

How to do Gender Analysis within Global Health Research

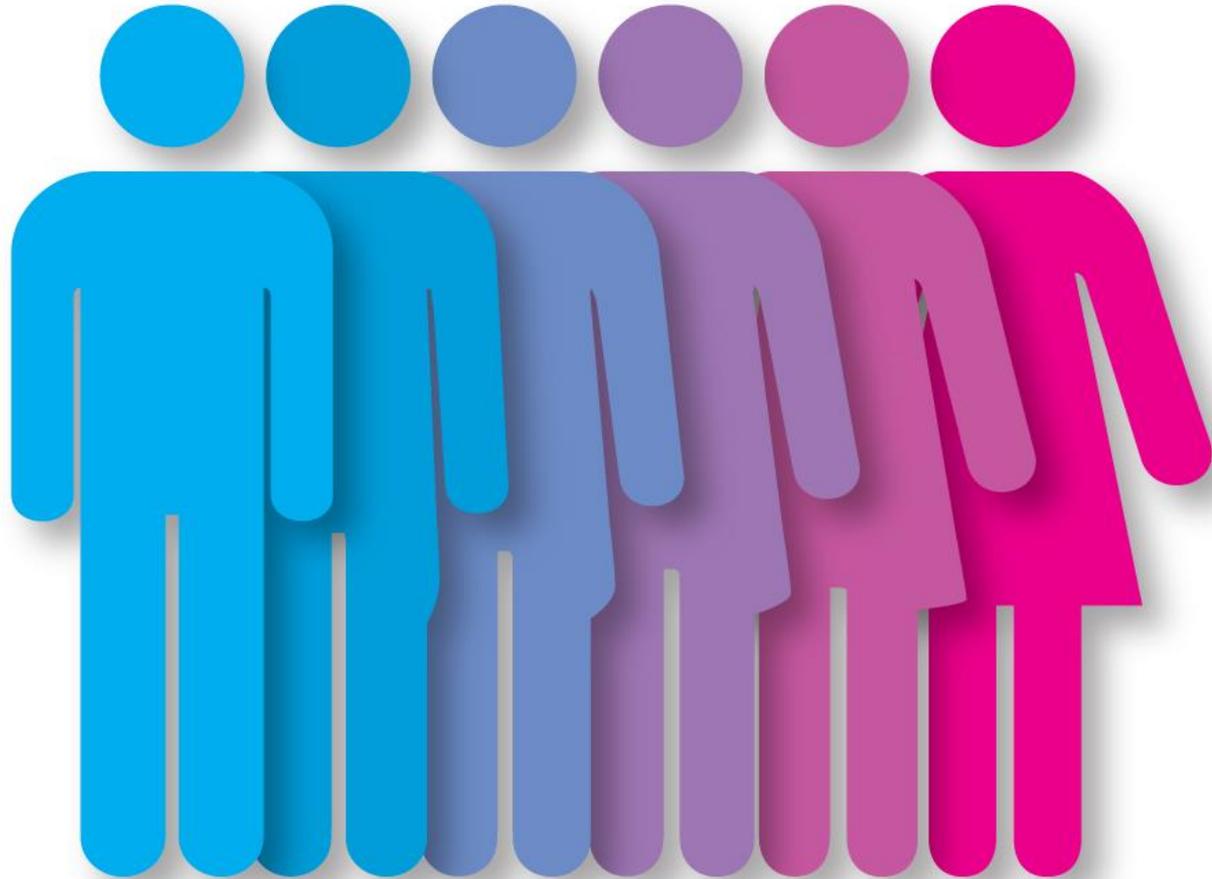
RinGs, 2016



Research in Gender and Ethics (RinGs):
Building stronger health systems



Understanding Gender



Defined as the “socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women” and people of other genders (WHO 2015)

