

GWH GUIDELINES ON GENDER-RELEVANT INDICATORS IN HEALTH RESEARCH

II. National-Level Guidelines

As the Millennium Development Goals and associated indicators themselves, as well as numerous other undertakings in international health and development, make clear, there is much interest in being able to create “snapshots” of individual countries with regard to particular health and development topics. This is useful for getting a sense of strengths and weaknesses in a given country. It is also useful for making comparisons between countries¹, *provided that the data used to make the “snapshot” is comparable in each country*. Few researchers, however, will have the time and resources to conduct comparable, nationally representative data-gathering in a number of different countries. On the other hand, if governments or other national-level researchers gather data in complete isolation from each other, the chances of arriving at comparable measures is slim.

It is for exactly these reasons that inter-governmental initiatives like the MDGs or the WHO’s Burden of Disease Project seek to develop indicators that are comparably defined and measured (and of comparable quality) in a wide variety of nations.

What follows is our attempt to do something similar for gender and health. We present our indicators in table format. For each, we indicate the heading in our theoretical framework to which the indicator responds, a source or sources for the indicator, and whether or not the indicator is included in one of the MDG-related series. We also include notes detailing any other issues we feel researchers should be alerted to.

¹ Aggregate-level indicators, such as the MDG-associated indicators and those that appear in the following national-level list, are also useful for making inter-district or other sub-national comparisons, provided that reliable data can be found that are aggregated at the required level.

A. Health Status Indicators

Indicator	Sub-Topic from Theoretical Framework	Possible Source	MDG? ²	Comments
1. % of girls/boys under height for age	A. 1. Children's growth and nutrition	WHO -- http://www.who.int/nutgrowthd/registration_form/welcome.htm	yes	Reflects long-term malnutrition. Less-than-ideal source located: data at the cited address is inconsistent with regard to disaggregation, urban/rural location, and year. Similar indicators are included in MDG "millenium" and "background" series (http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=4), <i>not</i> , however, sex-disaggregated.
2. Male/female <1 and 1-4 mortality rates	A. 2. Child mortality	UN Population Division -- http://esa.un.org/unpp	yes	5-14 mortality rates may be of interest, as well – no ready source has been found for these. Infant and under-five mortality rates are included as MDG indicators, but they are <i>not disaggregated</i> - http://millenniumindicators.un.org/unsd/mi/mi_goals.asp
3. Male/female healthy life expectancy at birth	A. 3. Life expectancy	WHO -- http://www3.who.int/whosis/hale/hale.cfm?path=evidence.whosis.burden_statistics.hale&language=english	no	Preferable to simple, raw life expectancy figures, healthy life expectancy provides an overall measure of how a given society is faring at ensuring that its citizens enjoy lives that are both long <i>and</i> free of disease/disability.
4. Maternal mortality ratio	A. 4. Maternal mortality	MDG "millennium" indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=16	YES	A key indicator of the effectiveness of health services, in an area of special importance to women.
5. Unsafe abortion measure	A. 5. Other reproductive health	No readily available source covering a wide range of countries identified	no	Due both to its significance as a health problem for women and to its habitual "invisibility", we consider it very important to have a measure of abortion-related morbidity/mortality in our core group of indicators. Possible measures might include proportion of maternal mortality arising from unsafe abortion, % of ob/gyn admissions which are the result of abortion (this figure <i>is</i> available at http://www.who.int/reproductive-health/global_monitoring/database.html , but for only a limited range of countries), or % of basic obstetrical care services offering abortion/post abortion services (legality of abortion is covered further down in this list). However, GWH has not located a consistently defined, regularly and widely collected, readily accessible measure of this kind. It is hoped that researchers will both develop measures relevant to their particular locations <i>and</i> lobby for the more widespread definition and collection of such measures in the future.
6. Incidence of cervical cancer	A. 6. Chronic non-infectious disease	Globocan - http://www.dep.iarc.fr/globocan/globocan.html	no	As cervical cancer is preventable/treatable if simple screening and treatment services are present, rates for this disease may be a good reflection of the more general level, quality, and functioning of the health system in general, and of women's health services in particular. Prevalence or mortality rates would also be of interest. Mortality is available at Globocan; however, prevalence is only available at this source as number of cases, <i>not</i> as a rate

² Responses in this column are coded as follows: "YES" means the exact indicator recommended for use is the one appearing in one of the lists of indicators associated with the MDGs; "yes" means that the topic is included in the MDGs in one form or another, but that a different indicator and/or source is recommended for use; and "no" means that the indicator is not included in the MDGs in any form.

