

Gender equity and women's health: a comparative analysis on governmental strategies in Central America

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ABSTRACT

Gender inequalities manifest when one gender intentionally exercises or obtains some form of advantage through internalized social means, which are typically oppressive and disparate. In the field of health, gender inequalities provide a rationale for the observed disparities in women's health outcomes and the greater difficulties they face in achieving comprehensive development. The present study sought to undertake a descriptive analysis of strategies designed to combat gender inequalities and promote women's health in Continental Central America. This entailed a documentary analysis of official documents published by national and regional organizations with a specialization in gender equality and women's health. The analysis revealed that all countries have a national action plan to combat gender inequalities and promote fairer and more inclusive societies in all spheres of human life. From a regional perspective, the countries have had the Regional Gender Equality and Equity Policy of the Central American Integration Scheme since 2013. This is the principal instrument used to advance the well-being of women in the region. With respect to health promotion, documents such as a technical report and a regional policy have been identified, which delineate the pathways that Central American countries should pursue to achieve optimal well-being for their female populations.

Keywords: Gender studies; Egalitarian societies; Women's studies; Social fairness; Latin American issues.

Article originality and practical implications: The topic of gender has been progressively examined in the region, with disparate experiences observed across nations. The well-being of women in Central America is inextricably linked to the advancement of gender equality and the attainment of health equity. Countries with more egalitarian social structures have been observed to demonstrate a higher female life expectancy. There is a shared objective among member states to safeguard the rights and well-being of women in Central America.

BACKGROUND

A review of historical records reveals that women and men have occupied disparate roles at all times and in all regions of the world. Nowadays, gender inequality has become a pervasive phenomenon, manifesting in all facets of modern society. A mere glance to the left or right reveals the stark contrast between the roles and expectations placed upon men and women within the social structure. The evolution of societal structures has consistently reinforced the advantages of men, resulting in the adaptation of gender inequality in accordance with the prevailing social dynamics. Such is the extent of this phenomenon that scholars have identified it as one of the most pernicious cancers of our society. This is not merely because of the detrimental impact it has on women's integrity, but also because of the collective ignorance that pervades society with regard to its underlying causes and manifestations (Hirata, 2017).

Gender inequality can be defined as any preference, benefit, advantage or privilege that one sex exercises over the other, in a relationship of (oppressive) power and consciously practised (Duarte-Cruz & Garcia-Horta, 2016). The term has, for the most part, been employed to delineate circumstances of subordination and marginalization perpetrated against women, frequently interwoven with the social markers of race/ethnicity, age, social class and religion (Vélez, Coates, Garcia, & Wolfenzon, 2020). From a geographical perspective, the diverse manifestations of gender inequality give rise to significant variations that warrant critical examination, as not all women have achieved equal rights at the same time. This is why the equality gaps observed over the last few decades have become a subject of study in many areas of knowledge, with the aim of understanding the reasons behind their emergence and proposing strategies to address them in the pursuit of equal conditions for both genders.

As a matter of fact, European women have secured social rights at a faster pace than any other women globally. This phenomenon is closely linked to geopolitical power dynamics and a heightened level of socioeconomic advancement in that region. In a more proximate context, women in North America, specifically in Canada and the United States, have exhibited superior human development outcomes relative to their counterparts in Latin American and Caribbean countries (Rosa, Drew, & Canavan, 2020). It is important to note that women's social struggles cannot be generalized, as the contexts in which they occur are highly variable. This indicates that the forms of collective organization among women are diverse and occur at varying rates, contingent on their demands and shared objectives.

The Latin American landscape provides a striking illustration of how gender inequality can result in precarious conditions for women's wholeness, particularly when considering the more adverse health and social indicators compared to men (Morales & Sifontes, 2014). The existing literature on gender-related issues in Central American countries is incipient and limited to specific aspects. For instance, it has been studied in the context of urban (Fernández-Pacheco, 2003) and rural (Ramírez, 2011) labor markets, the struggle for financial and economic autonomy (Váquiro, 2017), relations of male domination over female bodies (Quiñotes-Otal, 2016), inclusion and political participation (Sáenz, 2022), and, more recently, the various manifestations of violence practiced by partners (Zavala & Montoya-Reales, 2017; Lykaris et al., 2024).

To date, few studies have sought to investigate issues other than those already mentioned, namely the impact that gender inequality has had on the health profile and state strategies to protect the integrality of Central American women (Lacaze, Soto-Quirós, & Viales-Hurtado, 2019). Furthermore, the limited scientific output can be attributed to the tendency of regional evaluations to adopt a macro-level perspective on Latin America, which hinders a comprehensive examination of the specific circumstances and internal dynamics of countries in Continental Central America (CCA).

The objective of this paper is to examine the strategies employed to address gender inequalities and advance women's health in CCA from a comparative standpoint. To accomplish this, it is essential to identify the individual (national) and regional instruments that promote women's health and to describe, from a comparative perspective, the strategies established by the CCA countries to combat gender inequalities.

REVIEW OF THE LITERATURE

Gender inequality and changes in society

The conceptual framework for understanding gender inequality in CCA is structured around five reference components, which in turn give rise to examples of critical themes. These are set out in Chart 1 below.

