

Training Course in Reproductive Health / Sexual Health Research
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Gender and sexual and reproductive health

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Overview of the Session

- Clarify definitions and concepts
- Examine gender-related data
- Examine what "engendering research" implies
- Summary



Concepts for gender analysis

- **Sex:**
 - refers to the biological and physiological characteristics of male and female animals: genitalia, reproductive organs, chromosomal complement, hormonal environment etc.
- **Gender:**
 - refers to the socially constructed roles, rights, responsibilities, possibilities and limitations that, in a given society, are assigned to men and women.



Common elements in gender-based differences

- Men and women perform **different tasks and activities**, occupy different physical spaces, different social networks
- Men and women, boys and girls, are expected to **behave differently**. Appropriate dress, games, interests, skills and competencies, social mobility etc.
- Wide differences in **access to resources** and **decision-making power**



Common elements in gender-based differences

- Gender roles **reinforced by social institutions** – family, school, religious institutions, workplace etc.
- Gender-based inequality often **written in laws and policies** e.g. marriage and divorce, inheritance, guardianship of children.



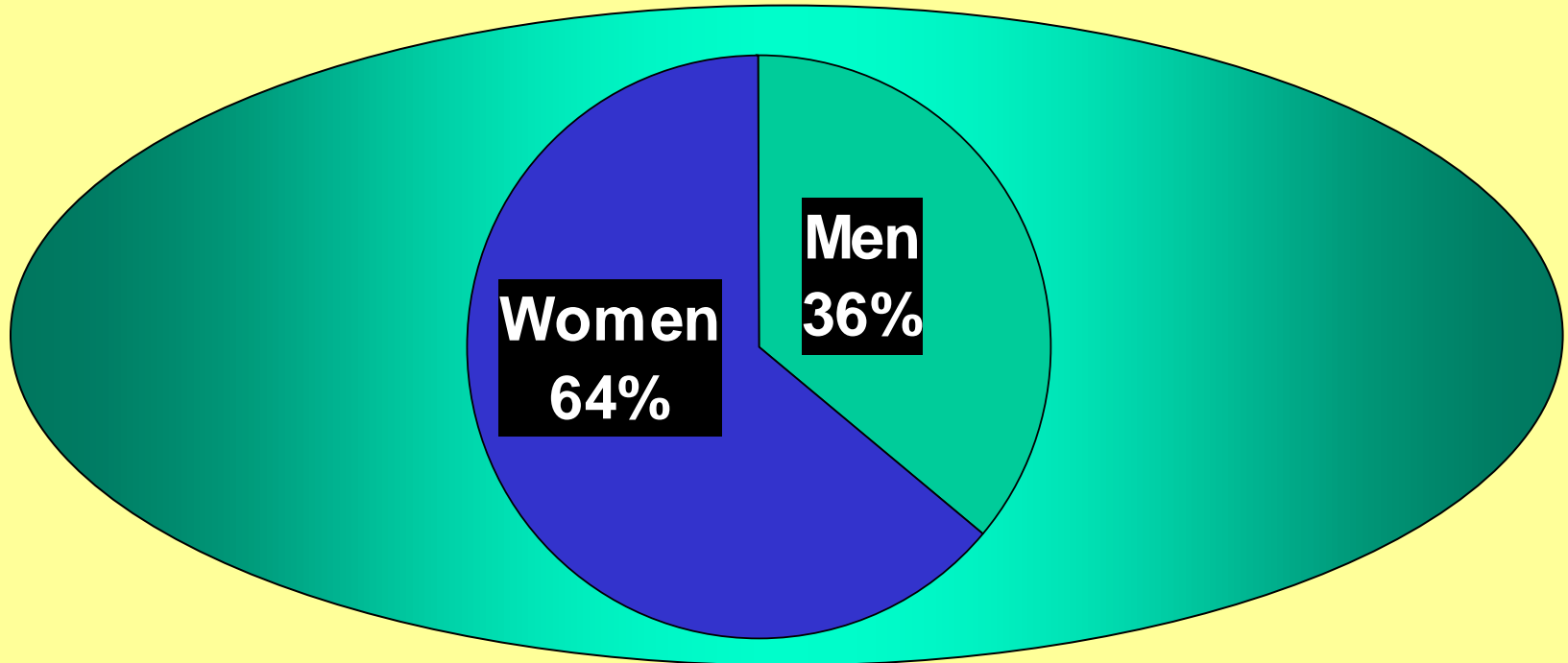
Impact of gender differences on health: Blindness

Source:

Abou-Gareeb, I., et al. Gender and blindness: a meta-analysis of population-based prevalence surveys.
Ophthalmic Epidemiology 2001;8(1):39-56.



Burden of Blindness in Men and Women



Source: Abou-Gareeb, Lewallen, Bassett and Coutright. Gender and blindness: a meta-analysis of population based prevalence surveys. *Ophthalmic Epidemiology* 2001; 8:39-56



Higher prevalence of blindness among women: why?

