

October 2014

ADJUSTING HEALTH SYSTEMS TO ADDRESS GENDER-BASED BARRIERS TO CARE



Evidence-based Strategies to Transform Gender Norms, Roles, and Power Dynamics for Better Health

Photo by: Arundati Muralidharan

Recognizing the influence of gender-based inequality on health outcomes, international organizations have advocated integrating a gender perspective into health programs.¹ To recommend evidence-based strategies to accomplish this, the Gender, Policy and Measurement (GPM) program—funded by the Asia bureau of USAID—conducted a systematic review of published and unpublished literature documenting gender-aware programs. GPM wished to identify strategies that health programs had used either to accommodate (work around) or transform areas of gender inequality, and whose influence on key health outcomes had been measured. This review yielded 145 gender-integrated interventions conducted in low- and middle-income countries worldwide—32 of them in India—that had been evaluated for their impact on

- Reproductive, maternal, neonatal, and child health, plus adolescent health
- HIV and AIDS
- Gender-based violence

- Tuberculosis
- Universal health coverage

Five gender strategies that have been demonstrated to improve health emerged from the systematic review. This brief presents the highlights of one of them: adjusting health systems to work around gender barriers to services. (The other strategy briefs are available here: www.healthpolicyproject.com?zp=382.)

To read the full report—*Transforming Gender Norms, Roles, and Power Dynamics for Better Health: Findings from a Systematic Review of Gender-integrated Health Programs in Low- and Middle-Income Countries*—please visit www.healthpolicyproject.com?zp=381.

Accommodating Inequalities by Working Around Them

Women and men both face significant barriers in accessing and using health services. Often, these barriers result from underlying gender norms and power dynamics. For example, women’s lack of decision-making power, coupled with men’s limited access to maternal health information, stands in the way of antenatal care for many women. However, directly challenging these barriers—and the gender inequalities that shape them—can be difficult, if not impossible. In these instances, program managers can employ strategies that accommodate these inequalities and barriers by working around them, thereby increasing access to and use of health information and services and improving health outcomes.

Five gender-based strategies that improve health

Strategies that transform gender inequality

- Challenge gender norms
- Create the conditions for change through structural interventions
- Promote equitable relationships and decision making

Strategies that accommodate gender inequality

- Improve health systems to work around barriers grounded in gender norms
- Engage communities in behavior change for gender equity

Addressing inequalities in access to health information

Accommodating interventions can work around gender norms to improve health status. Common strategies include group education and home visits—especially useful for groups who have limited mobility and are therefore prevented from accessing services outside of their homes or immediate communities.

Building and reinforcing links between the community and local health services

Many women and adolescents may not access health services without the permission of their husbands, families, and/or communities. Interventions that build and reinforce links between communities and local health services can improve community support for health-seeking behaviors. In this way, they overcome barriers to access without directly challenging gender norms. Building the capacity of healthcare providers to offer gender-sensitive health information and services within communities and establishing gender-sensitive health services and programs for youth are common components of these interventions.

Learning from Case Studies

GPM examined 51 interventions that worked around gender barriers to services by adjusting health systems. Five were in India.

Building the capacity of healthcare providers to deliver gender-sensitive health information and services in communities improves neonatal and child health and nutrition as well as maternal health

Traveling to health facilities, taking time off work, and paying for care can all be barriers to access. Equipping healthcare providers with skills to understand these barriers and working with them to identify feasible solutions can improve a wide range of health outcomes.

Vistaar, an intervention focused on improving maternal, newborn, and child health in India, conducted gender and equity job reviews of frontline healthcare workers to improve their performance and ensure that the program reached women in disadvantaged groups (IntraHealth, 2012). The intervention increased age at marriage and the use of skilled pregnancy, delivery, and postnatal care. The program also increased birth weight and rates of breastfeeding and improved infant hygiene and nutrition.

