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**Gender, health and development III: engendering health research**

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I Introduction
This is the third paper in a set of three that focuses on key topical areas in gender, health and development. Gender roles and relations affect women’s, men’s, girls’ and boys’ vulnerability to ill-health, health experiences and health outcomes (Gender and Health Group, 1999). Gender also shapes human resources for health and the ways in which the health system is constructed. In order to promote better health and well-being there is an urgent need for research to further understand the ways in which gender shapes health system experiences, responses, outcomes and the functioning of health services across different health problems and in different contexts. When reviewing health research from a gender perspective it is important to consider the full range of activities that affect and shape research. Engendering health research requires that gender is considered not only in terms of the content of health research itself but also in the structures and processes that support the research endeavour. This paper reviews progress to date in bringing a gender perspective in the following four areas:
1 the focus of health research;
2 the process and methods used in conducting health research;
3 the funding of health research;
4 human resources for health research (from Klugman, 2002).

While some progress has been made there are areas that need further critical action. In addition, beyond research itself, there are a related set of actions and advocacy needed to try to get gendered health research to inform policy and practice, so that the health sector is more responsive to the needs and priorities of women, men, girls and boys. This is considered in Section III, which outlines strategies to maximize opportunities for gender and health research to shape policy and practice.

II Progress to date

1 Engendering the focus of health research
Some progress has been made in exploring and documenting how gender roles, relations...
and inequities shape the causes and consequences of health status and health problems. For example, the World Health Organization (WHO) has produced a set of resource papers that review the evidence base on how gender shapes a variety of diseases and conditions including blindness, mental health, tuberculosis, aging, road traffic injuries, health and work, and HIV/AIDS (WHO, 2005). Each set of papers reviews what is known to date and also includes priority areas for further research, which clearly illustrate the need for further work. For example, in the area of HIV research, progress has been made in identifying how gender roles and relations shape vulnerability to HIV, but there is need of action research to address gender vulnerability, with further research, for example, around women-controlled microbicides to prevent infection. Research is also needed on the institutional and social dynamics that appear to be causing differentials in women’s and men’s access to treatment in diverse contexts.

Some progress has also been made in the process of documenting how gender shapes the functioning of the health sector and human resources for health (Standing, 2000; Theobald et al., 2005) and the gendered relationships between providers and users (Klugman, 2003). However, there is need for further research as health sectors, and their employees, are always changing. In addition there is also a need to document how health workers and opinion leaders within the health sector perceive the influence of gender on health care and what factors motivate or hinder gender mainstreaming within the health system. An area for critical attention from a gender perspective is the unpaid/informal health sector. There is a need to identify ways to support and sustain the (frequently female) carers and volunteers who, particularly in resource-poor contexts, play a vital role in patients’ health experiences and outcomes.

There is a range of checklists, toolkits or matrices that are designed to facilitate bringing a gender focus to health research (Gender and Health Group, 1999; Klugman and Ravindran, 2006). Most tools operate by posing a series of questions to identify how gender can shape vulnerability or responses to ill-health. The extent to which these are used in practice, and are useful, needs further evaluation.

2 Bringing a gender perspective to the process of conducting health research

There is a vast range of research designs, approaches and methods that can be applied in health research. These range from clinical trials in laboratory conditions to anthropological studies where researchers live and interact with communities in the field. The opportunities and challenges of different methods for gendered health research are outlined in Table 1.

Thus different research methods have different opportunities and challenges for gendered health research. There is a need to build capacity amongst researchers, to choose research methods that are appropriate for different health research questions and to develop strategies to maximize the opportunities for gender analysis and minimize the challenges. Ethics committees have a pivotal role in health research as they serve as gatekeepers and could be used to bring researchers’ attention to how sex and gender might influence different research methods deployed. For example, the ethics form for the Liverpool School of Tropical Medicine (LSTM), UK, requests all applicants to consider the following question (LSTM, 2005):