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Indicator	Sub-Topic from Theoretical Framework	Possible Source	MDG? ²	Comments
7. Male/female prevalence of anemia	A. 6. Chronic non-infectious disease	DHS -- www.measuredhs.com	no	Anemia is a major risk factor for poor pregnancy outcomes, as well as reflecting the more general nutritional/health status of the population. Specific analyses might demand rates in, say, only women of reproductive age, or only children. Only certain countries are available in DHS databases, data is only for mothers and children, and data may not be regularly updated. WHO has data as well (http://www.who.int/reproductive-health/global_monitoring/database.html), but it is only for women of reproductive age, and data is missing for many countries. A source with wider coverage/more regular updates would be preferable but has not been identified.
8. Male/female incidence of lung cancer	A. 6. Chronic non-infectious disease	Globocan - http://www-dep.iarc.fr/globocan/globocan.html	no	Lung cancer is largely preventable (due to its strong association with smoking), and is, furthermore, a disease which manifests interesting gender patterns. Rates for this disease may thus be a good reflection of what is happening in the public health system in general, and with regard to gender and health in particular, in a given country. Prevalence or mortality rates would also be of interest. Mortality is available at Globocan; however, prevalence is only available at this source as number of cases, not as a rate
9. Male/female prevalence of HIV infection, 15-24-year-olds	A. 7. Infectious disease	WHO -- http://www.who.int/hiv/facts/en/	yes	Incidence, prevalence, and/or mortality rates would also be of interest, and for the entire population, not just one age group. None of these statistics is readily available in sex-disaggregated form from an identified source, however. HIV prevalence – but only among <i>pregnant women</i> – is included as an MDG indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=18
10. Tuberculosis prevalence	A. 7. Infectious disease	MDG "millennium" indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=23	YES	Tuberculosis is both a major killer and a major focus of international health work. MDG-associated indicator is <i>not</i> disaggregated, but since no other disaggregated source has been found, the choice has been made to use it nevertheless.
11. Malaria prevalence	A. 7. Infectious disease	MDG "millennium" indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=21	YES	Malaria is both a major killer and a major focus of international health work. MDG-associated indicator is <i>not</i> disaggregated, but since no other disaggregated source has been found, the choice has been made to use it nevertheless.

B. Major Determinants of Health Apart from Health Care

Indicator	Sub-Topic from Theoretical Framework	Possible Source	MDG?	Comments
12. % of population with access to improved drinking water sources (urban/ rural)	B. 1. Safe water and sanitation	MDG "millennium" indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=30	YES	Although the MDG-associated indicator is not sex-disaggregated, no disaggregated measure has been found. Furthermore, as this statistic will usually be recorded at the household level or higher, it is unlikely that one will be. Hence the decision to use the MDG indicator has been made.

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Indicator	Sub-Topic from Theoretical Framework	Possible Source	MDG?	Comments
13. % of population with access to improved sanitation (urban/ rural)	B. 1. Safe water and sanitation	MDG "millennium" indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=31	YES	Although the MDG-associated indicator is not sex-disaggregated, no disaggregated measure has been found. Furthermore, as this statistic will usually be recorded at the household level or higher, it is unlikely that one will be. Hence the decision to use the MDG indicator has been made.
14. Proportion of population below minimum level of dietary energy consumption	B. 2. Food supply	MDG "millennium" indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=5	YES	Although the MDG-associated indicator is not sex-disaggregated, no disaggregated measure has been found. Hence the decision to use the MDG indicator has been made.
15. Proportion of households with access to secure tenure	B. 3. Housing	MDG "millennium" indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=32	YES	Although the MDG-associated indicator is not sex-disaggregated, no disaggregated measure has been found. Hence the decision to use the MDG indicator has been made.
16. Proportion of population below \$1 (PPP) per day	B. 4. Poverty	MDG "millennium" indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=1	YES	Although the MDG-associated indicator is not sex-disaggregated, no disaggregated measure has been found. Hence the decision to use the MDG indicator has been made.
17. Per capita GDP	B. 5. Economic context	UNDP Human Development Report – www.undp.org	no	Although this measure is not disaggregated, and thus does not provide any information on distribution economic goods, other measures in the list <i>do</i> address distribution. Per-capita GDP is included to give an overall idea of the size/level of the economy
18. % of men/women covered by social insurance or pension	B. 5, Economic context	International Labor Organization (ILO)	no	Whether or not this exact statistic is, in fact, readily available from ILO is not clear
19. Women's wage employment in the non-agricultural sector as a % of total non-agricultural employment	B.6. Economic activity	MDG "millennium" indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=11	YES	Measure of women's formal-sector (and non-"traditional") economic <i>participation</i>
20. Female/male 15-24 unemployment	B.6. Economic activity	MDG "millennium" indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=45	YES	Measure of young women's/men's formal-sector economic <i>activity</i> . This age range chosen because it is defined this way in the relevant MDG indicator. Statistics for other ages/totals available at the International Labor Organization (ILO) -- http://laborsta.ilo.org
21. Ratio of literate women to men, 15-24 years old	B.7. Education	MDG "millennium" indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=10	YES	Measure of equity of <i>basic</i> education system in the <i>recent past</i> . This particular form of the statistic chosen because this is the form in which it appears as a MDG indicator.
22. Ratio of girls to boys enrolled in secondary-level education	B.7. Education	MDG "millennium" indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=9	YES	Measure of <i>current</i> equity in <i>more advanced</i> education. A clear measure of % of young women/men <i>completing</i> secondary education would be preferable, but no consistent, sex-disaggregated source for this (available for a wide range of countries) has been found.
23. Gini Coefficient	B.8. Income inequality in the society	World Bank World Development Report/World Development Indicators	no	Measure of <i>distribution</i> of economic goods between rich and poor.

