
Integrating a gender perspective into health statistics: an ongoing process in Central America

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Abstract

Background: The harmonization of a set of basic national indicators for gender equity analysis in health is a priority for advancing toward the objective of gender equality in the Americas. The availability of gender-sensitive health indicators facilitates informed decision-making and the monitoring of progress toward the achievement of gender equality in health.

Purpose: With the object of helping to strengthen national capacity to integrate a gender perspective into the production, analysis, and use of health indicators, the Gender, Ethnicity, and Health Unit of the Pan American Health Organization has prepared a proposal to guide that process. This proposal includes resources to support interaction between the users and producers of health statistics and an intersectoral approach in health statistics.

The process: Implementation of this proposal has yielded significant results at the national level. Intersectoral working groups have been created that are searching for mechanisms to institutionalize the process, publishing statistical profiles on health and gender, as well as brochures of basic indicators on gender, health, and development.

The United Nations Member States have committed themselves in various international instruments¹ to the use

of data collected, analyzed and disaggregated by sex, age, and other socio-economic variables, in policy-making, as appropriate, planning, monitoring and evaluation.

In health, these instruments shed light on the health status of women, their role as service users and health care providers – formally within the system, and informally in their homes and communities – focusing especially on the different stages of the life cycle of women, the quality of the health services, and the effective delivery of sexual and reproductive health and nutrition services. They have also made clear the need to consider population groups such as migrants, displaced persons, refugees, indigenous peoples, women heads of household, etc.

The 45th World Health Assembly, in turn, urged the member countries to prioritize actions to remedy the lack of information on compliance with World Health Organization (WHO) resolutions on women's health; and, in 1996, the Pan American Health Organization (PAHO) recognized and reiterated the need for disaggregating data by sex and age².

To contribute to the fulfillment of these commitments, the Gender, Ethnicity, and Health Unit (GE), in collaboration with the Health Analysis and Statistics Unit (HA), is deploying a strategy aimed at promoting the production, analysis, and use of gender-sensitive health statistics and health indicators.

This article describes the strategy proposed, the resources developed by GE in support of the strategy, and some of the activities undertaken in Central American countries to ensure the sustainability of the process.

¹ These instruments include: Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979), the International Conference on Population and Development (Cairo, 1994), the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, Belém do Pará (1994); the World Summit for Social Development (Copenhagen, 1995), and the Fourth World Conference on Women (Beijing, 1995).

² The 16th Meeting of the Special Subcommittee on Women, Health, and Development of the Executive Committee, held at PAHO Headquarters in 1996, recommended that the Member States “expand the disaggregating of health data by sex and age”.

Gender-sensitive health indicators

The gender indicator systems developed in approximately fourteen countries of the Region regard health as a key sector in measuring development and gender equality. Nevertheless, the development of gender and health indicators has not always employed a frame of reference that facilitates gender equity analysis.

Unlike other sectors, to analyze gender inequities in health, it is necessary to consider the biological differences between women and men. In the area of health, not all disparities are inequities.

Traditional health analysis has been based primarily on mortality and birth statistics, which, though fundamental, describe only the extremes of life. The available information on morbidity, nutrition, reproductive health, risk behaviors, access to and use of services, *inter alia*, has been confined to certain population groups. The scant information on several aspects of health is attributable to the fact that these matters are not routinely addressed in household surveys, unlike other sectors, such as education and employment, whose indicators are widely used.

Integrating a gender perspective into health statistics

This initiative is aimed at ensuring that society as a whole and, particularly, decisionmakers in the various sectors have and use gender-sensitive health indicators to formulate and monitor public policies. To this end, the emphasis is on:

- strengthening national capacity to integrate a gender perspective into the production and analysis of health statistics;
- defining basic national indicators to analyze and monitor gender equity in health;
- developing mechanisms to institutionalize the production and use of gender-sensitive health indicators.

Implementation of the methodological proposal to integrate a gender perspective into health statistics

The methodological proposal developed by GE addresses the need of the countries of the Region to have instruments at their disposal to guide integration of a gender perspective into the production and analysis of health statistics and health indicators. This proposal, which has the flexibility to adapt to the specific characteristics of the countries with respect to statistics on health and gender, is being implemented in Central American countries since 2003.

A basic aspect of implementing the methodological proposal is the participation of the users and producers of health

statistics from government and civil society in all stages of the process.

