
# The importance of routine inclusion of gender analysis in all stages of the research process: a case study of an analysis of a final report on the development of a Standardized Exemption Mechanism for Kilombero District, Tanzania

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**The Importance of Routine Inclusion of Gender Analysis in all Stages of the Research Process: A Case Study of an Analysis of a Final Report on the Development of a Standardized Exemption Mechanism for Kilombero District–Tanzania**

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## 1. Introduction

In recent years, the significance of gender divisions in health has become increasingly recognized by international and bilateral donors, national governments, NGOs and the research community[1]. Yet we have lacked practical frameworks which are relevant to the particular needs of the health sector. The development of guidelines such as the *BIAS FREE* Framework is an attempt to meet this challenge.

Gender differences and inequalities are a major cause of inequity in health and health care and as thus they require sensitive observation in health systems and research. Ignoring factors such as socio-economic class, race and gender leads to bias in both the process and content of research[2]. It seems health policy makers and practitioners and even some researchers in health usually have little training in recognizing and addressing gender issues. Although there is a range of materials available which offer general assistance in considering gender issues in development practice, few refer specifically to the issues which are most relevant to health.

Fortunately, there has recently been an increasing recognition amongst health care providers and researchers of the importance of considering gender issues in health policy, planning, practice and research both to reduce health inequities, and to increase the efficiency and effectiveness of health care services[3].

We all know that, gender has long been accepted as an important variable to examine in health research. As such, most research studies today routinely collect data disaggregated by sex. Few studies carry through with a complete gender analysis at all stages of the research process. Even fewer look beyond gender to the intersections of bias that result when gender biases are compounded by biases deriving from other social hierarchies based on ability, race, class, caste, age, ethnicity, aboriginal status, geographical region, language, religion and sexual orientation, among others.

This paper argues that research that does not explore the effect of gender and other interconnected social hierarchies is incomplete and runs the risk of producing incomplete or faulty results and recommendations. It presents, by way of example, a report of a study that aimed to develop a Standardized Exemption Mechanism for cost-sharing in Kilombero District, Tanzania, before and after the application of an in-depth equity analysis. The analysis used the *BIAS FREE* Framework, a tool designed for bias analysis related to social hierarchies that was being tested for its applicability in Africa.

**Background of the Case Study Project**

In the year 2003, the Ifakara Health Research and Development Centre (IHRDC) was contracted by the Kilombero District Health Management Team (DHMT), Morogoro, Tanzania, to undertake a study to evaluate performance and effectiveness of the available exemption mechanism. Specifically, the study had two main objectives, namely:

1. To assess, through participatory approach, the strengths and weaknesses of the exemption and waiver practice in health facilities in Kilombero district and especially assess how eligibility for exemption and waiver is defined

2. To develop new exemption guidelines, through participatory approach, based on the strengths and weaknesses identified in Objective 1 and agreeable by the community and health facility staff.

The nature of the research question in this study necessitated a careful inclusion of all social groups in the study communities in order to have voices of every section of the population, including gender aspects. All normal and standard routines with a research process such as designing and piloting research tools, actual data collection, quality control, and later data analysis and report writing were observed. The final report was circulated to various other researchers, the funding agency and the client (CHMT) for review and comments. Finally a final report was written and submitted to Kilombero CHMT for implementation of the recommended strategies towards a more practical and equitable exemption mechanism in the district.

## Applying the BIAS FREE Framework

### *Method*

The authors of the report from the exemption study mentioned above volunteered to subject this report to be used as a case study during a *BIAS FREE* Framework workshop held in May, 2005 in Dar es Salaam, Tanzania. The report was critically analyzed in an in-depth equity analysis to identify different forms of bias. After completion of sessions that familiarized the workshop participants with the tool, copies of the report were distributed to all workshop participants and facilitators and enough time was given to read through the report. Later on, facilitators lead the group to use the tool to identify biases that could be found from the report.

### *Results*

The report scored highly in terms of methodology used during the research process as well as its richness in discussing important cross-cutting issues related to the research question. However, it was found to be very weak in gender analysis. In the analysis, it was realized that in spite of including sex as a variable in research tools and consideration of gender in research design and later during implementation, the final project data analysis paid less critical attention to gender analysis in addressing the core issue (of exemptions) in the study. For example, the report did not include statistics to show how many women and men were involved in the study, what were the specific views of women against those of men on the proposed strategies for an improved exemption and waiver guideline etc. It also lacked analysis of how the existing exemption mechanism was fairing for men and women and where and in which areas do the opinion of men and women vary and or coincide. As a result, most of the community views and opinion were generalized as “the voice of the people”. Although the paper was circulated to a wide audience for review and comments, the weakness was not sighted until after the critical gender analysis was done using the *BIAS FREE* Framework. Surprisingly, the authors of the report admitted that all the data that would be required to fill the identified analytical gaps were available.

The table below shows an example of just a few sections of the analysis that was re-analyzed using the BIAS FREE Framework (that had lead to re-writing of the report and rethinking of the recommendations from the study).

