new skills or taking part in social activities (Smike, 2003). In the places where living quality is low, the longevity is decreased. Hardship and resentment, poverty, social isolation and discrimination cost for lives. Poverty, discrimination, relative deprivation and social isolation have important effects on health and premature death (Wilkinson, 2004).

**Role of Biological Factors on Women’s Health and Illness**

It is evident that biological differences between men and women can influence their health and wellbeing status. It should be considered that except hormonal disorders and the female genital tract diseases there are other disorders that are specific to women and include genetic disorders or other
characteristics which only influence women, such as Turner Syndrome (Khosravi et al., 2003). One of the issues which is considered by the authors in biological descriptions is that X chromosome is present as paired in women. Also, female hormones play significant role in physical health. For example, it is believed that Estrogen protects women against heart attacks, for this reason, during menopause; women are more prone to heart attacks (Khosravi et al., 2003). In cases of osteoporosis, bone density in women is less than in men and they lose it quicker than men in postmenopausal period, and tall and slim women or small and low weight women are at greater risk. Also, men of white race are more infected by this disease compared to men of other races. Reduced level of estrogen in women and testosterone in men is associated with increased risk of osteoporosis (Moazami, 2012).

Factors Affecting Mental Illnesses in Women

WHO definition for mental health includes: capability for balanced and coordinated communication with others, individual and social change and correction and solving conflicts and personal tendencies logically, fairly and suitably. Thus, mental health concepts includes as follows: providing individual and social mental growth and health, prevention of mental disorder, suitable treatment and recovery (PakravanNejad and Sadeghi, 2008). Mental health, like physical health, is something beyond absence of disease or other problems. Mental health is applied on emotions and states, i.e. on our emotions and thoughts, and it includes acceptance of a broad range of emotions in one and others, ability to expressing them, independent performance and the ability to cope with stressful daily obstacles and problems (Sajadi and Sadrosadat, 2004).

Criticizing Biological Explanations

Biological explanations historically have been dominant in pathology of mental health problems and they provide ground for reference of biological interventions especially in using medications. In this view, the reason for mental problems is problems in neurotransmitters such as noradrenaline, Serotonin, Dopamine, and Acetylcholine. In these cases, there is no difference between men and women in pathology. A group of supports for biological explanations consider the key for understanding gender differences in Female hormones, especially Estrogen and Progesterone, which lead to pregnancy syndrome, Menstruation Syndrome, Postnatal depression or Menopause problems (Khosravi et al., 2003).

The other factor for higher prevalence of illness among women compared to men results from differences of two sexes in reporting the disease. Women often consult more about their feelings and problems in their health with the physician compared to men. They quickly pursue any mental distress at early time, while men often refer to the physician only for their physical problems. Thus, it does not reflect that women are more ill or even more depressed than men. Overall statistics for mental disorders are almost the same for men and women, but considerable differences have been recognized in patterns of mental illnesses (WHO, 2003). Behaviorists believe that mental health and health depends on the stimuli and environment. Hence, the factor which is regarded as mental disease in other schools; it is regarded as a behavior which is taught like other behaviors in the view of behaviorists. One with mental health has compatible behavior with certain environment with a kind of behavioral normality (Ganji, 2000).

Depression disorders among women with mental disorders are 41.9 percent compared to men with 29.3 percent. In various countries of the world, women are more influenced by psychological diseases than men. Pressure of multiple roles, gender discrimination and factors related to poverty, hunger, malnutrition, excessive work, domestic violence and sexual harassment are factors which are effective in development of psychological disease in women. There is relationship between severity of some of
social factors and severity of some psychological diseases. Events which may chronically lead to a sense of humiliation, inferiority, failure or deceived in one's life are decisive factors in predicting depression. These patients are not diagnosed in most of medical centers and thus they are not treated. Studies indicate there are three factors which strongly can prevent from development of mental problems especially depression: 1. sufficient independence to exercise control in response to difficult life events, 2. Access to some material resources which allows standing against mishaps, 3. emotional support from family, friends or even professional therapists (WHO, 2003). Wiseman and Kellerman in their most perfect review on biological factors including in depression found “although part of gender differences in depression during pregnancy may result from hormone issues,” this factor is not sufficient for describing and explaining very deep differences in this regards (Chocerine, 1997). Stressful conditions make people anxious, worry, and incompatible, and thus it impairs the health leading to early death. Social and mental conditions may lead to long term stress. Such factors as continuing anxiety, insecurity, low self-esteem, social isolation, and lack of control over work and family life have many effects on health. Such accumulation of social mental risks in the lifetime weakens mental health and leads to early death (Wilkinson, 2004).

