Gender Matters in Public Health Research

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Purpose of this presentation

- To understand why gender is important for public health work
- To demonstrate that gender makes a difference when conducting research
- To examine strategies to include gender in public health research
Contemporary Public Health Environment

- Health no longer equated with the absence of disease

- Social factors influence health behaviours and trigger positive and negative health outcomes

- Focus must also lie on all factors that lead to the acquisition and maintenance of optimal health status

- Gender is an important social factor to consider in public health work
International Context

- International attention to gender over past 20+ years
- Mexico City, Copenhagen, Nairobi, Beijing
- MDGs
Context in WHO

Health for All

*All* are not the same, nor possess the same rights and opportunities
WHO Gender Policy

To contribute to better health for women and men through the promotion of gender equity in health

“…WHO will, as a matter of policy and good public health practice, integrate gender considerations in all facets of its work”

“…integration of gender considerations, that is gender mainstreaming, must become standard practice in all policies and programmes”
WHO Gender Policy

“...all programmes will be expected to collect data disaggregated by sex, review and reflect on the gender aspects of their respective areas of work, and initiate work to develop content-specific materials”
Key Concepts

Gender-based analysis: Blindness

From Awareness to Action: GBA in health research
## What is sex? What is gender?

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Sex or Gender?

- **Gender** refers to what a society believes about the appropriate roles, duties, rights, responsibilities, accepted behaviours, opportunities and status of women and men in relation to one another --in other words, to what is considered “masculine” and “feminine” in a given time and place.

  Subject to change and evolution as society evolves

- **Sex** refers to the biological and physiological characteristics of males and females: genitalia, reproductive organs, chromosomal complement, hormonal environment.

  Relatively fixed
Gender is...

- Relational – relationships between women and men
- Hierarchical – deals with power
- Historical – factors change over time & space
- Contextually specific – variations due to ethnicity, age, SES
- Institutionally structured – upheld by social systems, values, legislation
Gender equality means more than numbers

- Gender equality means…
  - Equal opportunities for women and men to access and control social goods and resources.

- It does not mean…
  - Same treatment for different groups at all times
  - Equal numbers of women and men
Equality is not the same as equity

- Gender *equity* means fairness of treatment for women and men, according to their respective needs.

- In international health and development, a *gender equity* goal often requires built-in measures to compensate for the historical and social disadvantages of women.
Women's Empowerment

- Developing a sense of self-worth, a belief in one’s ability to secure desired changes and the right to control one’s own life.

- Gaining the ability to generate choices and exercise bargaining power.

- Developing the ability to organize and influence the direction of social change.

(Source: UNIFEM)
Why does work on gender focus on women?

- Gender inequalities yield a disproportionate burden on women.

- But! Social norms can also negatively impact upon men's health.

- Conclusion? Gender is an important determinant of health for BOTH women and men.
Sex & Gender are different concepts and variables.

Gender based analysis: Blindness

From Awareness to Action: GBA in health research
Gender Analysis in Health

What is a gender analysis?

Examination of interactions between biological factors and social environments that lead to situations of relative disadvantage for one of the two sexes.
Gender Analysis in Health

Why is a gender analysis in health useful?

– exposure to risk and protective factors
– access to and use of resources (information, education, technology and services)
– health outcomes (prevalence, incidence, case fatality, social and economic consequences of ill health/disease)
– the response of health systems and services
– the roles of formal/informal health care providers (male or female)
– the right to protect oneself and have control over health
Blindness

Source:
Approximate No of blind people -- developed countries, China, India, and Africa (millions)
Approximate No of blind people -- developed countries, China, India, and Africa -- by sex (millions)
Higher prevalence of blindness among women: Why?

- Greater life spans of women → greater burden of degenerative blindness. But more women are blind at all ages. Must be another explanation.

Higher prevalence of blindness among women: Why?

- Women suffer from more trachoma than men, due to their gender-specific childcare activities -- but, again, the difference is too small to account for the overall difference in prevalence.

- Most likely explanation? Differential use of eye-care services due to differences in gender roles and behaviours.
Change in blindness prevalence (%) with improvements in eye care
Guangdong, China

- Men: 0.57 (1958) vs. 0.53 (1987)
- Women: 0.71 (1958) vs. 0.19 (1987)
So . . . .

One of the quickest ways to reduce overall levels of blindness, and thus move toward Vision 2020 goals, may be to **increase women’s access to and utilization of eye-care services** -- through projects that address the **gender realities of the intervention area**.
From Awareness to Action
Gender Analysis of a Health Problem

Differences between women and men on:

✓ Risk factors
✓ Access to, and use of, services
✓ Prevention and treatment options
✓ Health outcomes
✓ Consequences
Gender Analysis of a Health Problem: Using a matrix

- Men and women may suffer at different rates, in different ways, and with different outcomes from a particular disease condition due to:
  - Biological differences between male and female bodies
  - Gender norms, values, roles, and activities
  - Differential access to and control over resources
Gender Analysis of a Health Problem: Using a matrix

• Biological differences:
  ➢ Sex organs, hormonal environment, response to pathogens, response to medicines, women subject to pregnancy/men not – etc.
Gender Analysis of a Health Problem: Using a matrix

• Gender norms, values, roles, and activities:
  ➢ The beliefs of a given society at a given time about what behaviours are appropriate for men and women, and what men and women “should be like”
  ➢ Examples: “Men should work on cars”; “Women should clean house”; “Men should be tough”; “Women should be quiet and deferential”; “Men should handle money”; “Women should not leave the house alone”.
Gender Analysis of a Health Problem: Using a matrix

- Access to and control over resources:
  - Resources: time, money, land, information, education, social power, political power, access to decision-makers, self-esteem, confidence – etc.
  - Access: Having a resource ready at hand.
  - Control: The ability to make binding decisions about resources.
Gender Bias in the Research Process

- Treating sex like any other variable
- Assumptions about gender neutrality
- Treating sex and gender as the same thing
- Failing to disaggregate data based on sex
- Failing to analyze and report sex-disaggregated data
- Relegation of qualitative data to a supplementary role.
Gender in the Research Process

Ask the right questions!

- Formulate research questions
- Literature review
- Research design
- Research methods and data gathering
- Data analysis and interpretation
- Language of research reporting and research proposals
- Visual representations
Sex & Gender are distinct concepts and Variables.

Gender bias leads to unequal health outcomes for women and men.

Gender matters when conducting public health research!
Conclusions
Gender analysis adds value to public health work

- Describe and identify **distinct health needs** of women and men
- **Teach us** about factors that give rise to and sustain disease and disability – **factors that we might not otherwise notice**;
- **Help us** to **better address disease and disability**;
- Inform policies, programmes and responses that take account of differences between women and men, boys and girls.
- Contribute to **good public health policy-making** through evidence that reflects actual populations.
Good public health research includes gender!
Contact us

http://www.who.int/gender/