GENDER & POLIO INTRODUCTORY TRAINING

Prepared for the Polio Team of the Bill & Melinda Gates Foundation
by the Global Center *for* Gender Equality at Stanford University

February 2022

BILL & MELINDA GATES *foundation*

GENDER EQUALITY TOOLBOX

Session 1:

INTRODUCTION TO GENDER & HEALTH

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WELCOME & INTRODUCTIONS

Training Objectives

OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3
Increase the knowledge and skills of polio project implementation staff on gender and key related concepts	Introduce polio project implementation staff to practical methods and tools to support gender-intentional programming in polio eradication and AFP surveillance	Enhance the ability of polio project implementation staff to identify gender gaps and barriers in polio eradication and AFP surveillance

Session Objectives

Session 1

Understand gender and other social dimensions as determinants of health and why gender equality matters for health outcomes

Session 2

Describe the links between gender and polio eradication and identify key gender gaps and barriers related to polio eradication and AFP surveillance

Session 1: Agenda

Time	Topic
15 mins	Welcome & Introductions
40 mins	Power Walk
5 mins	Break
50 mins	Key Concepts in Gender & Health
10 mins	Wrap-Up

POWER WALK

Power Walk: Instructions

- For this activity, you've been assigned a **character**.
- We will read a series of **statements**.
- After each, imagine yourself **in this person's shoes** and how that person would answer.
  - If the statement is likely to be **true** for your character, give yourself 1 point.
  - If the statement is likely to be **false** for your character, subtract 1 point.
  - If you are **unsure**, do not add or subtract any points.
- You will each **reveal** your character's identity and total number of points at the end of the activity.

Power Walk: Debrief

- What do you observe as you look at where the characters ended up?
- For those at the front, what character do you represent? Why do you think you ended up at the front?
- For those at the back, what character do you represent? Why do you think you ended up at the back?
- What patterns do you observe?
- What does this tell us about what our societies value?

Gender, Power & Health

- Gender, age, ethnicity, sexual orientation, ability, place of residence, and other identifying factors are all important determinants of health, power, and privilege that influence needs, experiences, access, participation, and health status, among other aspects of health.
- People of varying identities are differently impacted and have different health outcomes and access and control over key resources.
- Certain life conditions may mean that people have less social support for coping with a disease or illness or less power to make decisions.
- For optimal health outcomes, health equity, and promotion of gender equality, we must work with all people – especially the people who finished last on the power walk!

BREAK

- Please return in five minutes

KEY CONCEPTS IN GENDER & HEALTH

Sex

- The **biological categorization** of a person as **male**, **female**, or **intersex**.
- Sex is **assigned at birth** based on **biological indicators**, including hormones, sex chromosomes, internal reproductive organs, and external genitalia.
- Sex and gender are commonly **conflated**, which contributes to widespread **erroneous beliefs** that cultural practices, roles, and norms around gender are biologically determined and therefore cannot be changed.

The Bill & Melinda Gates Foundation (2021). Gender Equality Lexicon. Second Edition.

Gender

- The **socially** and **culturally constructed** ideas of what it is to be **male** or **female** in a specific context.
- Gender is evident in the **roles**, **responsibilities**, **attitudes**, and **behaviors** that a society expects and considers appropriate for males and females, independent of an individual's own identity or expression.
- Societal and individual **expectations** about gender are **learned**, and **changeable** over time. They can be different within and among cultures, and often **intersect** with other factors, such as race, class, age, and sexual orientation.
- The accompanying pressures to **perform** and **conform** and the sanctions for not adhering to gendered expectations are also absorbed through social learning, often from a very young age. Gender is a **relational** concept that is best understood by examining interactions among individuals and social groups.

The Bill & Melinda Gates Foundation (2021). Gender Equality Lexicon. Second Edition.

Pop Quiz: Gender or Sex?

Boys’ voices break at puberty, while girls’ do not.

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Answer: **Sex**

Pop Quiz: Gender or Sex?

Globally, more men than women smoke, which puts them more at risk of infectious respiratory diseases like influenza, TB, and COVID-19.

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Answer: **Gender**

Smoking increases the risk of infectious diseases: A narrative review. Jiang, C., Chen, Q., Xie, M. (2020). *Tob Induc Dis*. 2020;18:60. Published 2020 Jul 14. doi:10.18332/tid/123845
Global Patterns and Determinants of Sex Differences in Smoking. Pampel, F.C. (2006). *Int J Comp Sociol*. 2006;47(6):466-487. doi:10.1177/0020715206070267

Pop Quiz: Gender or Sex?

