

Webinar on Gender and Intersectionality

**Sushama Kanan
Research Fellow
ARK Foundation**

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Why is gender and intersectionality important in health systems

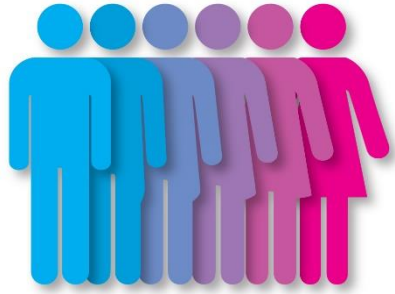
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How to incorporate gender and intersectionality into health system research

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Morgan framework

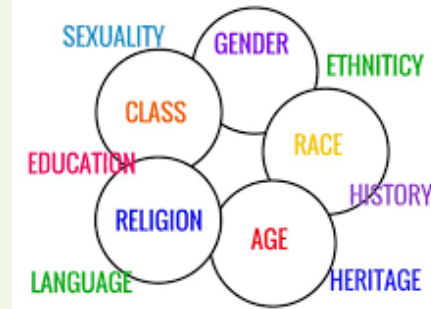
Gender



Socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women and people of other genders.

WHO, 2015

Intersectionality



"overlapping or intersecting social identities and related systems of oppression, domination, or discrimination."

There are many social categorisations: ethnicity, race, religion, gender, caste, class, disability, sexuality

These interconnect to create overlapping and interdependent systems of discrimination or disadvantage.

Why is gender and intersectionality important in health systems?

- Health systems are **not neutral to gender and social categorisations** – gender, **ethnicity, class etc** are social stratifiers which affect health system needs, experiences, and outcomes.
- As a power relation, gender and other social categorizations influence:

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

How to incorporate gender and intersectionality into health system research



Disaggregated
data during data
collection

Gender and
intersectionality
analysis
questions

Using gender
and
intersectionality
framework

Gender and Intersectionality Framework (Morgan et al 2016)

What constitutes power relations among different social strata and genders

| | |
|------------------------|--|
| Who has what | Access to resources (education, information, skills, income, employment, services, benefits, time, space, social capital etc.) |
| Who does what | Division of labour within and beyond the household and everyday practices |
| How are values defined | Social norms, ideologies, beliefs and perceptions |
| Who decides | Rules and decision-making (both formal and informal) |

How power is negotiated and changed

| | |
|----------------------------|---|
| Individual/ People | Critical consciousness, acknowledgement/ lack of acknowledgement, agency/apathy, interests, historical and lived experiences, resistance, or violence |
| Structural/ Environment | Legal and policy status, institutionalisation within planning and programs, funding, accountability mechanisms |

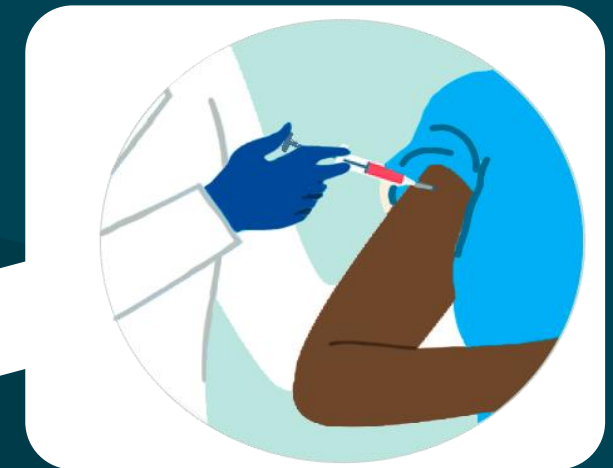
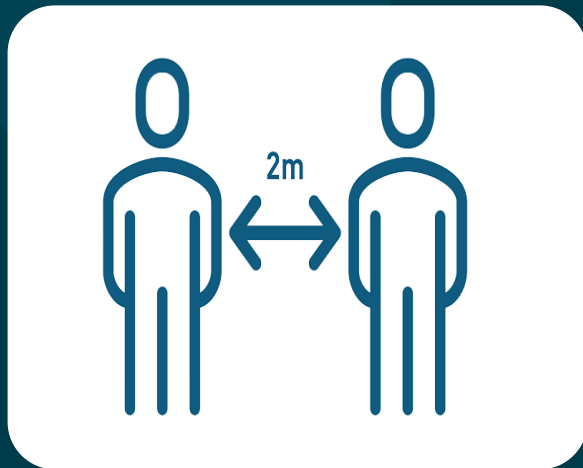
Breakout Room

Think about the Morgan et al. framework and think through the actual methods (both quantitative and qualitative) you are applying in project 1.