**Social Explanations**

Sociologists believe that health and mental illness are not merely biological or psychological realities, rather at the same time; they have social dimensions and nature. Social factors, as can play significant role in creating, preserving and promoting health, they have basic role also in emergence, prevalence and continuation of the illness. In other words, although there is no doubt that there are biological and individual differences in level of vulnerability of individuals to psychological diseases, these differences are increased under influence of social status and even by the perception of individuals about the situation. Hence, paying attention to social factors affecting mental health is very important. One of the main factors in this regards is level of perceived or received social support by the individuals (Riahi et al., 2010).

The other explanation considers oppressed goals and dreams of women. According to this theory, women suffer from depression more than men because the society does not valuate them. If women are views as the secondary sex in their society and they practical experience gender discrimination, it
Impairs their self-esteem and leads to depression. Mental health issues in both sexes cannot be investigated regardless of economic, political, and social issues. Dunerstein believes that the fact that women are influenced by mental problems inappropriately is due to their marital status, employment and roles in the society. Gove and Tudor mentioned reasons for higher prevalence of psychological problems in men compared to men as follows: 1. Men have access to sources of family and work to feel satisfaction and working, while women have access to only one source, i.e. family. 2. Raising children and housework can cause failure in women. 3. Usually housework is without structure and is invisible. 4. Married employed women are less satisfied with their position compared with men who are employed. 5. Expectation that women are faced with are uncertain and dumb (Khosravi et al., 2003).

Effect of Gender Stereotypes Variable on Women’s Health and Illness

Stereotypes are pre-shaped ideas about individuals, groups or objects (Adhami and Roghanian, 2009). In the other definition, gender stereotypes are “a collection of shared cultural beliefs about behavior, personality traits, and other characteristics of men and women” (Hide, 2005). Although these beliefs are common in most societies, it can be stated they take special shape under influence of cultural and social structure. Stereotypes direct type of behavior of the individuals in the society and influence various dimensions of the life. Health is one of the human life dimensions which have been long considered. Since gender stereotypes create specific conditions for two sexes by female and male classifications, they also influence level and quality of their health. Gender stereotypes are among factors which highly affect women’s health. Women in various life stages experience different conditions under influence of gender stereotypes. These differences create different priorities in health management which are often overlooked.

Motherhood and common stereotypes in relation with it are among the most effective factors in women’s health. Motherhood covers a wide range of activities and mostly transfers child’s responsibilities to the mother. Women are expected to prefer their children over themselves at any condition. Diagnosis of level of illness and need for physician is the issue which is instilled by one and his relatives (Abbott & Wallace, 2004). Also, Grogan considers body image related to women’s perception, emotions and thoughts regarding their body, and it includes estimation of body size, evaluation of bodily attraction, and emotions related to its shape. Body image is a social constructed which is associated to one’s satisfaction with her body (Grogan, 1996). Studies in 80s and 90s suggest that Western beauty standards determined ideals for women which achieving them was practically impossible and these ideals and unrealistic goals put women in a subordinate position, forcing them to constantly be prepared and monitoring their body changes (ibid).