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Answer: **Gender**

Pop Quiz: Gender or Sex?

Women are more at risk of contracting Ebola because they are expected to take care of sick family members.

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Answer: **Gender**

Gender dimensions to the Ebola outbreak in Nigeria. Fawole, O.I., Bamiselu, O.F., Adewuyi, P.A., Nguku, P.M. (2016). *Ann Afr Med*. 2016;15(1):7–13. doi:10.4103/1596-3519.172554

Pop Quiz: Gender or Sex?

Polio generally affects children under age 5, but adult women are also at risk of contracting polio if they are pregnant.

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Answer: **Sex**

Paralytic poliomyelitis during the pre-, peri-and post-suspension periods of a polio immunization campaign. Lamina, S and Hanif, S. 3, 2008, *Tropical Doctor*, vol. 38, pp. 173–175.

Gender Norms

- The collectively held **expectations** and **beliefs** about how people should **behave** and **interact** in specific social settings and during different stages of their lives based on their sex or gender identity.

Gender Roles

- **Behaviors** and **activities** that a specific society in a particular time considers **acceptable**, **appropriate**, or **desirable** for a specific sex.
- Gender roles are the basis for the **gendered division of labor**: the way each society divides activities among men and women, boys and girls, according to socially established gender roles.

The Bill & Melinda Gates Foundation (2021). Gender Equality Lexicon. Second Edition.

Intersectionality

A perspective that acknowledges the concrete experiences of inequality that result from the interaction of gender with other social markers of difference.

- These markers include, but are not limited to, age, race, class, caste, religion, ability, or sexual orientation, gender expression, and sex characteristics.
- When these markers interact with gender, compounded forms of discrimination emerge that amplify people's individual constraints and opportunities.
- Rather than defining men and women as homogenous groups, an intersectional approach acknowledges and works to understand the differences within and among groups of men and women and gender non-conforming individuals, and how these differences create unequal opportunities and access to resources.

The Bill & Melinda Gates Foundation (2021). Gender Equality Lexicon. Second Edition.

Gender & Health

- Biological differences between men and women cannot explain all different disease patterns, such as differences in health-seeking behaviors and experience at healthcare settings.
- Different life circumstances, gender norms, and gender roles can affect health outcomes.
- **Both sex and gender – along with other intersecting identities – influence disease patterns and health outcomes.**

Exposure

- Exposure to infectious diseases can be different based on the **gendered division of labor**.
- For example:
  - With regard to malaria, women are typically responsible for collecting water, where they are likely to be in proximity to mosquitoes. They also have greater exposure due to the timing of tasks, such as cooking, at dusk and dawn.
  - Men are more exposed in migrant labor and farm settings.

The Bill & Melinda Gates Foundation (2020). Gender and Malaria Evidence Review.

Vulnerability & Risk

- Health-related risks and vulnerabilities can **vary between genders**.
- For example:
  - Globally, many more men smoke than women. Smoking affects vulnerability to infectious respiratory diseases such as influenza and tuberculosis.
  - Young men are more likely to die or get injured in road traffic accidents.
- Many of these risks and vulnerabilities are due to **harmful gender norms**.

Global Patterns and Determinants of Sex Differences in Smoking. Pampel, F.C. (2006). *Int J Comp Sociol*. 2006;47(6):466-487. doi:10.1177/0020715206070267
Smoking increases the risk of infectious diseases: A narrative review. Jiang, C., Chen, Q., Xie, M. (2020). *Tob Induc Dis*. 2020;18:60. Published 2020 Jul 14. doi:10.18332/tid/123845
World Health Organization (WHO) (2021). Road traffic injuries. https://www.who.int/news-room/fact-sheets/detail/road-traffic-injuries

Knowledge & Beliefs

- Gender differences in **literacy levels**, **health knowledge**, and **beliefs** can affect health behaviors and outcomes.
- For example:
  - Gender differences in COVID **vaccine hesitancy**
  - Gender disparities in **perceptions** of susceptibility and severity of illness impacting protective behaviors in a pandemic

A rapid review of evidence on the determinants of and strategies for COVID-19 vaccine acceptance in low- and middle-income countries. Moola, S., Gudi, N., Nambiar, D. et al. (2021). *J Glob Health*. 2021;11:05027. Published 2021 Nov 20. doi:10.7189/jogh.11.05027
Demographic and attitudinal determinants of protective behaviours during a pandemic: a review. Bish, A., Michie, S. (2010). *British Journal of Health Psychology*, 15: 797–824. https://doi.org/10.1348/135910710X485826

Access

- Women often fail to seek or delay care due to **gender roles** and **gender norms**, such as:
  - Lack of control over resources/money
  - Time constraints
  - Mobility restrictions
  - Stigma
- For example:
  - Women's expected roles as **caregivers** mean they are not able to leave young children or ill family members to seek care.