Gender operates on various levels simultaneously

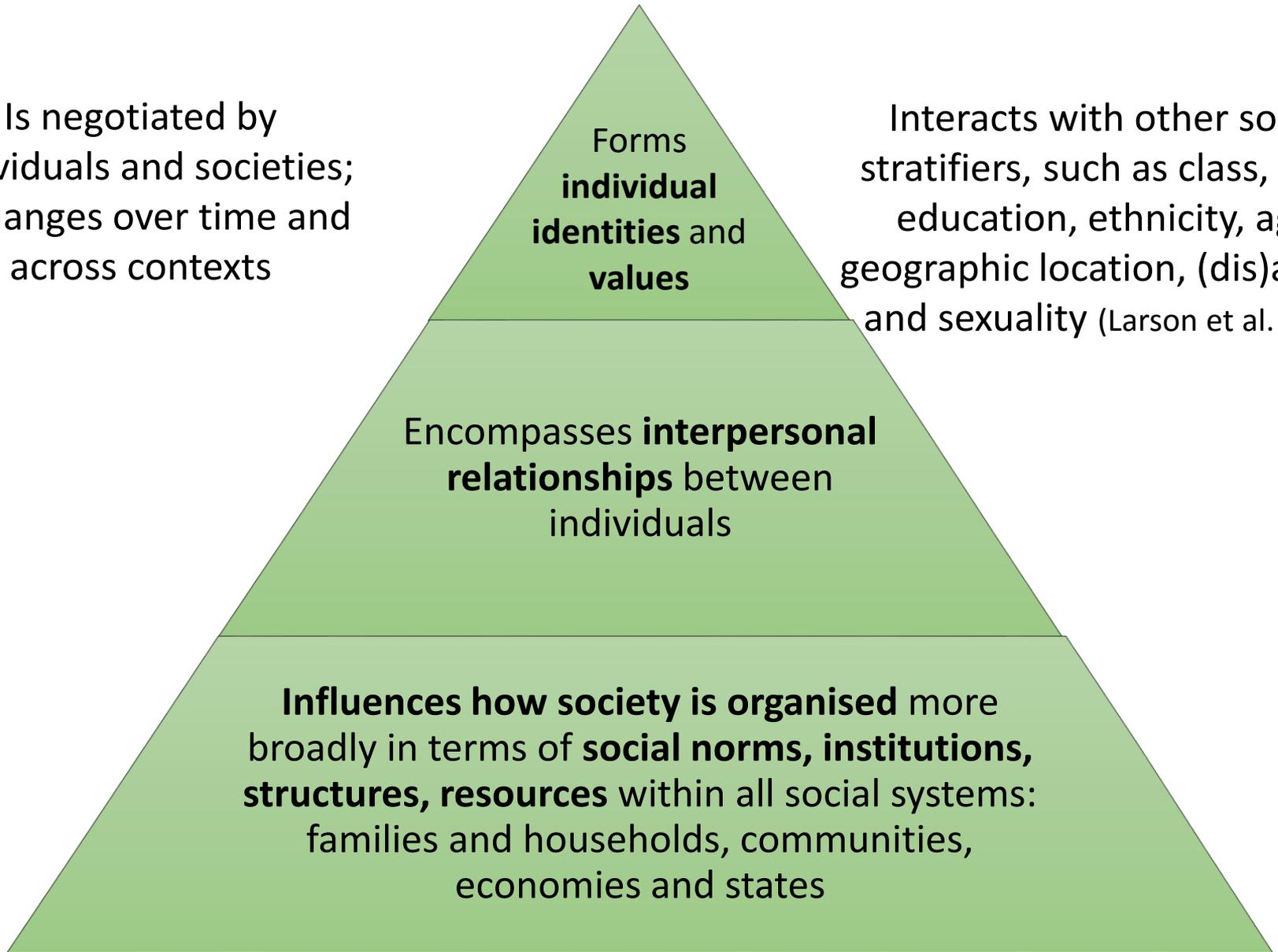
Is negotiated by individuals and societies; it changes over time and across contexts

Forms **individual identities** and **values**

Interacts with other social stratifiers, such as class, race, education, ethnicity, age, geographic location, (dis)ability, and sexuality (Larson et al. 2016)

Encompasses **interpersonal relationships** between individuals

Influences how society is organised more broadly in terms of **social norms, institutions, structures, resources** within all social systems: families and households, communities, economies and states



Why is Gender Important in Global Health Research?

