

Gender mainstreaming in health: the possibilities and constraints of involving district-level field workers



A health worker in the clinic: a challenge for gender mainstreaming is to promote collaboration beyond health services to improve the health of women, men, boys and girls

The involvement of district-level workers in local-level practical approaches to mainstreaming gender is central to facilitating change and informing health strategies. There are very few practical examples of mainstreaming gender in health, especially at the lower levels of the health sector. One approach is to build the capacity of staff to conduct and respond to gender analysis.

On its own, gender training is insufficient to build this capacity. The lack of gender sensitive information on specific health problems and health care delivery in particular contexts is also an obstacle. A critical question is raised: if the process of gender mainstreaming in health is to be a common responsibility rather than that of 'gender experts', what kind of training can feasibly be provided to health workers to enable them to facilitate change?

The Malaria Knowledge Programme has been looking at gender aspects of health care for malaria. In 2000 it led a project in the Volta Region of Ghana. District Health Management Teams and district-level field workers from other sectors, such as community development and cooperatives, received training to conduct qualitative and participatory research on the gender aspects of access to health care for malaria. The results of the research have informed strategies to improve gender equity in health at the community level. Recommendations from the study are presented below, followed by the key findings overleaf.

Recommendations

Practical approaches to mainstreaming gender in health

- During participatory research processes, time should be dedicated to participatory exploration of the assumptions, beliefs and experiences underpinning the various interpretations of data with participants. This allows participants to reflect on the reasons for their own positions and the differing implications of these.
- In using gender analysis frameworks, there is a need to include more explicit methods for identifying how gender inequalities are produced and maintained and for linking this analysis to specific strategies for change.
- Do not focus solely on education on gender roles and responsibilities, as such an approach does not take into account the fact that actual behaviour differs from agreed gender roles and responsibilities.
- Provision of training in participatory approaches to facilitating change is needed for district-level health workers. Participants identified this need themselves, but had not received sufficient training in this approach to avoid provoking conflict.
- Provision of training and experience in advocacy work is needed for district-level health workers. Many felt they could act as advocates for community members to government bodies to facilitate inter-sectoral collaboration.
- Inter-sectoral collaborations that are central to promote gender equity in health need to be facilitated and improved. For example, district-level health workers had relatively low knowledge or skills about income generation or diversifying livelihood strategies. Different sectors have comparative advantages and using the full range of skills available is vital.

“We need to talk to the opinion leaders so that women are given a chance”

Male participants' focus group discussion

“We are mostly health orientated, so we need to be taught how to go about it so that you do not bring conflict to the husband and wife relationship.”

Interview with public health worker

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Key findings

District-level workers conducted a valid and useful gender sensitive situation analysis of access to and use of health care facilities for malaria. They analysed some aspects of health-seeking behaviour using a gender analysis framework introduced in training. Findings showed that women who lacked short- or long-term economic support from relatives, or who disagreed with their husbands or family elders, faced difficulties in accessing appropriate treatment for children with malaria.

The involvement of district-level workers in the research meant that they were stimulated to think about gender issues in access to health care for children with malaria. Some of them could see a clear role for themselves in better responding to the problem and were more interested in facilitating change. This supports existing evidence showing that involving people in research that is relevant to them leads to a better uptake of results.

What were district health workers' strategies for responding?

Strategies to improve gender equity were conceived by the participants. They argued that it was necessary to:

- Improve financial access to health care through local health care insurance schemes (sometimes called Mutual Health Organisations)
- Link up with non-government organisations and government schemes to provide credit and support for income generating activities for both women and men
- Provide community education on the treatment of malaria through meetings with different community groups (including men's groups)
- In health education, include a focus on women's decision-making roles through meetings with opinion leaders, and involvement of community members in role plays and group discussions.
- Build consensus with women and men on roles and responsibilities in managing the home

What were district-level workers' perceptions of gender?

Such locally-led research allowed for a greater insight into district-level workers' broader gender ideologies and cultural narratives. Their readings of the situation analysis were partly shaped by this and also by their own gender and status positions.

- Men and women's behaviour were often perceived as 'natural', which offered few possibilities for interventions to bring about change.
- Women were seen as responsible for their own lack of income, meaning people did not see the broader inequalities in access and distribution of resources and responsibilities.
- Addressing gender inequities was seen by some men as a threat to the status and power automatically conferred to males.
- Some women drew on their experience as mothers to understand the difficulties that women faced.