



Gender equity & health in a global context: experiences
from LSTM's gender and health research group

Dr. Esther Richards, Gender & Health Group, LSTM

***Health and Gender Equity in the Period of Global Crisis
Conference, DSAI, Galway, November 28th-29th 2013***

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Gender and Health Group

The Gender and Health Group at the Liverpool School of Tropical Medicine was established in 1995. The multi-disciplinary group has been at the forefront of work in gender and health, applying gender analysis and planning in their areas of expertise including

- Clinical and epidemiological expertise in infectious diseases, particularly tuberculosis, HIV/AIDS, malaria
- Research methodologies
- Research communications; getting research into policy and practice
- Health sector reform and health sector management
- Health equity
- Quality assurance initiatives
- Community development
- Health ethics
- Human resource development
- Occupational health.

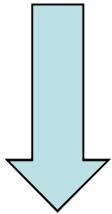
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The group have just finalised an ESRC funded international seminar series on 'Gender Health Equity: Embracing local and global challenges to mainstreaming' which brought together leading international researchers and advocates. The final report and 3 bibliographies can be downloaded [here](#).

The group has also produced [Guidelines for the Analysis of Gender and Health](#) in developing countries with the financial support of the UK Government's Department for International Development (DFID). These guidelines aim to enhance the ability to understand and respond to gender issues amongst those involved in the planning, implementation, and evaluation of health care provision and health research.

New work out - group members have written a new report commissioned by EQUINET on: [Dimensions of gender equity in health in East and Southern Africa](#)

Who are we?



Sally Theobald
Rachel Tolhurst
Jo Raven
Kate Jehan
Esther Richards
Eleanor MacPherson