In Pakistan, a program combined community-based interventions: primarily, educating couples in the basics of safe motherhood and neonatal health; training birth attendants to recognize early obstetric danger signs; and easing barriers to emergency obstetric and neonatal care (Midhet and Becker, 2010). Overall, the project demonstrated that involving men—the primary



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decisionmakers in many families—improved outcomes related to safe motherhood and neonatal and child health and nutrition more effectively than focusing on women alone. In fact, in comparison with pregnant women whose husbands did not participate in the intervention, pregnant women whose husbands did participate significantly reduced their share of household chores during pregnancy, were twice as likely to receive antenatal care, and saw the lowest early neonatal mortality rates.

Establishing gender-sensitive health services and programs for youth improves sexual and reproductive health

Adolescents find it difficult to access traditional health services for many reasons, including fear of being judged by health providers, distance to clinics, and costs associated with care. The review uncovered many creative strategies for designing gender-sensitive health services and programs for youth.

One example is the Safe and Smart Savings Products for Vulnerable Adolescent Girls program in Kenya and Uganda. This intervention used weekly group meetings with a female mentor, financial and health education, and individual savings accounts to improve health outcomes (Austrian and Muthengi, 2013). By providing social and financial support, the project increased girls' mobility, their capacity to make and carry out sound financial decisions, and their knowledge of sexual and reproductive health. The intervention also reduced the number of reports of intimate partner violence and sexual violence.

Conducting home visits reduces fertility and neonatal mortality rates and increases uptake of voluntary counseling and testing

Many programs provided services and information at home to improve health and health behaviors. This strategy is especially promising for groups with restricted mobility or contact with social networks as a result of gender norms.

The Lady Health Worker project in rural Pakistan (Bhutta et al., 2011) used young women from the local community to provide healthcare through home visits or in their own homes, making healthcare services more accessible, particularly by women whose husbands or families control their mobility. The healthcare workers brought hard-to-reach populations a package of preventive maternal and newborn care interventions: antenatal care, information about contraceptives, growth monitoring, and immunization services. The intervention increased the use of clean kits for home deliveries, decreased stillbirths and neonatal mortality, and improved the early initiation of breastfeeding.

A study in Kenya compared antenatal care visits to couples at home with antenatal care appointments attended by the mother and father to determine which was the most successful in eliciting male involvement and uptake of services for the prevention of mother-to-child transmission of HIV. A significantly higher proportion of couples underwent voluntary counseling and testing at home than in clinics, and more than twice as many couples who received home visits reported improvements in the quality of their relationships (Osoti et al., 2014).

Establishing male-friendly health services improves safe motherhood and family planning

Reaching men and engaging their interest in sexual and reproductive health interventions is not the only challenge. Sexual and reproductive health services, traditionally considered the domain of women, can be organized in ways that exclude men.

An intervention in India addressed this barrier by having healthcare providers work with couples rather than only with women and men separately. The intervention's goals were to improve the uptake and quality of antenatal and postnatal care and to increase contraceptive use post-delivery, in order to prevent pregnancy and sexually transmitted infections. The providers were trained to provide counseling and behavior change communication sessions with couples using information, education, and communication materials. Providers were also trained to introduce new clinical procedures, such as syphilis screening, in addition to a larger basket of services: antenatal counseling with couples, counseling on preventing sexually transmitted infections, services and treatment for sexually transmitted infections,

post-partum care, and family planning counseling. By ensuring that these services were acceptable to men, the intervention improved the capacity of providers to discuss a wide range of health topics with both men and women and increased contraceptive use or the intention to use contraceptives in the future (Varkey et al., 2004).

Measuring Improvements in Health and Gender Equality

GPM developed a scale to rate the strength of evidence for each intervention—“effective,” “promising,” or “unclear”—based on combined ratings of an intervention's impact on health outcomes and rigor of evaluation design (see Figure 1).²

The results of interventions that worked around gender barriers to health services were positive, but not as compelling as those for interventions that sought to transform inequitable gender norms. In some sociocultural contexts, these accommodating strategies may be the most appropriate, particularly as the first step in integrating gender into health programming.

