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Editorial: Centering women, health, and health equity in health communication

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Editorial on the Research Topic

Centering women, health, and health equity in health communication

Historically, women have been significantly underrepresented as authors in academia. Between 2008 and 2012, just over 70% of the estimated 27.3 million researchers who authored the 5.5 million research articles indexed in the Web of Science database were men (Lundine et al., 2019). Furthermore, Swannell (2019) highlighted how health data is often collected from men and generalized to women. Taken together, this means that male-identified researchers tend to produce far more research on women's health than women do themselves and that research is often based on male experiences and male interpretations of women's experiences. These gendered patterns of labor and ongoing patriarchal attitudes systematically neglect women's voices, perspectives, and cultural contexts in the production of knowledge and communication around health. In health communication, Basnyat and Dutta (2012), de Souza (2023), and Dutta (2018) argued that Western-centric hegemonic patterns of knowledge production exclude and undervalue the perspectives, voices, and experiences of marginalized women.

The COVID-19 pandemic further accentuated and amplified gender gaps in research and practice. At the onset of the pandemic, all attention and research efforts were diverted toward COVID-19. Despite the influx of publications on COVID-19, only about 34% of women (i.e., only one-third of all published research) were either the first or last author [depending on the discipline these designate the lead author or principal investigator] of COVID-19-related research, according to the analysis published by Pinho-Gomes et al. (2020). A recent article also found that women authors experienced a decline in article submission rates, with Black women particularly impacted due to racism in academia, and mothers affected due to the unequal division of domestic labor (Staniscuaski et al., 2021). During the pandemic, women had to prioritize their increased domestic responsibilities over their professional roles, putting their careers and professional responsibilities on the back burner (Kantamneni, 2020). The imbalances faced by women during the pandemic may have a longer-term impact on career progression and representation and influence on knowledge production and dissemination.

As part of the inaugural "Women in Communication" collection, this Research Topic aimed to address gender gaps in health communication research by amplifying diverse global scholarship that centers on women and advances knowledge about women by

women in Health Communication. The articles in this Research Topic highlight, promote, and represent various aspects of women's health, from domestic workers' coping strategies to the feminization of poverty and shared generational trauma, from systemic barriers women face in different cultural contexts to women's resilience. We found several key themes that emerged across the articles.

Gender-based abuse and exploitation in times of crisis and upheaval

A recurring theme in the articles was the propensity for abuse and exploitation women experience during times of crisis and upheaval. For example, in their study of female migrant domestic workers in Hong Kong, [Choy et al.](#) highlighted systemic power imbalances that leave women vulnerable to verbal abuse and exploitation in the workplace. Migrant workers from capital-poor nations move to capital-rich nations in search of better employment opportunities but often experience abuse and exploitation in the host nation even as they gain financial stability. In another study, [Fatema et al.](#) found that during natural disasters, Bangladeshi women were frequently forced to choose between life-threatening risks and abuse in disaster shelters due to inadequate privacy, poor hygiene, and unsafe living conditions that increased their susceptibility to exploitation. Taken together, these studies emphasize the vulnerability of women to exploitation during times of displacement, whether they migrate for work or move into emergency shelters in times of crisis.

Health disparities and medical racism

Research articles on this subject highlighted women's negative experiences in healthcare, particularly with regard to medical racism and health literacy. For example, the critical duoethnography by [Winfield et al.](#) showcased the lives and lived experiences of Black women in the South of the United States through the lens of family storytelling. Grounded in the theoretical framework of "loud healing," the authors invite us to journey alongside two Black daughters as they engage in conversations with their mothers about health and healing; this work addresses important themes of intergenerational trauma, the silencing of Black women, the role of faith, and the process of entrusting one's body in the pursuit of healing. The study by [George et al.](#) examined maternal health content on Instagram, highlighting significant missed opportunities to adequately represent Black women's health and health concerns, reinforcing concerns around health literacy and health disparities. Collectively, these studies illustrate the urgent need for more equitable healthcare practices and advocacy for Black women's health. In the distinct geographical context of Iran, [Sadeghian et al.](#) found that women with breast cancer undergoing chemotherapy frequently faced insufficient access to adequate health information and health literacy, which could have deleterious impacts on their ability to navigate complex health information and make informed decisions. Collectively, these articles highlight the disproportionate burden of structural

inequalities that women face in the healthcare context and its impact on their health and healing.