...and collaborators

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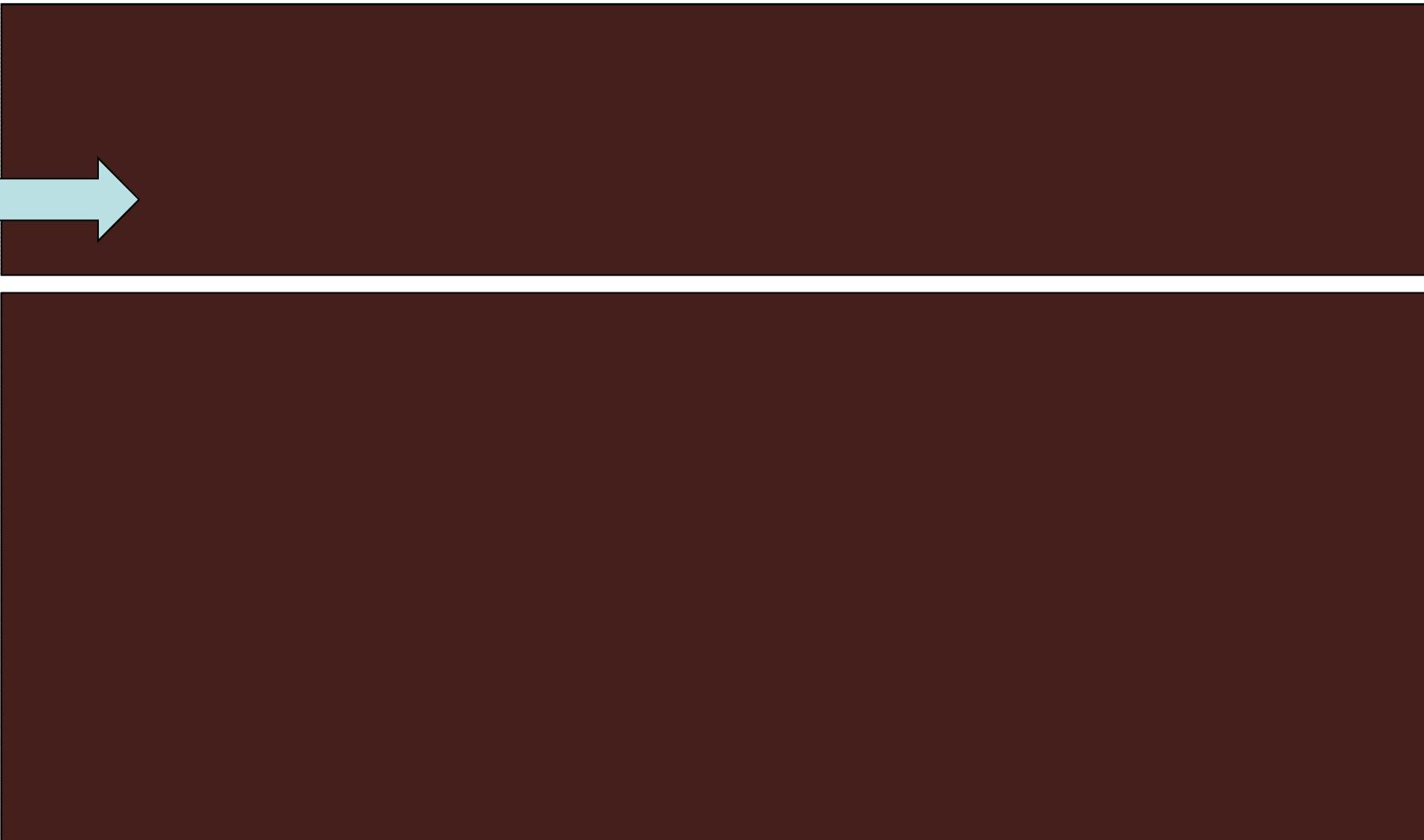
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