

[6]. It is troublesome to assume the victims' mental state is sound or that their decisions are fully rational and calculated. Therefore, it is hard for us to defend self-immolation suicide attempts as ethically justified. Instead, we argue that if the women were in a different environmental context and a different mental state – achievable goals – the women would choose to live rather than to die. We support efforts to improve the lives of Iranian women at high risk of suicide so that self-immolation rates decrease.

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Letter to the Editor

Social determinants of health: Gender inequity or inequality and W.H.O. recommendations



Dear Editor,

We greatly enjoyed reading Wallace and Duke's response (2016) entitled: "Acid and burns violence against women: The role of the courts" [1]. They cited our previous paper regarding the recent acid attacks in Iran [2]. Hence, we would like to add some points to their valuable paper.

First of all, they noted acid attacks as serious examples of gender inequality which require interventions to prevent future occurrences. In our opinion, it is important to highlight that there is a difference between gender inequity, which we wrote about, and gender inequality. Indeed, equity means social justice or fairness and it is an ethical perspective which relates to human rights [3]. Accordingly, considering the Ottawa Charter, health promotion should focus on achieving equity in health, so as to decrease differences in health status and provide equal opportunities and resources to strengthen all people to gain their fullest health potential [4]. Hence, inequity has a moral concept and refers to disparities which are not necessary and unavoidable [5]. In other words, inequity is not the same as inequalities as the latter may be unavoidable because of genetic differences or social and economic conditions or be a result of personal lifestyles [6]. Therefore, we believe that there are biological gender inequalities between women and men because such differences are unavoidable.

Based on the Women and Gender Equity Knowledge Network of the Commission on Social Determinants of Health, gender inequity affects the health of millions of girls and women [7]. It causes health problems through disparities in feeding patterns, violence against women as well as lack of opportunities, resources and decision-making power [8].

Furthermore, Wallace and Duke introduced law and litigation as mechanisms which could protect the human rights of victims and prevent probable future cases. Although we appreciate their prominent idea, some other solutions should not be ignored.

The World Health Organization has suggested several additional interventions by which governments, international organizations, donors and civil societies can improve gender equity other than legislation. First, it has been suggested that governments and international institutions can establish gender equity units within their central administration to strengthen assessments of planned actions and to ensure that women and men take advantage equitably. Second, governments can strengthen their inclusion of national informal work by accounting the economic contribution of housework, care work, and voluntary work. Third, finance policies can eliminate disparities in education and skills and promote economic participation by women. Lastly, investment in healthy sexual and reproductive services should be increased [8,9].

Authors' contribution

Prof. Payman Salamati designed the idea, revised the paper critically and approved the version to be published. Dr. Zohrehsadat Naji designed the idea, drafted the paper and approved the version to be published.

Conflict of interest

These authors do not have any conflict of interest to declare.

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Ethical approval

The paper has been prepared in accordance with the rules of the ethical review board of Tehran University of Medical Sciences.

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Letter to the Editor

Gender is inevitable: Gender-based violence is avoidable



With great interest we have read the article by Salamati and Naji, "Social determinants of health: Gender inequity or inequality and WHO recommendations" [1]. We are grateful for another opportunity to discuss the issue of gender inequality in relation to acid and burns violence against women and the role of the courts.

Salamati and Naji [1] propose that there is a substantive difference between the terms gender 'equity' and gender 'equality' in relation to acid attacks against women. While we agree that there is not always consensus on the meaning of the terms 'inequality' and 'inequity', they are closely related expressions. We consider that our use of the term 'inequality' in our recent letter [2] fits with a widely accepted interpretation. Differences exist between all human beings, but inequality exists when disadvantaged social groups systematically experience worse outcomes [3]. For example, gender inequality exists when women persistently experience social disadvantage or discrimination. Gender inequality is cited as a key determinant or factor that underpins violence against women, including acid and burns violence [4-7].

The term 'equity' is often interpreted as the process of being fair. According to Braveman [3], "pursuing equity means pursuing the elimination of inequalities". Hence the two terms, inequality and inequity, are closely related and both focus on the subset of differences between human beings that are "avoidable, unfair, and unjust" [8]. Salamati and Naji [1] argue that differences in outcomes arising from genetic (sic), and social and economic conditions are unavoidable. By contrast, we consider that these differences in outcomes are avoidable, and hence reflect inequality. While there are important biological differences between men and women, these differences should not lead to disadvantage - gender inequality is avoidable.

As described in Wallace and Duke [2], the promotion of gender equality in society is essential to address the structural and root causes of violence against women - in the hope that this will change harmful social norms. All sectors of society need to be involved. We agree with Salamati and Naji [1] that in addition to legislation other solutions or interventions need to be implemented. In both our recent