Once they have been sensitized to gender dimensions in health, the constant interaction between users and producers makes it possible to reach agreements that both enable users to improve their ability to demand and ensure that producers have the sensitivity to generate the information that users require (Hedman et al. 1996) thereby contributing to sustainability in the production, analysis, and use of gender-sensitive health indicators.

The requirements to initiate the process were: identifying key government and civil society institutions that will be involved in integrating a gender perspective into the production, analysis, and use of health statistics and health indicators; eliciting political commitments from the ministry of health authorities that will be directing the national processes and from the representatives of other key institutions; preparing of a brief study on the progress made in the construction of gender indicators.

Participating institutions

The ministries of health were the institutions called on to spearhead the processes in the countries and, to guarantee sustainability, it was necessary to ensure the participation of statistical bureaus, ministries of women, social security, and other government institutions. The participation of NGOs and academic institutions involved in initiatives connected with health was also essential to achieve a sense of ownership and the sustainability of the process. Similarly, the participation and collaboration of other cooperation agencies was also sought.

Political will

A political commitment from the authorities representing the key institutions facilitated the start of the conceptual and technical changes implied in institutionalizing integration of a gender perspective in the production, analysis and use of health statistics and health indicators. The commitment was explicit in regard to involving their institutions in each stage of the process, as well as facilitating participation of the necessary technical staff in the strategy's activities.

Civil society organizations played a critical role in this process. On the one hand, they helped elicit a commitment from the institutions to get involved in the changes proposed, and on the other, as a user of gender-sensitive health indicators, they have actively participated in the efforts in this area.

Progress in constructing gender indicators

Two countries had already begun to construct systems of gender indicators; in these cases, in order to avoid duplication of

efforts, a brief study was conducted to obtain the following information:

- institutions and agencies involved in developing the indicators;
- areas addressed in the systems;
- interinstitutional work as a sustainability mechanism;
- data sources used.

Countries that had not embarked on the construction of a system of gender indicators were advised to begin with the identification of key institutions to get them involved in the process. In each case, the following activities were carried out:

Process

Initial meetings for presentation and discussion of the initiative

A presentation describing the initiative was given to the representatives of the key government agencies and civil society institutions, stressing the objectives, components, and expected results of the strategy, as well as intersectoral participation as a mechanism to ensure the sustainability of the process. The aim of the meetings was to get the key institutions involved in each of the activities, so that the process would be a joint effort.

These meetings were also an opportunity for participatory definition of the immediate activities, among them the holding of interinstitutional technical workshops.

Interinstitutional technical workshops to raise awareness and discuss a sustainability strategy for the process

These events served as an opportunity for communication between the users and producers of health statistics and for the discussion of conceptual and technical matters related to gender and health statistics. They were also an opportunity for sharing the health statistics resources of each institution and selecting a group of basic indicators for gender equity analysis in health. Agreements were reached in these workshops on consensus-based activities that would facilitate institutionalization of the process.

Definition of basic indicators for gender equity analysis in health

Starting out with the conceptual framework discussed in the technical workshops and recognizing each country's situation and principal health problems, the interinstitutional technical workshops identified and defined basic national indicators for gender equity analysis in health. These basic indicators are being developed, and mechanisms are being sought for their

routine development and integration into ministry of health information systems.

Because gender inequities in health are not static, these basic indicators will be subject to ongoing review to ensure that measurement and analysis will lend visibility to gender inequities in areas fundamental to health in order to inform decision-making and facilitate monitoring.

For the definition of basic national indicators, GE published a proposal entitled *Basic Indicators for Gender Equity Analysis in Health* (PAHO 2004). This guide of indicators attempts to harmonize the definition of basic gender and health indicators in the Region.

Formation and operation of working groups

One of the results of the technical workshops was an agreement to form national intersectoral working groups as a strategy for guaranteeing sustainability in the production and analysis of gender-sensitive health statistics.

These groups are currently in charge of preparing and executing work plans, as well as devising mechanisms to institutionalize the process.

Resources

A wide range of materials can be found to assist in the preparation of gender statistics and indicators; however, in the field of health, they are still scarce. In order to respond to the specific needs of the countries, GE is developing a series of resources to guide implementation of the strategy to strengthen national capacity to institutionalize the production and analysis of gender-sensitive health statistics.