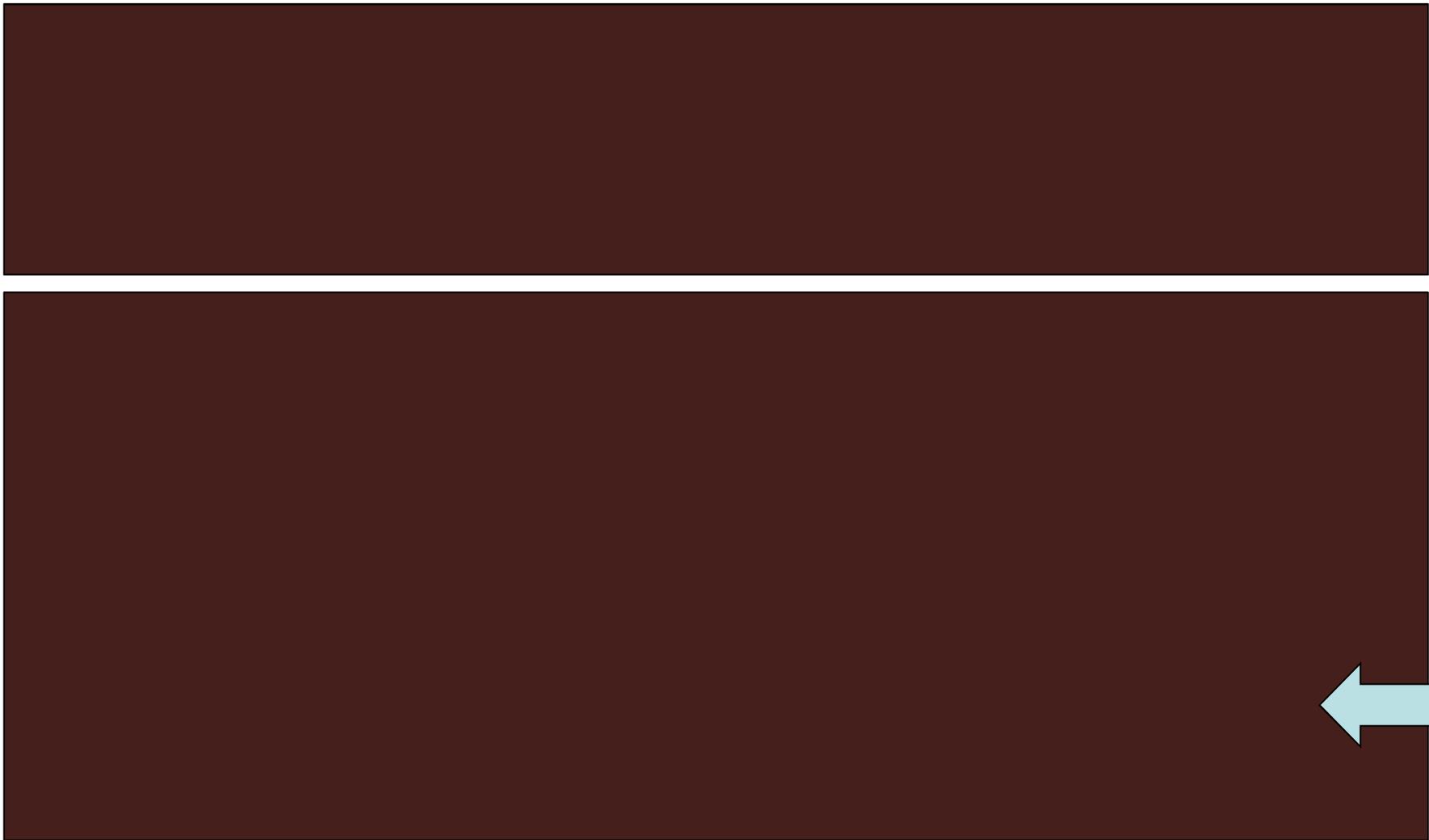
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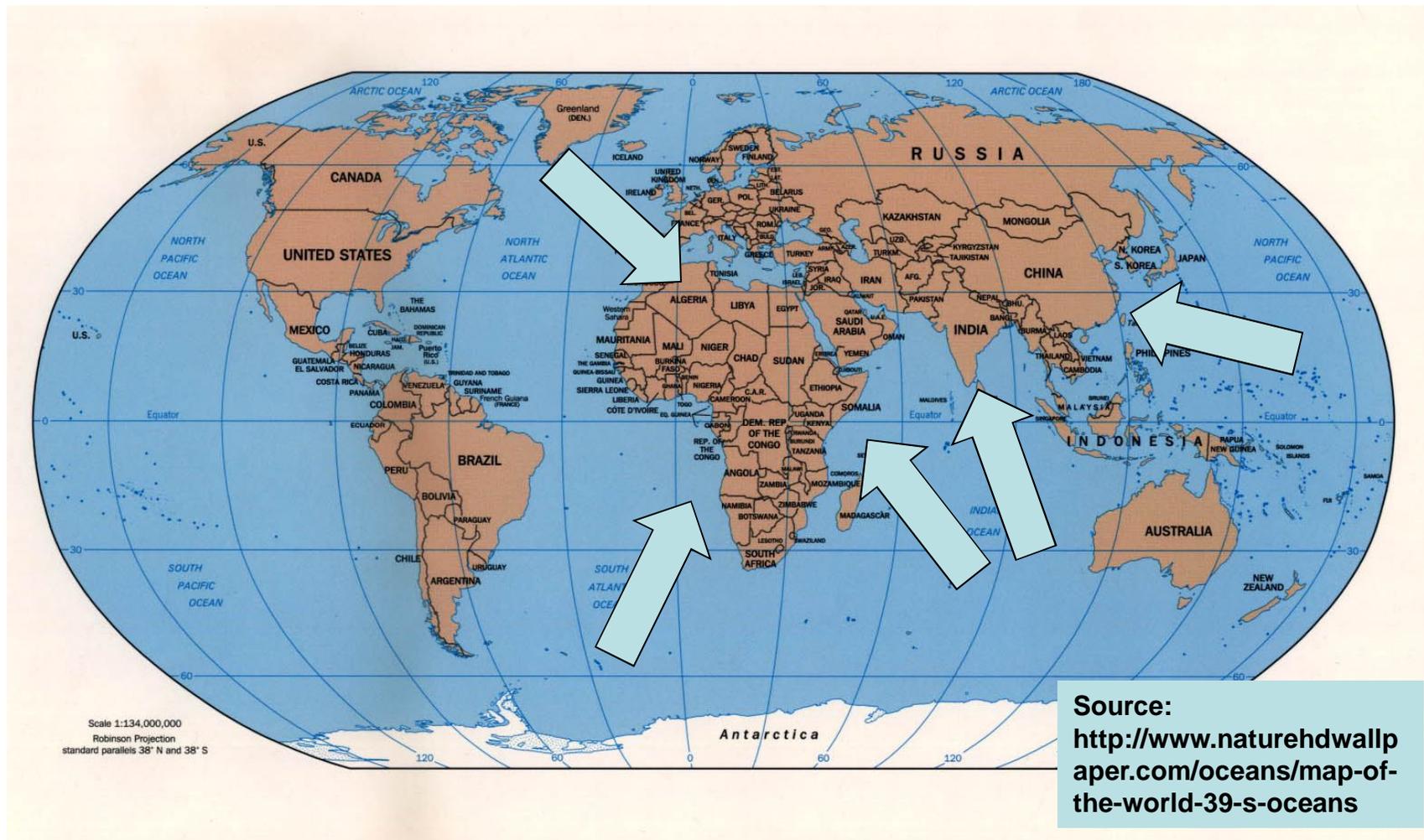
What do we do?