- Health systems are not gender neutral – gender is a key social stratifier which affects health system needs, experiences, and outcomes.
- As a power relation, gender influences:

Medical products and technology design and use

Data collection and management

Health financing allocation

Health seeking behavior

Health labor force composition

Vulnerability to ill health

Access to and utilization of health services

Health policy development and implementation

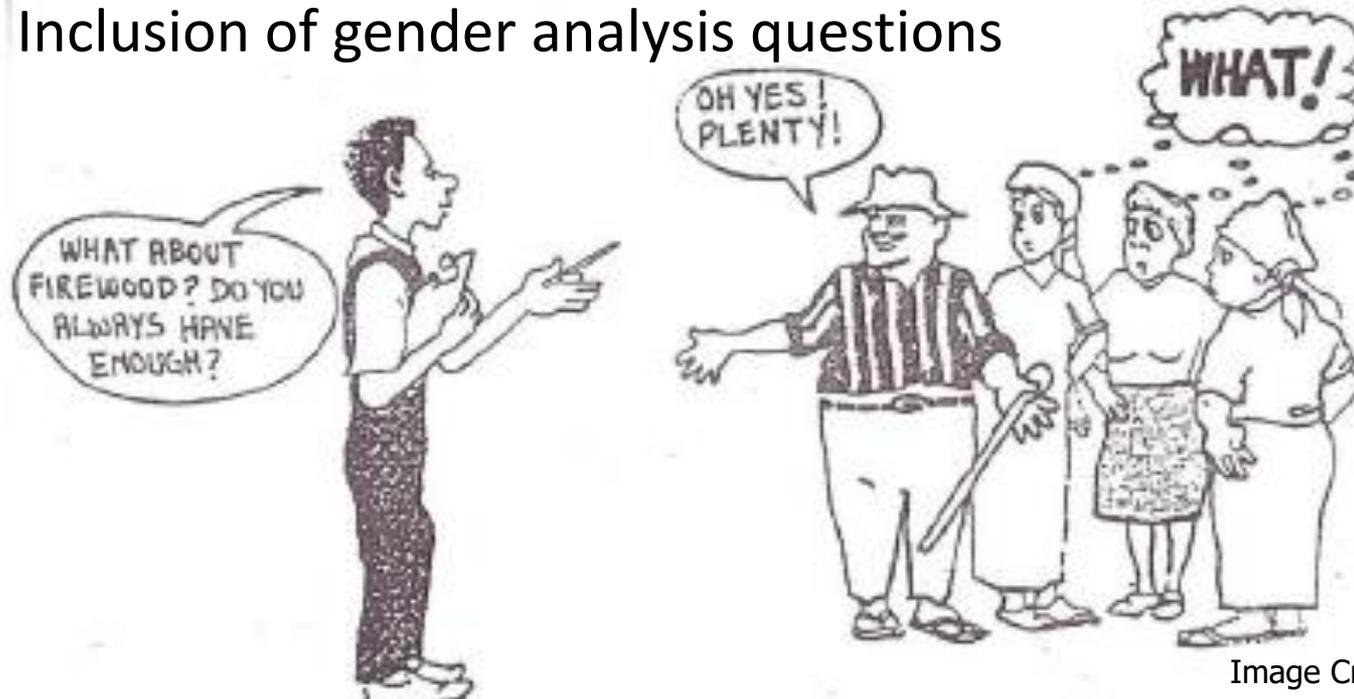
Health service experience

Why is Gender Important for Global Health Research?

- In the past global health research failed to sufficiently consider gender as a social relation
 - Many terms are gender neutral even if their composition and consequences are not (community health workers, village health committees, insurance packages)
 - Sometimes gender is not seen at all
- When gender is incorporated in research, it is often incomplete
 - Focusing on women only, therefore failing to consider the social context in which gender power relations operate
 - Not going beyond sex disaggregation, therefore failing to understand the gendered determinants of the inequalities observed

Gender Analysis in Research Content

- Starting point for understanding how gender affects men and women differently
- Incorporating gender analysis within research content includes:
(Morgan et al. 2016)
 - Sex-disaggregation
 - Use of gender frameworks
 - Inclusion of gender analysis questions