B. 7 Are there any sex or gender issues to consider in your research protocol? For example:

- **Sex.** Are there different pathological processes between women and men that are relevant to your research. If yes, how have these been addressed?
- **Gender.** If you are using focus group discussions are there any gender or power relations to consider in the selection of participants? Adapted from Klugman and Theobald (2006).
This has been a recent addition and there has not yet been time to evaluate how applicants have thought through the question and whether it has impacted on the gender sensitivity of research approaches and findings. The potential role of ethics committees in promoting gender-sensitive research requires further attention. However, there is a clear

<table>
<thead>
<tr>
<th>Type of research approach</th>
<th>Examples of methods and articles</th>
<th>Opportunities for gender analysis</th>
<th>Challenges for gender analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participatory approaches</td>
<td>An approach prioritizing participation of the 'researched' across the research cycle irrespective of methods</td>
<td>Increasing social recognition and empowerment of women and men Enhancing the likelihood of research to promote change in lived experiences, policy and practice</td>
<td>Full participation of women and men across the whole research cycle is very difficult to achieve Challenges of creating spaces for meaningful participation by women in different contexts</td>
</tr>
<tr>
<td>Qualitative research</td>
<td>In-depth interviews, focus group discussions, participant observation and discourse analysis</td>
<td>The in-depth, open and inductive approach can generate critical insights from women and men on the ways in which gender roles and relations affect health Complementary to quantitative research – can explain the 'why' behind gender differences in prevalence/outcomes Enables analysis of contextual factors beyond the individual</td>
<td>A need to think carefully about how gender roles and relations can affect the entire research process (from the identity of the researcher, to sampling strategies to analysis) and outcomes Difficulties of generalizing the findings from one context to another</td>
</tr>
<tr>
<td>Quantitative research</td>
<td>Questionnaires, epidemiological surveys, data from Health Information Systems (HIS)</td>
<td>Comparative data on the prevalence of health experiences and problems that are reported by women or men Enable correlations between gender and other axes of inequality to be sought, and found or refuted</td>
<td>In many countries there are financial and human resource constraints to the collection of sex-disaggregated data from HIS As with qualitative research a need to think carefully about how gender roles and relations can affect the entire research process and outcomes Translation of research instruments and findings raise the risk of assuming there is shared understanding of questions and shared meaning of answers across local languages and contexts</td>
</tr>
<tr>
<td>Clinical research</td>
<td>Clinical or laboratory research on physiological and biological processes</td>
<td>Understanding sex differences in physiological and biological processes is important in drawing implications for policy, practice and treatment regimes</td>
<td>Women are frequently excluded from clinical research and trials, therefore clinically relevant sex-based information is not gathered. Gender is often not thought through in trial design</td>
</tr>
</tbody>
</table>
need to advocate for health ethics committees that have a multidisciplinary base and have representatives with skills in gender analysis.

3 Who funds health research? Gendered perspectives

Currently the vast majority of research takes place in high-income countries. This phenomenon is referred to by the Global Forum for Health Research as the 10/90 gap, whereby only 10% of global research funds go into researching the health problems of 90% of the global population (Global Forum for Health Research, 2002). Just as research that focuses largely on men may not be appropriate or validated for women, so too research in high-income countries is not easily transferable or appropriate for use in middle-income or poorer countries (Global Forum for Health Research, 2002). In addition conceptualization of research areas for more funding is done without proper consultation with researchers from poorer countries.

Clearly, funding bodies play a pivotal role in defining research priorities and in advocacy to promote the importance of gender roles and relations in health research and analysis. Thus, addressing decision-making around research funds is a critical area of advocacy for mainstreaming attention to gender in health research. There are examples of good practice of funding bodies proactively requesting applicants to consider how gender and sex affects their research (see, for example, British Council/Department for International Development, 2002), although there has been limited evaluation of whether such requests affect research processes or outcomes.

4 Human resources for gendered health research

The relatively limited pool of health researchers with relevant skills is clearly an impediment to the generation of health research that is gender sensitive. A review of gendered research capacity in Latin America and the Caribbean revealed a general lack of training opportunities in gender analysis in health research, which meant that most researchers working in this area were self-taught (Latin American and Caribbean Women’s Health Network (LACWHN), 2000). There is a need to develop opportunities for researchers from the South and North to gain skills in gender analysis in health. From a gender and equity perspective there is also a need to address some of the barriers faced by many female and male researchers from the South in conducting and publishing research, for example information access and editorial bias (Horton, 2000).

