

A Challenge in Addressing Gender Inequalities – the lack of gender-disaggregated data

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Gender equality and women's empowerment is one of the millennium development goals (MGDs). In many parts of the world, gender disparities continue to be large and are hampering the socioeconomic development and wellbeing of countless societies.

In order to reduce gender inequalities successfully, the first step is to identify gender disparities and their

underlying causes. This is essential in order to design effective measures to tackle the inequalities. Gender analysis requires collection, processing, and reporting of sex-disaggregated data. Unfortunately, most data collected by the information systems of governments are not sex-disaggregated and cannot be used to analyse differences and commonalities between men and women, or for further gender analysis.

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In remote mountain regions, gender disaggregated data are even more scarce, and this means that the specific issues that women are facing remain concealed. Often, women are affected more by poverty and suffer more from limited access to public services and infrastructure, with their social status as women being the main cause of their suffering.

In this article, I present the case of the health sector in the province of Yunnan in China to illustrate how useful gender disaggregated data can be for understanding the causes of health issues and for addressing those issues properly.

Learning from the analysis of inpatient records: Gender roles expose women and men to different health issues

The ecohealth project 'Land use change and human health in the Eastern Himalaya – an adaptive ecosystem approach' was implemented in Yuanmou County of Yunnan Province, China. It integrated a gender analysis in the project methodology and contributed to improving the understanding of health issues related to land use change.

The project analysed individual records of inpatients admitted to the county hospital from 1985 to 2003, as a basis for understanding the major diseases and health problems of the population of the county. The goal was to detect if the health problems were associated with the land use change that had occurred in the last few decades. The land use change in Yuanmou County mainly consists of intensification of agriculture by using large amounts of pesticides, fertilisers, and other agricultural inputs.

Fortunately, the original records have information on the sex of individual patients so that some indicators could be calculated by gender. We were particularly interested in pesticide-poisoning cases as we were interested to know whether pesticide

use was causing serious health problems for local people. A total of 261 poisoning cases were identified accounting for 1.5% of the total inpatient cases admitted to the hospital in the years 1985, 1990, 1995, 2000, and 2003. Pesticide poisoning accounted for 44.4% of the total poisoning cases.

Thus although poisoning was not a major cause of people being hospitalised (1.5%), pesticide poisoning was the main cause of poisoning (44.4% of the total cases), indicating that measures may be needed to protect people from such poisoning. In addition, around two thirds of pesticide-poisoning cases were in females in almost all years, as well as overall (Table 1)

The finding highlights important questions for further study. Why were there so many more female cases of pesticide poisoning than male cases? Does it mean women have more exposure to pesticides? Is there a link to the feminisation of agricultural production? Does it mean women have little knowledge about self-protection and skill when applying pesticides? Or, is it simply because more women used pesticide to attempt to commit suicide¹? Whatever the reason, the finding showed that interventions aiming to reduce the negative impact of pesticides on human health should pay special attention to women.

The records also provided information about the number of cases of injury. Injuries increased from 10.3% to 34.9% of total admissions from 1985 to 2003, indicating that they have increasingly become a major health problem in the county. In contrast to pesticide poisoning, approximately two-thirds of the injury cases were males (Table 2).

Table 1: Pesticide-poisoning cases in different years at Yuanmou County Hospital

Sex	1985		1990		1995		2000		2003		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Male	24	32.9%	9	34.6%	1	14.3%	4	57.1%	1	33.3%	39	33.6%
Female	49	67.1%	17	65.4%	6	85.7%	3	42.9%	2	66.7%	77	66.4%
Total	73	100.0%	26	100.0%	7	100.0%	7	100.0%	3	100.0%	116	100.0%

Table 2: Cases of injury in different years at Yuanmou County Hospital

Sex	1985		1990		1995		2000		2003		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Male	280	69.7%	183	63.8%	253	71.1%	567	67.0%	706	68.2%	1989	68.0%
Female	122	30.3%	104	36.2%	103	28.9%	279	33.0%	329	31.8%	937	32.0%
Total	402	100.0%	287	100.0%	356	100.0%	846	100.0%	1035	100.0%	2926	100.0%

¹ In rural China, the suicide rate is much higher among women than men, and many women use pesticide as it is easily accessible.

The questions here were: Why were there more male than female injury cases? What can be done to prevent and reduce male injuries? Data from the field survey showed that over the last three decades men had found new job opportunities in the massive infrastructure construction in the county. They worked both as drivers of vehicles and as construction workers. This could be one cause of the increasing number of injuries among men. The gender role our society has assigned to men makes them more likely to be the beneficiaries of new employment opportunities, but this also exposes them



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to new risks, such as road accidents and job-related injuries. Thus, interventions that aim at reducing injuries should pay special attention to men.

Thus, it appears that women and men from the research site are exposed to different health risks and this may be related to the division of labour. More research needs to be done to confirm the exact causes of the gender disparities – why are more women exposed to pesticide poisoning, and why are more men exposed to accidents. However, the most telling point of this first analysis is that it shows how important the assembly of gender disaggregated data is as a basis for understanding disparities between women and men and the causes. This information can be critical when designing prevention programmes, as it helps identification of the right target group and addressing the right cause of the health issue.

Learning from the household survey: Decision-making power and access to health care

Inpatient data records were not available² at another project study site, in Nima Township of Nierong County in Tibet Autonomous Region, China. Thus, we conducted a household survey in two villages of the township to

² Local hospitals had not yet collected and kept these data despite the requirement from the health authority.

collect sex-disaggregated data. Because of the low population at these sites, the data from the survey was insufficient for us to calculate men's and women's disease indicators. However, the survey revealed gender inequalities in other aspects.

For example, the survey showed that in more than 70% of families in both villages, the husbands control income and make decisions about important matters, even in the 16% of households where polyandry – in which one wife has more than one husband – is practised. In general, the gender division of labour was still quite strict, with men mainly herding the livestock and women mainly performing domestic work, such as washing, milking cows, cooking, and caring for young children.

The survey revealed the unmet needs of local women for maternal health care services. The majority of the women surveyed did not have any prenatal care during pregnancy and gave birth at home attended by untrained people. Ten percent of surveyed women had had a spontaneous abortion. Many women reported gynaecological symptoms, but few of them had sought care in health facilities. Only 17% of women used sanitary pads during menstruation – while more than half the families had a television and telephone. This indicates that the improvement of women's health does not match the pace of economic development.

Conclusion

Sex-disaggregated data (both qualitative and quantitative) do not represent gender analysis as such, but they are the first step in carrying out a gender analysis. In reality, the availability of such data is very limited in many settings, particularly in poor mountain areas. This poses a big challenge for gender sensitive development.

Thus we call for the collection, analysis, and reporting of sex-disaggregated data by governments, international organisations, NGOs, and all stakeholders who have committed to gender equality and mountain development. In this way, we may overcome the challenges and address gender inequalities more effectively and efficiently.

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