Decision-Making Power

- Women and girls face greater risks of gender-based violence, malnutrition, and sexually transmitted infections **due to unequal power relations**.
- Women and girls often **lack the** autonomy to make decisions that impact their health, including exposure risks.
- For example,
  - "The recent outbreaks of the Ebola and Zika viruses have disproportionately affected women. Women are often responsible for providing healthcare in formal and informal roles. The social expectation that women will care for the sick limited women's options and the ability to control their risk of infection during the Ebola outbreaks in West Africa" (Diggins & Mills, 2015).
  - "Lawmakers responded to the Zika outbreak by discouraging women from becoming pregnant (Dyer, 2015) without taking into account inequitable gender norms that inhibit women's ability to negotiate contraceptive use or engage in family planning. Though Zika affects women more harshly than men biologically, the institutional response increased women's vulnerability, by failing to focus on the couple unit and underlying gender relations."

MEASURE Evaluation (2017). The Importance of Gender in Emerging Infectious Diseases Data. https://www.measureevaluation.org/resources/publications/fs-17-205a/at_download/document

Experience

- Discriminatory attitudes of **communities** and **healthcare providers**
- **Lack of training and awareness** amongst healthcare providers and health systems of the specific health needs and challenges of women and girls

Gender Equality

- **The state of being equal in status, rights, and opportunities, and of being valued equally, regardless of sex or gender identity and/or expression.**
  - In a state of gender equality, people are free to develop their personal abilities and make choices without the limitations set by stereotypes, gender norms, or prejudices.
  - Gender equality is widely recognized as a fundamental human rights concern and a precondition for advancing development, reducing poverty, and promoting sustainable development.
  - Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, and that achievement of development outcomes does not depend on an individual's sex or gender identity and/or expression.

The Bill & Melinda Gates Foundation (2021). Gender Equality Lexicon. Second Edition.

Gender Equity

- **Fairness in treatment of all people regardless of sex or gender identity and/or expression.**
  - The concept of gender equity recognizes that individuals have different needs and power based on their sex or gender identity and/or expression, and that these differences should be identified and addressed in a manner that rectifies inequities.
  - To ensure fairness, affirmative action is often used to remedy gaps and compensate for historical and social disadvantages that prevent individuals from otherwise operating as equals.
  - Gender equity is a strategy that can lead to gender equality using targeted time-bound policies.

The Bill & Melinda Gates Foundation (2021). Gender Equality Lexicon. Second Edition.

WRAP-UP

Session 1: Key Takeaways

- Gender is a social concept related to, but different from, biological sex, both of which impact health outcomes.
- Gender interacts with other social markers of difference, such as age, ethnicity, sexual orientation, ability, place of residence, etc., to produce inequities that influence health.
- Gender, along with other intersecting identities, is an important determinant of health status and outcomes, including exposure, vulnerability and risk, knowledge and beliefs, access, decision-making power, and experience of care.
- Gender roles and norms, along with gender inequality, affect health on various levels.

Session Objectives

Session 1

Understand gender and other social dimensions as determinants of health and why gender equality matters for health outcomes