The following resources are currently available:

Frame of reference on gender dimensions in health

A better understanding of gender dimensions in health is fundamental to bringing about changes in traditional systems of health indicators. In this respect, the frame of reference developed in GE targeted areas where it is feasible to reverse gender inequities in health through interventions (Gómez 2002). These dimensions are:

- Socioeconomic determinants, which highlight the unequal distribution of resources and power between women and men that limit the exercise of the right to health;
- Health status, aimed at reflecting the degree of health and well-being in women and men, compared not only to each other but to the more socially privileged population groups in specific contexts;
- Health care, considering that: resources should be allocated according to the specific needs of men and women; likewise, services should be provided according to the par-

ticular needs of each sex, regardless of the ability to pay; women and men should contribute to the financing of health services based on their ability to pay, not on the risks or needs particular to each sex and each stage of the life cycle;

- Participation in health management, which demands a fair balance in the distribution of remunerated and unremunerated work between the sexes in the production of health services, the compensation associated with that work, and decision-making power in the sector.

Guide for selecting basic indicators for gender equity analysis in health

A set of basic national indicators, developed in a participatory manner with a gender perspective, was an important input in these processes, lending visibility to relevant health problems. Their development and inclusion in ministry of health information systems is being promoted, together with their use by decisionmakers and civil society.

To aid in the selection of basic national indicators for gender equity analysis in health, GE prepared and published a Regional proposal (PAHO 2004). The final version of this proposal, developed in a participatory manner and based on consensus, included:

- a review of the first draft by a group of professionals from inside and outside the Region: Mexico, Chile, Uruguay, Brazil, Colombia, and Spain;
- validation in terms of its adaptation to national situations (Cuba, El Salvador, Guatemala, Honduras, Nicaragua, and Peru) through multidisciplinary workshops attended by representatives from governments and civil society—producers and users of information—who work in areas related to gender, health, and development;
- review by a professional from PAHO's Regional Advisory Committee on Health Statistics and an expert in health analysis;
- review by PAHO's Interprogrammatic Consultative Group on Core Data and Health Analysis, which coordinates the Area of Health Analysis and Information Systems of PAHO (AIS).

This proposal was also shared with WHO's Department of Gender, Women, and Health in Geneva, other WHO regional offices, the Women's Health Bureau/Health Canada, ECLAC's Women and Development Unit, and Japan's Kobe Center for Health Development.

This instrument, adaptable to the specific realities of the countries, makes it possible to select more relevant indicators to highlight gender inequities in health in historical and emerging issues.

Guide for raising awareness and developing a sustained strategy for the process

This resource, developed to strengthen national technical capacities, seeks on the one hand to integrate a gender perspective into the production and analysis of health statistics and on the other, to ensure the sustainability of this process. The guide, applied in the intersectoral technical workshops, attempts to achieve:

- a better understanding of the importance of gender dimensions in health statistics;
- interinstitutional commitments to promote integration of a gender perspective in the different stages of production and analysis of health statistics and health indicators;
- the formation of national intersectoral working groups that would be in charge of executing and monitoring work plans to fulfill the aforementioned commitments.

Guide for preparation of a health profile for women and men

The countries of the Region, to a greater or lesser degree, have health statistics from administrative records and surveys that can be used in developing health profiles for women and men or the preparation of statistical brochures on gender, health, and development. Although the information may have limitations in terms of its statistical rigor and thematic coverage, it is nonetheless useful for showing gender inequities in relevant areas of health. This information could be used to develop proposals for action aimed at eliminating inequities, to promote new research in specific fields where information gaps have been identified, and to improve existing data sources.

A health profile for women and men prepared in a participatory manner within the context of gender inequity will:

- make information on gender inequities in health available to government agencies, civil society, organizations, and other institutions;
- raise awareness among decisionmakers and society in general about gender inequalities and their link to health;
- identify barriers that would limit exercise of the right to health;
- promote the use of this evidence in decision-making;
- identify specific research topics on relevant health issues associated with gender inequalities in terms of risks and impact.

The profile should include the basic indicators for gender equity analysis in health discussed and agreed upon in a participatory manner in the intersectoral technical workshops.

Institutionalization

The multisectoral technical workshops were an opportunity to create closer interinstitutional cooperation ties and elicit commitments to sustain the process. The formation of national intersectoral working groups was the alternative selected in the Central American subregion to move this initiative forward.

Formation of national intersectoral working groups

These working groups are comprised of users and producers from both government and civil society. Real and effective functioning of these groups will guarantee institutionalization of the process and its sustainability.

