

# Gender- and diversity-sensitive medicine and research



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## Equal opportunities as a quality criterion for excellent research

Gender and diversity mainstreaming in applications for third-party funding and in research projects



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PREFACE

In order to provide appropriate, equitable healthcare for all population groups, taking sex, gender and further diversity aspects into account is essential as these influence health promotion as well as the prevention, development, diagnosis, and treatment of diseases. The Medical University of Innsbruck has comprehensively integrated sex-/gender- and diversity-sensitive medicine in all its curricula, and the same should be done when formulating research questions, designing studies, evaluating and analysing data and presenting results. The purpose of this guide is to add to the basic knowledge acquired during the course of study and to help integrate sex, gender and further diversity aspects, equal opportunity policies and gender and diversity mainstreaming into research proposals. It presents a method used by research funding agencies in the assessment of funding applications and shows how and in what form sex, gender and further diversity aspects can be incorporated into research proposals and scientific output.

In this way, the Medical University of Innsbruck contributes to the United Nations Sustainable Development Goals (SDGs) 3 “Good Health and Well-Being,” SDG 5 “Gender Equality,” and SDG 10 “Reduced Inequalities,” as well as to the implementation of the European Gender Equality Strategy on a European level.

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## 1. INTRODUCTION

The consistent integration of sex, gender and further diversity issues into medical and health research is fundamental to any form of medicine and healthcare that puts the individual at its centre and aims to provide medical solutions tailored to the individual's needs. Furthermore, such integration is required in order to remain competitive within the European research and funding landscape (World Health Organization, 2016; European Commission, 2020; European Institute for Gender Equality, 2022). Consideration of these aspects is increasingly finding its way into medical research and is also being stipulated by research funding agencies and national health organisations. These guidelines are designed to help researchers take sex, gender and further diversity aspects into account, from the initial research idea through to the publication of results. Both biological sex and sociocultural gender should be considered as influencing factors and variables in the research content. At personnel level, equal opportunities, and thus gender and diversity mainstreaming, must be given due consideration. Gender identity should not be classified as binary but rather interpreted in a broader sense: Even biological sex can be understood as a continuum between the poles of female and male (Legato, 2023).

It should also be noted that biological and sociocultural factors are inextricably linked in their significance for both health and disease (Glezermann, 2023). Sex, gender- and diversity-specific issues may not be equally relevant for all types of research, but they must still be given the same level of consideration in every research proposal. It should be noted in this context that knockout mice and cell cultures also have a sex/gender. Financial status, education, language skills, age and origin are important factors in health. At the end of the various research phases in medicine and health, there are always real patients. While biological sex is the focus of basic research, sociocultural gender is becoming increasingly important in clinical studies. In scenarios where its relevance is considered low, this must be demonstrated and explicitly stated. A lack of literature may also indicate that sex, gender and further diversity aspects have not yet been addressed in a given field. Consciously differentiating perspectives and adopting an intersectional research approach will produce insights that better reflect the diversity within the population and the complexity of factors that influence health. Changing perspectives and asking new or different kinds of questions will bring additional, new insights to light that are beneficial for women, men and gender-diverse people in their varying socio-cultural contexts.

Sex and gender are not the only diversity categories that have an impact on our health. In accordance with the Austrian Equal Treatment Principle, other such categories are age, cultural background/ethnicity, religious affiliation, sexual orientation, disability and physical impairments (Gleichbehandlungsgebot in Österreich [Equal Treatment Principle in Austria], 2025). In addition to these determinants, education and socioeconomic status, i.e. economic backgrounds, must also be taken into account, bearing in mind that these factors are often inextricably linked and interwoven. Intersectional approaches are needed to address this complexity (Verdonk et al., 2020). Not all of these categories have a detailed legal basis, and in some cases the number of real-world cases is insufficient for consideration in medical studies. Despite methodological hurdles, the right to equal opportunities for all patients, regardless of their differences and group affiliation, should remain the guiding principle of research and clinical work in medical and health science.

## 2. GENDER AND DIVERSITY MAINSTREAMING AS A REQUIREMENT FOR THIRD-PARTY FUNDING AND IN RESEARCH PROJECTS

### 2.1. Definition

“Gender mainstreaming was introduced as a strategy for increasing equality between men and women after the 1995 Beijing World Conference on Women convened by the United Nations, in the form of the Beijing Platform for Action” (Guerrina, 2020). In recent years, additional diversity categories were added to the initial concept. The goals of gender and diversity mainstreaming strategies, also within the European Union, are gender equality and equal opportunities for all people and population groups in society, among others. Gender and diversity mainstreaming requires a gender- and diversity-sensitive perspective to be incorporated into all measures and activities – in academic medicine, these include research, teaching and healthcare (European Commission, 2024). This means that the different starting points and needs of women, men, gender-diverse individuals and other population groups must be taken into account, and that all projects are reviewed for their gender- and diversity-specific impact.