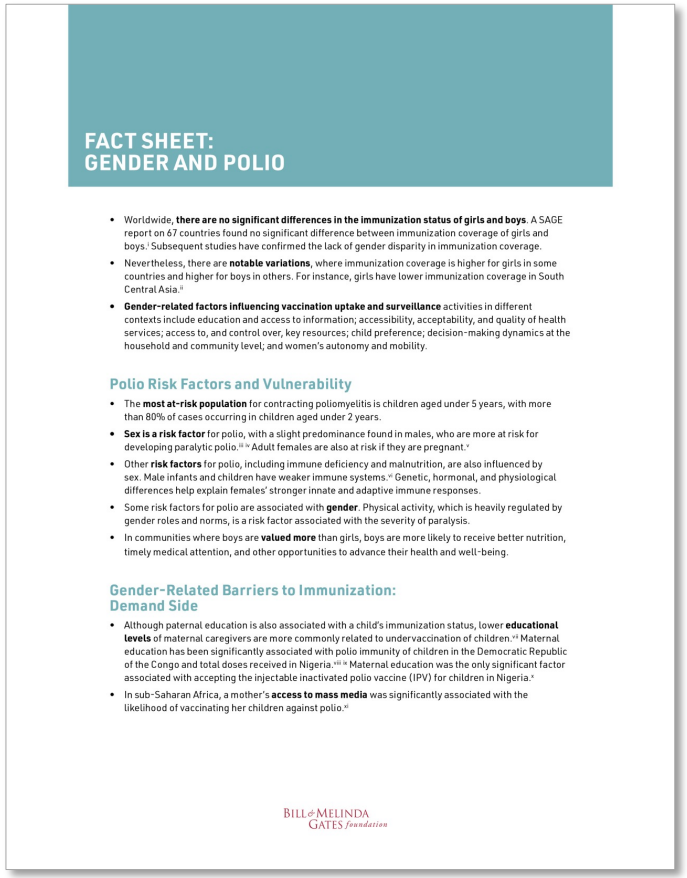
Session 2

Describe the links between gender and polio eradication and identify key gender gaps and barriers related to polio eradication and AFP surveillance

Pre-Reads for Session 2

Fact Sheet:
Gender and Polio

Case Study:
AFP Surveillance in Sunlandia



FACT SHEET: GENDER AND POLIO

- Worldwide, **there are no significant differences in the immunization status of girls and boys**. A SAGE report on 67 countries found no significant difference between immunization coverage of girls and boys.[i] Subsequent studies have confirmed the lack of gender disparity in immunization coverage.
- Nevertheless, there are **notable variations**, where immunization coverage is higher for girls in some countries and higher for boys in others. For instance, girls have lower immunization coverage in South Central Asia.[ii]
- **Gender-related factors influencing vaccination uptake and surveillance** activities in different contexts include education and access to information; accessibility, acceptability, and quality of health services; access to, and control over, key resources; child preference; decision-making dynamics at the household and community level; and women's autonomy and mobility.

Polio Risk Factors and Vulnerability

- The **most at-risk population** for contracting poliomyelitis is children aged under 5 years, with more than 80% of cases occurring in children aged under 2 years.
- **Sex is a risk factor** for polio, with a slight predominance found in males, who are more at risk for developing paralytic polio.[iii iv] Adult females are also at risk if they are pregnant.[v]
- Other **risk factors** for polio, including immune deficiency and malnutrition, are also influenced by sex. Male infants and children have weaker immune systems.[vi] Genetic, hormonal, and physiological differences help explain females' stronger innate and adaptive immune responses.
- Some risk factors for polio are associated with **gender**. Physical activity, which is heavily regulated by gender roles and norms, is a risk factor associated with the severity of paralysis.
- In communities where boys are **valued more** than girls, boys are more likely to receive better nutrition, timely medical attention, and other opportunities to advance their health and well-being.

Gender-Related Barriers to Immunization: Demand Side

- Although paternal education is also associated with a child's immunization status, lower **educational levels** of maternal caregivers are more commonly related to undervaccination of children.[vii] Maternal education has been significantly associated with polio immunity of children in the Democratic Republic of the Congo and total doses received in Nigeria.[viii ix] Maternal education was the only significant factor associated with accepting the injectable inactivated polio vaccine (IPV) for children in Nigeria.[x]
- In sub-Saharan Africa, a mother's **access to mass media** was significantly associated with the likelihood of vaccinating her children against polio.[xi]