- Longer life spans of women?
- Differential mortality among blind men/women?
- Between 53% and 72% of those with cataract in Asia and Africa are women
- About 75% of adults with trichomatous trichiasis (advanced stage of trachoma) are female



Higher prevalence of blindness among women: why?

- Women with cataract are much less likely to have surgery than men with cataract.
- An estimated 12.5% reduction in cataract blindness if women received surgery at the same rate as men.
- Gender-based elements:
 - cost
 - inability to travel
 - differences in the perceived value of surgery
 - lack of access to information and resources
 - fear of poor outcome



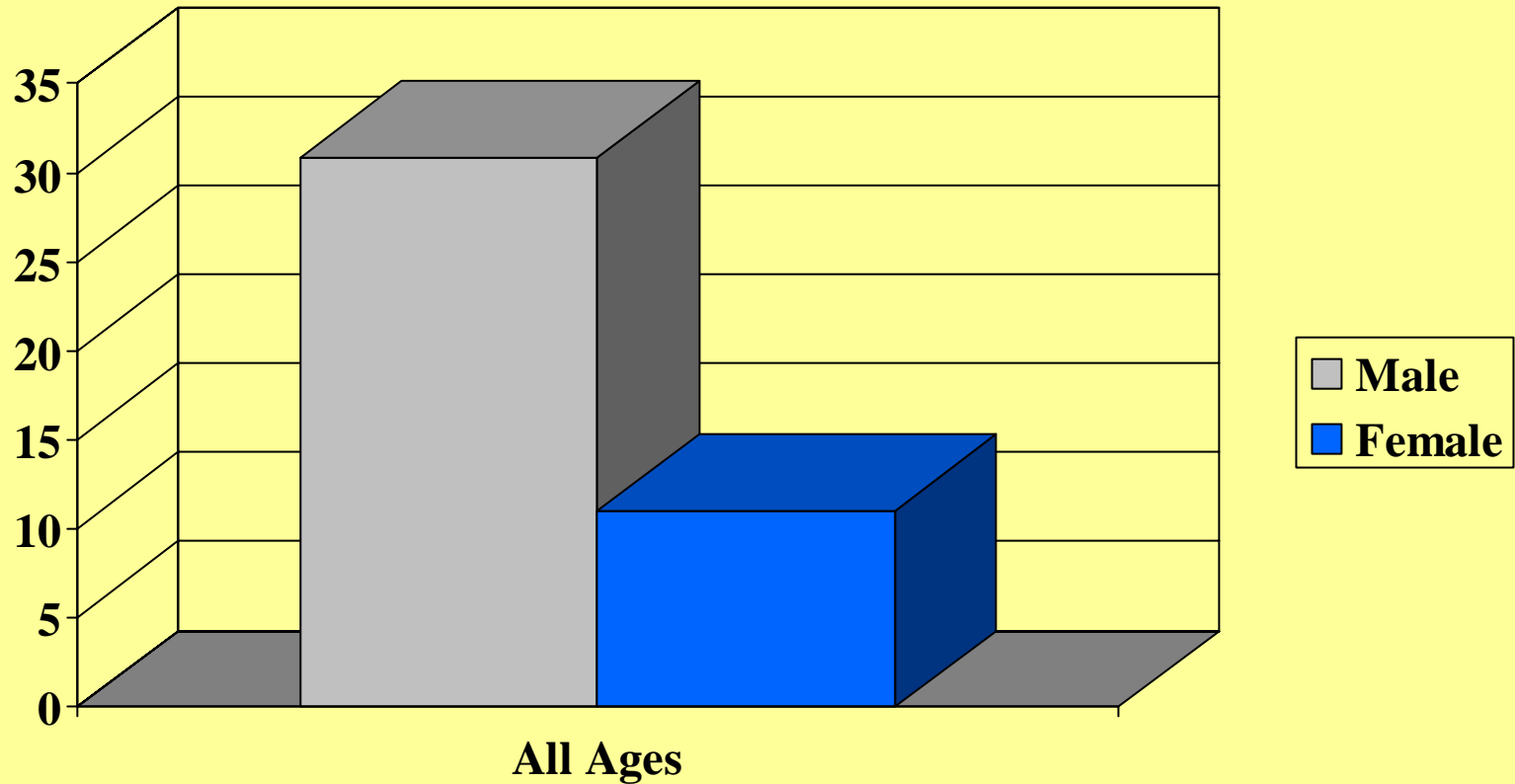
Impact of gender differences on health: road traffic accidents

Source:

Gender and road traffic injuries. January 2002 (Fact sheet). World Health Organization, Department of Gender, Women and Health



Worldwide mortality rate per 100,000 population from road traffic accidents. 2000.



Differential mortality for men from road traffic accidents. Why?