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Indicator	Sub-Topic from Theoretical Framework	Possible Source	MDG?	Comments
24. Ratio of estimated female to male earned income	B.8. Income inequality in the society	UNDP Human Development Report – www.undp.org	no	Measure of <i>distribution</i> of economic goods between women and men.
25. Absolute male/female population, overall and 0-4, 5-14, 15-49, 50-64, and 65+	B.9. Demographics	UN Population Division -- http://esa.un.org/unpp	no	Can help identify smaller-scale patterns in absolute mortality with a possible gender dimension, as compared with healthy life expectancy (above), which measures overall pattern in mortality <i>and disability</i> combined.
26. % of 15-19-year-old girls/boys ever married	B.10. Household characteristics/marriage	UN Statistics Division -- http://unstats.un.org/unsd/demographic/ww2000/table2a.htm	no	Early marriage is an indicator both of low levels of development overall and, particularly, of low status of women. Related statistic is available (for certain countries) from DHS studies -- www.measuredhs.com
27. % of households headed by women	B.10. Household characteristics/marriage	UN Statistics Division -- http://unstats.un.org/unsd/demographic/ww2000/table2b.htm	no	Demographic factor associated with barriers to accessing various social goods such as health care, and possibly also with lowered economic/social power.
28. Average spousal age difference for women/men	B.10. Household characteristics/marriage	DHS -- www.measuredhs.com	no	Wide difference in age between spouses – particularly in association with early marriage – is an indicator of low status of women. Only certain countries are available in DHS databases, and data may not be regularly updated. A source with more regular updates and wider coverage would be preferable.
29. Total fertility rate	B.11. Fertility	UN Population Division -- http://esa.un.org/unpp	no	Basic, regularly collected and available measure of the burden of fertility on women, and of one of the engines of population growth in a society.
30. Births per 1000 women aged 15-19	B.11. Fertility	UN Statistics Division -- http://unstats.un.org/unsd/demographic/ww2000/table2b.htm	no	Early childbearing can be risky for both mother and child, as well as being (like early marriage) an indicator of low status of women. Related statistic is available (for certain countries) from DHS studies -- www.measuredhs.com
31. Proportion of seats held by women in national parliament	B.12 Legal/Policy Environment	MDG “millennium” indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=12	YES	Measure of women’s access to power and decisionmaking, an area typically dominated by men.
32. Male/female legal age of marriage	B.12 Legal/Policy Environment	Examination of national laws	no	Low marriage age for women, and/or drastically different ages of marriage for women vs. men can indicate lower status/autonomy of women. Lower ages overall may be associated with lower development (lower average educational attainment, for example).
33. Legality of abortion	B.12 Legal/Policy Environment	UN Population Division -- http://www.un.org/esa/population/publications/abortion/index.htm	no	As laws against abortion do not so much prevent it as drive it underground, where it is often performed unsafely, and as complications of unsafe abortion are a significant health problem for women, a country’s laws related to abortion are directly relevant to women’s health in the country.

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Indicator	Sub-Topic from Theoretical Framework	Possible Source	MDG?	Comments
34. Gender-based violence measure	B.13. Violence	No readily available source covering a wide range of countries identified	no	GWH considers it very important to include some measure (or measures) of the burden of gender-based violence in its core indicators. Such a measure could, for example, be the rate of homicide by intimate partners (by sex), a measure of sexual violence against women, or some measure of domestic violence. It does not appear, unfortunately, that any such measure is consistently collected over a wide range of countries. As noted above, researchers can both develop measures relevant to their particular locations <i>and</i> lobby for the more consistent definition and widespread collection of such measures in the future.
35. Proportion of population using solid fuels	B.14. Environmental health	MDG "millennium" indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=29	YES	Solid fuel use, which produces noxious fumes which often become concentrated in living areas, appears to be a major contributor to disease and disability, in many parts of the world. Women and young children (who are most likely to spend time indoors and to cook) are most seriously affected.