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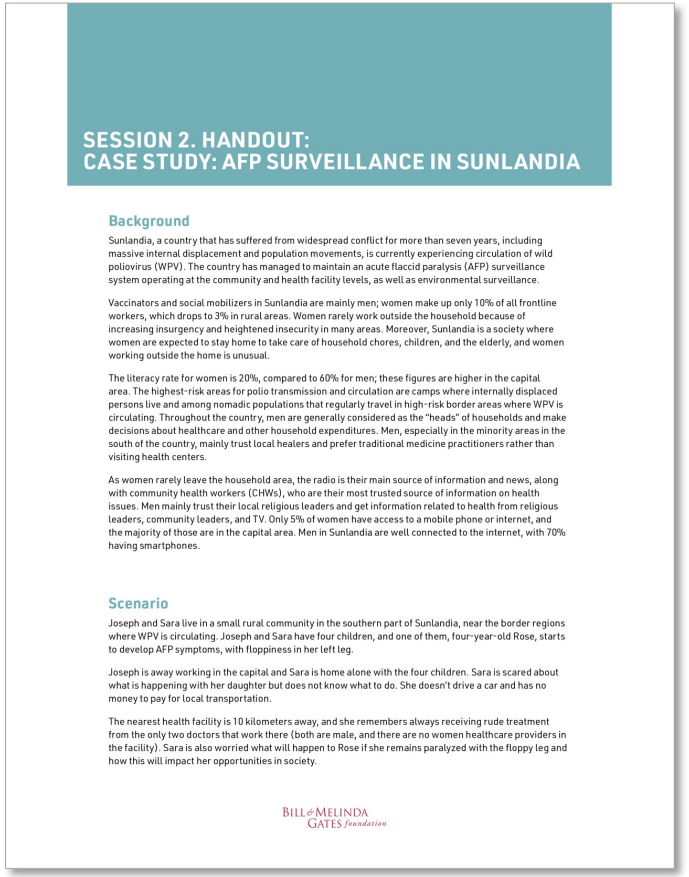

SESSION 2. HANDOUT: CASE STUDY: AFP SURVEILLANCE IN SUNLANDIA

Background

Sunlandia, a country that has suffered from widespread conflict for more than seven years, including massive internal displacement and population movements, is currently experiencing circulation of wild poliovirus (WPV). The country has managed to maintain an acute flaccid paralysis (AFP) surveillance system operating at the community and health facility levels, as well as environmental surveillance.

Vaccinators and social mobilizers in Sunlandia are mainly men; women make up only 10% of all frontline workers, which drops to 3% in rural areas. Women rarely work outside the household because of increasing insurgency and heightened insecurity in many areas. Moreover, Sunlandia is a society where women are expected to stay home to take care of household chores, children, and the elderly, and women working outside the home is unusual.

The literacy rate for women is 20%, compared to 60% for men; these figures are higher in the capital area. The highest-risk areas for polio transmission and circulation are camps where internally displaced persons live and among nomadic populations that regularly travel in high-risk border areas where WPV is circulating. Throughout the country, men are generally considered as the "heads" of households and make decisions about healthcare and other household expenditures. Men, especially in the minority areas in the south of the country, mainly trust local healers and prefer traditional medicine practitioners rather than visiting health centers.

As women rarely leave the household area, the radio is their main source of information and news, along with community health workers (CHWs), who are their most trusted source of information on health issues. Men mainly trust their local religious leaders and get information related to health from religious leaders, community leaders, and TV. Only 5% of women have access to a mobile phone or internet, and the majority of those are in the capital area. Men in Sunlandia are well connected to the internet, with 70% having smartphones.

Scenario

Joseph and Sara live in a small rural community in the southern part of Sunlandia, near the border regions where WPV is circulating. Joseph and Sara have four children, and one of them, four-year-old Rose, starts to develop AFP symptoms, with floppiness in her left leg.

Joseph is away working in the capital and Sara is home alone with the four children. Sara is scared about what is happening with her daughter but does not know what to do. She doesn't drive a car and has no money to pay for local transportation.

The nearest health facility is 10 kilometers away, and she remembers always receiving rude treatment from the only two doctors that work there (both are male, and there are no women healthcare providers in the facility). Sara is also worried what will happen to Rose if she remains paralyzed with the floppy leg and how this will impact her opportunities in society.

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THANK YOU!

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Session 2:

INTRODUCTION TO GENDER & POLIO

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Session Objectives

Session 1

Understand gender and other social dimensions as determinants of health and why gender equality matters for health outcomes

Session 2

Describe the links between gender and polio eradication and identify key gender gaps and barriers related to polio eradication and AFP surveillance

Session 2: Agenda

Time	Topic
10 mins	Welcome & Re-Cap
40 mins	Introduction to Gender & Polio
5 mins	Break
50 mins	Case Study: AFP Surveillance in Sunlandia
5 mins	Break
25 mins	Applying a Gender Lens in Polio Programming
15 mins	Wrap-Up

Session 1 Re-Cap

Gender refers to the biological differences between women and men that are difficult to change.

a) True

b) False

Session 1 Re-Cap

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a) True

b) False

Session 1 Re-Cap

Intersectionality means that:

a) All women experience the same limitations and challenges.

b) Gender intersects with other factors, such as ethnicity, disability, or age, which can often compound discrimination and inequalities.

c) Gender identity does not correspond to sex at birth.