According to feminist approaches, the main culprit for alienation from the body, is consumption system and Capitalism which promote women’s dissatisfaction with their bodies and spending money for the purchase of goods and services that make up this deficit ( Featherstone, 1991). Capitalism has turned women as its main target for consumption-orientation. Women in western societies are totally recognized based on their appearance body (Frost, 2003, quoted in Safiri et al., 2013). Such belief is perfectly associated to consumption capitalist need for sale of products, because the body, especially female body, is constantly introduced as the object which should be promoted through purchase of products. In USA, objectifying the female body and its exploitation is the key in the hand of race, class and gender hierarchy, which is the essence of American capitalism. Here, female body is objected in different ways, advertisements on daily lifestyles are main of which. Fragmentation of the female body into breasts, legs, buttocks and groin make women devoid of personality and such sexy fragmentation are for fulfillment of man's body needs. Women from all races and colors have become objectified. For being beautiful, women are encouraged to constant manipulations in themselves and fragmentations and objectification (Counihan, 1999, quoted in Abazari and Hamidi, 2008). Since in the current consumption society, being young is a pattern for optimal body, people attempt to represent themselves as healthy, fresh, and young by exercises, selection of type and model of clothing, hair colors, style of makeup, and various types of reconstructive and aesthetic surgeries. It is called
physical capital by Bourdieu (Nettelton & Watson, 1998). Jean Baudrillard maintains that our perception of our body is not shaped only based on our perceptions; rather it is also affected by social and cultural factors. Thus, it can be stated satisfaction with one’s body is one of the elements for self-satisfaction (Sills, 1968, Javaheri, 2008). Baudrillard argues that mass media context in 21st century supports from a repetitive pattern of body shape representation. Strengthening mutual bodily messages is done through publication of stories about movie stars, TV, News, and World Wide Web and the morning newspapers, radio and printed material about celebrities (Wykes & Gunter, 2005, quoted in AdibiSadeh et al., 2011).

Hence, this feminist approach regarding importance of appearance management in women is based on the belief that body control and appearance management is constantly a kind of strategy which is applied by women so that they achieve identity, power, and agency in the sexualized social world, because women are deprived of access to the power similar to men and they want to apply power in this way (Lockman, 2003).

**Medicine for Women's Health**

Although biomedicine is not an integrated affair and there are many differences between activities of sub-specialties as well as work of clinical physicians, it is logical to say that most clinical physicians consider illness as equal to diagnosable pathology and believe that health – i.e. absence of disease – can be evaluated by application of various technologies on the individual’s body. By extending this concept, it can be stated that responsibility for preservation, control, and regulation of physical condition of one’s body can be considerably put on his shoulder. Such approach usually does not take into account two facts: first, there is no one –by – one relationship between personal experience of disease and measurable pathology. As it is known, compliant of patients especially women are not considered seriously, unless they can be easily and quickly classified as disease. Second, extensive literature on general health and social sciences suggest close relationship between inequalities, especially poverty, and various types of disease. Despite of these evidences, dominant idea among experts in both medical area and general area is that responsibility for preserving one’s health is on his shoulders (Lock, 2012). Paying attention to existing gender inequalities in medical facilities has shown that specific medical and health needs of women are overlooked and medical intervention mostly serves for raising credit and reputation of physicians instead of helping improvement of women’s health, and it is not ensured that most of these interventions are useful for the patient. Marxist feminists put emphasis on health care disparities and indicate how the capitalist society exploits health and medical system for satisfying its needs. The view which considers medicine objectively free of any value is not challenged and criticized. Today, physicians cannot be considered as knowledgeable experts which only care for fulfillment of medical needs of the customers or medical intervention cannot be considered as always in favor of the customer or considerable reduction in diseases and general improvement in health status achieved by the industrial countries over recent century cannot be considered due to advances in medical sciences (Abbott & Wallace, 2004). Today, the term Illness as applied on a wide range of human issues as a cultural metaphor. Medical patterns, since the birth to the death, are used in shaping realities in social view. Over the time, by putting many main human issues and events under therapeutically view, our experiences about them has been changed. This process has had extensive outcomes especially regarding women. Feminist authors on women’s health stress out those women are the main target of medical development. These authors analyzed deformations in previous religious explanations regarding patriarchy and provided scientific explanations. They explained how the traditional skills of women in childbirth and care of patients at the end of the nineteenth century were taken away from them by psychotherapy and medical professionals. Feminist authors described the ways by which women’s health in the contemporary era was controlled and threatened by medical cares by men (Risman, 2012).
Effect of Violence Factor on Women’s Health and Illness

