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SYNOPSIS

Mainstreaming Gender in Maternal and Reproductive Health

SUMMARY OF A TECHNICAL GUIDANCE NOTE ON HOW TO DESIGN AND IMPLEMENT GENDER SENSITIVE REPRODUCTIVE, MATERNAL, AND NEWBORN HEALTH LOANS[1]

Introduction

Maternal, reproductive, and newborn health (MRNH) is a key determinant of the opportunities that women and their children will have in life. MRNH includes a woman's right to safely bear children and to freely decide whether to have them, how many to have, and when. Gender equity in health refers to the absence of avoidable differences between men and women in access to health care and in the probability of suffering illness, incapacity, or premature death. It requires overcoming unfair and avoidable disparities between men and women in, for example, health outcomes, access to services and resources, and distribution of health care responsibilities in the family and community.

The fact that an intervention is targeted to women does not mean that it will necessarily promote fairness and prevent avoidable differences (*equity*) or offer equal conditions and opportunities (*equality*) for women and men. Integrating a gender focus in MRNH policies and programs requires first identifying the distinct health needs of women and men, their health-related behaviors, and inequalities in their exposure to risk, health-seeking behavior, access to health services, and control of the resources required to stay healthy. It also requires working jointly with men and women, particularly to improve women's decision-making power and access to resources related to sexual and reproductive health.

The technical note summarized here provides guidance for sector specialists and policy makers on how to embed a gender perspective in MRNH projects in Latin America and the Caribbean (LAC). This summary provides guidelines and diagnostic questions to ensure that a gender perspective is integrated in each phase of project design and implementation. It also provides a series of indicators to enable a gender analysis of the socioeconomic determinants of health and the status of MRNH, and to measure the results of actions that aim to improve a dimension of gender equality or women's empowerment related to MRNH.

1. The full note, "Salud reproductiva, materna y neonatal: Guía para diseñar e implementar operaciones de salud con enfoque de género" (Gender and Diversity Division, Social Sector, IDB, Washington, DC, April 2014), is available in Spanish at idbdocs.iadb.org/wsdocs/getdocument.aspx?docnum=38726196. It is one of a series of sector-specific technical notes developed as practical guides to support implementation of IDB's Operational Policy on Gender Equality.

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Why should MRNH projects have a gender focus?

The unequal access of men and women to resources and opportunities, abetted by gender norms and cultural barriers, contributes to the persistence of high rates of maternal and child mortality and morbidity. Despite recent advances, the number of women and children under five in the region who suffer illness and death remains high (81 mothers die per 100,000 live births; 19 children under five die per 1000 live births).

More than half (58%) of all pregnancies in LAC are unplanned. A quarter of the region's women who do not wish to become pregnant do not use effective contraception; these women account for three-quarters of all unplanned pregnancies.

Bearing children who are not wanted can have negative consequences for the health of both mother and child. Unwanted children suffer higher rates of malnutrition and illness and are more likely than others to die before the age of five. Also, unplanned pregnancy is the reason for most intentional abortions. The great majority (95%) of the 4.5 million abortions carried out each year in the region are performed under unsafe conditions because of legal and social restrictions in nearly all LAC countries. Twelve percent of maternal deaths in the region are due to such restrictions.

Increasing access to counseling and culturally sensitive family-planning services for poor, young, rural, uneducated, indigenous and African-descendant women would significantly reduce unplanned pregnancies (including teen pregnancies) and abortions, thus substantially reducing rates of maternal and child mortality.

In 2012, contraception avoided 28 million unplanned pregnancies in the region and 12 million induced abortions, nearly all of which would have been performed under unsafe conditions. By reducing unplanned pregnancy and unsafe abortion, investment in family planning and maternal and child health would thus improve economic and social outcomes, without raising overall health costs.[2]

Although it is clear that most maternal and neonatal deaths could be avoided if women had equal access to quality services, including technically competent and respectful treatment during pregnancy and immediately after birth, two factors complicate the search for solutions: 1) women do not always have full autonomy to make reproductive decisions owing to cultural norms; and 2) women's triple responsibilities (caring for children, managing the home, and holding a paid job) take a toll on their health while also increasing the social and economic costs of seeking services, thus limiting the impact of whatever maternal and child health services may be available.

Finally, because violence against women and girls is a significant public health problem in the region, one that raises legal and health costs and leads to lost income and risky behaviors (such as substance abuse) during pregnancy, interventions to improve MRNH should include actions to prevent and provide a first line response to cases of intimate partner violence.

Guidelines for integrating a gender focus in MRNH projects

Six points are critical in the design of any gender-sensitive health project.

Analysis of gender vulnerability based on data disaggregated by sex, ethnicity, race, locality, and age

In preparing MRNH projects, it is important to analyze how the biological differences between men and women interact with their roles, responsibilities, attitudes, beliefs, and differential access to and control over resources that affect their health. A gender analysis will reveal the correspondences between these factors and the prevalence of disease, health-seeking behavior, access to health services and their affordability, and experiences with health personnel.

Analysis of the legal and policy framework in the health sector

It is important to assess whether national policies, programs, and legislation recognize and respond to MRNH problems in ways that take gender, culture, age, and other factors into account. Such an understanding will help to identify entry points for policy dialogue as well as champions within government agencies. One effective strategy is to align the work proposed under the project with existing national commitments.

2. See the full note for more details and a graphic on the economic and social outcomes of reproductive health to women, children and households.

