



UNITED NATIONS
UNIVERSITY

**Workshop on Gender and Health
27 and 28 October 2004
United Nations University**

R E P O R T

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I. Introduction

Health should be defined not merely as the absence of illness, but as a broader notion that encompasses physical, mental and social well-being. Health remains an important topic of discussion, as it is a primary goal of any development policy that aims at improving the life of individuals. Gender-based analysis of health, however, despite the acknowledged importance of separately identifying and addressing the particular needs of women and men, is not central to the debate on policies to improve human security, nor is it central to the policies themselves, especially in resource-poor environments. Consequently, there is a need to re-define the agenda of health research and policy-making to include the development of sophisticated planning instruments that place due emphasis on the intersection of gender and health. A better understanding of the determinants of women's health, properly translated into gender-sensitive health policies that lead to improved health outcomes, contributes to gender equality, which should be the ultimate goal of both research and policy making in the area of gender and health.

A Workshop on Gender and Health was convened in Tokyo on 27 and 28 October 2004 by the United Nations University. With the participation of 14 persons from various institutional backgrounds and organizations (see annex), the main objective of the workshop was to contribute to the international debate on gender and health by examining three themes: a) current trends in research; b) good practices in policy development, implementation, monitoring and evaluation and; c) stronger relationships between research and policy. While case studies concentrated on the Asia-Pacific region, experiences from other world regions, notably North America, were also taken into account.

The following pages will summarize the findings of the workshop. Comments are welcome and should be addressed to Birgit Poniatowski at poniatowski@hq.unu.edu.

II. Researching women, gender and health: Current trends and future needs

Women's health as a key component of human security

Health is one of the central elements of human security, both because it refers to the welfare of individuals, and because it is at the core of their survival. Past research has shown that women's health relates to human security not only with regard to the well-being of women themselves, but through their roles as primary care-givers also impacts on the health status of the entire household and the community in general. Therefore, understanding the way in which gender and gender relations affect and, in many cases, determine the quality of women's health is a prerequisite to devising effective policies to attain human security.

Understanding gender-specific health risks

The discussions of the workshop outlined the need to highlight the differences between women and men with regard to three aspects of health: Risk, the progression of disease, and the availability and quality of health services. Research in these areas must cover bio-medical, social as well as legal aspects. Further research is needed that identifies and analyses specific risk factors for women's health with reference to both a biological and a sociological framework. Some examples of biological risk factors include aspects of health related to reproductive roles, communicable diseases, chronic diseases such as cardiovascular disorders, physical reactions to treatment, biological factors impacting women's mental health, etc. Sociological analysis, on the other hand, is important as it sheds light on the external factors that determine the types of health problems and diseases that affect women as well as their health behavior and the coping strategies available to them. Such analysis comprises the study of the specific risks for women's health that derive from particular political structures and socio-economic status (including issues of poverty, occupational health risks, trafficking, etc.) or the cultural-religious milieu (e.g. nutritional practices, cultural practices such as Female Genital Mutilation, etc.). Examples include injuries, especially those due to gender violence or harsh physical labor in ecologically degraded environments; fatigue and

resulting loss of immunity due to dual or triple burdens (productive, reproductive, community service) or to male-preference households where less food is available to females.

Mapping differences in the progression of diseases

The same socio-biological framework should be applied to the examination of the gender-specific aspects of the development and progression of diseases. Although it is broadly acknowledged that because of biological and social differences among women and men, communicable and non-communicable diseases evolve in gender-specific ways, there is still insufficient data to support a detailed analysis. More systematic and consistent analysis of the progression of diseases from a bio-medical perspective would directly contribute to improved medical treatment. A better understanding of the way in which the social context impacts on the development of illnesses, on the other hand, is essential to designing strategies for speedy and effective interventions with a view to preventing the health status from deteriorating further, along with improvements in social and environmental determinants of disease and health. Examples of specific thematic areas in this regard include gender and chronic diseases (including HIV/AIDS) and women with disabilities.

