Equity in Health (part 2)

Gender and Health:
A framework for analysis & action

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What is Gender?

Sex:
- biological
- constant

Gender:
- socially constructed
- dynamic
What is Gender? (contd.)

Men and women have different:

- roles
- access and control of resources
- needs
Why is gender important?

Gender is a **determinant** of health.

There are gender differentials in:

- exposure to disease and injury
- household level investment in nutrition, care, education
- access to and use of health services
Leading causes of disease burden (DALYs) for men and women (15 years and older) worldwide, 2002

<table>
<thead>
<tr>
<th>Males</th>
<th>%DALYs</th>
<th>%DALYs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 HIV/AIDS</td>
<td>7.4</td>
<td>1 Unipolar depressive disorders</td>
</tr>
<tr>
<td>2 Ischaemic heart disease</td>
<td>6.8</td>
<td>2 HIV/AIDS</td>
</tr>
<tr>
<td>3 Cerebrovascular disease</td>
<td>5.0</td>
<td>3 Ischaemic heart disease</td>
</tr>
<tr>
<td>4 Unipolar depressive disorders</td>
<td>4.8</td>
<td>4 Cerebrovascular disease</td>
</tr>
<tr>
<td>5 Road traffic injuries</td>
<td>4.3</td>
<td>5 Cataracts</td>
</tr>
<tr>
<td>6 Tuberculosis</td>
<td>4.2</td>
<td>6 Hearing loss, adult onset</td>
</tr>
<tr>
<td>7 Alcohol use disorders</td>
<td>3.4</td>
<td>7 Chronic obstructive pulmonary disease</td>
</tr>
<tr>
<td>8 Violence</td>
<td>3.3</td>
<td>8 Tuberculosis</td>
</tr>
<tr>
<td>9 Chronic obstructive pulmonary disease</td>
<td>3.1</td>
<td>9 Osteoarthritis</td>
</tr>
<tr>
<td>10 Hearing loss, adult onset</td>
<td>2.7</td>
<td>10 Diabetes mellitus</td>
</tr>
</tbody>
</table>

Proportion of boys and girls (12-23 months) who have received full basic immunization coverage by income quintile, Cambodia

Proportion of women and men (15-49 years) who read a newspaper at least once a week, by income quintile, Philippines, 2003

Who decides how married women spend their own income in Viet Nam (percentage of women respondents)

Example: Sex work and gender

- Gender roles, norms and inequality: male sexuality, women’s submissiveness
- Women’s lack of education, skills, options, economic independence
- Women’s lack of control, power and decisionmaking: continuing need to negotiate condom use
- Gender-based violence, trafficking
Example: TB & gender

• Reported incidence rates may under-represent women
• Once infected, women are more likely than men to fall ill—and die—from TB
• Social, economic impact varies by gender: income loss (men); household work (women); stigma stronger for women
• Women seek care early but have longer delay than men before diagnosis
• Men are less likely to complete treatment
TB & Gender: NTP review findings

- M/F ratio in TB cases increased from 1.6 to 2.1
- Why?
  - Partly: biological/epidemiological factors
  - Partly: gender-related barriers to access
TB & Gender: NTP findings

• Women have longer delay before diagnosis, because:
  – they may consult less-qualified health care providers or self-medicate
  – they may face barriers to access: distance and mobility
  – they are less likely to present with ‘typical’ symptoms

• Women may produce sputum of poorer quality and quantity, decreasing their chances of diagnosis
Example:
Gender & tobacco

- Prevalence ~4 times more in men, boys
- Greater autonomy, changes in women’s roles = increased smoking uptake among women
- Motivations for uptake, continuing, cessation:
  - Men: “macho”; part of social relations; sports sponsoring; adventure clothing
  - Women: depression; family violence; weight control; quit less easily; false images of liberation target women
- Women develop lung cancer with lower levels of smoking, higher risk of aggressive forms
- In countries where prevalence is declining, rates of decline for women are slower than those for men
- More women than men work in manufacturing
Why is gender important?

Women are disproportionately poor. They face higher opportunity costs in seeking care.
Figure 2  Gender Disparities Tend to Be Greater among the Poor than the Rich

Note: The enrollment ratio pertains to the proportion of children ages 6–14 enrolled in school, regardless of education level. Poor households are defined as those in the bottom 40 percent of a “wealth” distribution; rich households, those in the top 20 percent. The diagonal line signifies equal gender gaps among the poor and among the rich. See appendix 1 in the full report for included countries and years.


Why is gender important?

Investing in women’s empowerment:
• Improves programme outcomes
• Results in gains to society
Figure 4  Child Immunization Rates Rise with Mother’s Education

Share of children 12–23 months who had been immunized, by mother's educational level

Percent

Note: All regional values are population-weighted averages. See appendix 1 in the full report for general notes and included countries.
Source: Education and immunization data from latest Demographic and Health Surveys; population weights from World Bank (1999d).

Figure 3

Women’s Education Significantly Reduces Malnutrition

Estimated percentage contribution to malnutrition, 1970-95

- Women's Relative Status
- Health Environment
- Food Availability
- Women's Education

What is gender analysis?

Gender analysis is a method to identify:
- the relations between men and women
- their roles and activities
- the resources they have access to and control over
- the norms that define their behaviours
- the constraints they may face

Gender analysis can be carried out at different levels, from assessing a specific health issue to health projects or programmes and policies.
What does gender analysis do?