## Comparing Gender Analysis Before and After Application of a *BIAS FREE* Framework

| Section | Before | After | Remarks |
|---|---|---|---|
| Coverage: (During Phase 1 of the Study) | • 36 villages were involved in total<br>• 19 villages with HFs<br>• 17 villages without HFs<br>• 1 FGD with ***males***<br>• 1 FGD with ***females***<br>• 1 FGD with ***male*** and ***female*** youths<br>• Total of 56 people in all FGDs | • 36 villages were involved (total)<br>• 0f them, 19 with and 17 without HFs<br>• 3 FGDs, 1 with males, 1 with females and 1 with mixed male and female youths<br>• A total of 56 people were involved in FGD sessions of which<br>o ***38 were females and***<br>o ***28 were males*** | Opportunity to reflect on sampling issues |
| Coverage: (During Phase 2 of the Study) | • 8 dispensaries and 2 HCs were visited (50% of all HFs in the district)<br>• 20 key informants involved<br>• 10 with chairpersons of HF committees<br>• 10 with dispensary in-charges<br>• 151 exit interviews at HFs | • 8 dispensaries and 2 HCs were visited (50% of all HFs in the district)<br>• 20 key informants involved of which<br>o ***10 were chairs of HF committees and***<br>o ***10 were HF in-charges***<br>• ***All of the 10 chairs were males***<br>• ***Of the 10 HF in-charges, 9 were males and only 1 was female***<br>• 151 exit interviews were conducted where<br>o ***125 were female interviewees and***<br>o ***26 were males*** | With the re-analysis governance and gender issues are here revealed that definitely will have an impact in implementation of the newly proposed exemption mechanism<br><br>Here one can easily reflect on utilization level of health care between women and men |
| Practice of Cost sharing | • Each HF had a HF committee that supervised the cost sharing programme<br>• The committees had 7 members each.<br>• More than 80% of HFs charged between Tshs 100 and 200 for registration<br>• Other costs include charges for ambulances in referral cases<br>• There were also informal charges ranging between Tshs 2000 and 3000 for nurses to help women to deliver<br>• Women were also required to buy scissors, gloves and other supplies required during delivery<br>• Villagers were also asked to contribute in HFs construction by offering labour | • Each HF had a HF committee that supervised the cost sharing programme<br>• The committees had 7 members each.<br>• ***There were no formal guidelines to ensure gender equality in the committee formation***<br>o ***In the 19 HFs, only two had women among the HF committee members***<br>• More than 80% of HFs charged between Tshs 100 and 200 for registration<br>• Other costs include charges for ambulances in referral cases<br>• ***Most of the referral cases were related to complicated delivery with pregnant women***<br>• There were also informal charges ranging between Tshs 2000 and 3000 for nurses to help women to deliver<br>• Women were also required to buy scissors, gloves and other supplies required during delivery<br>• Villagers were also asked to contribute in HFs construction by offering labour<br>o ***This was associated more with men than women*** | Again, governance and gender issues are reflected here<br><br>Reflection on proportion of burden of the problem between men and women<br><br>Issues of involvement/participation with gender sensitivity |
| Awareness of Cost Sharing Scheme | • Villagers were aware of the scheme<br>• However, majority of them were unaware of the rationale for the scheme | • Villagers were aware of the scheme<br>• However, majority of them were unaware of the rationale for the scheme<br>o ***The unawareness was more acknowledged among women than men*** | Reflections on communication and advocacy with gender sensitivity |

## Conclusion and Recommendations

Gender differences in women's and men's roles and responsibilities, and gender inequities in access to resources, information and power, are reflected in gender differences and inequalities in women's and men's: vulnerability to illness, health status, access to preventative and curative measures, burdens of ill-health, quality of care[1].

Gender is therefore relevant to health because it affects equity in health and health care[2]. The concept of equity suggests fairness, rather than necessarily equal treatment. A focus on equity in health aims to reduce avoidable or unnecessary unfairness or disadvantage in health and the provision of health services. This requires actively recognizing and addressing the structures and processes that give rise to gender inequity.

The results of this exercise demonstrated that without a systematic, rigorous analysis, biases can creep into research, affecting not only the way in which a study is conducted, but the results of the analysis and the recommendations that follow.

There is now considerable evidence of gender differences in access to health care although the picture varies considerably around the world[4]. Research to improve health and address global health inequities must explore these inter-related biases. This case study provides one of the many cases where researchers and or other health professionals lack gender sensitivity in some stages of health research or programs.

In every society, access to social goods, decision-making and economic and social well-being is shared unequally depending on where people fit in a given social hierarchy. Power structures within a society serve to reinforce and maintain the various social hierarchies. Understanding these and how they play out in research are critical to conducting research to improving the overall health of people who have unequal access to health and other societal resources necessary for health. Thus, the impact of exemption mechanisms or of other health policies or programs can be very different if one is a woman, disabled, poor or belongs to a low social class or caste compared to those who hold a more privileged position in society.

## Bibliography


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