# Gender Perspectives in Reproductive Health Research

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# Sex

Refers to physiological attributes that identify a person as male or female:

- Genital organs
- Predominant hormones (estrogen, testosterone)
- Ability to produce sperm or eggs
- Ability to give birth to and breastfeed children

# Gender

- Refers to widely shared ideas and expectations (norms) concerning women and men

- Includes ideas about “typically” feminine/female and masculine/male *characteristics* and *abilities* and commonly shared *expectations* about how women and men should behave in various situations

# Gender

- These ideas and expectations are *learned* from family, friends, opinion leaders, religious and cultural institutions, schools, the workplace, advertising and the media.

- They reflect and influence the different roles, social status, economic and political power of women and men in society.

## A gender perspective involves:

- Looking at sex/gender sex-disaggregated data
- Trying to interpret the meaning of the differences (gender analysis)
- Taking the differences into account in planning research or programme interventions (gender-sensitivity)

## Sex differences in sexually transmitted diseases

- Transmission more efficient from male to female
- Women have less easily identifiable symptoms than men (50-80% women with gonorrhea are asymptomatic; 20-40% men)
- When symptoms are present, they are often subtle

# Gender differences in sexually transmitted diseases

- Social perceptions
  - men virile, active dominant
  - women submissive
- Social norms
  - men can have many partners, sex outside marriage, women cannot
  - men have primary authority over sexual and reproductive health decisions

?**gender power imbalance in sexual relations**

# Gender power imbalances

- Unwanted sex/forced sex
- Inability to influence contraceptive use
  - 10% rape victims developed STD
  - 15% became pregnant (Thailand)
- Lack of control
  - 40% married women infected with gonorrhea by their husbands: 54% with chlamydia (Ethiopia)

# Gender biases in health care systems

- Disrespectful treatment of women with STDs or unwanted pregnancy
- Less information, less treatment options for women than men
- Sex workers stigmatised
- Cultural restrictions to women seeking care from male provider
- Economic restrictions

# Sex work

- Men pay women for sex
- Women exploit/use men because of male need for sex?
- Stigmatization
  - women blamed for infection
  - lack of protection, access to services

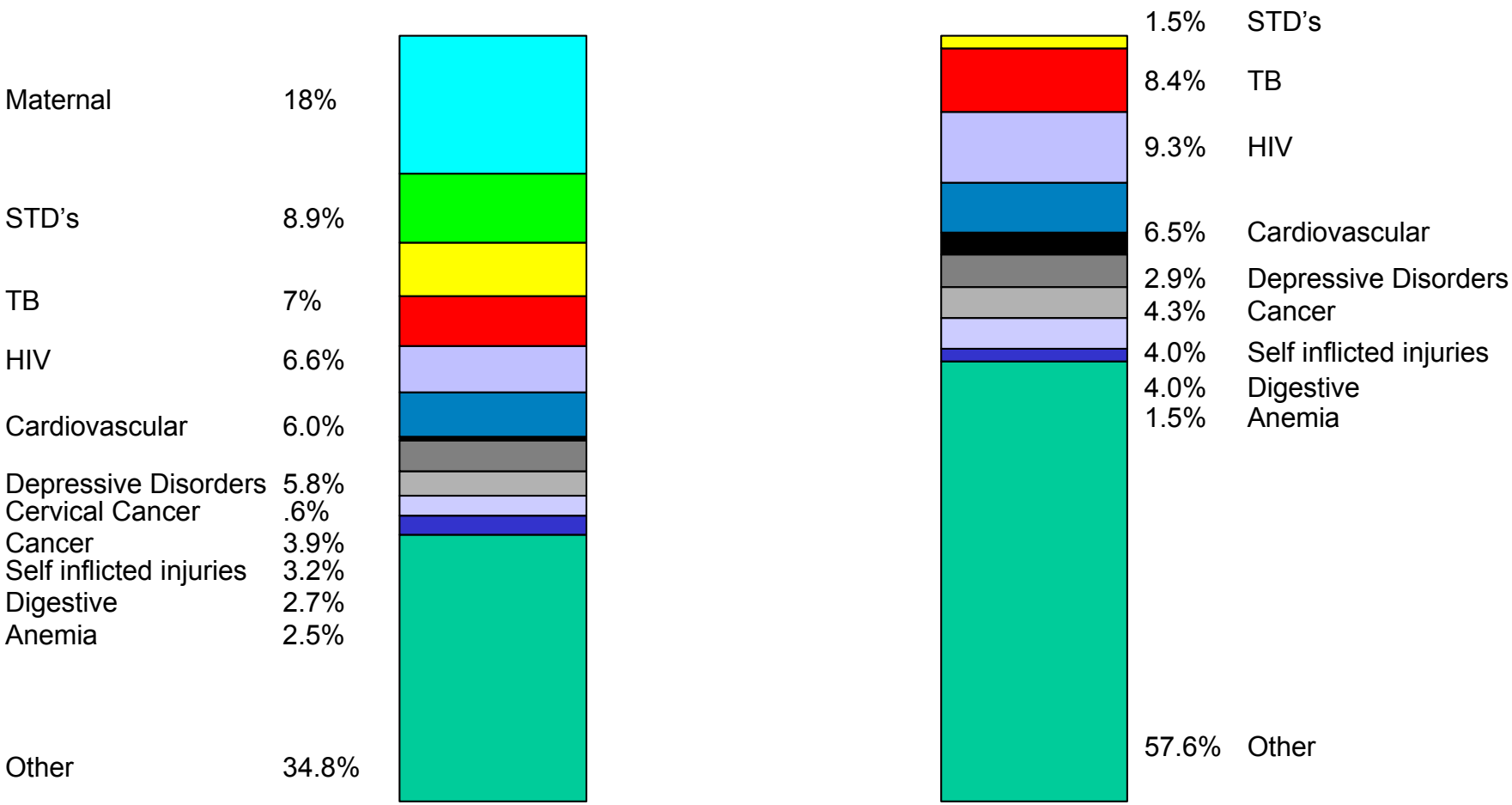
# Implications for reproductive health research and programmes

- Dual protection methods
- Appropriately adapted treatment
  (for both women and men)
- Behavioural interventions
  workshops and training courses that help especially young people and health workers to recognize gender inequalities, and the significant influence of gender roles and power imbalances on reproductive health
- Service delivery
  de-stigmatizing services for sex workers, or for women generally; communicating about sex; offering dual protection methods; ensuring partner notification or involvement of partners

# Guidelines for researchers

- Does the research question address a demonstrated public health need and a need expressed by women or men?
- Does the topic of research contribute to reducing gender inequities in health and health care?
- Does the plan for disseminating results take into account gender needs?
- Does the nature or topic of the research make it important that the researchers are women rather than men?

# Disease burden in men and women aged 15-44 years




(World Bank, 1993)