Chart 1. Conceptual framework for gender inequality in CCA.

| Components | Critical Themes Examples |
|--|--|
| The complexity of everyday inequality: Definitions Categories Measures | Insights into the overwhelming nature of routine inequality in everyday life. The use of physical violence that causes physical/psychological inequality. Politics. Institutional. Social. Relevance of qualitative and quantitative information on inequality. |
| Causal factors that underpin the multiplicity gender inequality: Historical context of political inequality Causes of economic and social inequality | The importance of structure, identity and action in terms of both the aggressor and the victim. Influence in recent decades of political/institutional structural inequality. Regional migration. Poverty |
| Costs and consequences of inequality | The process of erosion or reconstitution of survival assets and related capital, including human, physical, financial, social, and natural capital. |
| The operational structure for interventions in the Central American region is as follows: Current dominant approaches to violence reduction policy | A holistic structure that links types of inequalities to different types and levels of intervention: Criminal justice, transparency, and the fight against corruption. Public health. Conflict transformation. Human rights. Social capital. |

Note. Borrowed from Moser and Winton (2002, p. 8).

Gender inequalities are pervasive across the social fabric of Central American countries, manifesting in stark disparities in access to public services and systems between men and women (Gonzalez Marin, 2023). In a recent study, Sáenz (2019) confirmed that there is considerable divergence in the scientific production on gender-related issues among the nations. A total of 840 papers from various fields were analyzed. The highest output was from Costa Rica (50.1%), followed by Guatemala (14.3%) and Nicaragua (8.1%). The study identified the ten main areas of research representing the interests of Central American scientists. These are: 1) Prominent women; 2) Family, marriage, identities, and gender relations; 3) Resistance strategies against gender violence; 4) Education and work; 5) Political participation, citizenship and feminist movements; 6) Ethnicity and social and revolutionary movements; 7) Prostitution and sexual crimes; 8) Sexual diversity; 9) Children, young people and gender identities; 10) The construction and transformation of male identities (Sáenz, 2019).

In general, these areas elucidate the various societal changes that have permitted the gradual inclusion of women in the sectors that structure contemporary Central American societies. One illustrative example is the 2012 annual report prepared by the Observatory on Gender Equality in Latin America and the Caribbean, which concluded that the advancement of political prominence and parity between men and women in the region has occurred at a faster pace than in the countries of the southern region (Economic Commission for Latin America and the Caribbean – ECLAC, 2012). Indeed, in countries such as Nicaragua, Costa Rica and Panama, the representativeness of women in ministerial roles is almost equivalent to that of men (Sagot, 2010). This trend appears to persist between presidential terms and campaigns, which may be regarded as a positive factor (Romero-Ballivián, 2014; Sagot, 2014). Furthermore, there has been a notable increase in the participation of women in municipal management in Central American countries (Cedillo-Delgado, 2022). However, Soto, Bastos and Castro (2020, p. 101) elucidate that:

Municipal councillors have to face the challenges and difficulties of the positions they take on with enthusiasm and dedication, as well as the prejudices, stereotypes and myths that the patriarchal system has fostered in society, in this specific case those of their colleagues on municipal councils and those of the working population of the municipalities. These women are also confronted with their own traditional conceptions of the role that society has imposed on them and with the challenge of daring to build a different place, as a gender, in spaces for political participation and in society in general.

Other research also indicates that women must invest significant effort and possess distinct qualifications to gain access to these professional growth spaces, when compared to the academic profiles and previous professional experience of their male colleagues (Obando, 2016; Bernal, 2016).

Gender inequality in statistics: Figures that portray the daunting scenario in Latin America

The existence of gender inequalities has a direct impact on social organization, which in turn affects the levels of access to goods and services and the effectiveness of public health and social assistance systems in Latin America (Vélez et al., 2020). In the study by Morales and Sifontes (2014), the evolution of gender inequality between countries in the region between 2006 and 2012 can be observed. The results demonstrate that countries have increasingly acknowledged the significance of advancing gender equality. This has led to a notable decline in disparities between men and women in most countries over the course of this period. However, this is not the case in CCA countries, which have demonstrated divergent trends. In the initial years following the period under review, Guatemala and El Salvador exhibited a constant level of gender inequality. However, from 2009 onwards, this increased. In Panama and Honduras, although there has been a gradual decrease, the figures remain insignificant when compared to those of other countries. Nicaragua was the best performer, with an average reduction of 0.113 per cent. Costa Rica also demonstrated a high level of gender equality, with an index score of 0.772 per cent (Morales & Sifontes, 2014).

Prior to examining the impact of social inequalities on the health fabric, it is essential to elucidate that the gender marker indicates that women are more inclined to seek out and utilize health programs and services across all Latin American countries (Houghton, Bascolo, & Riego, 2020). However, this data should be interpreted with caution to avoid obscuring the underlying issues. The higher life expectancy among women and greater attention to health conditions justify the greater presence of women in health services, as well as their significant adherence to health promotion programs. The morbidity and mortality profile differs between men and women; in all regions of the world, men die earlier from preventable causes due to exposure to unsafe working conditions and involvement in conflict situations related to violent death (Xiong et al., 2024).

The existence of disparities in access to education plays a significant role in the perpetuation of gender inequality, as well as in the reproduction and strengthening of barriers to social segregation. According to Haeberer, Noguera and Mújica (2015), men are at a heightened risk of mortality, die at an earlier age and have a shorter lifespan free of illness and disability than women. Furthermore, the authors posit that educational attainment is a significant predictor of mortality and survival in both sexes, with educational inequalities being more pronounced and increasing among men, particularly among the most socially disadvantaged populations. Requena (2017) posits three contextual circumstances: (1) the relationship between education and survival does not appear to be linear at any age; (2) the educational gap is more pronounced among men than

among women; and (3) the level of schooling serves to mitigate the differences in life expectancy between men and women. This is evidenced by the observation that, throughout much of the life cycle, at equivalent ages, the higher the level of schooling achieved, the smaller the gap between men and women.