Session 1 Re-Cap

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Session 1 Re-Cap

Gender equality means:

a) That women and men are the same.

b) That women and girls get preferential treatment and receive more advantages and resources than men and boys.

c) The state of being equal in status, rights, and opportunities, and of being valued equally, regardless of sex or gender identity and/or expression.

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INTRODUCTION TO GENDER & POLIO

Video: Gender and Polio Eradication

Global Polio Eradication Initiative (GPEI). (2019). GPEI Gender Animation. https://www.youtube.com/watch?v=4zQjnaDFOrQ&t=15s

Video: Gender and Polio Eradication

What **gender-related barriers** or challenges related to polio eradication were mentioned in the video?

Global Polio Eradication Initiative (GPEI). (2019). GPEI Gender Animation. https://www.youtube.com/watch?v=4zQjnaDFOrQ&t=15s

Gender & Polio: What are the links?

- Globally, **no difference** between boys and girls on polio immunization status.
- There are, however, **regional and sub-regional differences** due to gender norms and roles.

Martin Hilber, A. et al. (2010). Gender and immunisation: Summary report for SAGE. Geneva: s.n.

Gender & Polio: What are the links?

- Most of the links between gender and polio eradication are about gender as a **social concept**, not driven by biology (sex).
- These include:
  - Risk factors and vulnerabilities
  - Health literacy and education
  - Access and decision-making
  - Experience in healthcare settings

Risk Factors & Vulnerability

- **Sex** is a risk factor for polio: males are more at risk for developing paralytic polio; adult females are also at risk if they are pregnant.
- **Malnutrition**, a risk factor for polio, can be influenced by gender.
- **Physical activity** is a risk factor associated with the severity of paralysis.
- In societies where boys are **more valued** than girls, boys are more likely to receive better nutrition, timely medical care, vaccines, and other opportunities.

Vaccine-Associated Paralytic Poliomyelitis: United States: 1973 through 1984. Nkowane, B.M. et al. (1987). 10, 1987, *JAMA*, vol. 257, pp. 1335–1340.
Paralytic poliomyelitis during the pre-, peri- and post-suspension periods of a polio immunization campaign. Lamina, S., Hanif, S. (2008). 3, 2008, *Tropical Doctor*, vol. 38, pp. 173–175.

Health Literacy & Education

- Women's literacy and education status have a **strong influence** on their children's health due to gender norms that put mothers in the role of caretaker (over fathers).
- Children of more **educated** mothers are significantly more likely to be immunized (this is consistent across countries).
- A mother's individual **educational level**, as well as the **literacy rate** of her community, are important factors for a child's complete immunization.
- Women lacking **health literacy** can have a limited understanding of immunization (such as knowing which diseases vaccines prevent, vaccine dosage, and schedule) and low motivation to vaccinate their child.
- Gender influences polio **communication** and **outreach**.

Reasons related to non-vaccination and undervaccination of children in low and middle income countries: findings from a systematic review of the published literature, 1999–2009. Rainey, J.J. et al. (2011). 46, 2011, *Vaccine*, vol. 29, pp. 8215–8221.

Access & Decision-Making

- Mothers and other women family members are typically the **primary caregivers** but often have **lower status** in the household and community.
- Healthcare-related **decision-making** is negotiated within the household and extended family and is often gendered.
- Women may experience **lack of mobility** due to gender norms, or lack of transportation or access to, and control over, other critical resources.
- Women often have less access to, and control over, **resources** and income-generating opportunities within households and communities.

Experience in Healthcare Settings

- Women experience **lower quality** of service (responsiveness of services, range of services available, provider attitudes, skills, and behavior).
- Immunization/health services **target mothers** as the primary caretakers of children, with less focus on fathers.
- In many settings, women can freely **interact with women healthcare providers** only through house-to-house campaigns and outreach, and there is less availability of **women health workers** in general.

UNICEF (2019). *Immunization and Gender: A Practical Guide to Integrate Gender into Immunization Programmes*, p. 7.

Gender and Polio: True or False?

Let’s discuss…

“We vaccinate all girls and boys equally; therefore, gender plays no role in the immunization program.”

Gender and Polio: True or False?

Let’s discuss…

“We vaccinate all girls and boys equally; therefore, gender plays no role in the immunization program.”

False

Gender and Polio: True or False?

Let’s discuss…

“There are no differences in terms of girls’ and boys’ vulnerability to contracting polio or getting help when displaying AFP symptoms.”