Specification of objectives and strategies that contribute to reducing gender barriers

Project planning should include specific statements on how intermediate and final objectives will contribute to gender equality and women's empowerment. Projects should specify who will benefit (e.g., indigenous women in the Yoro and Intibucá departments of Honduras) so as to ensure visibility of the social group being addressed.

Consultations with men and women to define the problem, design effective implementation strategies, and track progress

Understanding gender-based contextual differences and the social determinants of health requires that all stakeholders share in analyzing problems and in identifying strategies to address them. Only an inclusive approach can produce full comprehension of the norms and beliefs that underpin gender roles, decision-making processes, and health-seeking behavior, as well as those that determine access to, use of, and experience with health services.

Indicators to measure change in gender barriers and in the relative health of women, men, and children

Providing solid evidence of gender disparities helps focus interventions, strategies, and resources on the areas where they can most effectively reduce inequities in access to basic services. Clear indicators make it possible to track positive changes brought about by the project.

Implementation arrangements to ensure effective execution of gender-related activities

Project documents (including annual implementation and operational plans) must include gender-sensitive activities, and those activities must be funded. A representative of the counterpart organization should be designated to coordinate implementation of gender-related activities. Resources should be budgeted for a technical specialist to support the design and implementation of gender actions and to train counterpart teams on integrating gender into their actions. At least one key gender indicator should be included in the results matrix and in the baseline survey.

Proposed questions for designing and implementing a gender-aware project

(See the full note for additional questions.)

Analysis of gender vulnerabilities	What is the influence of (i) the biological differences between men and women, (ii) cultural and gender roles and norms, and (iii) access to and control over resources on the following aspects of the reproductive health of women and men: • Health risks and the prevalence of disease? • Access to health services (taking into account distance to the health center, opening hours, security concerns, and knowledge of availability)? • Health outcomes (e.g., recovery, disability, death, economic and social consequences)?
Analysis of legal and regulatory frameworks, programs, and policies in the health sector	• What access do men and women in the target population have to MRNH-related health services? • Do policies and programs take into account the health needs of women throughout their life cycle or solely with regard to their reproductive function? Do MRNH programs reach beyond married women of reproductive age to adolescents, indigenous, and unmarried women and men? • Do employment strategies for health-service personnel promote gender equality in professional development?
Gender-sensitive objectives and strategies	• How will gender inequalities affect the achievement and sustainability of project results? • What does the project seek to achieve with respect to MRNH, and how does this contribute to reducing the gender vulnerabilities and barriers identified? • What strategies can be implemented to promote shared responsibilities between men and women concerning sexuality, reproduction, childcare, and housework? How can the number of trained female health-care providers be increased? • How can the project contribute to improving the detection, safe and ethnical treatment, and appropriate referral of cases of violence against women?
Involvement of men and women during the design and implementation phase	• Did male and female representatives of the various project stakeholders (technical and health personnel, service users, community leaders) take part in the design process? • Were participants convened in a way that allowed for them to freely voice their opinions and concerns in a safe and trusted setting?

Proposed questions for designing and implementing a gender-aware project

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Implementation	• Were specific activities for achieving the gender-related results set out in the design of the operation and in the POA and PEA? Were adequate financial and human resources made available for these activities? • Has a qualified person with influence in the executing agency been identified to coordinate the implementation of the gender-related actions and to follow up on agreements?
Information for analysis	• What relevant up-to-date information (disaggregated by sex, race, and ethnicity) does the government possess? • Is there a baseline with data on the health situation and gender vulnerabilities affecting men and women of different ages, ethnic and racial groups, and socioeconomic levels? • Have specific indicators been included to measure changes in gender relations, in the reduction of gender-related barriers to access to health services, and in key reproductive and maternal health results?

Examples of indicators for measuring changes in reproductive and maternal health with a gender perspective

(See the full note for additional indicators.)

Health status	• Maternal mortality rate (per 100,000 live births) • # of cases of violence documented (by type and by health center) • % of women in relationships who use modern contraceptives • Adolescent pregnancy rate (ages 15–19) • % of women ages 15–19 who are pregnant or who have borne at least 1 child • % of women and men who believe that it is acceptable in some cases for a man to beat a woman • % of women ages 15–49 who report making independent decisions about health care
Accessing and using services: Promotion, prevention, response	• % of women who received at least 4 checkups during their last pregnancy • % of women who received at least 2 postnatal checkups (24 hours and 7 days after) during their last pregnancy • % of hospital births / qualified health personnel • Unmet need for modern contraceptives • % of persons receiving counseling and modern contraceptive services, by sex, ethnicity/race, and age • # of persons trained with educational strategies on sexual and reproductive health by sex and age • # of clinics and health centers that have adopted protocols to identify and respond to cases of intimate partner violence and other forms of violence against women • # of cases referred to legal, social, and economic support services for female victims of violence
Accessing and using services: Quality, accessibility, and acceptability of services	• Availability of emergency obstetrical services per 100,000 women • % and # of obstetrical emergencies treated according to maternal care protocols, by ethnicity and race • Provision of the full range of available modern contraceptives • % of health personnel with training in gender and intercultural health • % of health personnel trained in protocols for the prevention and comprehensive response to intimate partner violence • % of health personnel applying improved practices of maternal care as recommended in the World Health Organization's "Principles of Perinatal Care" • System of user surveys in place to measure % of persons treated according to protocols, by sex, ethnicity/race, and age • % of women who received reproductive health services using a culturally appropriate model (e.g., vertical birth, family support)