Even though women live longer than men, this does not necessarily result in improved living conditions (Requena, 2017). Women are confronted with a multitude of unfavorable circumstances daily, in comparison to men. For instance, the unemployment rate is significantly higher among women, and this issue becomes even more complex when considering the diversity within the female population (Lacaze et al., 2019). Non-white women, particularly those of African descent, are exposed to heightened levels of vulnerability and structural violence compared to their white counterparts, both in the context of professional integration and recognition in the labor market (Sabadell, 2020).

Despite the advances made by the feminist movement in promoting gender equality, a significant disparity persists between women of different ethnicities. Consequently, the definition of more efficient and effective strategies in the fight for gender equality is hindered by the reluctance of women to report or acknowledge the gender inequalities they encounter, due to concerns about the legal and administrative consequences that may ensue. Additionally, societal norms that perpetuate the subordination of women further impede the advancement of gender equality, even more pronounced among cisgender women and transgender women (Figueiredo, 2018; Martins da Silva, 2022). The perpetration of various types of violence has more serious consequences; rates of femicide in Central American countries are significantly higher than in other countries, with Honduras, Guatemala and El Salvador exhibiting particularly high rates (Carcedo, 2010; González Rodríguez, 2014; Muñoz et al., 2019; ECLAC, 2016). This scenario has compelled states to implement more rigorous prevention and enforcement measures, extending beyond the domain of violence against women, yet the dearth of national data on gender inequality is a significant issue, as it demonstrates a lack of recognition and commitment to addressing the contextual disparities that men and women face routinely.

An examination of historical events in the Latin American region reveals that since the 1980s, there have been efforts by various groups to address the impact of gender inequality in the region (Pan American Health Organization - PAHO, 1989). Notable exceptions are the republics of Guatemala and Costa Rica, which have enacted official documents that mandate institutional transparency in national statistical registration systems on the reporting and interpretation of health figures from a gender-based perspective. From their inception, both countries have demonstrated a commitment to elucidating the myriad ways in which the male gender oppresses the female gender across a multitude of domains of human development. The endeavors of the governments in question extend beyond the production of technical materials, such as institutional guides or reports, to encompass the provision of conceptual and practical clarification of interrelated terms. These include, but are not limited to, terms such as inequality, iniquity, exclusion, and marginalization, which are diverse in nature but commonly used synonymously.

In 2009, the government of Guatemala published a document entitled *Manual para la Integración de la Perspectiva de Género y de los Pueblos en el Instituto Nacional de Estadísticas* (Guide for the Integration of the Gender and Peoples' Perspective in the National Statistics Institute). This is the inaugural Central American instrument to underscore the significance of examining the ramifications of the social gender marker in national statistics, particularly by acknowledging that "a country's development cannot be sustained by omitting or only partially collecting information on the structural disadvantages that affect such a substantial portion of the population" (Instituto Nacional de Estadística de Guatemala - INE, 2009).

In 2018, Costa Rica published the *Guía para Incorporar la Perspectiva de Género en la Producción y Divulgación de las Estadísticas del Sistema de Estadística Nacional* (Guide for the Integration of Gender in the Production and Dissemination of Statistics of the National Statistics System). The instrument acknowledges the complex and multifaceted nature of gender inequalities and advocates for a transparent and comprehensive approach to understanding their impact at the national level. It calls upon all public bodies to integrate a gender analysis perspective into all processes involving the quantitative interpretation of census or population data (Instituto Nacional de Estadística y Censos de Costa Rica - INEC, 2018).

By incorporating a gender-based perspective into these interpretations, a number of additional issues become apparent. For instance, it is anticipated that the findings of the surveys conducted in each country will be accessible to the general public and utilized by public institutions to develop targeted intervention strategies for each gender, particularly with regard to psychosocial care programs for women victims of violence. Concurrently, these mechanisms necessitate the implementation of health education and communication interventions, which frequently entail the challenging task of modifying the technical language utilized so that the general population can accurately comprehend the information produced, employing more accessible terminology. Therefrom, it is essential to apply a gender-based perspective to the dissemination of this information. Despite the apparent triviality of this issue, it is still possible to observe technical reports or official documents that use masculine terms to cover both men and women. Thus, the lack of a gender perspective contributes to the erasure of the diversity contained therein, generating the silencing and make-up of incongruous realities

that greatly distance women from men.

The establishment of gender stratification mechanisms by countries represents a move towards equity and social justice. This is because countries have come to recognize that their populations are not uniform, and that it is precisely on the basis of this population non-uniformity that states must adjust their protection mechanisms and strategies. At the regional level, the analysis of sex-disaggregated data and other gender-relevant variables represents a principal recommendation of the PAHO's Gender Equality Policy (PAHO, 2005, Article 2, item a). Moreover, the 2014-2019 Strategic Plan acknowledges the significance of gender as a pervasive concern that necessitates strategic approaches at the regional level, given its direct bearing on population health (PAHO, 2017). In the case of Central American countries, the political, economic and social contexts that have resulted in phases of social exclusion with immediate impacts on societal organization stand out, with women being the most affected (Pérez-Sáinz, Segura-Carmona, & Fernández-Montero, 2010).