Gender and diversity mainstreaming is implemented at the structural level of organisations (“fix the institution”), in human resources policy and development (“fix the numbers”) as well as with regard to content and tasks (“fix the content”) (Verdonk et al., 2018). Educational institutions and universities must consider these aspects in their student recruitment and admission policies and integrate them into their teaching content and didactics guidelines as well as their research activities. A separate guide on how to ensure integration into teaching practice is also available.

This process means reflecting on the differences and similarities that exist between individuals of all sexes/genders as well as other diversity categories in medical research, in the design of teaching content and in interactions with students, and implementing measures to promote equality where necessary. With regard to the healthcare system, the World Health Organisation has formulated the following premises on the influence of biological sex and sociocultural gender:

“Sex and gender interact in complex ways to affect health outcomes. Sex can affect disease risk, progression and outcomes through genetic [...], cellular and physiological, including hormonal, pathways. These pathways can produce differences in susceptibility to disease, progression of disease, treatment and health outcomes, and are likely to vary over the life-course. [...] Gender norms, socialization, roles, differentials in power relations and in access to and control over resources contribute to differences in vulnerabilities and susceptibilities to illness, how illness is experienced, health behaviours (including health-seeking), access to and uptake of health services, treatment responses and health outcomes.” (WHO, 2021)

### 2.2. Gender and diversity mainstreaming in research content

Improving health, competitiveness and innovation are the keywords in the European Union’s strategic policy documents on sex, gender and health. In addition to differentiating perspectives, i.e. including/considering all sexes/genders as target groups or study populations, it is important to ensure that the resources and skills of research teams are broadly based. Gender mainstreaming, i.e. equality and equal opportunities both within the research team and in the research topic itself, is enshrined in law in all European research programmes and must be demonstrated in research proposals. Gender equality indicators and comparisons with best practice examples are increasingly being used in the evaluation of research proposals (European Commission, 2020).

“A sex- and gender-informed perspective increases rigour, promotes discovery, and expands the relevance of biomedical research. In the current era of accountability to present data for males and females, thoughtful and deliberate methodology can improve study design and inference in sex and gender differences research. [...] However, given the historic lack of attention to sex differences, the absence of evidence for sex differences is not necessarily evidence of the absence of sex differences. Thoughtfully conceived and conducted sex and gender differences research is needed to drive scientific and therapeutic discovery for all sexes and genders.” (Rich-Edwards, 2018)

The gender and diversity perspective may not be at the forefront of a given research project, but as a cross-sectional issue, it must be taken into account throughout and explicitly presented in the research proposal. Innovative ideas and models are needed for the promotion and recruitment of women and the formation of mixed research teams, not only to safeguard the next generation of scientists, but also to remain competitive. Neglecting these aspects when submitting an application means reducing the chances of success in the project approval process.

### 3. DEFINITION OF GENDER- AND DIVERSITY-SENSITIVE MEDICINE AND GENDER MEDICINE

Gender medicine originally emerged from the women's health movement which, among other things, drew attention to the fact that "women are not just small men." Initially, the focus was on reproductive functions, then shifted to include sex and gender differences, particularly when it came to cardiovascular diseases. The first professorships in gender medicine soon followed. Gender medicine studies differences in the prevention, development, diagnosis and treatment of diseases and takes into account all sexes/genders (Regitz-Zagrosek, 2024; Ludwig, 2025). The gender health gap still exists – women live longer than men, but nine of those extra years are spent in poor health. Men, on the other hand, spend only six years and nine months in poor health. Gender medicine has also shown that women benefit from greater awareness of cardiovascular disease, while men have long been neglected when it comes to osteoporosis and depression. Gender- and diversity-sensitive medicine considers both biological sex and sociocultural gender. Biological sex includes chromosomes, sex hormones, gametes (egg/sperm) and internal and external sex organs. Sociocultural gender includes gender roles and identities, as well as lifestyle, nutrition, health behaviour, etc. (Mauvais-Jarvis et al., 2020).