Sex Disaggregated Data as a Trigger

- To incorporate gender analysis into research, data and information must first be collected in a sex disaggregated manner and then maintained that way, rather than being aggregated at higher levels
- Usually disaggregated by male vs. female: few data systems include third or other genders as a routine variable
- Critical as aggregated datasets can mask differences between men and women, a bias which negatively affects validity and reliability of research evidence (Morgan et al. 2016) kNowatzki & Grant 2011: Hunt 2004)



Sex Disaggregated Data as a Trigger

Example: Gender & Human Resources for Health

- Not reporting sex as variable in health labor force surveys or human resources for health studies conceals gendered composition of health workforce
- Higher proportions of women at lower tiers of health workforce, which with less education, less employment security and less earning potential (George 2008)

Human Resources for Health – Gendered Profile (Newman 2014)

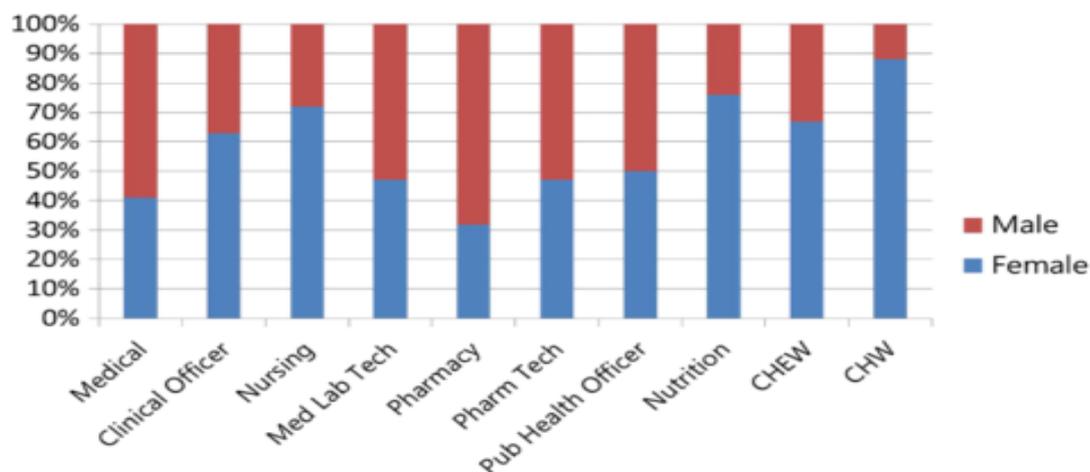


Figure 1 Percentage of students by cadre training programme and sex, Kenya 2010 (N = 42 institutions).

Gender Frameworks as Analytical Guides

- Gender frameworks help researchers to further organize thinking, research questions, data collection, and analysis
- Examples:

Ten Gender Analysis Frameworks & Tools to Aid with Health Systems Research

July 2015

**Gender
mainstreaming
for health
managers:
a practical approach**

WHO Gender and health planning and programming checklist

Guidance on Methodologies
for Researching Gender Influences
on Child Survival, Health and Nutrition



Example Framework

What constitutes gendered power relations

Who has what

Access to resources (education, information, skills, income, employment, services, benefits, time, space, social capital etc.)

Who does what

Division of labour within and beyond the household and everyday practices

How are values defined

Social norms, ideologies, beliefs and perceptions

Who decides

Rules and decision-making (both formal and informal)

How power is negotiated and changed

Individual/ People

Critical consciousness, acknowledgement/ lack of acknowledgement, agency/apathy, interests, historical and lived experiences, resistance or violence

Structural/ Environment

Legal and policy status, institutionalisation within planning and programs, funding, accountability mechanisms