Notwithstanding the multitude of challenges encountered in Latin America, notable strides have been made, resulting in an uptick in women's social, political, and economic involvement (Pérez-Martelli & Monzón-Santana, 2019). Nevertheless, the implementation of strategies aimed at achieving gender equality appears to have encountered more significant challenges in Central American countries (with the exception of Costa Rica and Panama) when compared to the outcomes observed in Mexico and the countries of the South American sub-region (LIDES, 2021).

METHODS

Study Design

This is a descriptive documentary review with a qualitative approach, which is concerned with the study of gender inequality faced by Central American women. The methodological design was further enhanced by a comprehensive literature review pertinent to the subject matter under investigation. As stated by Galvão, Pluye and Ricarte (2017), mixed studies of qualitative convergence are appropriate when the data under analysis are limited in number and are intended for the purpose of developing, refining and revising a conceptual framework. It is important to note that the qualitative approach allows for a more comprehensive exploration of the "qualities" of the unit of analysis, which in turn facilitates the generation of results that are more closely aligned with the reality under study (Souza & Kerbauy, 2017).

Unit of analysis and regional context

The countries included in the analysis were Belize, Costa Rica, Honduras, El Salvador, Guatemala, Nicaragua and Panama. The CCA region is a predominantly female region (50.8%); in all countries within the region, the percentage of women in the population is higher than the regional average. As Gutiérrez-Murillo, Gamarra, Svoboda and Svoboda (2020, p. 6) observe, living conditions exhibit considerable variation between the countries.

Overall, it is anticipated that the social and health realities of Costa Rica and Panama will be more conducive to human development (as reflected in their economic, social and health indices) when compared to the other Central American countries. Conversely, El Salvador, Guatemala and Honduras encounter more significant challenges to development. To achieve enhanced outcomes, it is imperative for the public sector to engage in intersectoral collaboration with the private sector. This would lead to an improved quality of life and conditions for citizens.

Data collection and typing

To identify gender equality plans for each Central American country, the Gender Equality Observatory for Latin America and the Caribbean of the Gender Affairs Division of ECLAC was consulted (available at: <https://oig.cepal.org/pt>). A filter was applied to the regulations, and the variable "equality plans" was selected, which provided results for all countries (Belize = 1; Costa Rica = 2; El Salvador = 2; Guatemala = 1; Honduras = 1; Nicaragua = 1; Panama = 2). Moreover, to identify regional instruments, the website of the Sistema de la Integración Centroamericana - SICA (Central American Integration System) was consulted, which contains a database for each assistant secretariat. In the context of this research, the institutional repository of the Consejo de Ministras de Centroamérica y República Dominicana was selected as the most pertinent repository of information.

Data analysis

This research continues with the analysis of documents from official sources in Central America in the context of regional integration and, at the national level, the study of specific regulations that promote gender equality and the health of the female population. In the context of this documentary analysis, the recommendations proposed by Cechinel et al. (2016) have been followed, which recommend carrying out preliminary floating readings to allow the researcher to get closer to the amount of information contained in the documents and subsequently define the categories and subcategories of vertical analysis.

Each document was read in its entirety and information relevant to gender and women's health was selected. A Microsoft Excel spreadsheet was then created to summarize the content, including variables such as country of origin of the document, title, date of publication, source, responsible body or institution, and the impact of these instruments on combating gender inequalities and promoting women's health in Central America. Based on the specific objectives of this research, it was decided to present and discuss the results in two categories: 1) national and regional strategies to combat gender inequalities and 2) national and regional strategies to promote women's health in CCA.

Ethical clearance

The study did not require approval from a Research Ethics Committee as it did not involve the participation of human beings. Despite having immediate and unrestricted access to the information discussed in the study, the recommendations set out in Resolution 510 of 7 April 2016, which specifically relate to conducting research in the Humanities and Social Sciences, were respected throughout the entire process of data processing and analysis.

RESULTS

The presentation and discussion of the results will be divided into two parts. The initial section will address national and regional strategies to combat gender inequalities, while the subsequent section will focus on strategies for promoting women's health in CCA.

National and regional strategies to combat gender inequalities

It was determined that all ACC countries have at least one national plan to combat gender inequalities. Of particular note are Costa Rica, El Salvador, Panama, and Guatemala, which have two complementary instruments: a national plan and a public policy. This is illustrated in Chart 2 below.

Chart 2. Current gender plans and policies on equality in CCA.

| Country, year | Title | Responsible agency |
|-----------------------|--|--|
| Belize, 2013 | Revised National Policy on Gender 2013 | National Women's Commission Ministry of Human Development, Social Transformation and Poverty Reduction |
| Costa Rica, 2007-2017 | III Plan of Action of the National Policy on Gender Equality and Equity National Policy on Gender Equality and Equity | National Women's Institute (INAMU) |
| Honduras, 2010-2022 | II Honduran Gender Equality and Equity Plan 2010-2022 (II PIEGH) | National Women's Institute (INAM) |
| El Salvador, 2014 | National Action Plan of the National Women's Policy 2011-2014 | Salvadoran Institute for Women's Development (ISDEMU) |
| Guatemala, 2008-2023 | National Policy for the Promotion and Integral Development of Women (PNPDIM) and Equal Opportunity Plan (PEO), 2008-2023 | Presidential Secretariat for Women (SEPREM) |
| Nicaragua, 2006-2010 | National Gender Equality Program 2006-2010 | Nicaraguan Women's Institute (INIM) |
| Panama, 2012 | National Plan for the Validation of the PPIOM Public Policy for Equal Opportunities for Women (PPIOM) | National Women's Institute (INAMU) |

Note. Elaborated by the authors (2024).