What do we do?



Where do we work?



Impact and engagement



“Research that doesn’t just gather dust on library shelves...”



BMJ GROUP AWARDS • **BMJ GROUP AWARDS** • **BMJ GROUP AWARDS** • **BMJ GROUP AWARDS**

BMJ Group Awards: Getting Research into Practice category
Making the evidence matter

Chad Boult, director of the Roger C Lipitz Center

Dr Sally Theobald of SHHEP

Dr Kevin Volpp

Professor Ebenezer Benjamin

Karen Petterson
BMJ EVIDENCE CENTRE
Considerable time and effort are invested in randomised controlled trials and long term prospective observational studies to assess the benefits and harms of interventions. However, it is not enough simply to publish high quality research: the challenge is to ensure that clinicians act on the research findings.

The BMJ Group’s Getting Research into Practice award celebrates successful initiatives to introduce evidence based improvements in health care that have been completed in the previous two years.

Our shortlist, chosen from 127 submissions, represents the best in an impressive field: those projects and initiatives with a strong evidence base—both in terms of the rigour of the original research they aimed to implement and in the approach taken to achieve change in practice—and those that have a clear and long term impact on outcomes that matter to patients.

While on sabbatical in Dubai in 2006 Ebenezer Ellen Benjamin, professor of nursing in Vellore, southern India, noted that episiotomy was routinely performed on a wide range of women (64%) in Al Wasl hospital and that, despite this high rate of episiotomy, 0.2% of women still developed third and fourth degree tears.

With a view to changing practice and reducing numbers of episiotomies, Professor Benjamin recruited a multi disciplinary team of midwives, nurses, and medical staff to a project that used a PDCA (“plan, do, check, act”) systematic quality improvement model. In an in-service session the current evidence for giving episiotomy was presented. In-house guidelines were reformulated that were based on World Health Organization recommendations; and adherence by staff members was monitored closely, with support and further training offered to any practitioners not following the guidelines. The episiotomy rate was successfully brought down to below 20% within six to eight months, with no increase in the incidence of third and fourth degree tears.

The Sexual Health and HIV Evidence into Practice (SHHEP) group is a collaboration between UK, African, and Asian research organisations that has capitalised on the evidence generated by randomised controlled trials and social science research to influence government policy on sexual health and HIV in developing countries.

One of the group’s successes involved advocating research findings to change the law in Ghana so that survivors of gender based and sexual violence are no longer forced to pay for their own medical tests to prove assault in court.

It has also influenced changes in policy and practice in several countries, including Brazil and Ghana, leading to the introduction of an easy to use and inexpensive, point of care dipstick test to screen pregnant women for syphilis and thus to reduce infant mortality.

The essence of the project is to share learning. The group has formulated a range of targeted mechanisms to communicate health research to different audiences and spearhead change.

The BMJ Group Awards
in association with **MDDUS**

AWARD SPONSOR:
NHS Evidence

Our partnerships



**SIPRI Gender
Working Group**

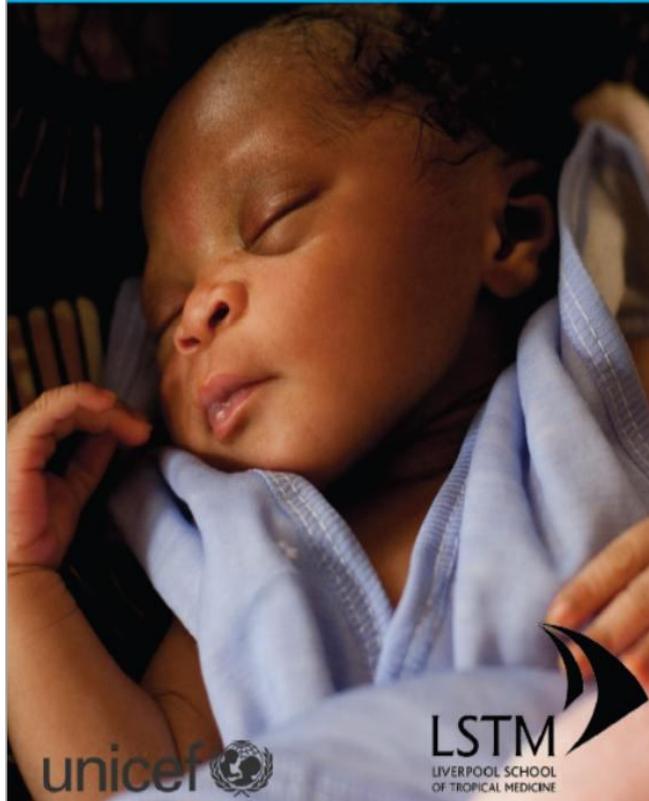
**UVRI/MRC
Uganda Research
Unit on AIDS**



