



Gender Considerations for Infectious Disease Control

Summary

- For infectious disease control, gender related factors in the target societies, such as social norms, differences in behavioral patterns between men and women, socially constructed roles of men and women, and inequity in access to resources and decision making, often affect vulnerability to infection, development and spread of diseases and delay of treatment.
- Therefore, concepts of gender are essential to infectious disease control and it is essential to develop plans and implement programs based on the viewpoint of gender.

Overview

- In general, “gender” is considered as acquired sex differences defined by social and cultural factors, while “sex” is the biological classification of sexes. Biologically, being “female” or “male” is defined by sex chromosomes, reproductive organs, and physical characteristics influenced by hormones. However, many societies or cultures create concepts of “femininity” and “masculinity” through adding special values to biological differences between female and male, resulting in developing stereotype for behavioral patterns and social roles of female and male. Not only biological factors, but also factors related to this “socially and culturally defined gender” may often affect vulnerability to infectious diseases.
- For infectious disease control programs that provide prevention and treatment, it is possible to implement effective measures against gender-related factors, while it is difficult to take measures against factors related to biological sexes. (See the figure in the next page.)
- For three major infectious diseases (HIV/AIDS, tuberculosis [TB] and malaria), it is essential to scale up/strengthen measures to protect women from these diseases due to current epidemiological situations. For example, prevention of mother-to-child transmission should be scaled-up in HIV/AIDS control programs. In addition, domestic violence by husbands or partners and sexual violence often increase risks of infections for females. Besides these, women who are in oppressed situations socially or domestically tend to suffer with chronic malnutrition, resulting in increased vulnerability to various infectious disease. Therefore, for providing adequate interventions, it is required to design programs based on gender assessment, to strengthen programs through integration with mother and child health, and to strengthen measures against gender-based violence.
- It is necessary to note that it is not only women who suffer from gender-related issues and that men often receive negative influences in societies where concepts of masculinity and differences of roles by sexes are enhanced. As an example: Miners are considered as a high risk group for TB and in several countries incidences of TB are higher among males than females due to high proportion of males among miners.
- Infectious disease control programs define “Key Population (KP)” as main targets of interventions, although there are variations according to disease or country contexts. The KP includes: vulnerable populations due to biological or social/economic factors such as patients with immunosuppression, the poor, populations with physically limited access to health care services, and populations burdened simultaneously with higher risks for infections due to oppression and limited access to health care services such as refugees or internally displaced people. For interventions in KP, measures based on the viewpoint of gender are required.
- In HIV/AIDS control programs, KP includes female sexual workers and women who have bisexual men as partners. For interventions in those, it is important to take measures that may lead to their economic independence or strengthening rights to self-determination on sex and reproduction. Also, it should be noted that support for sexual minorities, such as gay/lesbian and transgender people, are often neglected due to low awareness and receptivity for them among societies.

Cooperation Policy

- For evaluation of programs/projects from gender viewpoints, generally, the category by Developing Assistance Committee is used. In addition, the following four categories are used by the Global Fund, etc., for evaluation:
 - ① Gender negative: Gender inequalities are reinforced to achieve desired development goals,
 - ② Gender neutral: Gender is not considered relevant to development outcomes,
 - ③ Gender sensitive: Gender is means to reach developmental goals,
 - ④ Gender positive/transformational: Gender is central to achieving positive developmental outcomes or to promoting gender equality. (To change social norms, develop systems with gender equality and enhance empowerment of females by aiming at reforming societies into those with gender equality.)

Although fundamentally all projects/programs should be at levels of ② to ④, it is better to include interventions that meet level ③ by considering gender mainstreaming.
- For this purpose, epidemiological analysis based on gender-related issues and data regarding incidence of diseases and outcomes, disaggregated at least by age and gender, are necessary. Therefore, JICA works to develop infectious disease surveillance systems that provide this kind of information.
- When developing training materials and curriculum for human resources development for infectious disease control, we include contents that can deepen knowledge and understanding regarding gender mainstreaming for infectious disease control.
- Compared to chronic spread infectious diseases, such as TB and HIV/AIDS, less gender viewpoints are taken into account for measures against rapid outbreak infectious diseases. However, in some cases such as the example below, gender viewpoints are essential to implement control measures. Thus, it is essential to include gender viewpoints into protocols for outbreak of infectious diseases, or to implement risk assessment with gender viewpoints.

Cases

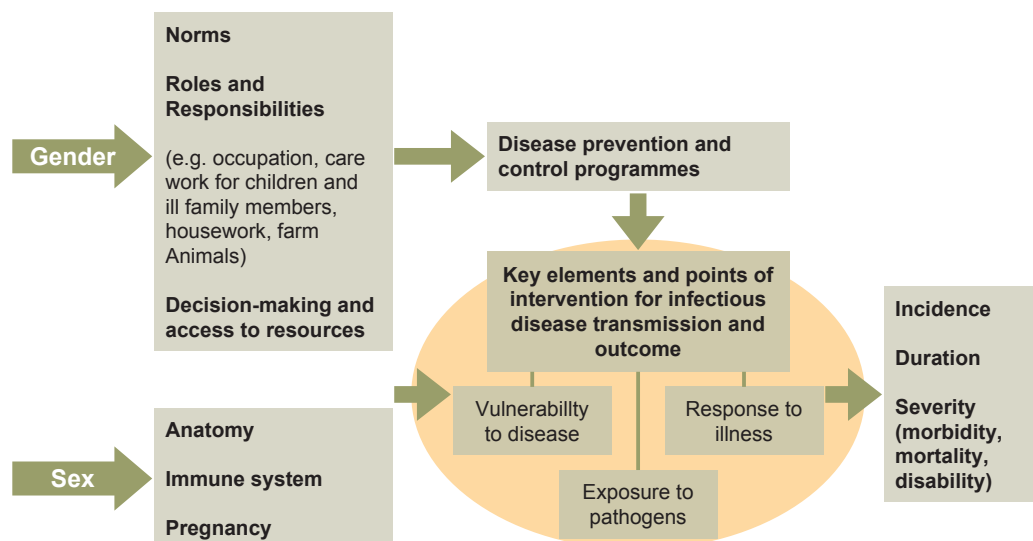
[Cholera outbreak and gender]

Waterborne or foodborne infectious diseases, such as vibrio cholera, are considered to have an equal-opportunity of infection to all. However, previous reports on incidences of cholera or diarrhea diseases suggest that adult women and school-aged girls had consistently higher disease burden than their male counterparts, while boys tend to have slightly higher incidence rates among infants and young children. Also, some reports indicate higher mortality rate among women.

These conditions are mainly due to domestic roles of females such as taking care of sick family members, which result in increased risk of infection through cleaning latrines, and fatigue by overload of work. Also, handling untreated water or contaminated raw foods enhances opportunities of infections. (These points relate to roles and responsibility by gender in the figure below.) Thus, health education on prevention of infection for women is important.

To obtain knowledge regarding the significance of boiling water and proper handling of raw food and excretion can prevent not only infection to themselves, but also spread of infection among family members.

Reference



Taking sex and gender into account in emerging infectious disease programs: an analytical framework, WHO 2011