Women's rights are central to improving respiratory health in childhood and must be urgently addressed

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The global burden of respiratory ill health is almost immeasurably vast. Hundreds of millions of people suffer, and millions die prematurely, from chronic illness of the respiratory system. This commentary argues that urgent action must be taken to improve rights for women, as this is central to any strategy to protect the respiratory health of children.

When we consider factors which impair the respiratory health of children, we must start with the developing lung. In pregnancy, emotional and physical well-being, lifestyle factors, and access to good quality healthcare are important for fetal lung development – and yet health inequalities are seen in all of these, in a large part as a result of social gradients and systemic healthcare failures. In the US, Black women are more than 3 times more likely to die of complications of pregnancy than White women[1]. Black women are also more likely to deliver preterm and small babies, partly as a result of chronic insults to their own reproductive health even before conception [2], and partly due to structural racism[3]. By the time babies are born, the respiratory health through the life course is already largely programmed, and other early years adverse exposures only increase the risk of this happening. Recent long-term follow up reports from birth cohort studies show that chronic obstructive pulmonary disease (COPD) is, in many people, a disease of childhood that manifests in later life[4]. Ensuring better maternal well-being would improve respiratory health of children, and it is here that human rights of women become important.

It is obvious that children and mothers come as a package, so all threats to the security of women must be considered threats to the well-being of children. Sadly, around the world, steps to protect the livelihoods and well-being of women and mothers are not being taken. Ensuring that mothers have stable jobs, with good wages and employment rights, would improve the health of their children. For mothers who choose not to work, ensuring that they have financial stability is also crucial. However, globally, we see patterns of discrimination against mothers in the workplace. In the economic recession caused by the COVID-19 pandemic, women have been most likely to lose their jobs or have reduced income, particularly if they are raising families [5]. In many countries women are prohibited

from holding some jobs. It is now well known that across the world, and across professions, that include the practice of medicine, women earn less than men for performing the same work. Security also takes the form of having a safe environment in which to live. For this reason, we must be seriously concerned about the differential impact of climate change on women [6]. In many countries around the world - including those especially susceptible to natural disasters - women do not have property rights. If they lose their homes, they and their children are in particular danger. Living in a safe environment also involves protection against domestic violence (itself associated with asthma [7]), and yet the recent discourse has been to blame Covid-19 lockdowns for rising rates of domestic violence without addressing chronic underfunding of protective services [8].

Those of us privileged to be involved in the healthcare of children with respiratory disorders do so to help our patients live their best life and fulfil their potential. We are holistic; we try to maximise their educational attainment and minimise the disruption of illness on their life. Girls in many parts of the world are viewed with less respect than boys, have less earning potential, and are afforded less opportunity. While sexual harassment of women continues in everyday situations, and too little is done to protect women from domestic violence and murder at the hands of men, we are only partly achieving our goals of helping our female patients live happy, healthy childhoods that promote happy and successful adult lives. We cannot empowerment of our patients without better rights and protections for women.

So, what can we, as a community of healthcare workers in respiratory paediatrics, do about this?

We must show solidarity with people trying to improve the rights of women. This includes advocating for women's safety, opportunities, and rights - whether this be through education, social media, in our own workplaces, or upstream policy and legislation that would benefit women. We must collaborate on research and other academic programmes around the rights of girls and women, and the impact this has on respiratory health. Furthermore, we must maintain high awareness of intersectionality in improving women's rights. This term describes the interconnected nature of categorizations such as race, gender and class that can contribute to discrimination and disadvantage.

Very much within our reach is what we can demonstrate with our behaviour, as an important medical speciality, that we take women's rights seriously. Platitude is not enough. It is easy to be outraged by high profile affront on women's dignities and safety, but we need to start preventing and managing microaggressions in the workplace more fervently. This must be in all parts of the system, from the clinic room to the board room. We must ensure that we promote inclusivity and equal rights for women within respiratory paediatrics, by pushing for more gender-balanced expert panels in conferences and promoting and support women in leadership roles in the clinical workspace, academia, and education.

It is incumbent on us to improve rights, safety, and opportunities for women – for the benefit of our patients, their families, and our colleagues. Women's and children's rights are inextricably linked, and efforts to improve the outcome of respiratory health across the world will not improve until women have a better deal.

Conflicting interests

Neither author has any financial, commercial, or academic interest to declare.

References

1. Infographic: Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016 | CDC. 2020 Nov 23 [accessed 2021 Mar 24]. https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html

2. Holzman C, Eyster J, Kleyn M, Messer LC, Kaufman JS, Laraia BA, O'Campo P, Burke JG, Culhane J, Elo IT. Maternal Weathering and Risk of Preterm Delivery. Am J Public Health 2009;99(10):1864–1871.

3. Scott KA, Britton L, McLemore MR. The Ethics of Perinatal Care for Black Women: Dismantling the Structural Racism in "Mother Blame" Narratives. The Journal of Perinatal & Neonatal Nursing 2019;33(2):108–115.

4. Bui DS, Lodge CJ, Burgess JA, Lowe AJ, Perret J, Bui MQ, Bowatte G, Gurrin L, Johns DP, Thompson BR, et al. Childhood predictors of lung function trajectories and future COPD risk: a prospective cohort study from the first to the sixth decade of life. The Lancet Respiratory Medicine 2018;6(7):535–544.

5. Reichelt M, Makovi K, Sargsyan A. The impact of COVID-19 on gender inequality in the labor market and gender-role attitudes. European Societies 2021;23(sup1):S228–S245.

6. Pearse R. Gender and climate change. WIREs Climate Change 2017;8(2):e451.

7. Subramanian S, Ackerson LK, Subramanyam MA, Wright RJ. Domestic violence is associated with adult and childhood asthma prevalence in India. International Journal of Epidemiology 2007;36(3):569–579.

8. Sinha I. Lockdowns don't kill women, abusive men do. BMJ 2020 Dec 15:m4795.