Gender and Polio: True or False?

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Gender and Polio: True or False?

Let’s discuss…

“Men and women can equally access health information and make decisions about their own and their children’s healthcare in the areas we work in.”

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Gender and Polio: True or False?

Let's discuss…

"The sex of the community health worker conducting active case search or conducting outreach on polio eradication rarely matters. What matters is how good and skilled they are in their job."

Gender and Polio: True or False?

Let’s discuss…

“The sex of the community health worker conducting active case search or conducting outreach on polio eradication rarely matters. What matters is how good and skilled they are in their job.”

False

BREAK

- Please return in five minutes

CASE STUDY:
AFP SURVEILLANCE IN SUNLANDIA

Case Study: AFP Surveillance in Sunlandia

- We will now divide into **breakout groups** for a case study.
- First, **read** through the case study background and scenario.
- Then, **discuss** the questions as a group.
- Be ready to **share back** your main points to plenary.

Case Study: Debrief

- What **gender-related barriers** and factors negatively affecting polio eradication can you identify in this scenario, considering the situation of Sara and Joseph and the overall situation in Sunlandia?
- What are the **gender-related barriers** and factors that should be considered when approaching communities in Sunlandia in relation to **community outreach** and **information-sharing** related to AFP and polio?
- What **barriers** exist for community health workers conducting active case search and surveillance in communities in Sunlandia? Can you describe how these barriers might be **different for women and men**?

APPLYING A GENDER LENS IN POLIO PROGRAMMING

What are Gender Gaps?

A **disparity between women's and men's and boys' and girls' condition or position** in society based on gendered norms and expectations.

Gender gaps reflect the unequal distribution of opportunities, resources, or outcomes.

The Bill & Melinda Gates Foundation (2021). Gender Equality Lexicon. Second Edition.

How are Gender Gaps Revealed?

Via analysis of:

- **Sex-disaggregated data** that show the extent of inequalities.
- Data on issues that affect **only one sex** (e.g., maternal mortality) or largely one sex (e.g., gender-based violence).
- Data can be **quantitative or qualitative**, from diverse sources.

What are Gender Barriers?

Barriers a person faces in being able to benefit from an intervention, technology, or program – due to their gender.

NOTE:

- Both gender gaps and barriers should be analyzed with attention to **intersectionality** – i.e., how gender interacts with other social markers (e.g., wealth, education, religion, caste, tribe, rurality) to shape outcomes.

Gender Analysis

- A **critical and systematic examination** of differences in the constraints and opportunities available to an individual or group of individuals **based on their gender**.
- Gender analysis explores social relationships and gender gaps in domains including:
  - Gendered division of labor
  - Access to, and control over, resources
  - Decision-making power
  - Opportunities for advancing gender equality

The Bill & Melinda Gates Foundation (2021). Gender Equality Lexicon. Second Edition.

Gender Analysis in Health

- Examination of interactions between **biological** and **socio-cultural** factors that lead to situations of relative disadvantage in health matters for one gender over another.
- **Evidence-based:** Posing key questions that help to uncover where women, men, boys, girls, and gender non-conforming individuals are **differentially placed, affected, and involved**; why these differences occur and whether they can be prevented, if harmful.
- **Intersectional:** Looking at intersecting factors to understand which women/men/boys/girls/people are most affected.

Gender Analysis in Health

Gender analysis in health **highlights differences** among men, women, boys, girls, and gender non-conforming individuals regarding:

- Risk factors and vulnerability
- Health-seeking behavior
- Access to health information, resources, and services
- Decision-making processes
- Experience of care
- Health outcomes
- Etc.

Gender Analysis in Polio Eradication

What influences polio eradication outcomes? What barriers and challenges exist?

Consider:

- Risk factors and vulnerability
- Roles, norms, and responsibilities
- Needs and challenges
- Access to, and control over, resources
- Access, use, and experience of health services

Risk Factors & Vulnerability

For example:

- Who is at risk of contracting polio? Is the risk different for girls and boys, and why?
- How can vulnerability be explained by gender norms and roles? What are the biological risk factors?

Roles, Norms & Responsibilities

For example:

- Who makes decisions about children's healthcare, vaccination, AFP treatment?
- Who takes care of children and has information about their health status?
- What is the level of participation of women frontline workers in outreach and surveillance activities? What barriers do they face?

Needs & Challenges

For example:

- Where do women and men get information about polio and AFP surveillance? What are their preferred information sources and channels? What barriers exist to information, or for seeking healthcare?

