Research in Gender and Ethics (RinGs): Building stronger health systems

Putting intersectionality into practice in health systems research: Learning from Future Health Systems

Background

Through a combination of a small grants programme, online and face-to-face capacity development interventions, the creation of practical tools to guide researchers, and academic publishing, Research in Gender and Ethics (RinGs): Building Stronger Health Systems has increased the ability of individuals to reflect on gender and intersectionality and to apply this learning. This brief explores how the concept and theory of intersectionality has impacted the work within Future Health Systems, one of four Research Project Consortia (RPCs) that is within the RinGs partnership.

Intersectionality is an approach coined and developed by Kimberlé Crenshaw, an American scholar focused on legal studies and critical race theory. It illuminates how intersecting inequities experienced by marginalised people relate to larger structural systems of oppression and discrimination. It argues that the ways in which people experience different axes of discrimination are more than simply additive. In relation to health systems research, intersectionality cautions against treating women as a biomedical and homogenous category, pointing out that gender needs to be considered within its social context alongside other social determinants.

Intersectional analysis in health systems research is in its infancy. Future Health Systems' and RinGs' work in this area has been pioneering, simultaneously building capacity to understand the thinking that underpins this theory whilst using frameworks to apply it in various contexts. New insights into the causes of ill health and how to overcome them have been generated because of this process. Consortium members have also grappled with challenges in applying this approach. The support that RinGs has provided in the consortium has led to positive changes in capacity to conduct gender and intersectional analysis in health systems research in various ways.

What did RinGs do?

2014

- First discussion of intersectionality at the FHS annual meeting.

2015

- Three FHS projects received funding from the RinGs' small grants programme to do gender and intersectional research.
- Webinar on how to do gender analysis within health systems research targeted small grantees and outside audiences.
- RinGs convened a webinar with leading experts in health financing and researchers

2016

- Meeting and training on gender and intersectionality with small grantees in Kilifi, Kenya.
- RinGs supported Health Systems Global (the professional body for health systems research) in holding a webinar on gender and community health workers.
- RinGs published a paper on gender analysis in health systems research in Health Policy and Planning.
- FHS published a 'key lessons' brief on galvanising gender analysis and practice in health systems which explains how intersectionality fits within the larger gender agenda.
- RinGs published a paper highlighting the ten best resources on health systems and intersectionality in Health Policy and Planning. This paper, which also defined intersectionality in the context of health systems research, was chosen as an Editor's choice. An associated podcast was recorded and published online.
- The Global Symposium on Health Systems Research showcased a plenary panel dedicated to intersectionality.
- Webinar on the role of gender within health systems which showcased the work of small grantees.

2017

- FHS annual meeting attendees took part in a capacity development exercise to explore how intersectionality could be applied to their work.
- RinGs co-organised a workshop on health systems' resilience with FHS and other consortia that included presentations and discussions on intersectionality.
- FHS initiated research into community score-cards in Uganda and Bangladesh which takes an intersectional approach.

UKaid from the British people

Who we are

RinGs members affiliated with FHS who led these changes were Rosemary Morgan, Asha George, and Linda Waldman, with support from Future Health Systems' Director Sara Bennett. They have functioned as point people for work on gender, providing skills development and access to reading and other resources, and pioneering work on intersectionality through their own research and publishing. Small grantees, now associate members of the RinGs' team, have led experimentation with gender and/or intersectional analysis and associated research methods:

- Debjani Barman conducted an intersectional analysis of eye health among the elderly in the Indian Sundarbans
- David Musoke and Charles Ssemugabo used photovoice methodology to examine gender and ethics in the Ugandan community health worker programme
- Liu Tianyang and Hao Xiaoning used mixed methods to explore family care for the elderly in China
- Tumaini Nyamhanga analysed gender mainstreaming within Tanzania's prevention of mother to child transmission of HIV guidelines and organizational practices

How did RinGs benefit the consortium?

Introducing new theory

In introducing the concept of intersectionality, RinGs was, to some degree, knocking on an open door as there have been many researchers within Future Health Systems who have used a gendered approach in their research. However, not all researchers had made gender and intersectionality a focus of their work, and many did not feel confident working in this area.

"Initially the team were confused between intersectionality and interaction. In quantitative economics we use interactions to look at two different variables e.g. sex and marital status. We wondered whether it was the same thing or a new thing. If it is the same thing, we were puzzled as to why we are discussing it as economists have used this many times before...But then we realised the two methods would tell you different things. Intersectionality is more multi-directional and gives different findings."

Debjani Barman, Institute of Health Management Research, India

Intersectional analysis was a new way of viewing gendered research which intrigued some members of the consortium. The Health Policy and Planning paper which provided information on diverse ways in which the concept had been applied (see References), and the plenary session at the Health Systems Global conference in Vancouver, enabled the dissemination of some of this thinking to a wider audience.

Supporting researchers to conduct gender and intersectionality studies

Through RinGs' capacity building efforts, including the small grant programme, some researchers decided to experiment with an intersectional approach for the first time. Future Health System's researchers in Bangladesh and India trialled it, analysing data sets which had been collected as part of their ongoing work. In India, this focused on eye health among the elderly in the Sundarbans, while in Bangladesh women's use of information and communication technology (ICT) to seek health-related information was scrutinized.

Using an intersectional approach has been a learning process with peaks and troughs. In India, we asked how an intersectional approach differs to studying interactions in variables such as age and sex. We learnt that intersectionality goes beyond the numbers to consider the systems and structures of power which operate in a given context (e.g. historical and contemporary structuring of inequalities in wider society and among individuals and how these are related to power) and recognizes that data and results need to be analyzed in relation to this context to fully understand experiences of marginalization and/or privilege.

