



# GENDER ANALYSIS FRAMEWORK

A gender analysis framework is essential for understanding the existing gender inequalities and how they impact health programme coverage. This understanding can help our programmes to design and implement targeted interventions to address these inequalities and achieve effective programme coverage.



The theoretical foundation underpinning our gender analysis is shaped by three key frameworks:

- The Jhpiego Gender Analysis Framework for Health Systems<sup>1,2</sup> outlines and describes four domains that are intricately linked to the prevailing gender inequality across various levels of the ecology. The four domains encompass, a) access to assets, b) beliefs and perceptions, c) practices and participation, and d) institutions, laws, and policies.
- The power framework<sup>3,4</sup> recognizes that gender relationships are power relationships and addressing gender inequality will have to address power dynamics. Power can lead to positive and negative feelings: we often feel positive and in control when we are feeling powerful, and we have negative feelings when we are feeling less powerful. This affects our ability to influence and take action in a situation. Power in and of itself is not bad; it is how we use our power that makes all the difference. To get a handle on the diverse sources and expressions of power - both positive and negative - power is described as power over, power with, power within, and power to.
- The socio ecological framework<sup>5,6,7</sup> examines the complex interplay between individual, relationship, community, and societal factors. It allows an in-depth exploration of the multiple effects and interrelatedness of social elements within a given context. This framework equips us to understand the wide range of barriers and facilitators at multiple levels that exert influence over accessibility, utilisation, and provision of healthcare.

Our gender analysis framework integrates the components of these frameworks, leveraging their interconnections to comprehensively understand the root causes and consequences of gender inequality.

Informed by these three guiding frameworks, our team at University of Manitoba (UoM) and India Health Action Trust (IHAT) has crafted a framework for gender analysis, tailored specifically to the realm of health. Gender analysis is a comprehensive process that entails the exploration of different domains to shed light on how gender dynamics affect various facets of the programmes. Within our healthfocused framework, we have delineated four key domains of gender analysis, which encompass:



Roles and responsibilities





Attitudes, Beliefs, and Norms: This domain explores the beliefs and attitudes that individuals hold about health. It also considers how social, cultural and gender norms and beliefs influence men, women and gender diverse people's behavior, participation, and decision-making capacity in matters related to maternal and child health. These attitudes and beliefs not only shape individual choices but can also influence the development of societal norms and expectations, which in turn impact health-related decisions and behaviors. These attitudes, beliefs and norms also affect practices of health providers. They are embedded in formal and informal institutions, nested in the mind, and produced and reproduced through social interaction.

Roles and Responsibilities: This domain focuses on the division of labor, responsibilities, and roles that society assigns to individuals based on their gender. This domain explores how gender shapes the way people spend their work and leisure time and how they relate to each other in the distribution of roles within households, at work and within the community. This usually includes productive, reproductive and community labour, and can also include what people are expected not to do, in addition to the behaviours and activities that they are expected to do.

Participation and Decision-Making: This domain investigates the distribution of power and decision-making authority within the context of health. It assesses who has a voice in important healthcare matters and how gender dynamics impact the decision-making processes within households, communities, and healthcare institutions. It also refers to the nature of and degree to which an individual exercises agency in their lives and in their community, as well as the physical and figurative decision-making spaces to which they are allowed access. Understanding and addressing these dynamics are essential for promoting equitable health outcomes.

Access to and Control over Resources: In the context of maternal and child health, this domain delves into the distribution of resources that are essential for accessing and providing healthcare services. It scrutinizes gender-based disparities in access, utilisation, and the provision of healthcare services. Key factors include education, affordability, geographic proximity, mobility, access to information, and cultural barriers, all of which can significantly affect access, utilisation, or the provision of care. This domain examines disparities in access to quality healthcare services and opportunities available to different genders. It also explores the role of gender in determining a person's ability or freedom to benefit from and use a variety of resources. Key to this is the difference between access to and control of.

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**Power** is a dynamic and multifaceted concept, reflecting a person's ability to influence and control. It is not inherent but constructed based on circumstances, community, and context. Power varies across situations; for example, someone may hold authority at work but not at home. Power can evoke positive or negative feelings, and it is not inherently good or bad; it is how it is wielded that matters. Power operates within social, economic, and political relations between individuals and groups, and it is often unequally distributed. Factors like gender, age, caste, class, and institutions like family, religion, and workplace influence power dynamics. Gender relations are deeply intertwined with power dynamics, perpetuating inequalities.

Distinguishing power types helps understand its diverse sources and expressions. These four power domains offer a comprehensive understanding of power dynamics, enabling deeper analysis of how gender inequalities manifest in various aspects of life.



# POWER OVER

This form, often seen negatively, involves domination, coercion, and inequality, where those with power control and oppress those without. It perpetuates injustice.

### POWER WITHIN

It is about self-worth, self-knowledge, and hope. It supports dignity and fulfillment.

### POWER TO

Power to refers to the unique potential of every person to shape their life and world.

## POWER WITH

Power with has to do with finding common ground among different interests and building collective strength.

An essential component of our Gender Analysis Framework is informed by the **socio-ecological model**, which acknowledges that inequalities exist at multiple levels. Hence we need to understand the barriers and facilitators that influence access, utilisation, and provision of health services at all levels. We have focused on three levels of influence within the health ecology:





**COMMUNITY:** At the community level, we will focus on the individual, interpersonal and the larger community. The individual level includes personal factors such as genetics, knowledge, attitudes, and beliefs that impact health. The interpersonal level includes the immediate social network of an individual. It examines how family, friends, and close social contacts influence health behaviors and support or hinder healthy choices. The community or neighborhood in which individuals live also play an important role. Factors such as community norms, social support, and access to resources at the community level can significantly affect health behaviors and outcomes.



**FACILITY:** This level encompasses institutions that directly impact health through health provision. These institutions or facilities can influence health through policies, practices, and the availability of resources and services.



**HEALTH SYSTEM:** The outermost level considers policy factors that shape health behaviors and outcomes. This level includes laws, regulations, and government policies that impact health access, utilisation and provision.



While conducting a sex-disaggregated analysis is an essential step in understanding and addressing gender-related disparities, it is not always enough on its own to comprehensively address gender issues. Gender is a more complex and multifaceted concept that goes beyond biological differences. To address gender-related disparities comprehensively, it is important to consider the broader social and cultural factors that shape these experiences. The gender domains provide a framework to delve deeper into the underlying reasons for disparities and inequalities and can help in designing interventions that address these underlying reasons across different levels. Understanding the role of power in conjunction with gender takes into account that power dynamics are often at the root of gender inequalities.