Care work and the feminization of labor

The invisible and gendered nature of care work emerged throughout this Research Topic, whether viewed through the lens of hunger and food insecurity or the challenges of breastfeeding in the workplace. The articles highlighted how care work—often unpaid and unrecognized—adds to the burdens that women carry in different cultural and socioeconomic contexts. In [de Souza's](#) qualitative study of US women experiencing hunger and food insecurity, three key themes were identified: toxic stress related to food work, welfare stigma intertwined with racism, and the hidden burdens of care work and communicative labor. Drawing on Allen's concept of "motherwork" ([Collins, 2007](#)), [de Souza](#) argued that for women and mothers, food insecurity is a distinctly gendered experience tied to the communicative labor essential to the survival of their children. In the Ecuadorian context, [Mendoza-Gordillo et al.'s](#) study of breastfeeding among healthcare professionals explored the tensions women face as they balance breastfeeding with professional responsibilities. Negotiating space and time to breastfeed at work underscored their broader struggle to integrate maternal roles with professional demands. This health communication scholarship revealed how women, particularly in their roles as mothers and caregivers, are disproportionately burdened with the responsibility of food provision (including breastfeeding), which heightens stress and undermines their overall wellbeing. Gender plays a significant role in shaping the distribution of caregiving labor, a burden that is further intensified by systemic inequities.

Coping and support

Various articles in this Research Topic highlighted the unique (and often circumscribed) coping mechanisms that women adopt in the face of adversity, especially in response to structural power imbalances. Emotion-based coping, reliance on community, and religious or cultural networks are significant themes in these articles. For example, migrant domestic workers often rely on emotion-based coping rather than confronting problems directly, seeking emotional support from religion and fellow migrant workers ([Choy et al.](#)). Mothers experiencing hunger coped by turning inwards and relying on internal sources of power and strength because the experience of hunger was alienating and isolating ([de Souza](#)). [Winfield et al.'s](#) critical intergenerational double duoethnography revealed how society and the medical system led to quiet coping while dealing with painful medical conditions and the importance of the mothers' support for their daughters during this time.

[Anderson and Davis's](#) autoethnography of mask-making during the pandemic demonstrates more collective forms of caring and coping during crisis; this study examined how two female-identifying scholars—one Black and one white—engaged in

craftivism as a response to the COVID-19 crisis. They reflected on the privilege of being able to quarantine alongside the systemic racial disparities that shaped their distinct experiences in mask-making. Using a collaborative autoethnographic approach, they explore how race and economic privilege influenced their abilities and limitations as crafters. Through their reflections, they expose systemic biases within craftivist communities and advocate for a reorientation toward anti-racist practices and processes.

Taken together, the articles in this Research Topic reveal how marginalized women in Global North and South contexts navigate and resist structural inequalities, whether in healthcare, labor, or crisis situations. Women find agency through emotional and creative resistance, even as they continue to grapple with systemic barriers that perpetuate their marginalization. Moreover, the findings emphasize the importance of intersectionality in understanding women's experiences, illustrating how factors such as race, class, and culture intersect to shape their realities. By bringing attention to these diverse voices and experiences of women by women, the articles not only contribute to a richer understanding of women's health communication but also advocate for policies and practices that can address systemic inequalities.

Implications for health communication

This body of work challenges conventional public health and health communication frameworks.

Academic publishing reflects entrenched gender inequalities. Women publish fewer articles, particularly in high-impact journals, are less likely to be called upon as peer reviewers, hold fewer editorial board positions, and get the less prestigious role of the middle author more often than male researchers, as the gatekeeping of knowledge production and dissemination continues to be male-dominated (Lundine et al., 2019). Men are not simply overrepresented in research but also in practice, where they are often found in positions of professional authority (e.g., doctors, scientists, journalists, marketers) communicating to and about women. Despite these disparities, women academics are often described as “less productive”—rather than considering the systemic gendered structures within and across academia (Lundine et al., 2019). Women of color experience additional erasures at the intersections of race, class, and culture (among others), where data and perspectives gathered from white/western women are extrapolated and generalized to all women.

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This Research Topic also addresses dominant modes of “doing” research by allowing women to speak on their own terms, an important case in point, offering pathways for novel, collectivistic, and non-extractive modes of research. This Research Topic decenters whiteness, patriarchy, and the hegemonic construction of health and healing by highlighting women's interpretations, meanings, and constructions of health and healing while foregrounding their deeply embodied subjectivities and agency. Collectively, these articles reveal how health is situated within a broader context of patriarchal power dynamics, cultural values, and lived experiences, and the importance of centering women's voices, needs, and interpretations. Ultimately, this Research Topic serves as a call to action for researchers, policymakers, and practitioners to recognize and amplify the voices of marginalized women, to ensure that their voices and perspectives inform health communication, and to promote more inclusive and equitable approaches to health communication.

Author contributions

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