Gender analysis questions as entry points for further understanding - Example

Health System Area	Illustrative Gender Analysis Research Questions
Human Resources	<p>Access to resources</p> <ul style="list-style-type: none"> To what extent do family support and roles help or limit opportunities for training by gender, marital status or parity? Are there sex differences in relation to remuneration, promotion, job security, working hours and benefits across and within all types of health workers?
	<p>Division of labour and everyday practices</p> <ul style="list-style-type: none"> To what extent are women more or less likely to work in frontline service delivery in poorly compensated (including volunteer) or less supported positions than men? To what extent are women more or less likely to work in management positions than men?
	<p>Social norms</p> <ul style="list-style-type: none"> To what extent are female providers expected to provide more emotional support than male providers? To what extent are female providers less likely to ask for promotions and less likely to complain about poor working conditions than male providers due to less assertive social norms?
	<p>Rules and decision-making</p> <ul style="list-style-type: none"> Has gender been mainstreamed into human resource policy, and if so how, with what impact? Are there policies in place – and implemented – to effectively address sexual harassment against health workers?

Gender Analysis in Research Process

- Includes understanding how research process itself can be imbued with power relations and biases (Morgan et al. 2016)
- Data collection and analysis used as example
- Includes considering:
 - Who participates as respondents
 - When data is collected and where
 - Who is present
 - Who collects data
 - Who analyses data



Photo Credit: Katrin Gronemeier

Who Participates as Respondents

- Individuals can be excluded due to gendered power relations
 - Can be significant gaps in education and literacy between and among women and men → Women often possess lower education, literacy, and language proficiency levels
 - Female respondents may also need to seek additional permissions to travel to research locations, and have less leisure and privacy
 - Power relations can also skew research towards focusing on women out of their social context, without including less visible decision-makers – men often excluded from research on women's health needs, maternal and child health, sexual and reproductive health (Deshmukh & Michael 2013; Anderson de Cuveas et al. 2014)

When Data is Collected and Where

- Women and men have different responsibilities/ roles in relation to:
 - Occupational life
 - Domestic life
 - Migration



Photo Credit: India Internat Maize and Wheat Imp Centre

- Important to choose convenient time and place for data collection (Hunt 2004)

Who is Present

- Important to consider who is present in room while collecting data
 - If both men and women present, quality and accuracy of data can be affected
 - Each may be reluctant to share information about lives and work and view on gendered power relations
 - Women may remain silent if men speak first



Photo Credit: CARITAS Takeo Eye Hospital

- In healthcare settings important to consider how health system hierarchies combine with gender – can influence dynamics between patients, health providers, and managers (Hunt 2004)

Who Collects & Analyses Data

Who collects data:

- Gender of person collecting data can impact quality and accuracy of information received
 - In some cultures, women and men may not be comfortable to share information with someone of opposite sex
- Age, class, ethnicity, and occupation can also affect data collection (Hunt 2004; Nieuwenhoven & Klinge 2010)

Who analyses data:

- Researchers' own underlying gender biases and assumptions affect data analysis and results reported



Photo Credit: Travis Lupick

Gender Analysis in HSR Outcomes

- Considers how research affects and/or changes gender relations (Morgan et al. 2016)
 - Using research to progressively change gender relations
 - Ensuring research ‘does no gender harm’
- Includes considering who is empowered and disempowered by research process and outcomes



Image Credit: IDRC

Using Research to Change Gender Relations

- Participatory action research can be used to transform relations
 - Highlights the centrality of power in the construction of knowledge
 - Challenges researchers to reflect on and redress power imbalances within research
 - Actively involves participants in the research process – engages participants to act and reflect on self-identified problems or issues