Violence against women is a global phenomenon. Considerable part of studies indicate that in occurrence of violence against women there are some differences which result from unique cultural factors. Difference in culture either based on geographical region and national areas or religion or ethnicity lead to difference in attitude toward violence against women (Nayak et al., 2003).

Until three decades ago, sociologists considered domestic violence as something exceptional and specific to families with economic problems, low cultural level and critical conditions like divorce. But findings in the studies and observations proved that violence is present in all families in various forms, and often its main victim is women (Azazi, 2001). Violence of men against the women is observed all everywhere and inappropriate socioeconomic conditions such as poverty, unemployment and addiction provide more suitable grounds for this phenomenon. Latent aspects of violence as what is imposed on women in the house environment mentally and emotionally are more common than its severe physical aspects (RamezanZadeh and Shariat, 2008). Studies on Domestic Violence in Australia, Canada, Israel, South Africa and America have shown that 40 to 70 percent of murders of women were done by their partner's (UN, 2012). Factors such as lack of efficacy in the management of family, women's physical and mental disability, inefficiency of women in the workplace, offending dignity and self-esteem of women, reduction of family and social status of women, resorting to psychotropic drugs, alcohol, drugs gambling and suicide by women, feelings of helplessness, and chronic depression... are among the negative effects of violent male behavior against women in the family (SedighSarvestani, 2004).

Discussion and Recommendations

Gender inequalities are rooted in the history and old centuries. This phenomenon has been created in the old human civilizations at the time of primary emergence of labor division between man and women, and since then it was manifested in various individual and social human life in the society. Presence of financial, monetary, economic and social structures stabilizes more inferiority of women. Also, harmful effects of some cultural structures, stereotyped ideas dominating over different communities, and ongoing phenomenon of patriarchy are major factors in creating and continuation of female inferiority and weakening their status. On the other hand, women are defined as closer to the nature in patriarchal ideologies because of their biological roles (reproductive role) compared with men, and thus domination of men over women is justified. According to historical and anthropological research studies, the roles which are considered for men and women are specific to the communities in specific times. Different communities have various action patterns for suitable behavior of men and women, which change over the time. Thus, in order to eliminate gender inequality, firstly roots of social (and not biological) patterns and roles should be specified, and it has been seriously criticized by the scholars of social sciences and especially sociologists. They consider inability of most communities in eliminating roots of disease as the main cause of it.

In definition of health, it is believed that only absence of illness is not the matter, rather promotion of the health should also be considered. In addition, health should not be recognized only in its physical aspect, rather it should be viewed as a totality that distance of it represents failure in the performance. The health should be taken into account in physical, mental, social aspects. Planning and implementation requires comprehensive view and planning for all ages and services and cares should be integrated. Although plans for specific age or group are implemented, both genders should be considered at all areas, and only one gender should not be regarded even in specific cases. Thus, with this understanding of health, following executive framework is proposed for promoting health: provision and promotion of health are viewed in two separate and totally related categories. Improvement of lifestyle and disease care (Akbari, 1999).

Provision of health of various classes of the society is one of the basic issues of every country and which should be considered in physical, mental and social aspects. Compatibility and interaction of one with environment provides his mental health. The human has healthy mind that is able to match
well to the external environment. Since human being is composed of various physiological, biological, social, emotional, and affective aspects, thus various factors such as social, economic, cultural, etc. factors can disturb this compatibility and cause disorder and mental disease. Considering that one of the health priorities in every society especially in developing societies is developing mental health status, and mental health is one of the main factors for human growth and development, authorities in health area should attempt for suitable policy making for promoting mental health level, because prevalence of mental disorders especially depression and anxiety is women is worrying.

