How to do Gender Analysis within Global Health Research

RinGs, 2016
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

- Forms individual identities and values
- 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
- Is negotiated by individuals and societies; it changes over time and across contexts
- Interacts with other social stratifiers, such as class, race, education, ethnicity, age, geographic location, (dis)ability, and sexuality (Larson et al. 2016)
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

(Standing 1997; Nowatzki & Grant 2011; Vlassoff & Moreno 2002; Sen et al. 2007; George 2008; Percival et al. 2014)
Why is Gender Important for Global Health Research?

• In the past global health research failed to sufficiently consider gender as a social relation
  o Many terms are gender neutral even if their composition and consequences are not (community health workers, village health committees, insurance packages)
  o Sometimes gender is not seen at all

• When gender is incorporated in research, it is often incomplete
  o Focusing on women only, therefore failing to consider the social context in which gender power relations operate
  o 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)
  o Sex-disaggregation
  o Use of gender frameworks
  o 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).](image-url)
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

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

Gender mainstreaming for health managers: a practical approach

WHO Gender and health planning and programming checklist
## Example Framework

<table>
<thead>
<tr>
<th>What constitutes gendered power relations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who has what</strong></td>
</tr>
<tr>
<td><strong>Who does what</strong></td>
</tr>
<tr>
<td><strong>How are values defined</strong></td>
</tr>
<tr>
<td><strong>Who decides</strong></td>
</tr>
<tr>
<td><strong>How power is negotiated and changed</strong></td>
</tr>
<tr>
<td><strong>Individual/ People</strong></td>
</tr>
<tr>
<td><strong>Structural/ Environment</strong></td>
</tr>
<tr>
<td>Health System Area</td>
</tr>
<tr>
<td>------------------------------------</td>
</tr>
</tbody>
</table>
| Access to resources                | • 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? |
| Division of labour and everyday practices | • 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? |
| Social norms                       | • 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? |
| Rules and decision-making          | • 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
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 & Mechael 2013; Anderson de Cuveas et al. 2014)
When Data is Collected and Where

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

• 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
  o If both men and women present, quality and accuracy of data can be affected
  o Each may be reluctant to share information about lives and work and view on gendered power relations
  o Women may remain silent if men speak first

• 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
  
  o 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
Gender Analysis in HSR Outcomes

• Considers how research affects and/or changes gender relations (Morgan et al. 2016)
  o Using research to progressively change gender relations
  o Ensuring research ‘does no gender harm’

• Includes considering who is empowered and disempowered by research process and outcomes
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

- 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)
  
  o Involvement in research can affect a person’s relationship with others in adverse ways

  o 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)

  o 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

1. Gender Unequal Research
   Perpetuates gender inequality by reinforcing unbalanced norms, roles and relations.

2. Gender Blind Research
   Ignores gender norms, roles and relations.

3. Gender Sensitive Research
   Considers inequality generated by unequal gender norms, roles and relations but takes no remedial action to address it.

4. Gender Specific Research
   Considers inequality generated by unequal gender norms, roles and relations and takes remedial action to address it, but does not change underlying power relations.

5. Gender Transformative Research
   Addresses the causes of gender-based health inequities by transforming harmful gender norms, roles and relations through the inclusion of strategies to foster progressive changes in power relationships between women and men.

- Incorporates gender into research methods, e.g. (feminist) participatory action research, to address underlying gender power relations.
- Incorporates gender into research aims, objectives, and/or questions to address gender inequalities.
- Incorporates gender considerations into data collection process.
- Incorporates gender into policy, programme, and research recommendations to address gender inequalities.
- Incorporates gender analysis into data analysis plan.
- Includes gender-sensitive questions into data collection tools.
- Uses a gender analysis framework/Includes gender within framework.
- Disaggregates by sex.
- Does no gender harm.

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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http://doi.org/10.1093/heapol/czw020

http://doi.org/10.1093/heapol/czw037
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