The aim is to examine findings from medical and health research and determine their accuracy and effectiveness for people of all sex, gender and further diversity categories. The following chart (fig. 1) illustrates the influence of biological sex and sociocultural gender on health and disease.

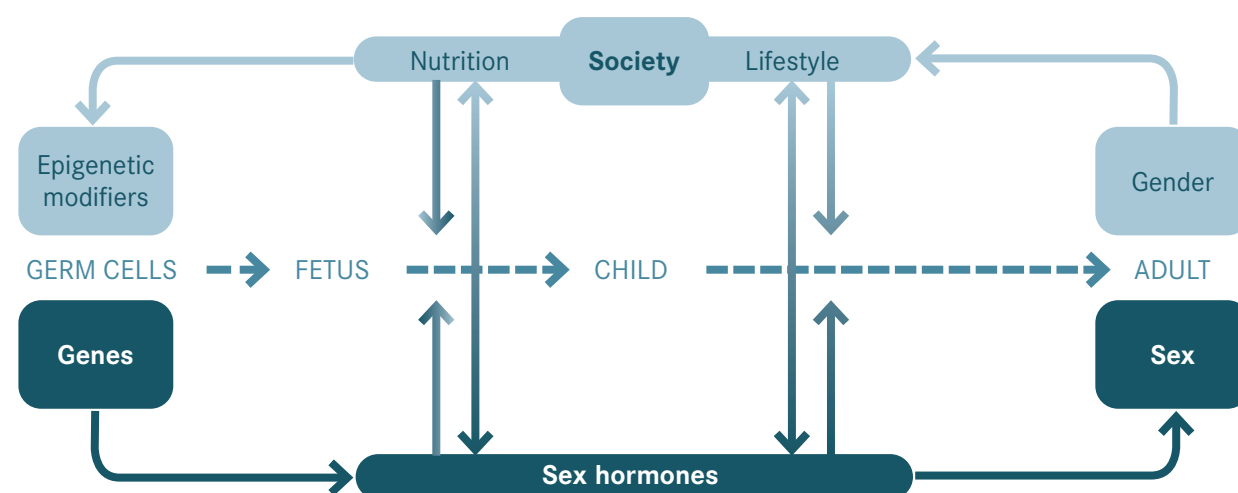


Fig. 1: Complex interdependency of sex and gender in the human (Regitz-Zagrosek, 2012. Courtesy of EMBO reports)

The use of the terms "sex" and "gender" in scientific literature is frequently inconsistent. Where US English is used, for instance, the term "sex-specific medicine" refers to both biological sex and sociocultural gender. The professional association for gender medicine in the US calls itself the Organisation for the Study of Sex Differences (OSSD), while its international equivalent is the International Society for Gender Medicine. In European countries, the term "gender medicine" is still frequently used, but there is also an increasing tendency to refer to "sex- and gender-sensitive medicine" or "sex/gender- and diversity-sensitive medicine". These terminological inconsistencies should be kept in mind when searching for literature on the subject.

The principles of gender mainstreaming are firmly anchored in the 1999 Treaty of Amsterdam. In medicine, sex/gender- and diversity-sensitive approaches contribute to their implementation. The term gender medicine is now increasingly being replaced by sex/gender- and diversity-sensitive medicine. The definition of diversity used here is taken from the general principle of equal treatment, which encompasses the following diversity categories:

- Age
- Sex/gender
- Cultural background/ethnicity
- Physical disabilities/impairments
- Sexual orientation
- Religion

In addition to these diversity categories, socio-economic status and education (functional illiteracy) are also taken into account (RKI, 2020).

Intersections, i.e. the simultaneous presence of several characteristics from different diversity core dimensions, are a frequent phenomenon (e.g. a young woman with a disability). This not only leads to multiple discrimination, but also to unique, complex experiences of discrimination due to the interactions between these characteristics. This phenomenon is referred to as intersectionality (Crenshaw, 1989; Eberherr, 2012).