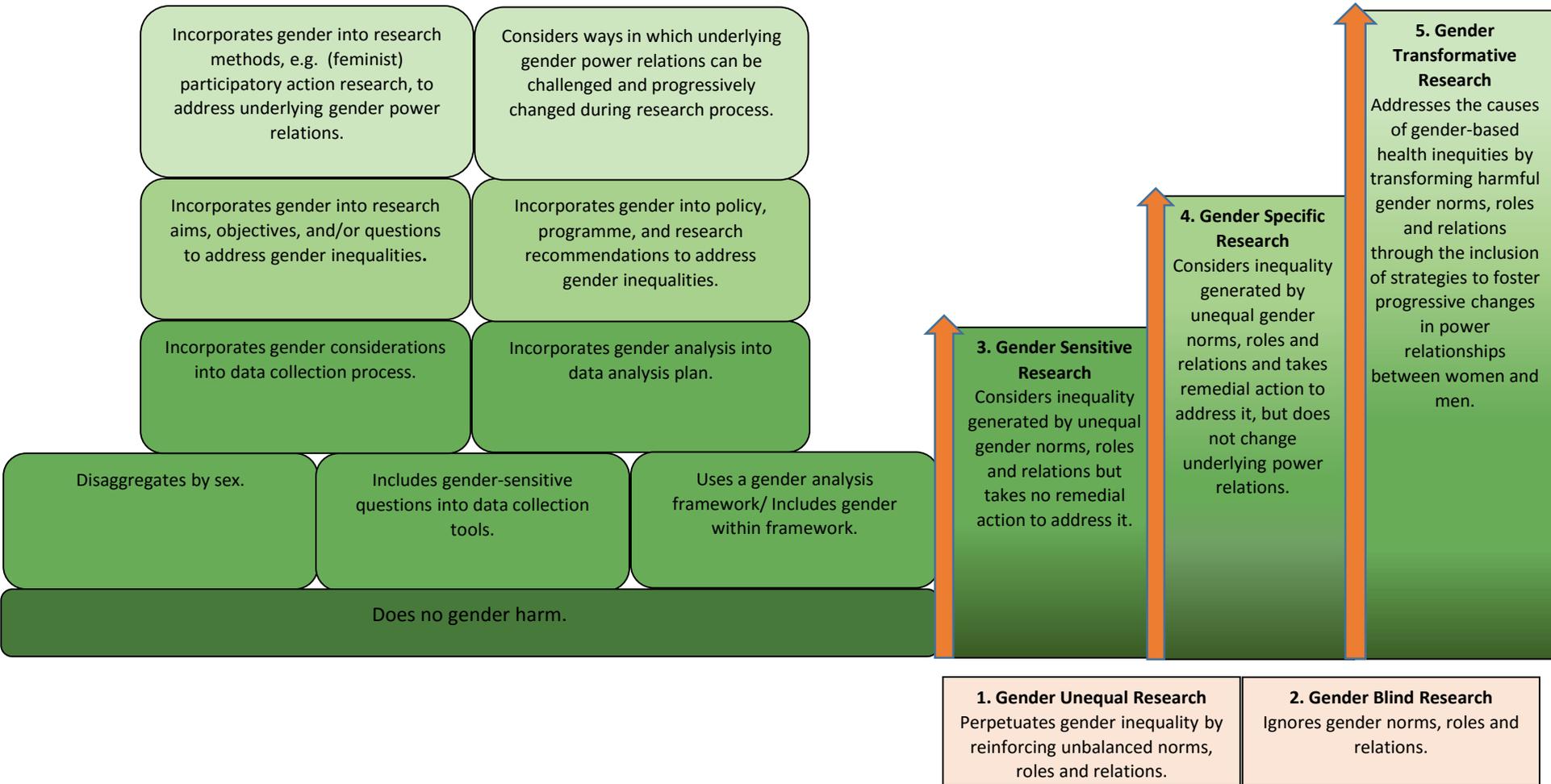
Photo Credit: The Advocacy Project

- Feminist participatory action research
 - Recognizes centrality of male power as core component of all contexts
 - Understands that discrimination against women experienced differently depending on context-specific social stratifiers (Corbett et al. 2007)

Do No Gender Harm

- Not all research will be able to (or need to) transform gender relations (Morgan et al. 2016)
- BUT at very least should aim to ensure no gender harm is caused (i.e. that negative gender and health systems outcomes are not ignored or aggravated)
 - Involvement in research can affect a person's relationship with others in adverse ways
 - E.g. Unintended consequences of mHealth interventions that did not address gender power relations included an increase in domestic violence, abuse, or partner control (Deshmukh & Mechael 2013; Jennings & Gagliardi 2013)
 - In data analysis and dissemination, need to consider how males and females are portrayed to ensure harmful gendered stereotypes are not replicated