- 1) What information is emerging from our project 1 data collection that helps us complete the Morgan et al. framework for different stakeholder groups in our project 1?
- 2) Do we need to adapt our quantitative and /or qualitative sampling and data collection methods to be able to fill in any gaps in our understanding of project 1 areas/topics in relation to the Morgan et al. framework?
- 3) How we will use the framework as a team throughout project 1 data collection and analysis and intervention development?

Suggestions

- How do you think your team could be further supported to apply intersectional gender approaches?
- How G&I ALG can play role to support all the teams in applying the framework throughout the year?



THANK
YOU!!!!

Incorporating Intersectional gender analysis into Research of Infectious Diseases of Poverty: A case example of LF in Nepal WHO TDR toolkit

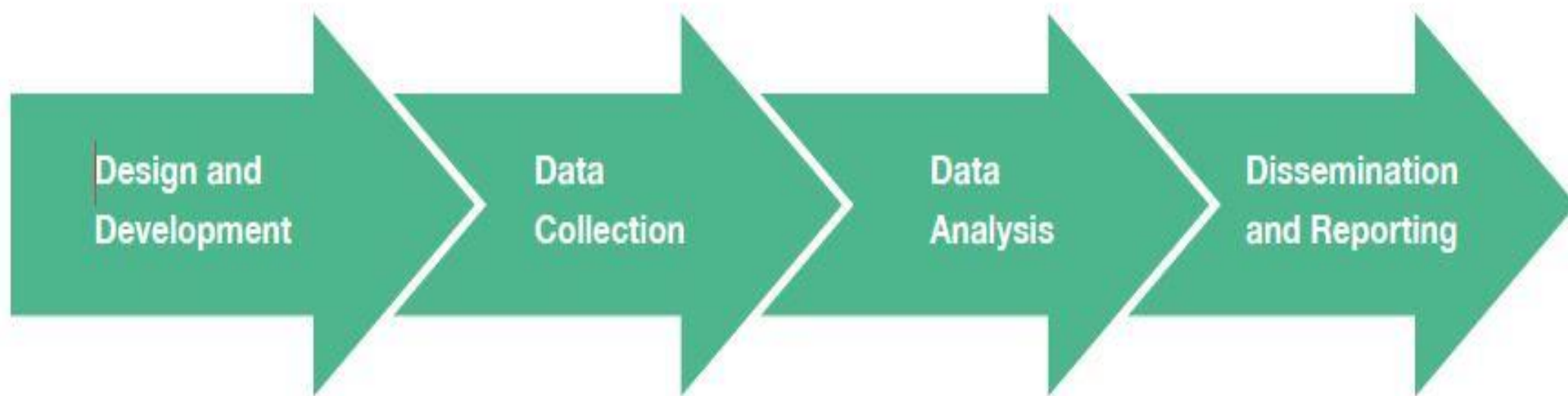
Abriti Arjyal
HERD International
10 January 2022

Intersectional gender analysis

- Process to understand how gender power relations intersects with other social stratifiers
- Intersectional analysis aims to move away from one dominant category
- It takes gender as an entry point into more complex analysis, and see how gender intersects with other social stratifiers

Due to documented importance of interrelationship between gender, vulnerability and infectious disease of poverty, gender is prioritized as an entry point to look at deeper intersectional analysis

Approaches to research on intersectional gender analysis



*Important to keep in mind where in the research process, intersectional gender approaches should be considered

*Ideally, it should be considered in all the stages

I. Design and development of research

Use gender analysis framework to guide the development research protocol

Disaggregated data by sex or gender and other social stratifiers within sample design

Developed a gender analysis matrix (next slide)

Developed intersectional gender analysis questions

*Advisable to identify and select social stratifiers, based on preliminary work, as some boundaries might need to be set on what we are exploring and analyzing

What constitutes gendered power relations

| | |
|-------------------------|---|
| Who has what? | Access to resources (education, information, skills, income, employment, services, benefits, time, space, social capital, etc.) |
| Who does what? | Division of labour and roles within and beyond the household and everyday practices |
| How are values defined? | Social norms, ideologies, beliefs and perceptions |
| Who decides? | Rules and decision-making (both formal and informal) |