III Gendered research = gendered policy and practice?

There are a set of challenges in bringing a gender perspective to health research, and another set of challenges in ensuring this very research effects change in health policy and practice, and does not just gather dust on library shelves. This is not a straightforward process and research findings are not a passport to policy (Davis and Howden-Chapman, 1996; Stone et al., 2001). There are a complex myriad of opportunities and challenges in translating gendered research into policy and practice. Key to this is three inter-related themes that are explored in turn: (1) working in a participatory way with policy makers, practitioners and community members; (2) multimethod approaches and (3) ‘strategic framing’ – adopting different languages or discourses to discuss gendered research findings.

1 Working in a participatory way with policy makers, practitioners and community members

Davis and Howden-Chapman (1996) argue that research findings are more likely to be translated into policy and practice if ‘researchers involve managers and policy makers in the development of the framework for and focus of research and if investigators assume a responsibility for seeing their research translated into policy’ (1996: 865). This has been realized in participatory research approaches that involve working
hand in hand with health workers and/or policy makers to explore the ways in which gender shapes health experiences (see, for example, Tolhurst, 2002 in Ghana; Nhlema-Simwaka et al., 2006 in Malawi; and Khanna et al., 1992 in India). Moreover, given that policy change is seldom purely the result of new information, researchers have to be able to identify and use windows of opportunity within political or bureaucratic terrains that create openness to policy change (Kingdon, 1995; Klugman and Hlatshwayo, 2001).

2 Multimethod approaches
Health research that contributes to change may require more methodological pluralism (Davis and Howden-Chapman, 1996) because (1) different kinds of information resonate with different policy makers and contexts and (2) multiple method approaches that capture both numbers and meaning are useful in explaining to policy makers and practitioners the many ways in which gender shapes health experiences. Sometimes policy changes result from policy makers’ concerns about numbers and costs, in which case this kind of data would be needed. For example analysis of questionnaires can produce statistically significant numbers of poor women and men failing to access services. Sometimes policy makers are more responsive to human drama and experience, for example qualitative findings can help explain and contextualize these figures by describing in poor women’s own words the barriers and challenges they face in service access. Qualitative testimonies can be a powerful tool in highlighting gendered disparities in health experiences.

3 ‘Strategic framing’ – adopting different languages or discourses to discuss gendered research findings
We have found that it can be strategic to situate research findings within different languages or discourses depending on the audience. This has been referred to as ‘strategic framing’ and has been discussed in the gender literature (see Pollack and Hafner-Burton, 2000; Theobald et al., 2005). As individuals we may believe and work within a gender equity and rights discourse, eg, poor women have a right to accessible and quality TB services, but we may choose to situate our research findings within instrumental or technical arguments that prioritize efficiency or sustainability, as these may be more accessible to policy makers than a discussion of gender and rights. It could, for example, be argued that if TB services are inaccessible or unacceptable to poor women, TB programmes will be unable to meet their case finding and cure rate targets, with negative repercussions for the community of a large number of untreated, infectious TB cases: this clearly threatens the efficiency and sustainability of the entire TB programme.

IV Conclusion
There is a need to further develop strategies for mainstreaming gender in the content of research. This means applying gender analysis tools to health problems, interventions and institutions as well as institutionalizing strategies to engender research and research programme cycles. Depending on the research problem to be addressed there are a number of different research processes/methodologies available to researchers. Creative thought about how to maximize the opportunities these offer for gender analysis and how to minimize threats to quality, gender-sensitive research is needed. Funding is critical to the promotion of gender in health research and a key area for advocacy and lobbying. No research will happen without human resources and there is a need to develop women’s and men’s capacity to conduct gendered health research. Finally, for gendered research findings to inform policy and practice there is a need for well thought through strategies and approaches. Key to this is the importance of developing sustained and responsive relationships with policy makers to enhance ownership over research findings, sustained advocacy at policy fora and technical working groups that uses multiple methods (numbers
and voices) to illustrate the main issues and deploy different strategic frames – equity, gendered rights, efficiency, sustainability – depending on the audience.

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