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 differences between men and women in:

- exposure to disease and injury
- household investment in nutrition, care, education
- access to and use of health services
Differences in disease patterns:

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>Females</th>
<th>%DALYs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 HIV/AIDS</td>
<td>7.4</td>
<td>1 Unipolar depressive disorders</td>
<td>8.4</td>
</tr>
<tr>
<td>2 Ischaemic heart disease</td>
<td>6.8</td>
<td>2 HIV/AIDS</td>
<td>7.2</td>
</tr>
<tr>
<td>3 Cerebrovascular disease</td>
<td>5.0</td>
<td>3 Ischaemic heart disease</td>
<td>5.3</td>
</tr>
<tr>
<td>4 Unipolar depressive disorders</td>
<td>4.8</td>
<td>4 Cerebrovascular disease</td>
<td>5.2</td>
</tr>
<tr>
<td>5 Road traffic injuries</td>
<td>4.3</td>
<td>5 Cataracts</td>
<td>3.1</td>
</tr>
<tr>
<td>6 Tuberculosis</td>
<td>4.2</td>
<td>6 Hearing loss, adult onset</td>
<td>2.8</td>
</tr>
<tr>
<td>7 Alcohol use disorders</td>
<td>3.4</td>
<td>7 Chronic obstructive pulmonary disease</td>
<td>2.7</td>
</tr>
<tr>
<td>8 Violence</td>
<td>3.3</td>
<td>8 Tuberculosis</td>
<td>2.6</td>
</tr>
<tr>
<td>9 Chronic obstructive pulmonary disease</td>
<td>3.1</td>
<td>9 Osteoarthritis</td>
<td>2.0</td>
</tr>
<tr>
<td>10 Hearing loss, adult onset</td>
<td>2.7</td>
<td>10 Diabetes mellitus</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Differences in access/use of services:

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

Differences in access to resources:

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

Differences in decisionmaking power:

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

Why is gender important?

Women are disproportionately poor. They face higher opportunity costs in seeking care.
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

<table>
<thead>
<tr>
<th>Region</th>
<th>No education</th>
<th>Primary education</th>
<th>Secondary education or higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Asia and Pacific</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
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<td></td>
<td></td>
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<tr>
<td>Middle East and North Africa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Asia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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


Source: Gender and the Millennium Development Goals. World Bank, 2003
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
When to do gender analysis?

The project / programme cycle

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

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

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

• Do project/programme design and implementation take into account the differences between women and men in:
  – roles and responsibilities?
  – norms and values?
  – access to and control over resources?
Key questions

• Does the project/programme 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 project/programme cycle?

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

• Improve service quality
• Intensify public education
• Involve men
• Collect, analyze and use sex-disaggregated information
• Include gender-sensitive indicators
Addressing sex and gender in epidemic-prone infectious diseases

• Understanding gender roles can improve disease detection and understanding of epidemiology
• Gender roles and power relationships have important effects on
  – Exposure
  – Access to treatment and health care
  – Stigma and consequence of disabilities
  – Public participation in disease control measures

## Typical male/female similarities and differences in infectious disease process over the life cycle

<table>
<thead>
<tr>
<th>Life cycle</th>
<th>Susceptibility and immunity</th>
<th>Exposure</th>
<th>Treatment</th>
<th>Morbidity and mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infancy</strong></td>
<td></td>
<td></td>
<td>Boys more often taken outside for treatment.</td>
<td>Greater male mortality from infectious disease during infancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Childhood</strong></td>
<td>Boys have naturally weaker immune systems.</td>
<td>Boys more mobile than girls, more likely to be infected outside home.</td>
<td>Boys more often taken outside for treatment in some places.</td>
<td>Different disease-specific outcomes. Differences in consequences of disability.</td>
</tr>
<tr>
<td></td>
<td>Generally similar immunization rates. Lower for girls in south-east Asia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adulthood</strong></td>
<td>Exposures determined by societal roles. Women exposed in care-giver roles.</td>
<td></td>
<td>Men have more access to healthcare outside home. Research sometimes done on males only.</td>
<td>Disease-specific differences in severity and outcome. Different consequences of illness and disability for men and women.</td>
</tr>
<tr>
<td><strong>Pregnancy and lactation</strong></td>
<td>Immune system changes during pregnancy.</td>
<td>Anopheles mosquitoes more likely to bite pregnant women.</td>
<td>Treatment may be counter-indicated due to different effect during pregnancy and lactation, or adverse effect on fetus.</td>
<td>Some diseases more virulent during pregnancy.</td>
</tr>
<tr>
<td><strong>Old age</strong> (Very little information)</td>
<td>Poorer immune systems in old age for both men and women.</td>
<td>Increased exposures to infections in nursing homes.</td>
<td>Diagnosis is more difficult in old age, due to atypical presentations.</td>
<td>More women than men in this age group.</td>
</tr>
</tbody>
</table>
Gender and SARS

• Overall 53% of SARS cases were women.

• In countries with small numbers of cases, men predominated more often (only 43% of cases in countries with < 30 cases were women). In countries with larger numbers of cases, women predominated.

• Mortality rate greater for men (e.g., Hong Kong 22% of men and 13% of women died). This relationship held even after controlling for age and health worker status.

• Overall 21% of cases were among health care workers. The greater the proportion of cases among health care workers, the greater the proportion of women.

• Very little information on SARS and pregnancy.
Some lessons learned (1)

• There is a need to understand the role of gender in transmission and control:
  – Report epidemiological data by sex, occupation, and pregnancy status
  – Analyze exposure patterns for men and women
  – Understand how to target disease control messages to both men and women in community

• Gender considerations are important for infection control in health care settings:
  – Women’s lower status + nurses’ lower status in medical hierarchy = nurses unable to protect themselves
  – Empower nurses and other caregivers to initiate infection control measures when they suspect a case
Some lessons learned (2)

• There is a need to understand the implications of pregnancy for any new outbreak
  – Record pregnancy status for all women patients of child-bearing age
  – Provide guidance on: treatment, risks to baby, psychological support during pregnancy, lactation, infection control measures. These are more complex during pregnancy.
FRAMEWORK FOR SEX AND GENDER AND EMERGING INFECTIOUS DISEASES

Gender

Norms Roles and Responsibilities (e.g. occupation; care work for children and ill family members, housework, farm animals) Decision making and access to resources

Sex

Anatomy Biological response to pathogens

Disease prevention and control programmes

Vulnerability to disease

Behavioural response to illness/exposure

Exposure to pathogens

Incidence Duration Severity (morbidity, mortality, disability)
Thank you