The existence of the national instruments mentioned in the above table is contingent upon the accession of Central American countries to the Convention on the Elimination of All Forms of Discrimination against Women, which was approved by the United Nations General Assembly in 1979. At the time of drafting, all CCA countries are signatory members. However, it should be noted that the process of internal approval in each country has been and continues to be developed in a distinctive manner by each nation. This instrument of international law is arguably the most significant in modern history with regard to the realization of social guarantees for women, given that:

It states that discrimination against women violates the principles of equal rights and respect for human dignity, constitutes an obstacle to increasing the well-being of society and the family, and hinders the full development of women's possibilities for service to their country and to humanity. This represents a true 'Universal Charter' of Women's Rights, defining discrimination as any distinction, exclusion or restriction based on sex which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise by women of their human rights and fundamental freedoms (Pimentel, 2017, p. 5).

In 2017, the ECLAC published the document 'Gender Equality Plans in Latin America and the Caribbean: Route Maps for Development'. This document represents the first regional attempt to define the framework of gender equality and to identify the paths that each nation needs to take in order to achieve fairer and more inclusive societies. In the document's prologue, it is made clear that:

In Latin America and the Caribbean, the States' concern to overcome the obstacles that prevent the full incorporation of women on equal terms in all areas of the countries' social, cultural and economic life has been expressed in different measures and specific public policy proposals. The gender equality plans drawn up by the countries of the region are important policy and planning instruments which, driven by the mechanisms for the promotion of women, reflect both the challenges that persist and the states' commitments in this area (ECLAC, 2017, p. 7).

In terms of the normative characterization of equality plans, it can be observed that in the countries of Costa Rica, Guatemala, Honduras and Panama, they are decrees of the executive branch. In El Salvador and Belize, however, they are the result of the mandate of entities responsible for gender issues (ECLAC, 2022). As has been evidenced in Chart 2, a notable positive development is the incorporation of gender inequality discussions into the public policy agendas in CCA. The following list presents the impacts identified following a comprehensive review of the aforementioned national plans. It should be noted that this list could be extended to include additional items if some aspects had been overlooked during the analysis stages.

1. *The issue of unequal access to healthcare is a significant challenge in many parts of Central America. Women in particular face numerous barriers to accessing quality healthcare services, which are often shaped by socio-economic and cultural factors. This can result in delayed diagnosis and inadequate treatment, even when women seek out more basic health services and adopt healthier self-care practices than men.*
2. *Gender-based violence, including domestic and sexual violence, can have significant adverse effects on women's physical and mental health. This can include physical injuries, post-traumatic stress disorder, depression and other mental health problems. These health conditions were identified as a prominent concern in the analyzed documents, yet they were not consistently reflected in national women's health policies, as will be discussed in further detail below.*
3. *The unequal burden of unpaid care and discrimination in the workplace is a significant issue in many Central American societies. Women are primarily responsible for unpaid family care, particularly for children and older adults, which can result in chronic stress and physical and emotional exhaustion. Most countries have yet to implement labor legislation that would guarantee the rights and guarantees of informal care. Indeed, there seems to be an acceptance of this as yet another form of assistance. Conversely, gender discrimination in the workplace can have adverse effects on women's health through the experience of work-related stress, a lack of opportunities for career development and unequal remuneration.*
4. *The stigmatization of sexual and reproductive health issues, such as access to contraception and abortion, can have a detrimental impact on women's health and impede their capacity to make informed decisions about their own bodies.*
5. *Inequalities in education can restrict women's ability to obtain health information and make informed decisions about their well-being, particularly in the absence of equal access to educational opportunities.*

At the regional level, the *Consejo de Ministras de la Mujer de Centroamérica y República Dominicana* - CMMCA (Council of Women's Ministries of Central America and the Dominican Republic) has coordinated all national representations with the objective of outlining strategies to combat gender inequality in the region (Luciano, 2013). The establishment of this forum represents a significant regional initiative aimed at advancing the comprehensive development of women through the promotion of gender equality and inclusion. This platform for both domestic and international discourse serves as an invaluable conduit for the formulation and development of public policy recommendations that seek to transform the status, position, and condition of women in these societies, ultimately leading to the establishment of a gender-conscious agenda.

In 2013, the national representatives of each country, that is to say, the ministers of women, convened in Panama at the 42nd ordinary meeting and reached an agreement to approve the 'Regional Policy on Gender Equality and Equity of the Central American Integration System - PRIEG/SICA' (SICA, 2013). The PRIEG/SICA is structured around seven central axes, which are reinforced by specific objectives, including economic autonomy, education for equality, comprehensive disaster risk management and prevention, health in equality, security and life without violence, political participation and decision-making in all branches of government, and conditions for implementation and sustainability. In 2018, an update was made with the objective of ratifying the states' commitment to eliminating and eradicating discrimination based on gender and strengthening the institutionalization of these principles in the region (SICA, 2018).

National and regional strategies to promote women's health in CCA

Two official documents promulgated by SICA-affiliated bodies were identified that address the promotion of the health of the female population (Chart 3). Furthermore, six reports developed by PAHO were located that address the gender issue and its immediate repercussions on women's health status.