• Distinguish between health determinants that are:
  – common to women and men
  – sex- and gender related
because each may require a different type of intervention
• Identify differentials between men and women in:
  – risk factors
  – exposures and manifestations of disease
  – severity and frequency of diseases
• Identify responses of society and health system to these problems
• Identify the potential impact of interventions on gender power relations
Gender and HIV discrimination

Women face higher levels of discrimination than men in:
• Being ridiculed, insulted or harassed
• Being physically assaulted
• Being refused entry to, removed from or asked to leave a public establishment
• Being forced to change place of residence
• Being excluded from social functions
• Suffering exclusion by family members
• Losing financial support from family members
• Being advised not to have a child after being diagnosed as HIV-positive

Exercise: some policy examples

• A policy denies a married woman the right to medical insurance in her own name and makes her dependent on her husband for access to medical insurance. In a context where her husband is unemployed, she (and her husband) are denied access to medical insurance.

• Service providers require a man’s consent before a woman can be sterilized.
Useful concepts to assess gender in policies and programmes

<table>
<thead>
<tr>
<th>Concept</th>
<th>Characteristic</th>
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<tr>
<td>Gender-unequal</td>
<td>• Privileges men over women. • Inequalities are clear and undisguised. • Deny women’s rights or give men rights and opportunities that women do not have.</td>
</tr>
</tbody>
</table>
Exercise: some policy examples

• Senior management recruitment policy in a department of health requires all managers to have a PhD.

• Community-based AIDS care programme says that the health care system cannot take responsibility for caring for people with AIDS, so home-based care must be instituted. No effort is made to find ways of involving men in home-based care. So, however unintentionally, the programme puts the burden of care on women.
Useful concepts to assess gender in policies and programmes

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| Gender-blind | • Ignores gender norms; blind to differences in allocation of roles and resources; is not intentionally discriminatory but reinforces gender discrimination.  
  • Often ignores the lack of opportunities /discrimination which underpin what appears to be fair practice. |
Exercise: some policy examples

• An occupational health policy protects women from working in places that are hazardous to their reproductive health.

• A water supply policy establishes a mechanism to provide taps close to villages so that women will not have to walk as far to fetch water.

• A workplace policy provides a child care facility for women with babies.
Useful concepts to assess gender in policies and programmes

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<tr>
<td>Gender-specific</td>
<td>• Recognises differences in gender roles, responsibilities and access to resources, and takes account of these when designing interventions.</td>
</tr>
<tr>
<td></td>
<td>• Gender specific policies or programmes do not try and change the underlying causes for these gender differences.</td>
</tr>
</tbody>
</table>
Exercise: some policy examples

• A land policy removes restrictions on women’s right to inherit land.

• An information, education and communication (IEC) programme advocates to women and men about mutual respect and equal rights in sexual decision-making as a means of promoting safer sex practices.
Useful concepts to assess gender in policies and programmes

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<td>Gender-transformative</td>
<td>•Recognises differences in gender roles, norms and access to resources and actively tries to change these, so as to promote gender equality.</td>
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The project / programme cycle

- Formulate
- Mobilize resources
- Implement
- Monitor
- Evaluate impact
- (Re) plan
- Analyze situation
- Gender Analysis
Key questions

• Does the project explicitly state equity goals, including gender equity?

• Does the project involve stakeholders in design, monitoring and evaluation? Does it ensure that women's participation is equal with men?

• Does the design and planning take into account differences between women and men in:
  – roles and responsibilities?
  – norms and values?
  – access to and control over resources?
Key questions

• Does the project make a conscious effort to promote gender equity?
  – no overt or covert discriminatory practices*
  – actively promotes gender equality

• Are gender-specific indicators included in monitoring through the programme cycle?

• Does the project address existing gender norms and practices in the political and bureaucratic systems that may obstruct progress?

* overt = open, covert = hidden
In public health, gender analysis can be applied to:

- Specific health conditions
- Health policies
- Health programmes & projects
- Health research
- Health care delivery

It can also inform the development of new health policies, programmes, and projects.
How can we use the results of gender analysis?

- To raise awareness among key stakeholders
- To stimulate further research, and assist in refining research questions
- To plan and re-plan interventions, programmes
What can we do?

- Broaden policy support to reduce gender inequality
- Provide public financing of essential services for women
- Increase women’s access to care
What can we do?

- Improve service quality
- Intensify public education
- Involve men
- Improve sex-disaggregated information collection
- Create gender-sensitive indicators
What can we do?

HIV/sex work example

- Design gender-specific strategies: e.g., target education programs to women in garment factories, karaoke bars, casinos, and restaurants
- Design gender-transformative (empowerment) strategies: e.g., Target clients, recognizing their responsibility, as well as managers and sex workers
Example: sex work and HIV

STD/HIV Intervention Project (SHIP) Calcutta

- Sex workers successfully negotiated safer sex with clients as well as better treatment from society (including police)
- Sex workers themselves decide programme strategies
- 25% of managerial positions reserved for sex workers; they also hold many key positions
- Sex workers act as peer educators, clinic assistants and clinic attendants

Example: Gender & tobacco

- Consider differential impacts of policies on pricing, health warnings, access, bans
- For women, address myth of “light” cigarettes; for men, address myth of virility
- Develop more complex approaches for women to quit (e.g., intensive counselling)
- Intensify public awareness, advocacy
Thank you