

Striving for gender equity at the *Medical Journal of Australia*

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Diversity and equity are both imperative when it comes to publishing high quality literature that promotes better health outcomes



In 2019, the *Medical Journal of Australia* put out a call for articles and asked the question: “Women in medicine and medical leadership in Australia — is there gender equity?”

Hempenstall and colleagues¹ replied: “We answer with a resounding no. Indeed, we believe the question itself perpetuates gender disparity by suggesting that the answer is up for debate... There is an urgent need to shift our focus from asking whether gender inequity exists to implementing and evaluating sustainable strategies to change the status quo.”

Medical journals occupy a powerful position. The choices we make as editors amplify the voices and interests of the academics, researchers and health care providers who publish with, review for, and advise us. The pitfall in this is that journals may inadvertently contribute to the sidelining, or even silencing, of the perspectives and priorities of women and gender diverse groups as a result of both institutional and unconscious biases.² Why is this important? First, the systematic exclusion of women and minoritised groups from access to leading, reviewing for, and publishing in high impact journals is, in itself, unjust and inequitable,^{3,4} and perpetuates inequalities in science

and medicine more broadly. Second, decades of scholarship in clinical medicine, public health and the social sciences have established that sex and gender are important drivers of health outcomes and health inequities.⁵ We know that when women are involved as authors, published health research is more likely to attend to sex and gender.⁶

The centrality of sex and gender to health has been brought into sharp focus by increasing attacks on the rights of women and gender minorities both in Australia and abroad. Our recent federal election campaign featured despicable and ill informed rhetoric on access to medical treatment for transgender youth and participation of transgender women in sport.^{7,8} In the United States, the erosion of women’s reproductive rights and transgender rights has reached new levels. The landmark *Roe v Wade* ruling that has enabled legal (and therefore safe) access to abortion since 1973 has been overturned by the US



Supreme Court, leaving millions of women without access to essential reproductive health services.⁹ Reproductive rights are vital for ensuring women’s health, dignity, wellbeing, and ability to participate in education and public life. Restricting access to safe abortion will cause avoidable morbidity and mortality, with the consequences disproportionately falling on the most vulnerable.¹⁰ Alongside this, policymakers in many jurisdictions are moving to effectively ban gender-affirming care for transgender youth.¹¹ And at this year’s World Health Assembly, lengthy debate over sexual and reproductive health and rights terminology threatened to derail adoption of a new global strategy on HIV, hepatitis B and sexually transmitted infections.¹²

Today, the *MJA* publishes a themed issue on gender and sexuality in recognition of the key role medical journals play in protecting and advancing the rights and wellbeing of women, gender diverse and sexually diverse individuals. In this issue, Wang and colleagues¹³ explore the sex differences in prehospital management of patients with confirmed stroke, finding that women are more likely than men to be assessed by paramedics as having non-stroke diagnoses, such as migraine, anxiety, hypertension or headache, exemplifying the ways in which gender can influence the type and quality of care patients receive in the health system. Whyte¹⁴ shares a deeply moving reflection on their personal experience of surviving contemporary conversion practices in Australia, while Power and colleagues¹⁵ examine what formal and informal conversion practices look like today and how health care providers can support recovery. Letters to the Editor by Clayton et al¹⁶ and Pang et al¹⁷ discuss the evidence regarding improved mental health outcomes for transgender youth receiving gender-affirming care. The relationship between gender norms and health is explored by Hegarty and colleagues,¹⁸ who present the current evidence for identifying and responding to gender-based violence in Australia, a form of violence that disproportionately affects women, particularly Indigenous and Torres Strait Islander women. Fittingly, the obituary of Dr Donald James Grimes AO,¹⁹ whose pioneering work in

the 1980s helped reduce the spread of HIV/AIDS through an “inclusive and bold” care response, is published alongside the latest research by Lee and colleagues²⁰ on the acceptability and usability of two HIV self-testing kits.

In keeping with the theme of this issue, it is an opportune time for the *MJA* itself to reflect on the role we play in gender equity and how we can promote positive change. We will continue to prioritise research and analysis on the intersections between health, rights, gender and sexuality. In terms of our own editorial policies and practices, we must move from asking questions to acknowledging the unacceptable persistence of gender inequity and implementing strategies that enable us to do better. An internal audit revealed that in 2021, just 28% of corresponding authors and 35% of all authors of our commissioned editorials were women. Similarly, approximately 40% of all experts invited to review for the Journal in 2021 were women. Currently, women represent around 40% of members of our Editorial Advisory Group. These figures are subject to limitations. First, as gender is not yet captured in our online submission system, reviewer and author gender was inferred on the basis of name, and where available, pronouns in online profiles. Second, for the purposes of this simple analysis, we treated gender as a binary category. Nonetheless, it is clear the *MJA* must do better at proactively including a more diverse set of authors, reviewers and advisors. To address this, the Journal will move towards ensuring gender balance in authors who are invited to write commissioned articles. We will strengthen our peer review process by improved engagement with women in medicine and research through broadening our reviewer database. We will also commit to achieving gender parity within our Editorial Advisory Group.

In recognising that interrogating the role of sex and gender is vital to the health outcomes of all individuals, the *MJA* will continue to endorse the International Committee of Medical Journal Editors recommendations for reporting of gender and sex within research.²¹ Today, we announce that we will also be recommending that authors of research published in the *MJA* follow the Sex and Gender Equity in Research (SAGER) guidelines²² as we strive towards comprehensively addressing reporting issues relating to sex and gender.

We hope you enjoy the gender and sexuality themed issue, and we take this opportunity to encourage women, gender diverse and sexually diverse people to engage with us through participating in the peer review process, editorial advisory roles or submitting scholarly works to be considered for publication. Diversity and equity are both imperative when it comes to publishing high quality literature that promotes better health outcomes. Research and commentary published in medical journals, therefore, must be from authors who are representative of all health experts and their patients across Australia and beyond.

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