Chart 3. Regional documents addressing the promotion of women's health in CCA.

| Title, source, and enacting date | Scope |
|--|---|
| Preliminary report of the Central American Information System on Women in Health and Development - SIMUS (OPAS, 1989). | This represents the inaugural official commitment by the countries to the health of Central American women and the promotion of their comprehensive development. It urges the states to reinforce their health and legal frameworks in order to achieve the goals set by the group. It delineates the principal challenges confronting the region during the 20th century and proposes strategies for their initial resolution. |
| Gender, Health Reform and Legislation in Central America (OPAS, 1999). | This technical report (No. 66) presents the findings of a study on the nexus between gender, reform and health legislation in Central America. The study was conducted as part of the sectoral reform initiatives promoted by the Public Policy and Health and Women programs, both of which fall under the responsibility of PAHO/WHO. |
| Women's and men's health in Central America and the Dominican Republic, 2009 (OPAS, 2010). | The document primarily compiles statistical data pertaining to national socio-economic profiles, the socio-economic determinants of health, the principal diseases affecting each gender, and reproductive health. The document draws attention to the fact that women are confronted with more unfavorable living conditions and have less access to the formal labor market. While women generally have a longer life expectancy, they appear to suffer from a higher prevalence of chronic morbidity than men. The low level of education among women has a direct impact on their economic dependence on their partners, with a particularly pronounced effect in rural regions. The document urges states to propose more efficient and effective actions, while also acknowledging the necessity of accounting for the diversity and complexity of the gender approach in health programs and services. |
| Gender, Health and Development in the Americas. Basic Indicators 2009 (OPAS, 2010). | This document elucidates the social and health indicators pertinent to the field of information and underscores the necessity for continued collaborative efforts to enhance the aggregation of data that is disaggregated by sex, ethnicity, age, area of residence, and other pertinent variables. Furthermore, it emphasizes the importance of rigorous data analysis and the utilization of information. |
| Access to justice for women victims of sexual violence in Mesoamerica (UN, 2011). | It presents a hemispheric diagnosis of the principal obstacles that women in Central America encounter when attempting to access judicial remedies, guarantees and protections to redress acts of violence, including sexual violence. It additionally draws conclusions and recommendations for states to act with due diligence in order to offer an effective and timely judicial response to these incidents. |
| Regional Health Policy of the Central American Integration System (SICA, 2016). | It is the responsibility of states to ensure that all individuals, irrespective of their requirements or economic capacity, have access to public benefits. The guarantee of universality necessitates a continuous capacity for the identification of inequalities, which must be addressed not only through collaboration but also through a sense of solidarity. In this sense, it will be ensured that whenever concrete measures need to be implemented to achieve equality and fairness, they will be implemented taking into account the starting inequalities. This is exemplified by the affirmative actions proposed within the framework of gender equity and equality. The fifth principle pertains to social inclusion and gender equity in health. It determines that strategies, programs or interventions must address dynamics that guarantee the inclusion of the health of all people. |
| Central American and Dominican Republic Health Agenda 2019-2030 - ASCARD (SICA, 2018). | ASCARD's formulation incorporates the social determination of health approach and the regional intersectoral approach, with a gender-based, intercultural and social inclusion perspective. In this context, elements absent from the previous Agenda have been taken into account, including poverty conditions, cultural and gender conditioning factors, the health status of migrants, environmental factors, climate change and its effects on health, and other emerging issues. Additionally, it considers and addresses elements related to international cooperation. |
| Report of the Commission on Equity and Health Inequalities in the Americas (PAHO, 2019). | The document provides a summary of the implications of the Commission's findings and recommendations with regard to technical cooperation with member states. The aim is to prioritize actions that promote equity in access to healthcare in the region. |
| PAHO Gender Equality Policy: Progress Report (PAHO, 2020). | A review of the experiences of the Member States and the Bureau, in conjunction with the conclusions of the evaluation report conducted by the Bureau on the incorporation of gender issues in health in the Americas, demonstrates that the region has made noteworthy progress. Furthermore, the Bureau facilitated an Expert Dialogue in 2019, in collaboration with the WHO, on priorities and opportunities to promote gender equality in the health sector in the Americas. |

Note. Developed by the authors (2024).

In 1989, the preliminary version of the 'Feasibility Study for the Central American Information System on Women in Health and Development' was published. The report detailed the findings of technical visits to public and private institutions that provided care and assistance to women in all the Central American countries. The results of the feasibility study revealed the necessity to increase the public budget earmarked for these purposes, as the participating institutions identified limited access to public funds as the primary challenge to providing integrated health care (PAHO, 1989; 1991).

Years later, the countries once again coordinated the tasks, precisely by expressing that the:

Concern has been directed mainly at education and defense work, with the aim of highlighting the changes that need to be made in the specific field of information to improve the situation of discrimination that continues to affect women in Central America. Despite the progress made in this area, problems persist, especially with regard to the generation and transfer of knowledge. There are also serious deficiencies in systematizing experiences and evaluating the impact of the different actions related to women carried out in the region by governmental and non-governmental institutions and women's groups; likewise, the degree of communication between these bodies is far from satisfactory (PAHO, 1991, p. 11).

However, for these types of proposals to be successful and eventually result in a process of meaningful change, a number of enabling factors are required. Such a standard must be maintained at the regional level, with a view to interpreting national and local realities in a way that enables efficient territorial expansion. What is more, the necessary political will and resources must be in place to implement the standard (Karolinski et al., 2018).

