

Gender health indicators for whom? Responding to the needs of different users

Monica S. Fong

Fong Consulting, Rome, Italy

Overview

This note discusses different approaches to the development of gender health indicators taking into account the often conflicting needs of the range and variety of different users, with respect, for example, to content, level of detail, format, frequency and the need to ensure continuing relevance.

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Who are the users of gender health indicators?

The relevance of gender as a perspective on health indicators is pervasive, from areas such as personal health to the performance and financing of health systems, their staff and the relationship between the production of health and quality of life. Research and action of the past decade has made it abundantly clear that gender health indicators are no longer the concern of a small community of specialized users. On the contrary, they are increasingly employed by mainstream users in policy making and planning, health statistics, social statistics, epidemiology, other research and scholarship, as well as in feminist agendas and action, and in the public debate.

All users do not need the same indicators

The community of users for gender health indicators is large and has widely varying requirements in terms of timing, frequency, level of detail, geographical coverage, and cross-tabulations. In each area, users place different demands and requirements on the indicators, reflecting different problems and objectives (Lin et al. 2006 (this issue)). National policy makers, use gender health indicators to shape national health policy, drawing upon the experience of other countries. At local level, policy makers require detailed information, specific

to socio-economic, ethnic or area groupings. Social statisticians have yet different requirements in monitoring the health and quality of life of the population. Researchers need very specific information that illuminates a particular research issue. Women's groups and feminist activists draw upon a subset of indicators, supportive of policy advocacy and action. Geographical coverage and frequency differ widely within as well as between groups. Some groups will pressure for innovative measures and analyses, while statistical continuity and time series remain a paramount concern in other contexts.

Indicators are needed in many different formats

Tabulations requirements differ, and data and indicators are also needed in different formats by different users, for example both print and electronic output. And as perspectives are modified and new issues arise, indicator requirements will change over time. Not only do different users need widely varying detail and coverage of gender health indicators. They are also likely to need them in different formats. Many will want direct access to tabulations on a web site. Others may require directly manipulable micro-data on-line to make their own tabulations and indicators. For yet others, ready made printed reports with tabulation and analysis will best serve their needs. More specialized users will demand custom-made non-published tabulations on order, or even indicators provided on order.

To be sure, not all gender health indicators are the purview of official data producers. Internationally comparable indicators, in particular, cannot be expected to cover all data needs. Other indicators, responsive to local information issues and needs for detail, will remain necessary as will research to devise and test other measures and indicators, some of which may ultimately be included in a larger indicator system.

How can gender health indicators respond to the many and varied needs of a large user community?

How much of this can be accommodated in order to respond to such varied requirements? How detailed a set of indicators is within the public remit? How much will need to be covered by user fees? Where data sets are made available in individual records for users to tabulate, what safeguards for anonymity, understanding of the data base and responsibility for final results need to be included? How can indicators remain relevant to changing needs? These are some of the issues that need to be resolved by producers and providers of indicators.

Institutionalizing feedback

In order to ascertain and accommodate diverse user needs, producers of statistics and indicators will want to draw upon the skills and insights of the community of users. Maintaining continuing, close contact with the user community is key to

prioritizing indicators and to reconciling the diversity of the needs of the user community. Many formats for user feedback, monitoring and consultation can be envisaged, e.g. consultations by meetings and conferences, both those specific to the topic and other, related venues, websites and on-line consultations, journal articles, as well as staying closely tuned to administrative and political accountability.

Capturing and remaining responsive to the diversity of needs will help ensure timeliness and relevance. Regular consultations with users in different forms will broaden the support and knowledge base for gender health indicators and help promote ownership. User consultations strengthen the indicators and, at the same time, promote wider application and utilization (Abdelaziz 2006 (this issue)). Building a strong system of consultations and feedback for the future production of gender health indicators, and monitoring the effectiveness of this system, are essential steps in the creation of viable gender health indicators for a large community of users.

References

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Address for correspondence

Monica S. Fong
e-mail: monica@fong.net

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