How power is negotiated and changed

| | |
|------------------------|---|
| Individual/people | Critical consciousness, acknowledgement/lack of acknowledgement, agency/apathy, interests, historical and lived experiences, resistance or violence |
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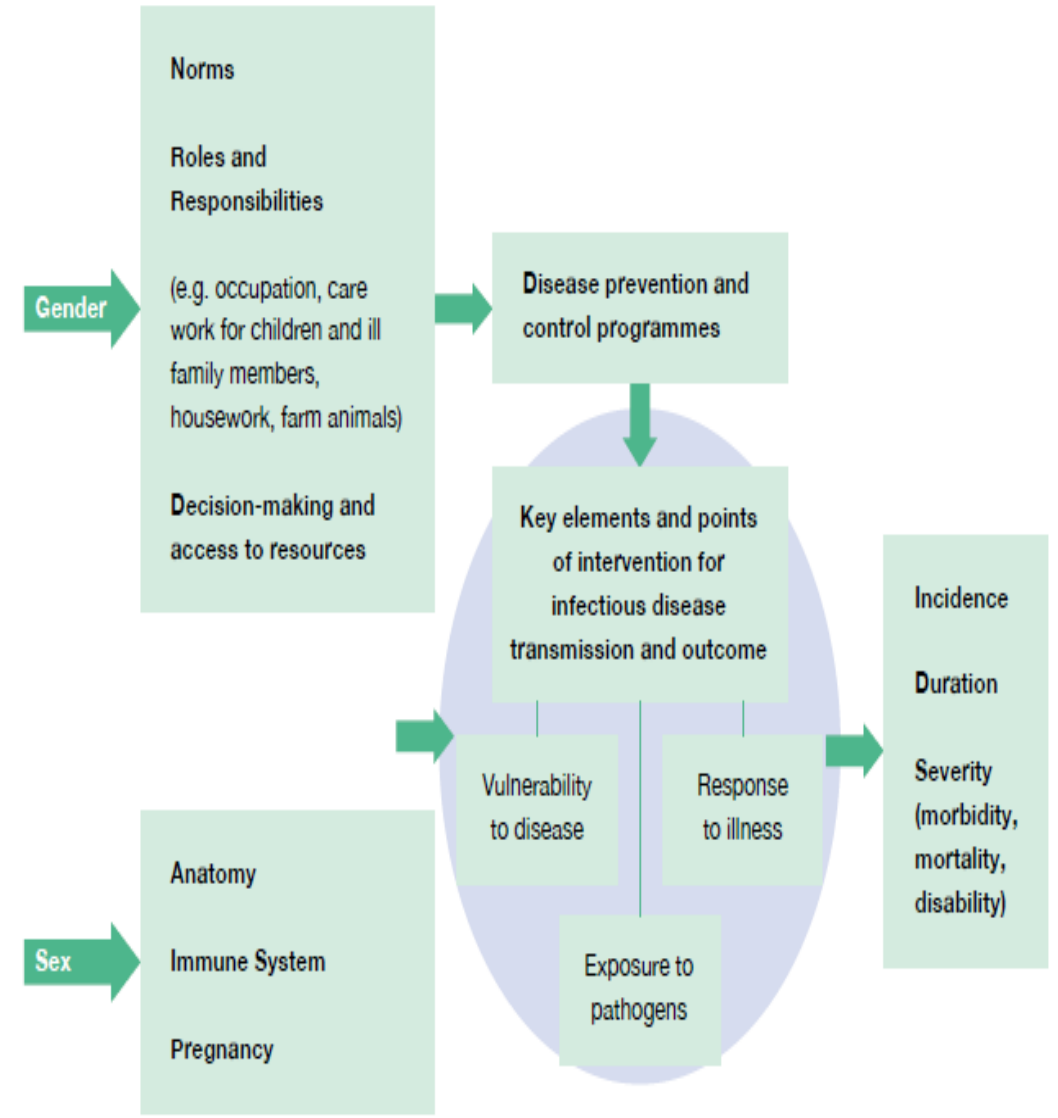


Fig WHO sex and gender framework for infectious disease of poverty

Developing intersectional gender analysis questions

- 1) A broad intersectional gender analysis questions table
- 2) An infectious disease of poverty gender analysis matrix
- 3) A table mapping intersectional gender analysis questions against relevant infectious diseases domains

E.g. Gender analysis questions

Access to resources

- ✓ To what extent do men, women and people with non-binary identities have access to financial resources to pay health care access or supplies?
- ✓ How does this differ between different groups of men, women and people with non-binary identities?

Division of labor, roles and responsibilities

- ✓ How do men's, women's and people with non-binary identities' roles and responsibilities affect their vulnerability or exposure to disease?
- ✓ How does this differ between different groups of men, women and people with non-binary identities?

E.g. Gender analysis questions

Social norms and values

How do gender norms affect men's, women's and people with non-binary identities' vulnerability to illness or exposure to pathogens/disease?

Rules and decision-making

Who has decision-making power regarding use of household finances?