A gender-sensitive analysis reveals a striking disparity in morbidity and mortality from external and violent causes. A recent study by Keijzer et al. (2023) has revealed that, in the Americas, men are more likely to die prematurely as a result of engaging in more violent behavior and exposure to riskier environments and conditions. This circumstance has also been used in Central American research to explain why women have a higher life expectancy than men (Huerta, 2015). Nevertheless, this age advantage does not necessarily indicate positive aspects for their health, women experience a more significant impact from widowhood, the chronicity of disabling pathologies in the medium and long term, and greater difficulties in professional integration, which have negative consequences during retirement (Vallejo, 2016).

It is therefore evident that a comprehensive approach to health promotion from a gender-based perspective must take into account the particularities that distinguish the exposures experienced by men and women throughout their lives, as well as the resulting impacts on the ways in which they fall ill and die (Chart 4). Moreover, it is only through intersectoral policies that men and women can be included in decision-making processes that respond to their needs based on their contextual diversities.

Chart 4. National health programs that incorporate gender-sensitive approaches, CCA.

| Country | Violence | Infectious diseases | Reproductive and Sexual health | HIV | Mental health | Machismo | Other |
|-------------|----------|---------------------|--------------------------------|-----|---------------|----------|-------|
| Belize | Yes | No | Yes | Yes | Yes | No | No |
| Costa Rica | Yes | Yes | Yes | Yes | Yes | Yes | No |
| Guatemala | Yes | Yes | Yes | Yes | Yes | Yes | No |
| Honduras | No | No | No | Yes | Yes | No | No |
| Nicaragua | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| El Salvador | Yes | Yes | Yes | Yes | Yes | No | No |
| Panama | Yes | Yes | Yes | Yes | Yes | Yes | No |

Note. Developed by the authors (2024).

In addition to the chronic reasons common in primary health care, Central American women exhibit a concerning trend of increased non-self-inflicted mortality, unwanted or forced pregnancies, and psychiatric disorders (Rodríguez et al., 2007; Pacheco-Sánchez, 2015; Chiarotti, 2016). These issues are exacerbated by the unequal distribution of women's education, which is a significant concern in countries such as Guatemala, Nicaragua, Honduras and El Salvador (Rivera, 2022). While women in Costa Rica and Panama have more equitable access to basic and higher education, the aforementioned concerns continue to impact their well-being (Gamba & Diz, 2021).

The issue of violence by an intimate partner is acknowledged as a significant concern for the health and well-being of women, and indeed the wider public, in all countries. This is particularly the case when the violence in question progresses to the point of femicide (Jove-Carcasto, 2017). The existence of national prevention and care plans indicates that macho behavior continues to exert a significant influence in most nations; it appears that social awareness of the types of oppression to which women are exposed has generated changes in contemporary societies, but not to the extent that is required to adequately address this shouting challenge.

As a common difficulty faced by these countries, the literature mentions the lack of well-structured flows to respond to women's social and health emergencies, which serves to exacerbate the gender vulnerability faced by women (Moreno & Guirola, 2007; Castro & Zepeda, 2007; Ramírez & García, 2007). The movements of victims of femicide, especially their families and friends, have prompted a more resolute stance on the part of Central American governments, which, over the past decade, have only begun to acknowledge this reality and to develop strategies for the prevention and judicial sanctioning of these situations (Soto-Venegas, 2013).

DISCUSSION

National agencies for the protection and advancement of women's rights and well-being play in these social movements. The involvement of these organizations has been instrumental in ensuring the inclusion of women in national and regional agendas. Without their presence and actions, it is unlikely that the discourse on gender inequality and its implications for achieving fairer and more egalitarian societies in Central America would have commenced. It is crucial to highlight that this scenario is not unique to Central America. Regrettably, it persists as a challenge across Latin America. At the regional scope, the Latin American and Caribbean Committee for the Defense of Women's Rights (CLADEM) represents a significant platform for Latin American and Caribbean states to enhance their understanding of the potential avenues for addressing the challenges posed by gender disparity at the regional level. CLADEM was established in 1987 in San José, Costa Rica, and subsequently constituted in 1989 in Lima, Peru, on the basis of Latin American community law. Its principal objective is to enhance the social and legal status and position of women in the region by strengthening and refining the extant frameworks. The organization's work is carried out through the articulation of women who recognize ethnic-racial, geographical, social, sexual, intergenerational and cultural particularities, with a progressive and inclusive feminist perspective (Chiarotti, 2006).

In examining CCA, it becomes evident that there are national observatories that have been developed and are fed with local statistics, primarily by feminist organizations that seek to hold states accountable for enforcing the rights granted to women. This is achieved by utilizing the law as a tool that can facilitate change. In the case of Costa Rica, the Gender Violence against Women and Access to Justice Observatory serves as a national example. Nicaragua has the Judicial Power Gender Observatory. Additionally, Honduras has the Women's Human Rights Observatory, while Panama has the Panamanian Observatory Against Gender Violence. Belize has the Belize Crime Observatory. Similarly, in El Salvador, the Gender Statistics Observatory is a noteworthy initiative. Finally, in Guatemala, the Women's Observatory is a significant platform for monitoring and addressing gender-based violence.