Gender influences on child survival, health and nutrition: review and guidance



Gender Influences
on Child Survival, Health and Nutrition:
A Narrative Review



Guidance on Methodologies
for Researching Gender Influences
on Child Survival, Health and Nutrition



LSTM team:
*Esther Richards
Sally Theobald
Rachel Tolhurst*

**With support
from:**
*Asha George
Christiane
Rudert
Julia Kim*

EU FP7 funded 4 year study:

“Evaluating two large scale demand-side finance programmes designed to reduce the cost barrier to Emergency Obstetric care for poor women, aiming to decrease maternal mortality in India.”

Qualitative exploration of policy, provider and beneficiary perspectives, including influence of social networks on decision-making on place of birth.



The **qualitative component** of the project coordinated by the Gender and Health group aims to develop our understanding of the **changing social context** of abortion and family planning to contribute to the design of **culturally and socially appropriate interventions.**



The screenshot shows the INPAC website header with the logo and the tagline: "INPAC Integrating Post-Abortion family planning services into existing abortion services in hospital settings in China". Below the header is a navigation menu with the following items: HOME, ABOUT INPAC, PROJECT CONSORTIUM, PROJECT NEWS, PROJECT DOCUMENTS, MEMBERS AREA, CONTACT, and LINKS. To the right of the menu is a photograph of a family (a man, a woman, and a child) smiling and embracing each other. Below the photograph is a "WELCOME" section with the following text: "According to WHO, among 210 million pregnancies that occur each year, 80 million are unintended and 33 million of these are due to ineffective use of a contraceptive method. There were an estimated 43.8 million induced abortions in 2008 worldwide¹. In China, an estimated 13 million induced abortions were conducted in 2008². The large numbers of induced abortions are primarily due to contraceptive failure or less/no use of contraception. Unsafe induced abortions and repeated abortion are associated with a high risk of injury of long-term physical and psychological morbidity and a heavy social-economic burden. Some complications from unsafe or repeat abortion may reduce women's productivity, increasing the economic burden on poor families; cause maternal deaths that leave..."

<http://www.rebuildconsortium.com>



Health systems research has tended to **neglect** post-conflict settings.

There are particular **opportunities** to set health systems in a **pro-poor, gender equitable** direction in the immediate post-conflict period.



SIPRI Gender Working Group focuses on how health reconstruction in post conflict settings integrates or responds to gender equity issues.



Two in-depth case studies of health sector post-conflict reconstruction in **Northern Uganda and Timor-Leste** from a gender perspective

Triangulated with a brief analysis of further cases studies of **Sierra Leone and Mozambique**

UVRI/MRC Uganda Research Unit on AIDS



UNAIDS-funded 6 month small-scale study:

“Exploring the role of structural drivers of HIV among women and men aged 50 and above in Uganda: a gender analysis”



Cordaid-funded one year study:

“Exploring care practices and needs of HIV positive children with older carers in South Western Uganda: identifying psychosocial constraints and opportunities for their education and health”



REACHOUT aims to understand and develop the role of close-to-community health workers in preventing, diagnosing, and treating major diseases in rural and urban areas in **Africa and Asia**.

The programme allows partners to understand and explore opportunities for **preventative action** through working with **community providers** who are already close to households.