E.g. Mapping gender analysis questions against relevant infectious disease domain

Vulnerability to disease

To what extent do men, women and people with non-binary identities have access to knowledge about disease prevention? **Access to resources**

Are there occupational or household activities that bring men, women and people with non-binary identities in contact with the risk factors (e.g. mosquito bites)?- **Distribution of labor roles and responsibilities**

To what extent do gender norms influence the activities that girls/women and boys/men can do? – **Norms and values**

Who decides how financial resources will be used? – **Decision making power**

***How does the above differ between different groups of men, women and people with non-binary identities?**

| Infectious diseases of poverty | Gender relation domains | | | |
|--------------------------------|---|--|---|---|
| | Access to resources | Distribution of labour and roles | Norms and values | Decision making |
| Vulnerability to disease | To what extent do men, women and people with non-binary identities have access to knowledge about disease prevention? | Are there occupational or household activities that bring men, women and people with non-binary identities in contact with contaminated soil or water? | To what extent do gender norms influence the activities that girls/women and boys/men can do? | Do women need to seek permission to leave the house? |
| Ability to prevent exposure | Do men and women have equal knowledge about methods to prevent exposure? | Are there protective measures that men and women can use to prevent exposure? | Are there any socio-cultural reasons why methods to prevent exposure may be used or avoided by either men or women? | Who is responsible for using the method in the household? |
| Response to illness | What are the costs of illness to men and women, e.g. lost wages, inability to perform household roles and responsibilities? | To what extent does men’s work outside the home prevent them from access health care? | Do socio-cultural consequences of illness affect men and women differently? | Do women have the autonomy to access treatment? |

Data Collection

Included intersectional gender analysis (gender sensitive) questions in data collection tools

Ensured that research process was not negatively affected by gender power relations

- ✓ Who participates and respondents?
- ✓ When is data collected and from where?
- ✓ Who is present during data collection?
 - ✓ Who collects and analyzes data?

Data analysis

Incorporated intersectional gender dimensions into the analysis of data (i.e. through use of variables and coding framework)

- ✓ Going beneath what is being said to understand how gender intersects with other social stratifiers to influence experiences

To effectively analyze, important to conduct the necessary preparatory work at the design and development stage

- ✓ Disaggregation of data by sex and other social stratifiers
- ✓ The use of gender frameworks and incorporation of intersectional gender analysis question in the data collection tools

| Gender relations domains | Biological/social stratifiers | | | | | | Infectious disease of poverty domain | | |
|--------------------------|-------------------------------|-----|-----------|----------------|-----------|------------|--------------------------------------|-----------------------------|---------------------|
| | Age | Sex | Ethnicity | Marital status | Education | Occupation | Vulnerability to disease | Ability to prevent exposure | Response to illness |
| Access to resources | * | * | * | * | * | * | * | * | * |
| Norms and values | * | * | * | * | * | * | * | * | * |
| Decision making power | * | * | * | * | * | * | * | * | * |
| Division of work | * | * | * | * | * | * | * | * | * |

Dissemination and reporting



Applying a gender lens while reporting study findings in reports and other dissemination materials

Thank you !!

Quantitative Intersectionality Analysis

Dr Joe Hicks

**Lecturer in Medical Statistics, Nuffield Centre for International Health and Development,
University of Leeds**

Quantitative intersectionality analyses

My initial naïve understanding only!

- 1) Descriptive analyses are fairly straight-forward
- 2) Causal analyses are a lot harder (if done right)

Conceptual overview

- Unitary approach
- Multiple approach
- Multiple approach assumes “additive” effects
- e.g. BMI in female-minority = overall level + female level + minority level

Conceptual overview

- Intersectional effects = interactions/cross-classified categories
- e.g. BMI in female-minority = overall level + female level + minority level + **female*minority level**
- Any number of interactions/cross-classified categories

Descriptive intersectionality analyses: aims

Describe outcomes within/between intersectional categories
& non-intersectional groups

e.g. BMI in female-minority A &/vs female-minority B

e.g. BMI in female-minority A &/vs females

Descriptive intersectionality analyses: Methods

| | F | M |
|----------|-----------|-----------|
| A | FA | MA |
| B | FB | MB |

- Estimate outcomes within & between categories via regression model predictions/contrasts
- Create cross-classified categorical variables or use interactions

| Intersectional group | Mean BMI/ difference |
|-----------------------------|-----------------------------|
| Female-A | 30 |
| Female-B | 28 |
| Male-A | 27 |
| Male-B | 20 |
| Female-A vs Female-B | +2 |
| Female-A vs Male-A | +3 |
| Female-A vs Male-B | +10 (not 5) |

Descriptive intersectionality analyses

- Purely descriptive cannot conclude causal effect
- May be confounding by other true causal effects

Causal intersectionality analyses

- Same methods usually used but interpreted causally
- Inappropriate: require causal inference approaches
- Complicated, time consuming, effortful, under-development
- Be prepared for a big undertaking! External support?

Additional methods

- Multilevel models: mitigate very large no. of groups?
- Clustering methods: explore/identify intersectional groups

Quantitative intersectionality studies & data

- Plan carefully – consider intersectionality RQs throughout
- Contextual/cultural knowledge is key
- Include all likely intersectional categories in tool
- Barriers to collection? Accuracy, stigma?
- Sample size