Availability and quality of health services

In the area of health, a series of international legal mechanisms have placed special emphasis on the rights of women to equal access to services. Particularly important in this regard is the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which in article 12, paragraph 1 obliges states to provide equal access to quality health services to both women and men. Nevertheless, a variety of factors continue to prevent women from obtaining appropriate levels of care. Here, legal, sociological and psychological analysis is needed that covers the entire range of actors that have direct and indirect influence on the availability of health services for women: Enabling conditions for gender awareness among health policy makers as well as health service personnel need further study, along with the functioning of institutional arrangements for gender-sensitive health care

provision. Some examples of specifically urgent research topics include the impact of health sector reforms on women, particularly in low-income segments of populations, as well as problems of access to health services faced by especially vulnerable groups, such as internal and cross-border migrants or women in slums. Comparative studies of existing examples of women-centered health services will help to identify good practices.

Broadening research agendas

Research agendas are largely defined by the availability of funding for specific research topics. Therefore, the development of research is often limited to topics that are considered priorities by the funding bodies, but that do not necessarily respond to the specific needs of certain regions or social groups. Thus, with particular issues such as reproductive health and, recently, women and violence high among the priorities particularly of international donors, funding for research into other or more narrowly defined areas, such as women's mental health, traditional medicine or informal health services, among many others, is comparatively difficult to obtain. Research on both of these topics is undeniably critical. What is needed is attention to a broader array of topics, without decreasing funding to the aforementioned areas.

Funding agencies should mainstream gender throughout their programme activities

As long as support for gender-related research remains limited to a few specifically gender-oriented programmes, it will be difficult to substantially broaden the knowledge base on risk factors, progression of diseases and health services with a view to specific vulnerable groups. Therefore, it is essential to mainstream gender across the whole range of health-related research funding programmes to enable the development of research projects that better address specific needs of clearly defined target groups. Such an approach will also enhance the policy relevance of research results through research outputs that are more easily linked to the situation “on the ground.”

Researchers should place higher emphasis on framing their projects in a broader socio-economic context

The relevance of individual research projects, and with it the chance of obtaining funding, increases once researchers frame their projects with clear reference to broader issues of development and welfare. The health of migrant women workers or women who work under high risk conditions, for example, is linked to processes of industrial development. Research on the health of women in remote areas could be framed with reference to regional development or regionalization initiatives. Researchers should be aware of the close links between gender, health and human security and should make these explicit to the extent possible.

Ethical standards

Research into the determinants of women's health often touches on issues that are highly sensitive and deserve of the utmost efforts at protecting the privacy of the women concerned. It is crucial for any researcher in this field to at all times uphold the highest standards of ethical conduct. As with all social and medical research, the minimum international standards of the Protocols for Human Subjects in Research should be adhered to, as well as culturally, religious and ethnically-sensitive methods for the region in which the research is being undertaken.

Multidisciplinary research

Much relevant knowledge with regard to gender-specific health risks for women, the progression of diseases and the functioning of health systems can be gained through multi-disciplinary studies on women, gender and health that link biomedical research to research on political and economic structures or socio-cultural environments. At many universities, however, academics who work on gender issues, while maintaining active cooperation with external partners, often operate in isolation within their institutions. Yet, more active cooperation with other disciplines contributes to increasing the obvious relevance of research projects in the context of broader economic, political and social problems as mentioned above, leading to higher policy relevance of research results and better chances of obtaining external funding. To

mainstream gender in research agendas would contribute also to elevating sex and gender studies from an isolated discipline to an essential component of scientific methodology, and to breaking barriers between gender specialists and researchers in other academic fields.