Globally, 73 percent of the interventions that built and reinforced links between the community and local health services were effective or promising. These programs had the greatest success in improving outcomes related to safe motherhood, neonatal and child health and nutrition, and healthy timing and spacing of births in South Asia, as well as outcomes related to HIV and adolescent and youth sexual and reproductive health in low- and middle-income countries elsewhere. Globally, these interventions increased the uptake of HIV testing and the use of condoms and other contraceptives, including long-acting and permanent methods. They also improved knowledge and attitudes around sexual and reproductive health, HIV, and high-risk sexual behavior. In India, these interventions improved the initiation of breastfeeding; the use of skilled pregnancy, delivery, and postnatal care; and the use of contraceptives.

Most interventions that addressed gender inequalities in accessing health information improved outcomes related to HIV, neonatal and child health and nutrition, safe motherhood, and healthy timing and spacing of births. Notably, evaluations of these interventions found that they increased the use of skilled antenatal care

**Figure 1. Effectiveness of Adjusting Health Systems to Work Around Barriers
STRATEGIES ALONE VERSUS IN COMBINATION WITH OTHER GENDER STRATEGIES**

	Frequency	Effective	Promising	Unclear
Implemented alone	41	39%	39%	22%
Implemented in combination with community engagement and involvement	10	20%	50%	30%

Note: Rows may not equal 100% due to rounding.

and delivery; increased reports of safer sex practices; increased household expenditures on medicines and healthcare for children; and improved knowledge around HIV transmission and prevention, sexual and reproductive health, and pregnancy prevention. Eighty percent of these interventions were found to be effective or promising in achieving these outcomes. Evidence for the effectiveness of the remaining interventions was unclear.

Although many interventions using these strategies had no clear effect on gender outcomes, some—particularly those that focused on youth-friendly services, home visits, and vulnerable populations—showed some improvement. Notably, a subset of these programs increased women’s self-confidence, self-esteem, or capacity for self-determination; improved gender-equitable attitudes and beliefs and attitudes toward healthy sexuality; and enhanced women’s decision-making power and/or capacity to make good financial decisions independently and act on them. Interventions that employed home visits had a positive impact on women’s access to traditional health services. In some instances, they also improved the reported quality of intimate relationships.³

Recommendations

In cultural contexts in which actively challenging rigid gender norms, roles, and attitudes is difficult, program planners can consider using the evidence-based strategies outlined above to

- Engage female and male change agents to offer group education to overcome inequalities in access to health information and services and increase community and household support for positive health-seeking behaviors.
- Equip healthcare providers with skills to understand barriers to health services and work with them to identify feasible solutions.
- Involve men by training healthcare providers to counsel not only female patients but also their partners or spouses or by offering educational sessions for men at points of care.
- Implement in-home provision of services and information to reach beneficiary groups whose mobility or contact with social networks is restricted.
- Create safe spaces for girls to congregate, build social networks, learn new skills, and access health information and services.

Notes

1. World Health Organization. 2014. "Why Gender and Health?" Available at from <http://www.who.int/gender/genderandhealth/en/>.
2. Effectiveness ratings for each intervention are available in the program overview document. For an explanation of the effectiveness rating scale, refer to the full report: *Transforming Gender Norms, Roles and Power Dynamics for Better Health: Evidence from a Systematic Review of Gender-integrated Health Programs in Low- and Middle-Income Countries*.
3. For a complete list of health and gender outcomes, refer to the *Transforming Gender Norms, Roles, and Dynamics for Better Health: Gender Integrated Programs Reference Document*.

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Suggested Citation

Public Health Foundation of India, Health Policy Project, MEASURE Evaluation, and International Center for Research on Women. 2014. *Adjusting Health Systems to Address Gender-based Barriers to Care*. Washington, DC: Futures Group, Health Policy Project.

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The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. HPP is implemented by Futures Group, in collaboration with Plan International USA, Futures Institute, Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

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