<http://www.reachoutconsortium.org/>

Developing current and new themes

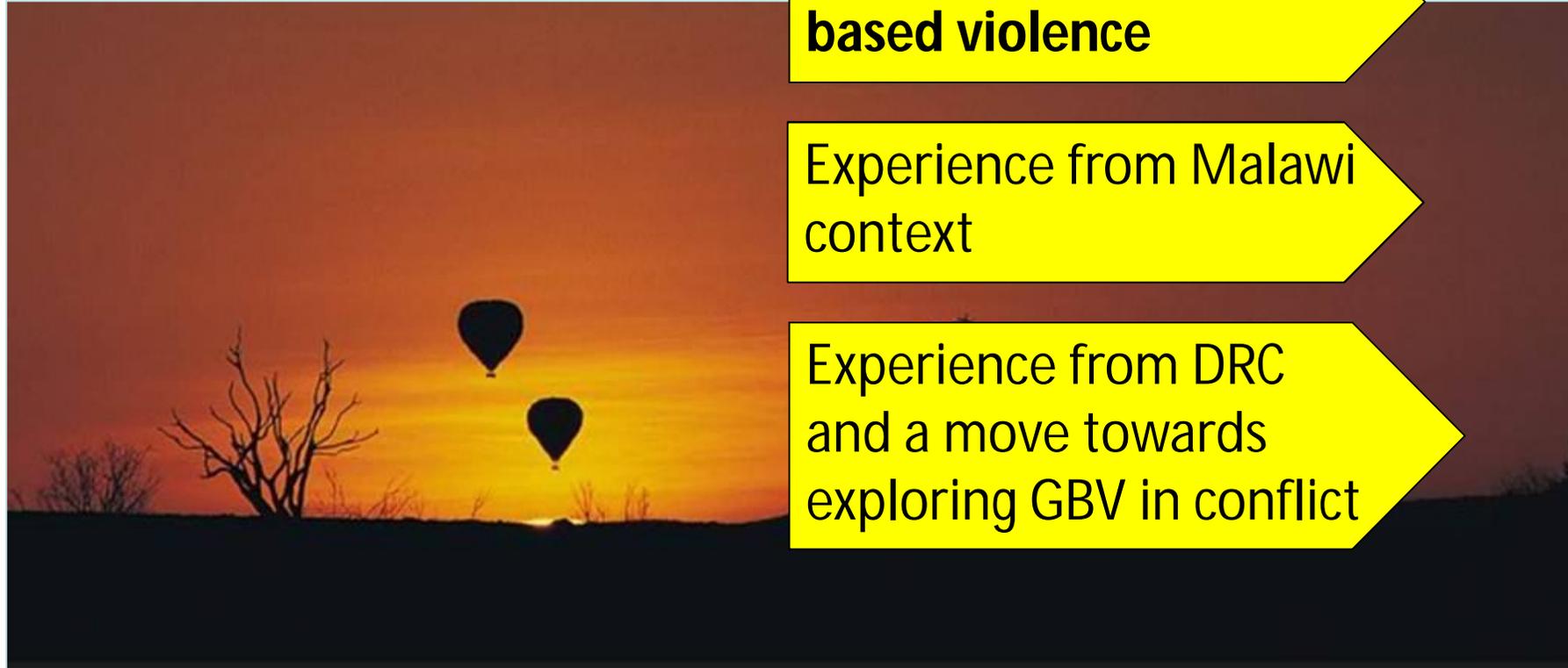
Neglected tropical diseases

An LSTM team combining parasitology and social science expertise to focus on two main areas:

- Exploration of community perceptions of changing drug regimes.
- Understanding the broader impacts of lymphatic filariasis on men living with clinical manifestations of the disease.



What's next for the Gender and Health group?



Research on gender-based violence

Experience from Malawi context

Experience from DRC and a move towards exploring GBV in conflict

Acknowledgements



- **ReBUILD – Tim Martineau & Barbara MacPake**
- **SIPRI Gender Working Group – Val Percival, Tammy Maclean, Sarah Ssali, Justine Namakula, Tabitha Buheitel**
- **REACHOUT – Miriam Taegtmeyer**
- **UNICEF – Asha George**
- **MATIND – Ayesha de Costa, Dileep Mavalankar, Vishal Diwan**
- **INPAC – Wei-Hong Zhang & Marleen Temmerman**
- **UVRI/MRC Uganda Research Unit on AIDS – Janet Seeley, Flavia Zalwango, Francien Scholten**

- **Including many other collaborators who have contributed to fieldwork and other aspects of data collection and analysis.**

Any Questions?