III. Improving policy-making structures and mechanisms to support equality of health outcomes for women and men

Multiple actors

The main actors involved in health policy making include government institutions in the health and social services sectors, non-governmental organizations (NGOs), academia, and public and private providers of health services. Other actors whose policies, attitudes and approaches can impact on women's health status, health behavior as well as access to and usage of health services include, for example, schools, employers, the police and other public institutions with frequent access to the population. While below observations and recommendations focus on those groups of actors that are directly involved in health policy making, a good knowledge of the links between sex, gender and health among the other actors listed here is essential for creating and maintaining equal health outcomes for women and men.

Gender perspectives have been introduced into some health policies, but progress with regard to gender mainstreaming has been slow

A review of recent developments shows that some progress has been made with regard to gender-sensitive health policy-making. However, such progress is limited mainly to the addition of gender perspectives to existing policies, rather than being the result of thorough gender mainstreaming across the entire health policy making process.

Creating mechanisms to sustain gender-awareness in government and administration

One of the reasons often cited to explain the lack of more gender-sensitive health policies is the general lack of gender awareness among policy makers. Political actors, conscious of their international responsibilities, exert efforts

to provide responses requested by international organizations. Such action, however, is often ad-hoc and does not generate sustained gender awareness among policy makers. In addition, government units that are charged with promoting gender mainstreaming often have too little authority to effectively ensure that line ministries engender their policies. Gender planners and implementers also tend to be younger staff who frequently move within their organizations, resulting in loss of memory, knowledge and experience with gendered health issues. To overcome these obstacles to the comprehensive introduction of gender into health policy making, capacity development is necessary to create a critical mass of health and welfare-related personnel that is aware of the relevance of a gendered approach to health and thoroughly trained in relevant theories and methods. To effectively do so, knowledge on theories and methods must also be made available in local languages.

Utilizing the expertise of cross-sectoral advisory bodies

Health policy cannot be generated in isolation, especially if it is to be gender sensitive. National cross-sectoral committees that are given sufficient authority to participate directly in high level policy making have demonstrated the benefits of involving multiple stakeholders in the policy making process. Such advisory bodies can help to create and maintain vertical links among government agencies and facilitate active exchanges between these and civil society organizations as well as the academic sector.

Improving access to tools and resources

To sustain gender-awareness among persons involved in health policy making and to support their work, practical tools and information resources should be made more accessible and easily available. International organizations as well as governmental and non-governmental organizations on the national level can play a role in creating such tools and making them available to the target audiences, placing due emphasis on the translation of such tools into local languages.

The policy-implementation gap: Need for increased accountability throughout the policy cycle

Although some progress has been made in the promotion and application of gender concepts in health policy making, there still remains a large gap between policy design and implementation. Among the reasons for this are a frequent lack of funding for gender programmes, the largely biomedical focus of health professionals (which is a result of gender-blind medical training curricula) as well as a low level of gender awareness among health care providers. Also, health institutions are usually not held accountable for their performance with regard to gender-specific health and welfare service provision. A more effective system of sanctions and other mechanisms that could guarantee the compliance and accomplishment of the goals set by the policies is needed to improve institutional performance.

Linking women's health to other priority policy issues

The implementation of gender-sensitive health policies will greatly improve if women's health needs are presented in a larger context with reference to other pressing policy issues. In aging societies, for example, it is not difficult to draw attention to health topics such as problems associated with menopause or the health conditions of elderly women because these themes coincide with political and economic priorities. Such an approach is useful when gender advocates try to trigger government action, and it is equally constructive when trying to engage sections of government or administration in the development and implementation of gendered health policies that do not normally consider gender issues as part of their portfolios.

Sustaining gender activism to the policy implementation stage

A further factor that contributes to the gap between gendered health policies and their implementation is the decrease in attention by gender advocates once policies have been successfully created or altered. In some cases there is a problem of prioritization among activists who focus on policy design and muster little activism for the implementation of these policies. Often, however, gender advocates – be they non-governmental organizations or part of the governmental gender machinery – lack the authority and the resources to

monitor the implementation of policies to the extent that they lobbied for their creation. Efforts to sustain pressure for gender equality into the implementation phase of policies would contribute greatly to closing the policy-implementation gap.