The working groups received an initial proposal of basic activities, which had been discussed and agreed upon in the interinstitutional technical workshops (see *Process*). In countries that had working groups on health statistics, it was suggested that the groups be strengthened, ensuring the participation of key institutions and actors.

Basically, special care was taken to ensure that the ministries of health, the national statistics offices, the ministries of women, academia, and civil society would participate in the working groups to achieve a sense of ownership and ensure the sustainability of the processes.

Development of a work plan

The working groups are charged with examining the activities suggested by the participants in the intersectoral technical workshops, identifying additional activities, and drawing up work plans.

It was suggested in particular that working group activities include:

- devising mechanisms to institutionalize the working groups at the highest possible political level
- reviewing the health data sources for the preparation of the basic indicators selected
- monitoring the production of these basic indicators and their integration into the national health information systems
- searching for information dissemination mechanisms
- discussing the possibility of preparing national health profiles for women and men and/or statistical brochures on gender, health, and development.

Results of implementation in Central America

Technical meetings to map out the strategy

To date meetings have been held in El Salvador, Nicaragua, Guatemala, Panama, Honduras, and Belize; representatives of Costa Rican institutions participated in the workshop in El

Salvador. These technical meetings discussed gender issues in health statistics and devised strategies to sustainably integrate a gender perspective in health statistics. Government and civil society users and producers of health statistics participated in all the meetings.

Although the process had its own dynamics in each country, aspects common to all the countries can also be mentioned. For example, the ministries of health, ministries of women, national statistics offices, social security, universities, and NGOs commonly participated in the countries; in some, moreover, there were also representatives from the ministries of labor, economy, finance, and agricultural development, and from judicial organs, interinstitutional committees, national planning offices, programs for the prevention of violence against women, and other key entities.

It is important to note the commitment that these meetings generated among institutions and cooperation agencies to implement this initiative.

Definition of basic indicators for gender equity analysis in health

With the regional proposal on basic indicators for gender equity analysis in health as an input, considering the relevant health problems in each country and the disaggregation necessary to address their particular national situation, all the countries of the subregion defined their national indicators. Nicaragua and Honduras adapted the proposal to integrate it into the decentralization of their health information systems.

Formation and activities of the national intersectoral working groups

As a result of the technical workshops, intersectoral groups comprised of representatives from government institutions and civil society are now working in a coordinated fashion. As one of the activities of the working groups, all the Central American countries are developing statistical health profiles for women and men or statistical brochures on gender, health, and development. Three of the countries have already published their profiles or statistical brochures. They are also monitoring the construction of basic indicators for gender equity analysis in health, selected in a participatory manner, and their integration into the health information systems.

This initiative has led to the integration of other sectors that were not included at first and has increased collaboration with other initiatives, whose common ground is the production and use of health and gender indicators. In Costa Rica, for example, the Judicial Branch is part of the national working group and is developing indicators for monitoring the application of the law on domestic violence.

Each of these national groups has its own dynamic and has defined its structures and operations. In most of the countries, these groups are coordinated by the ministries of health.

Preparation of health profiles for women and men and/or statistical brochures on gender, health, and development

The preparation of these documents for the regional and country level constitutes an important exercise in systematizing the available information to shed light on avoidable unfair inequalities between women and men in health and their socioeconomic determinants, and in fostering participation in health development.

The preparation of statistical documents on gender and health has been expanded to countries in other subregions of the Hemisphere. Chile published its health profile for women and men; Peru its statistical brochure on gender, health, and development, and its profile will soon be published.

Reflections

The experiences in Central American countries lead to the conclusion that:

- “ownership” of the processes and interinstitutional participatory work facilitate institutionalization of the production and use of gender-sensitive statistics and indicators;

- the changes that this process implies will depend, on the one hand, on the political will of the authorities in the participating institutions and, on the other, on a commitment to carry out these changes by the technical personnel that usually make up the working groups;
- special attention should be paid to strengthening the national intersectoral working groups, since the speed of the shift toward integrating a gender perspective in the production and use of health statistics and health indicators will depend on them.
- In the future, GE will:
 - encourage other countries in the Region to begin this process;
 - promote the preparation of subregional bulletins with harmonized basic indicators;
 - promote systematization of the experiences in each country and encourage the different national working groups to share their experiences, both face-to-face and virtually;
 - develop instruments that facilitate the use of gender-sensitive health information;
 - create a regional database with statistical information on gender, health, and development, which will be located on the GE website.

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