4. GENDER AND DIVERSITY MAINSTREAMING IN PROJECT PROPOSALS

In project proposals, gender and diversity mainstreaming should be implemented at the following levels:



Fig. 2: European Commission (2009; 2024)

In addition to this toolkit, further in-depth guidelines are now also available, including:

- Heidari, S., Babor, T.F., De Castro P., Tort S & Curno M. (2016). Sex and Gender Equity in Research: rationale for theSAGER guidelines and recommended use. Research Integrity and Peer Review 1:2. DOI 10.1186/s41073-016-0007-6
- Miller, L.R., Marks, C., Becker, J.B., Hurn, P.D., Chen, W.J., Woodruff, T., McCarthy, M.M., Sohrabji, F., Schiebinger, L., Wetherington, C. L., Makris, S., Arnold, A.P., Einstein, G., Miller, V.M., Sandberg, K., Maier, S., Cornelison, T.L., Clayton, J.A. (2017) Considering sex as a biological variable in preclinical research. FASEB J 31(1):29-34. doi: 10.1096/fj.201600781R.
- National Institutes of Health, Office of Research of Women’s Health: <https://orwh.od.nih.gov/research/strategic-plan/>; accessed on 02 May 2025
- Nature: <https://www.nature.com/articles/s41467-022-30398-1>; accessed on 02 May 2025
- Science: <http://www.sciencemag.org/careers/2014/03/adding-sex-and-gender- dimensions-your-research>; accessed on 02 May 2025

In order to give adequate consideration to biological sex, sociocultural gender and other diversity categories in the research process, these must be integrated from the very start of the project, i.e. during the brainstorming phase and the formulation of the research question, all the way to its completion and the publication of the research results. The method of sex-/gender- and diversity-sensitive research presented below is the basic concept used at international and European level as well as by Austrian research funding organisations in order to assess the extent to which sex, gender and other diversity aspects are integrated and taken into account both in the research process and in the composition and organisation of teams and project management.