Mobilizing public opinion

One of the most important tools to create pressure for policy implementation is the mobilization of public opinion, since political institutions tend to be highly susceptible to needs that are being publicly expressed by their constituencies. Community groups and NGOs can also encourage women to make their health concerns known. The media can play a pivotal role in helping to shape and gather public support for the development and subsequent implementation of policies that contribute to gender equality in the area of health.

IV. Linking research and policy making to increase relevance and effectiveness

Need for action-oriented research and policy-oriented presentation of research results

A strong relationship between academics and policy-makers is essential if health policies are to be based on the results of well-researched evidence, and if academic research is to respond effectively to the needs on the ground. Despite this fact, there is still an ongoing communication gap between these two groups of actors. Among the reasons for this lack of fruitful cooperation are the fact that much research on gender and health is far removed from policy realities, and that research results are rarely presented in clear and action-oriented language which easily translates into policy. To alleviate the situation, research projects should always be designed with clear policy objectives in mind. All efforts should be made to bring research results – notwithstanding publication for academic audiences – to the attention of policy makers and to do so in a format and language that easily lend themselves to transformation into policy papers. Training students and young scholars in a culture of research that includes action and change among its

goals will bring much future benefit in this regard. Further means to enhance communication and cooperation between academia and policy makers include joint colloquia or training programmes on gender and health for younger policy professionals organized by universities or research institutions.

Linking research to internationally agreed norms and policy goals

An effective way to make research more accessible to policy makers is to base it on the normative framework for gender equality defined by international legal instruments that are binding for the signatory countries, and/or on internationally agreed policy documents, such as the Beijing Platform for Action. This approach not only provides a commonly understood frame of reference and terminology, but also helps to identify responsibilities and accountabilities on part of policy actors.

Multi-stakeholder involvement in project design and implementation

The relevance of a research project – not only in the area of gender and health – can be greatly enhanced through the direct involvement of members of the target group as well as policy makers throughout the project cycle. Experience has shown that through participatory approaches, local knowledge can effectively be incorporated into the design and results of the project. In addition, it is possible not only to increase the levels of understanding of problems on the ground on part of policy makers, but also to change their attitudes to gender issues in general. Such incorporation of local knowledge (and its holders) into the process need not end with the project cycle, but can become a permanent part of the policy process, as propose above.

Combining quantitative and qualitative research

Research projects should combine both quantitative and qualitative methods. The health researcher, as an objective agent whose aim it is to understand the ‘felt’ health needs of a given community in order to develop (and, ideally, advocate) a solution, needs to be flexible to help make such felt needs explicit in cases where they are not properly expressed. Qualitative research helps the researcher to comprehend the core of a given problem, while quantitative research is useful to measure and understand its magnitude as well as for its

persuasiveness both to those who need empirical bases for change and to policy practitioners themselves.

Defining specific target groups

To maximize the relevance and effectiveness of proposed policies, target groups should be defined clearly and, where necessary, narrowly both in quantitative and qualitative research projects. Only on this basis will it be possible to design sensitive policies that take into account the differences among groups of women with regard to social status, ethnic group, occupation, and social and environmental impacts prevalent in a given region.

Adjusting academic performance evaluation systems to take account of action-oriented research

Many academics who engage in policy-oriented research face the problem that this type of (often – due to the involvement of multiple stakeholders as mentioned above – particularly time-consuming) research, and its translation into policy-relevant formats and language, does not add to their academic credentials, which tend to be judged predominantly in terms of publications for academic audiences. Added to this is the fact that gender-related work is sometimes still considered as being outside of the “academic mainstream,” which adds to the under-appreciation of work done in this field. If academia is to contribute more directly to policy-making, academic performance appraisal systems need to be changed to place value also on action-oriented research as described above. An increase in awareness among academics and science administrators in general regarding the relevance of such work is, of course, a prerequisite to changing formal evaluation systems.

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