Along the way the investigators came to realise that this type of work requires: (1) large data sets to fully understand variable interactions (large datasets which allow for detailed and unique classifications and categories of subgroups, such as poor female and poor male, as opposed to coding economic status and sex separately and combining them later on during the analysis); and, (2) further qualitative analysis to better interpret and make sense of data and understand drivers and mechanisms of inequity. Such an approach allows researchers to understand how power dynamics manifest, are replicated and reproduced, and how they lead to inequities in relation to health system access, experiences, and outcomes in a given context.

In Bangladesh, the multi-disciplinary team added depth to the work as they explored the use of ICTs, including radio, television and mobile phones, for health information seeking in rural, semi-urban and urban contexts. They found that retro-fitting this type of interrogation to data that had been collected for other uses was not always straightforward as the team had collected data on categories (such as gender, age, location) rather than focusing on the ways in which power relations played out within and between the categories, thereby shaping different people's access to resources.

Providing a space for reflection and prompting change

"To do intersectional work we need to understand power - it is not just a method for documenting things, it requires openness to doing things differently. We don't need finger-pointing and judgements, we need studies that can demonstrate what this approach means in practice and further guidance on methodological issues. This includes reflections on our own positions. What can you do when there are difficult power dynamics? How do these relate to social, cultural and religious norms in the different settings?"

Gerry Bloom, Institute of Development Studies, UK

Findings of the intersectional studies

Bangladesh: There are significant gender differences in access to and use of mobile phones and televisions, and men – as fathers, husbands, brothers etc. – act as mediators of women's access. A straightforward gender analysis suggests that men dominate ICT access and health information in almost all arenas. However, an intersectional lens examining gender in conjunction with age, education and location, produced a more nuanced understanding of the gendered dynamics of digital technologies. For example, young, educated men and women report similar ICT and health information behaviours. Moreover, television emerges as a more widely used medium than mobile phones or radio, for conveying health information to semi-urban and urban residents. The analysis suggests that, if health messages are to target poor, uneducated and young women, then old-fashioned television broadcasting is more likely to reach them than the newly-hailed power of mobile phones. More attention is needed to examine the ways in which power relations shape access to technology, and through this, health information in different geographic and residential contexts to determine the best way of targeting poor, young women in diverse contexts.

India: When gender is considered alongside age, we can see how the two intersect to influence levels of visual impairment among men and women, with older women being more at risk. When gender is considered alongside education, we can see that education is preventative among men only. And when gender cross cuts with poverty, poor men are in a better position compared to non-poor women in terms of preventing visual impairment. That means improving socio-economic status does not necessarily ensure better eye health status for women. These findings can be understood in relation to historical and contemporary gendered power relations between men and women in India which lead to women's marginalization and vulnerability. Without applying an intersectionality lens to the analysis, these distinctions would be lost. Policymakers need to be more cautious when developing a blanket approach to address social issues like ageing, or health problems like visual impairment, especially if they seek to target those who are most vulnerable.

Taking on a gendered or intersectional approach can prompt reflection on researchers' own positionality and the ethics of their work. It requires researchers to put aside assumptions and to question commonly held opinions and norms. RinGs has created a space for interactions and conversations within FHS and its partners which would not otherwise have taken place. It is part of a larger process within the world of health systems research to reflect on institutions and systems of knowledge generation. Working with initiatives like Women in Global Health, RinGs has prompted researchers and policy makers to look at the systemic and endemic gender discrimination in their own organisations and ways of working. RinGs' activities in Future Health Systems and Health Systems Global have also made Future Health Systems' members more aware of gender and intersectionality:

"To some extent, you [RinGs] are asking us to think in more sophisticated ways, to avoid rules of thumb, and to be open to suggestions. I think using intersectionality is an ongoing process and that this is true for many people, including Future Health Systems. It is a gradual unpicking of how it is relevant."

Sara Bennett, Johns Hopkins Bloomberg School of Public Health, US

Capacity development

"From doing the small study I feel that it is a foundational stepping stone. As someone from a public health background working with RinGs has opened up new avenues beyond issues like diseases, outbreaks, and community engagement...It may only be a small grant but it has had knock-on effects, I've written three manuscripts, had engagement with other researchers, participated in the Health Systems Global conference...It has been very beneficial and has opened doors in terms of research and collaboration. In the future, I will try to do more linking gender to public health."

David Musoke, Uganda

RinGs has found ways to enable and empower FHS researchers to conduct and report research that takes more nuanced views than before. This has impacted not only on the individuals that took part in the small grants programme but also the teams that they work with in their own institutions. They have spread the skills and learnings developed through their interactions with the RinGs network.

What next?

RinGs has played a positive role in FHS, stimulating consortium members to consider gender and intersectionality in their work, often for the first time. It has encouraged small grantees and the wider consortium to ask questions about power and exclusion through the use of evidence.

Intersectionality has value as an analytical lens but the application of the concept is complicated and as a consortium working in diverse settings, across disciplines, and on a multitude of different elements of the health system, we are still on a journey. There have been barriers to moving from understanding theory, to method and practice – and these are still ongoing.

Creating space for critical reflection has deepened knowledge and understanding of the issues and of how colleagues are working in other settings. It is also a mechanism to ensure that intersectional analysis remains 'politically live' and is not just reduced to a new way of disaggregating data or avoiding the political questions which are raised when a gender analysis is undertaken.

Future work will use intersectionality as a lens to explore whether community score cards, as a social accountability process, meet the needs of vulnerable populations (such as women with disabilities, teenage mothers in Uganda and teenage mothers and women who work in fields as labourers in Bangladesh) including the extent to which representatives from these groups engage in the process. This work will be embedded within larger research around community score cards being conducted by FHS.

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Credits

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