Incorporating gender into research



Conclusion

- Gender often regarded as tick-box exercise, or considered an add-on, seen as irrelevant or not worthwhile; gender-research often only focuses on women
- Spectrum of ways in which gender can be incorporated into research:
 - Disaggregating by sex, using gender frameworks and gender analysis questions
 - Mainstreaming gender considerations in data collection, analysis and reporting
 - Developing research aims, objectives, and/or research methods to progressively transform gender relations or at least do no gender harm
- Including gender analysis in research can ultimately lead to better recommendations, more strategic interventions and programs and more effective policies



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<https://www.linkedin.com/groups/Gender-Health-Health-Systems-Group-8293050/about>



Photo Credit: bug_g_membracid

References

- Anderson de Cuevas, Rachel M et al. 2014. "Barriers to Completing TB Diagnosis in Yemen: Services Should Respond to Patients' Needs." *PloS one* 9(9): e105194.
- Corbett, Andrea M, Karen Francis, and Ysanne Chapman. 2007. "Feminist-Informed Participatory Action Research: A Methodology of Choice for Examining Critical Nursing Issues." *International journal of nursing practice* 13(2): 81–88.
- Deshmukh, Madhu, and Patricia Mechael. 2013. *Addressing Gender and Women's Empowerment in mHealth for MNCH: An Analytical Framework*.
http://www.villagereach.org/wp-content/uploads/2013/07/gender_analytical_framework_report.pdf.
- George, A. 2008. "Nurses, Community Health Workers, and Home Carers: Gendered Human Resources Compensating for Skewed Health Systems." *Global public health* 3 Suppl 1(March 2015): 75–89.
- Hunt, Juliet. 2004. "Introduction to Gender Analysis Concepts and Steps." *Development Bulletin* 64: 100–106.
- Jennings, L, and L Gagliardi. 2013. "Influence of mHealth Interventions on Gender Relations in Developing Countries: A Systematic Literature Review." *International Journal for Equity in Health* 12(85).
- Larson, E., George, A., Morgan, R., & Poteat, T. (2016). 10 Best resources on... intersectionality with an emphasis on low- and middle-income countries. *Health Policy Plan.*, czw020–
<http://doi.org/10.1093/heapol/czw020>
- Morgan, R., George, A., Ssali, S., Hawkins, K., Molyneux, S., & Theobald, S. (2016). How to do (or not to do)... gender analysis in health systems research. *Health Policy and Planning*, czw037.
<http://doi.org/10.1093/heapol/czw037>

References

- Newman, Constance. 2014. "Time to Address Gender Discrimination and Inequality in the Health Workforce." *Human Resources for Health* 12(1): 25.
- Nieuwenhoven, Linda, and Ineke Klinge. 2010. "Scientific Excellence in Applying Sex- and Gender-Sensitive Methods in Biomedical and Health Research." *Journal of Women's Health* 19(2): 313–21.
- Nowatzki, Nadine, and Karen R Grant. 2011. "Sex Is Not Enough: The Need for Gender-Based Analysis in Health Research." *Health Care for Women International* 32(4): 263–77.
- Percival, Valerie, Esther Richards, Tammy Maclean, and Sally Theobald. 2014. "Health Systems and Gender in Post-Conflict Contexts : Building Back Better?" *Conflict and Health* 8(19): 1–14.
- Sen, Gita et al. 2007. *Unequal, Unfair, Ineffective and Inefficient Gender Inequity in Health: Why It Exists and How We Can Change It*. World Health Organization, WHO Commission on Social Determinants of Health.
- Standing, Hilary. 1997. "Gender and Equity in Health Sector Reform Programmes: A Review." *Health Policy and Planning* 12(1): 1–18.
- Vlassoff, Carol, and Claudia Garcia Moreno. 2002. "Placing Gender at the Centre of Health Programming: Challenges and Limitations." *Social Science & Medicine* 54(11): 1713–23.
- WHO. 2015. "What Do We Mean by 'Sex' and 'Gender'?"
<http://www.who.int/gender/whatisgender/en/> (May 4, 2015).
- WHO. (2011). *Gender mainstreaming for health managers: A practical approach*. Geneva.
http://www.who.int/gender-equity-rights/knowledge/health_managers_guide/en/ (April 19 2016)