4.1. Sex, gender and further diversity aspects in the research process

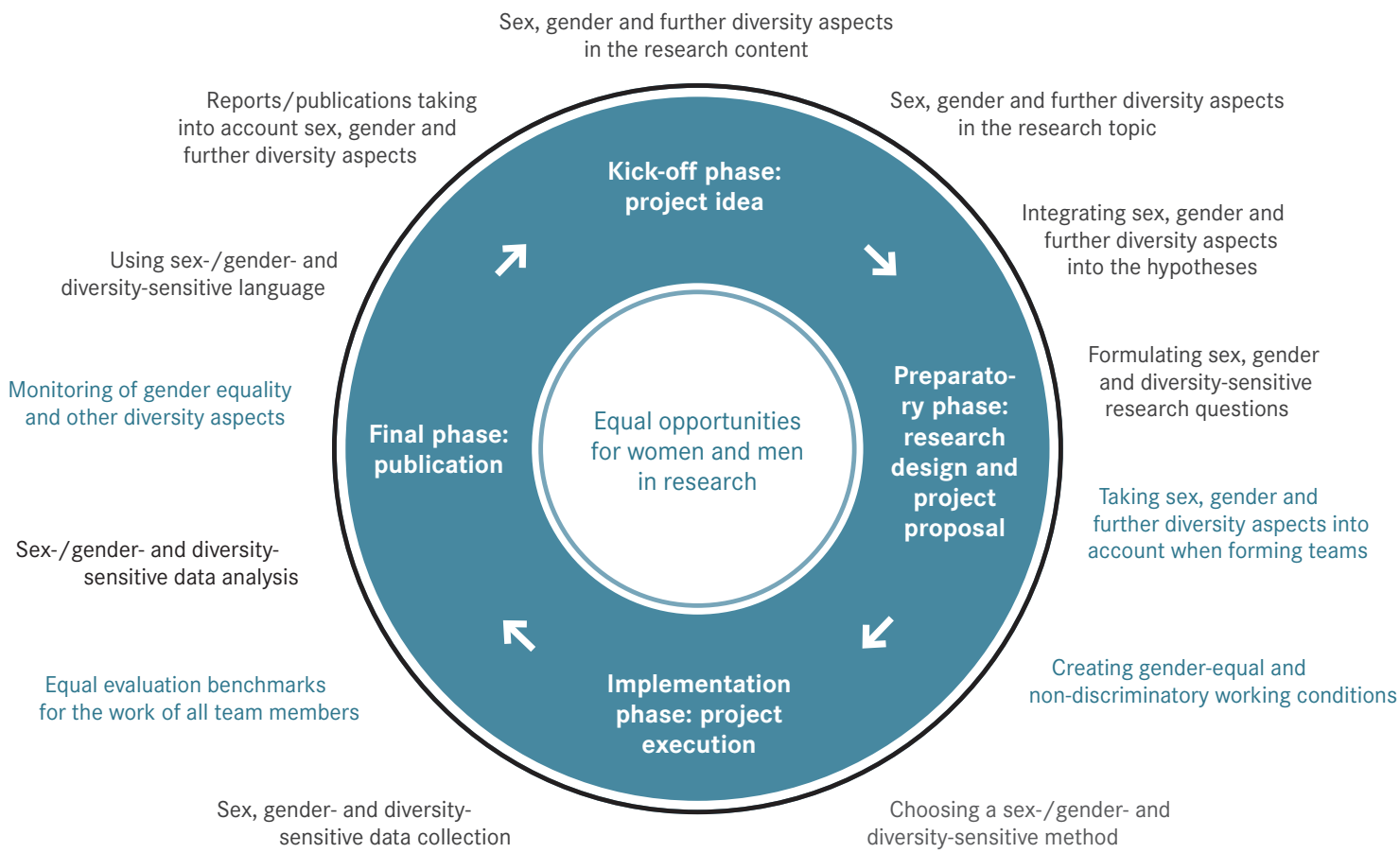


Fig. 3: Adapted and expanded based on European Commission (2009), Heidari (2016)

## 4.2. Sex, gender and further diversity aspects in the research content

### Research ideas and hypotheses

It is imperative to analyse the relevance of sex, gender and further diversity aspects in relation to the topic and to review the current state of research. Research hypotheses must then be formulated based on previous research and relevant publications. The number of scientific publications on sex and gender aspects in the individual disciplines has risen steadily in recent decades, and the results can serve as interesting starting points for new hypotheses and future research.

### Project design and research method

Although research methods are adapted and/or selected to suit the individual topic and research question, they all attempt to explain (certain aspects of) reality. If the research project involves humans, every scientific method must differentiate between the sexes/genders, and other diversity aspects such as age, socio-economic status, education or cultural background (biological and sociocultural level). In basic medical research, this distinction applies to male/female mice, rats or cell cultures, and thus to the consideration of biological sex.

### Conducting the research

Data collection tools (such as questionnaires or interview guidelines) must be designed in a sex-/gender- and diversity-sensitive manner, use gender-neutral and diversity-sensitive language<sup>1</sup>, and, among other things, make it possible to reflect the different realities of women, men and gender-diverse individuals. This helps to avoid sex/gender discrimination or discrimination based on other diversity categories, which often occurs unconsciously and implicitly. For example: Does the interviewer speak the language of the study participant? Will participating in the study incur additional travel, transportation or childcare costs, and does the project structure take these into account to ensure that no distortions arise among participants (Mecalf et al., 2024; Varma et al., 2024)?

<sup>1</sup> Gender- and diversity-sensitive language means making men, women and gender-diverse individuals visible in written text. Advice and suggestions on how to manage this may be found on the homepage of the Coordination Centre for Gender Equality, Affirmative Action for Women and Diversity:  
<https://www.i-med.ac.at/koostelle/gender-mainstreaming/geschlechter--und-diversitaetssensible-sprache.html>

### Data analysis

In most research projects involving humans, data is collected according to sex/gender. However, although this would be logical, it does not necessarily follow that data is also analysed according to sex/gender. At present, this is only partially the case or, as with drug testing, required a long and hard struggle. Sex/gender as a central variable in relation to other variables such as sex/gender and age, sex/gender and income, sex/gender and mobility, sex/gender and work, provides significant and important insights. Considering a sex/gender-balanced target group – in medicine, this group will ultimately always consist of patients – in basic research leads to better and more accurate results in the long term.

### Publication of results

Collecting and evaluating data that differentiates by sex, gender and other diversity aspects is not enough – the data must also be published. Sex/gender as a variable should be considered part of the publication mainstream, as an essential element of our daily reality – just like other studied variables. Separate analyses of sex/gender-related data and publication of sex/gender-related results in specialist journals and at conferences constitute a good option that should be taken into account when considering potential target groups for the publication and dissemination of results. Sex/gender-neutral and diversity-sensitive language should be used in written publications as well as in presentations, posters and other conference contributions.

## 4.3. Including women and men in research projects

Academic research of career paths in science has shown numerous differences and inequalities between women and men when it comes to personnel deployment and career opportunities (uni:data, 2025). Nowadays, discrimination is rarely open and direct – it is usually subtle, sometimes unconscious, but still with serious consequences for those affected. Among others, studies that investigate the experience of discrimination in the field of academic medicine in German-speaking countries reflect this (Schönefeld et al., 2021, Ludwig et al., 2024).