- **Exposure:** More men employed as drivers; machines assumed to be “male” domain; restrictions on women’s movements/greater mobility of men.
- **Risk-taking:** Risk taking and associated aggression valued as positive masculine traits, particularly among young men.
- **Alcohol:** Alcohol abuse much more widespread among men, due to tolerance by society (gender) and/or biological predisposition (sex). Men more likely to drive and walk in public when drunk.



Impact of gender differences on health: HIV/AIDS

Sources:

1. Gender and HIV/AIDS (Fact Sheet). World Health Organization, Department of Gender, Women and Health August 2003.
2. Messersmith Lisa J. Gender and HIV/AIDS. Kennedy School of Government, Harvard University. November 2005. Unpublished paper.



Sex and gender differences in sexual transmission of HIV/AIDS

- **Biological (sex)**

- Women are more than twice as likely as men to be infected in a single act of vaginal intercourse.
- An untreated STI increases risk of transmission 10 times; STIs more often asymptomatic in women

- **Socio-cultural (gender roles)**

- Masculinity associated with early sexual activity, many sexual partners and experiences, virility and pleasure
- Femininity associated with passivity, virginity, chastity and fidelity.



Sex and gender differences in sexual transmission of HIV/AIDS

- Violence against women puts them at greater risk of HIV infection due to biological, psychological, economic and cultural factors.
- HIV-positive women have experienced more sexual coercion than HIV-negative women
- Long-term effects of sexual violence include increased sexual risk taking (greater numbers of sexual partners, casual partners, transactional sex and lower condom use.)
- Violence or fear of violence keep women from disclosing their HIV status, from seeking VCT and obtaining HIV/AIDS care and treatment.



Sex and gender differences in sexual transmission of HIV/AIDS

- Men more likely to experience pressure to be sexually active before and outside of marriage
- Men more likely to be injecting drug users than women
- Men who have sex with other men are highly vulnerable to HIV infection
- Men less likely than women to have access to sexual and reproductive health services (less likely to receive appropriate information)
- Men victims of sexual violence less likely to report it and receive appropriate care.



Economic vulnerability and economic impact

- Women tend to be poorer than men and more dependent financially (lack of access to and control over resources); likely to earn lower wages
- Lower incomes and less education associated with lower condom use; higher likelihood of sex work
- AIDS has a greater economic impact on women and girls than on men and boys - women more likely to be home care givers; more HIV+ women divorced by their spouse than HIV+ men.



Key points

- Gender inequalities yield a disproportionate burden on women
- Social norms can also have a negative impact upon men's sexual and reproductive health
- Gender is an important determinant of health for BOTH women and men



What to consider

- Biological factors
- Socio-cultural factors that define and determine individual behaviour, beliefs, norms and expectations in relation to gender, sexuality, ethnicity and class
- Economic factors that determine access or lack of access to resources
- Programmatic effect of HIV/AIDS programmes on women's and men's ability to protect themselves
- Structural factors that reinforce social and cultural norms



What can be done?

- Collect sex-disaggregated data on ill-health and on use of services
- Design interventions that take into consideration the needs of men and women
- Design research to examine reasons for gender disparities – "engendering research"
- Ensure gender roles are taken into account in the way in which research is conducted – male or female investigators/questionnaire administrators



'Engendering' research

- Engendering research **makes a difference** to the:
 - **What**
 - **How**
 - **Who**
 - **Where & When**of the research process



Engendering research : What ?

- *Example 1: Studying factors underlying high levels of stillbirth and LBW in an area*

Include in the research issues such as:

- Workload of women: women working in strenuous manual tasks till late in pregnancy
- Experience of domestic violence
- Inadequate intake of nutritious food
- Whether the pregnancy was wanted or planned
- Sex composition of previous children (in contexts where son-preference is very strong)



Engendering research : How?

- Literature review to include information from key people in the community or population under study - gender may influence certain health dimension in context specific ways
- Variables chosen may have to be modified
- Sample size to be large enough to permit analysis of sub-categories
- Integrate qualitative methods at different stages of the study
- Gender is likely to influence informed consent procedures. Also, participation in the study may affect women and men differently. (e.g. a study of RTIs)



Engendering research : Who?

- Talking only to men or only to women on problems related to women may give only a partial picture. We need to understand both the male and female perspective about many issues, e.g. contraception, antenatal care, knowledge of danger signals in pregnancy
- We may want to get information from different age-groups and social groups of women and men, because gender relations change over time and the ways in which gender affects maternal health may vary across generations and across social groups



Engendering research : **When and Where?**

- The timing of data collection will have to take gender roles into consideration. When are men more likely to be available? When will they be able to speak at leisure? Women?
- The place most appropriate for the data gathering exercise to take place may be different for women and men



The costs of not addressing gender in health research

- Failure to assess health risks for different sub groups of women, resulting in avoidable mortality, morbidity and disability
- Possible delays in diagnosis or inappropriate treatment for certain disorders
- The implementation of health programmes and services which do not address the major factors associated with a health problem, or meet population health needs, resulting in wasted expenditures