Solutions for Women Empowerment

One of the reasons for necessity of women empowerment is discrimination and inequality of men and women. Establishment of social and gender justice in addition to creating peace and mental balance cause women empowerment. The other factor which is effective in women empowerment is creating possibility for education and increasing their educational level, because illiteracy, unawareness, and even imperfect awareness increase vulnerability of women against economic, social and health conditions and create much harm for girls, women and their families. Unfortunately, yet traditional biased gender attitude in the world deprive girls from equal educational opportunities and increase discrimination between two genders. Poverty and economic inability in women has negative effect on their social and health status. Poor women are unable in fulfilling their basic nutritional, health, medical and even educational needs. This descending trend leads to elimination of women from effective decision making process in their family and social life. Ownership right and economic decision making and having income are among granted rights of women. The politicians and authorities are bound to provide solutions for Poverty alleviation and developing economic facilities and employment for women. These solutions include as follows: 1. Creating employment opportunity for women, 2. Creating access to the resources and trade market, and 3. eliminating occupational discrimination.

Regarding attention to gender discrimination in medical service delivery: some solutions applied in some countries are good examples for eliminating gender discrimination in medical services delivery. These movements which have been designed for fighting against social and gender inequality and discrimination consider improvement of women medical and health conditions. Directing health research works toward increasing application of primary health care for women, capacity making in management for qualitative improvement of the primary health care, targeting women in the households and people especially in deprived regions, improving quality of nursing services at the society level, promoting and supporting healthy city and healthy village plans using participation of wide groups of people and women in various regions, human resource empowerment and improving empowerment plans for the public especially women headed households, girls and elderly women, reducing cases of injury in the home for decreasing its medical, social and economic costs, supporting creation of a national monitoring and reporting system for women health situation, national planning for development of medical primary care, high access to healthy fresh water, immunization plans, high care for young girls and women, higher care for pregnant mothers and after delivery, controlling sexually transmitted diseases, especially AIDS, education and nutrition (RamezanZadeh and Shariat, 2008).

Changing Social Attitudes

Changing social attitudes also influence health policies and procedures. Intellectual changes resulting from time passage reject traditional Patriarchy in medicine and focus its attention on rights of patients, while belief in the inequality of men and women and traditional pattern of women is rejected, and rights and interests of women are considered in decision making for women especially in productivity matters. In addition, biological ethics is introduced as research area and important issues have emerged regarding ethics and decision making on medical cares. Each of these movements play significant role in general discussion and social relations which shape health rights and policies (Abasi, 2008). Social status of people in social hierarchy, which is based on wealth, education, race, ethnicity, urban or rural
area, seriously shape their health situation. For example, women, adolescents and children in the world have generally lower health, which is due to social discrimination and lack of equality in access to medical and health services. Men and women are difference in terms of the role and responsibility assigned to them by the society and their status in the family and society and in terms of biological matters (Marandi, 2008).

**Creating Job Security for Women**
High job security leads to increased health, welfare and job satisfaction. High unemployment rate leads to illness and early death. Unemployment threatens the health and this risk is higher in the regions where unemployment is more prevalent. These effects are initiated when individuals feel their job is threatened, even before they are unemployed. It represents the fact that anxiety regarding job insecurity is one of the health determinants (Wilkinson, 2004).

**Social Supports for Women**
"Friendship, good social relations and strong support networks improve health at home, work and community." Social protection and good social relations play an important role in health. Social support is useful in order to fulfill real needs of people, especially women. Belonging to a social network of community and mutual obligation makes people feel love, friendship, respect and value. This has powerful protective effect on health. In general, social and supportive relationships can be stimulating for healthier behavior patterns. Social cohesion which is defined as the quality of social relationships and trust, mutual obligations and respect in communities, is the protector of the people and their health (Wilkinson, 2004).
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