C. Health-Care Financing and Resource Allocation

Indicator	Sub-Topic from Theoretical Framework	Possible Source	MDG?	Comments
36. Monthly household expenditures for health care as a % of total household expenditures	C.1. Households' burden of payment for health care	World Bank Living Standards Measurement Study (LSMS) - http://www.worldbank.org/lsm/s/	no	This relative measure of <i>private</i> health expenditure (which would not normally be disaggregated by sex as it is measured at the household level) would logically be disaggregated into richer and poorer households – say, perhaps, those in the top and bottom quintiles of income. Measure will have to be calculated from LSMS data, and source will not have data for all countries.
37. Public expenditure on health (as a % of GDP)	C.2. Public expenditures for health care	UNDP Human Development Report – www.undp.org	no	As a relative measure of <i>public</i> health expenditure, this statistic complements the one immediately above. A measure of absolute per capita public health spending would be more desirable, but a ready source has not been found.
38. Per-capita qualified health care providers by type of provider, sex, and type of service (public, private, NGO)	C.3. Qualified health care personnel	No readily available source covering a wide range of countries identified	no	A measure of the overall level of staffing, and gender balance of staffing, in health services. Sex of health-care staff may be an important correlate of access to health care by men and women, in some areas, and sex ratios in different staff grades may give some idea of the gender atmosphere in a country's health services.
39. Health care access indicator	C.4. Geographic distribution of primary, secondary, and referral facilities	No readily available source covering a wide range of countries identified	no	GWH believes it is very important to have a measure of physical access in our group of indicators. Possible measures could include % of women/men (or population, if not possible to disaggregate) living within a half-day trip, by commonly used and available means of transportation, from a primary/secondary/tertiary health facility, or some measure of the geographic distribution of the facilities themselves. But we have not located a consistently defined, regularly collected, readily accessible measure. As noted above, researchers can both develop measures relevant to their particular locations <i>and</i> lobby for the more consistent definition and widespread collection of such measures in the future.

D. Health-Care Utilization and Quality

Indicator	Sub-Topic from Theoretical Framework	Possible Source	MDG?	Comments
40. % of boys/girls fully immunized by their first birthday	D.1. Immunization coverage	DHS -- www.measuredhs.com	yes	Only certain countries are available from DHS, and data may not be regularly updated. A better source would be desirable. The MDG "millennium" indicators include a more thoroughly available measure of immunization for one disease (measles); however, data is <i>not</i> sex-disaggregated.
41. % of pregnant women receiving at least one prenatal visit	D.2.a. Reproductive health care coverage: Antenatal	UN Statistics Division -- http://unstats.un.org/unsd/demographic/ww2000/table3b.htm	no	Basic measure of coverage of reproductive health system. Figures for % of pregnant women who received specific numbers of prenatal visits (more than just one) are available, for some countries, from DHS -- www.measuredhs.com . In countries where prenatal care is commonly received, measuring which women received <i>the full number</i> of prenatal visits (at least 4, according to the Pan American Health Organization) may be a more sensitive measure of coverage.
42. Proportion of births attended by skilled health personnel	D.2.b. Reproductive health care coverage: Safe delivery	MDG "millennium" indicator – http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=17	YES	Basic measure of coverage of reproductive health system.
43. Prevalence of modern contraception	D.2.b. Reproductive health care coverage: Contraceptive prevalence	UNDP Human Development Report – www.undp.org or Population Reference Bureau – www.prb.org	no	Basic measure of coverage of reproductive health system; also considered an important development (and, to some extent, women's empowerment) measure.
44. Proportion of the population with access to affordable essential drugs on a sustainable basis	D.3. Quality of care: availability of essential drugs	MDG "millennium" indicator - http://millenniumindicators.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=46	YES	Measure of more-than-basic health care coverage.
45. Gender mix of MoH managerial health staff	D.4. Gender mix of health personnel	Staff lists of Ministries of Health	no	In the same way as 38 (above) measures the gender mix of clinical staff, this indicator measures the gender mix of the staff who manage and make decisions about the health system.

General Notes (National Level)

1. In certain regions, it may be necessary or useful to disaggregate data not only by sex, but by other salient background variables – socioeconomic status, religion, ethnicity, migration/refugee status, etc.
2. The sources given for indicators should not be assumed to be the only (or even the best) available. Criteria for selecting the sources listed are given in the text. It is always, however, incumbent upon researchers to ensure that they use a data source that is accurate, defines the indicator clearly and appropriately, and reports it for a relevant year or years.