### Personnel selection and recruitment processes

Women and men are assessed and ranked differently in recruitment processes, with women facing more difficult starting conditions. To counteract this and to avoid discrimination and ensure equal opportunities, the following measures should be taken during the recruitment process:

- Transparent, impartial selection process: mixed-sex/gender selection committees, training on sex/gender-neutral selection procedures, equality and diversity; advertising vacancies on different platforms and various communication channels to reach as many qualified and interested candidates as possible, explicitly encouraging and inviting women to apply, allowing for atypical career paths.
- Clear, documented and transparent selection criteria: definition of relevant knowledge and competence standards, use of appropriate indicators that take into account the lifecycle productivity of men and women.

#### **Working conditions and organisational culture**

A good organisational and team culture is essential to ensure that scientists of all sexes/genders feel integrated into teams and are therefore motivated and committed to their work. The following factors contribute to corporate culture: pay, length and type of employment contracts, access to funding, training and resources, approach to mobility, meeting and decision-making culture, management style and measures to promote work-life balance, compatibility of family and career and health-promoting working conditions.

#### **Monitoring, management and key indicators**

In order to improve equality between women and men, it is necessary to address unequal treatment and discrimination – which is frequently unintentional and unconscious – and to investigate its causes. Measures to reduce unequal treatment may include active participation of women and men in the process, definition of key indicators, installation of a monitoring system, incorporation of feedback loops for quality assurance of gender and diversity mainstreaming, appointment and training of a person responsible for integrating and supporting gender and diversity perspectives in the project (research content and personnel).

## **5. CHECKLIST FOR A GENDER- AND DIVERSITY-SENSITIVE APPROACH TO RESEARCH**

### **Equal opportunities for women and men in research**

- Is there gender parity in the project's decision-making bodies and in the team, at all hierarchical levels and in management positions? Are other diversity aspects taken into account (e.g. age, cultural background)?
- Do working conditions permit all team members to balance work and family life in a satisfactory manner?
- Have a monitoring system and methods been put in place to ensure and evaluate measures for equality and equal opportunities, e.g. target values, statistics, special measures for personnel development and key figures, as required by research funding organisations?
- Is equal opportunity ensured for first and last authorship of publications (Elsevier, 2024)?

### **Gender and diversity aspects in the research content**

#### **Idea-finding phas**

- Are people directly affected by the research project or involved in the studies? Has the relevance of biological sex and sociocultural gender and other diversity aspects for the topic been analysed?
- If the question does not directly relate to humans (e.g. in basic research), it should be noted that biological sex differences are also a factor in animal experiments, cell cultures and biochemical investigations and must be taken into account accordingly. Are these differences reflected in the research question?
- Have the literature and other sources been examined for sex and gender differences and other diversity aspects related to the topic?



Research design and project application phase

- Does the chosen method ensure that (possible) sex and gender differences can be identified, that the data will be evaluated from a sex/gender perspective, that it will, wherever possible, take into account other diversity aspects throughout the research process, and that this evaluation will be included in the written thesis, final report or publication?
- Does the research concept explicitly state how sex- and gender-specific issues or other diversity aspects will be addressed (e.g. as part of the main study or as a separate section)?
- Based on the literature review, were different research findings and their potential implications for women, men, gender-diverse individuals and other diversity aspects taken into account in the research design?

Implementation phase

- Were all data collection instruments and tools such as questionnaires, surveys, interview guidelines, focus groups, etc. designed in such a way that possible sex and gender differences and other diversity aspects are made visible through the data?
- Is there a sex/gender balance among the groups that are the subject of your work (e.g. samples, test groups)? Are other diversity aspects taken into account?
- Is data evaluated from a sex and gender perspective and are other relevant variables analysed in relation to sex- and gender-specific differences? Are other diversity categories applied when it comes to data evaluation and analysis?

Publication and result dissemination phase

- Is the data collected as part of the work presented in a sex-/gender-sensitive and diversity-sensitive manner? Do statistics, figures, overviews and descriptions present the collected data according to sex/gender and other diversity aspects?
- Do the target groups for the publication of the work and the dissemination of its results include institutions, organisations, and professional journals that focus on sex, gender or diversity?
- Has consideration been given to the idea of publishing additional work with a focus on biological or sociocultural gender or other diversity aspects, based on the results of the research?

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## Links

### Medical University Innsbruck:

Gender Equality Plan (GEP): <https://www.i-med.ac.at/mitteilungsblatt/2024/33-.pdf>  
Guidelines and Fact Sheets: <https://www.i-med.ac.at/koostelle/gender-mainstreaming>

### External Institutions:

European Institute for Gender Equality. (2025). Gender mainstreaming glossary. Accessed on <https://eige.europa.eu/gender-mainstreaming/glossary>



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