Access To & Control Over Resources

For example:

- What differences are there in terms of women and men having access and control over resources needed to seek vaccines and healthcare for children?
  - Information
  - Time
  - Transportation
  - Money
  - Childcare/indirect/opportunity costs
  - Other?

Access, Use & Experience of Health Services

For example:

- Are there differences with boys' and girls' access to vaccinations/vaccination coverage? What factors could explain this?
- What factors could explain differences in AFP case numbers for girls and boys? In the disease notification period? Are there differences in health-seeking for AFP girls and boys? Why?
- Who uses traditional health services/providers? Are there differences for women and men?
- How does the sex of the healthcare provider or community worker matter for outcomes?
- What is the current balance of women and men working at different levels of polio eradication, including surveillance? What is preventing women's meaningful participation?

BREAK

- Please return in five minutes

WRAP-UP

Training Re-Cap

Gender is a social determinant of health because it:

a) Influences exposure and risk factors to many diseases.

b) Influences the responses of the culture, society, and health systems to health problems.

c) Influences access to information and health services.

d) Influences health-seeking behaviors and access to resources.

e) All of the above.

Training Re-Cap

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e) All of the above.

Training Re-Cap

Which one of these statements is true?

a) Gender roles are societal, learned, and reinforced from a young age.

b) “Gender” and “sex” generally refer to the same issue.

c) “Sex” refers to the roles and norms shaping women and men in society.

Training Re-Cap

Which one of these statements is true?

a) **Gender roles are societal, learned, and reinforced from a young age.**

b) "Gender" and "sex" generally refer to the same issue.

c) "Sex" refers to the roles and norms shaping women and men in society.

Training Re-Cap

Some disparities between vaccination coverage for girls and boys exist in certain regions.

a) True

b) False

Training Re-Cap

Some disparities between vaccination coverage for girls and boys exist in certain regions.

a) True

b) False

Training Re-Cap

Gender-related barriers to polio eradication include:

a) Access to, and control over, key resources like transportation or money.

b) Decision-making power in families.

c) Mobility and autonomy.

d) Lower literacy levels.

e) All of the above.

Training Re-Cap

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e) All of the above.

Training Re-Cap

Equal participation of women in community surveillance and polio eradication matters because:

a) Women have better communication skills than men.

b) In many settings, it is easier for women to enter households and interact with other women due to gender norms.

c) Women have the right to full and meaningful participation.

d) Both b and c.

Training Re-Cap

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Training Re-Cap

Gender analysis refers to:

a) Collecting sex-disaggregated data.

b) Including gender indicators in M&E plans.

c) Examining the differences between people based on their gender that may be leading to unequal access to opportunities/benefits from an intervention or policy.

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Training Re-Cap

Gender influences polio eradication because:

a) Girls are deliberately discriminated against in vaccination campaigns.

b) Gender norms and roles can create barriers that influence access to, and delivery of, polio vaccines and AFP surveillance.

c) It does not really influence polio eradication in any way.

Training Re-Cap

Gender influences polio eradication because:

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b) Gender norms and roles can create barriers that influence access to, and delivery of, polio vaccines and AFP surveillance.

c) It does not really influence polio eradication in any way.

Session 2: Key Takeaways

- Sex and gender influence polio risk factors and vulnerabilities, health literacy and education, access to and decision-making related to vaccination and care, and experience in healthcare settings.
- It is critical to collect and analyze sex-disaggregated AFP and other polio eradication-related data to be able to monitor and address gender-related discrepancies.
- Gender also influences the challenges and risks faced by community health workers.
- Gender analysis highlights differences among men, women, boys, girls, and gender non-conforming individuals regarding, for example, risk factors and vulnerability, health-seeking behavior, access to health information, resources and services, decision-making processes, experience of care, health outcomes, and more.
- Context-specific gender analysis is a critical first step toward identifying and addressing gender barriers and inequities and is crucial to designing interventions that reach all people.

Training Objectives

OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3
Increase the knowledge and skills of polio project implementation staff on gender and key related concepts	Introduce polio project implementation staff to practical methods and tools to support gender-intentional programming in polio eradication and AFP surveillance	Enhance the ability of polio project implementation staff to identify gender gaps and barriers in polio eradication and AFP surveillance

Additional Resources

- ERG Discussion Paper (2018). Gender Lens to Advance Equity in Immunization (pp. 4-14).
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THANK YOU!

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