Another topic that is extensively addressed in the documents analyzed is the issue of the sexual and reproductive health of women. The campaign to reform local health networks has gained momentum in recent years, despite being stifled in recent decades by authoritarian and right-wing governments, which impeded numerous initiatives by women, healthcare professionals and other stakeholders seeking to establish more comprehensive platforms to address women's needs (Nicaragua, 2008; Muiser, Sáenz, & Bermúdez, 2011; Espinoza, 2016). The consequences of these silences have become so pervasive that health professionals have been observed to neglect mistreatment and adopt unethical behaviors and attitudes in institutional settings. This phenomenon has been documented by Rodríguez-Bolaños, Márquez-Serrano and Kageyama-Escobar (2005) and subsequently validated by Cortez and Prado (2011).

In this regard, the deficiencies in legal protection can be attributed to the lack of a comprehensive legal framework that explicitly addresses sexual and reproductive health, which has resulted in a range of violations, including psychological, physical, and institutional abuses (Estupinán & Venegas, 2021). In the case of Belize, the existing literature is largely limited to government-sponsored publications, which has the effect of limiting the scope for research into the views of local and/or international authors who are dedicated to investigating these issues. In the context of this research, no studies could be identified that addressed the sexual and reproductive health of Belizean women.

The issue of abortion and its legal development is also pertinent to the field of sexual and reproductive health. A similar situation can be observed in the CCA countries when an overview of Latin America and the Caribbean is taken (Ponce-Cusi, Ochoa-Rodríguez, & Pilco-Ferreto, 2022; Aristizabal & Díaz, 2023). All Central American nations have postponed discussions on the legal and medical spheres of abortion for many years. Currently, there is a lack of legal and health structures capable of addressing this public health issue in an effective manner. Furthermore, there is a need for a vision of human rights and bioethical judgement that can inform these structures (Mishtal & De Zordo, 2021).

There is a trend of continued adherence to the traditional view that abortion is only legally recognized in cases of rape and/or risk to the woman's life. This often necessitates the input of a medical opinion, which, paradoxically, is frequently provided by male medical practitioners (Remez et al., 2008). As an easy way-out, women resort to backstreet (clandestine) abortion, which is reflected in the rising rates of early female mortality in countries such as Guatemala (Kestler, Morales, & Gonzales, 2019), Nicaragua (Dides, Benavente, & Sáenz, 2010), Panama (Flores-Castro et al., 2015) and El Salvador (Peñas-Defago, 2018). Some authors view the criminalization of abortion as a form of feminicide by the states (Granelli, Gómez, & Ferrante, 2011) and as an additional cost not validated by Central American public health systems, given that it is not a fully guaranteed right in these territories (Tarragona & Monteverde, 2022). This line of thought leads to a more controversial discussion among women and activist organizations, particularly in countries such as Argentina, Chile and Uruguay, where abortion has been decriminalized. In these countries, public health systems do not exceed the budget earmarked for this purpose, as public opinion has assumed (Monteverde & Tarragona, 2020).

This study is not without methodological limitations. For instance, no instruments were identified that considered the specificities of women's experiences beyond the biological perspective. The invisibility of women, whether transgender or non-cisgender, is a consequence of the lack of legal instruments that promote their integrity, both at the societal level and at the level of Central American states. Furthermore, the documents published by national bodies have, for many decades, generalized the diversity rooted in the female gender, which concerns the many varieties of women who inhabit these countries, both in rural and urban areas, as well as in ethnic-racial and religious terms. Therein, the results of this study serve to highlight the complexity inherent in the interpretative lenses of the social marker of gender. This is because they encompass not only the socially expected behaviors of women, but also the stereotypes, ideas, customs and biological norms that are rooted in macho and capitalist societies.

The study's main strength is that it is the inaugural comparative analysis of gender equity and the health of Central American women, which permits an understanding of the extent of these collective health issues within the legal and social structures of these territories. Subsequent studies aimed at understanding the experiences of women from diverse backgrounds will facilitate a more comprehensive understanding of the development of these issues based on empirical analyses. From the perspective of public stewardship, it would be beneficial to evaluate the general population's comprehension of the instruments currently in place to advance gender equality. This would assist in enhancing and refining the existing legal framework.

FINAL REMARKS

The documentary and bibliographical review revealed that the gender issue has been a significant topic in the state debate in Central American countries, with varying rhythms and interests. Not all countries have comprehensive legislation in place to safeguard women's health. The countries with the most favorable indices and living conditions are also those that are most committed to reducing gender inequalities in order to achieve socially just societies. In this regard, Panama and Costa Rica merit particular attention as they have more robust legal protection structures in place. This is corroborated by national and regional statistics which describe more favorable living conditions for women. In the case of Guatemala, Nicaragua, Honduras and El Salvador, the social and health indicators are less encouraging. Indeed, it is precisely in these countries that unemployment, violence and gender inequalities in general are greatest. Furthermore, the quality and availability of health services and programs in these countries is also more limited. This scenario provides an explanation as to why, depending on their region of residence, some women find it more or less difficult to access the various aspects of human development.

As this is a documentary and bibliographical review, the results presented herein are limited to the arguments raised by the authors. This leaves aside other inclusive and dynamic methodologies, such as the participation of key informants, especially Central American women, and the perceptions of professionals working in the field of social protection and health care. In closing, the descriptive synthesis of official documents published by Central American countries and regional integration bodies facilitated a more detailed understanding of the ways in which gender has gained prominence and importance at national and regional levels. The study also examined, albeit partially, existing legislation aimed at protecting and promoting the health of Central American women.

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