Gender and Gender Analysis in Public Health Research Training

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The Centre for Global Health, Trinity College Dublin, has as its remit strengthening health systems through an interdisciplinary approach incorporating critical situational analysis, applied research and capacity building. Our underlying assumption is that the world’s health problems are shared and are best tackled by cooperative action and the sharing of innovative solutions. There are three strands to this approach – education, advocacy, and research, and in all three areas we engage civil society partners and stakeholders to ensure broad collaboration and strong equitable partnerships. These collaborations and ensuing partnerships directly and indirectly impact on the image and efficiency of the Centre for Global Health. A gender analysis of the student body will be used to ensure that men and women are not disadvantaged by the educational recruitment and partnership activities of the Centre, and to identify priority areas for action to promote equality between men and women. Once the outcome of this process has been realised, consideration will be given to conducting a gender analysis of partnerships within academic/research and civil society.

Key to this is a reflection on the values and principles of partnership in order to develop a collaborative ‘Good Research Governance in Global Health’ document.

Any gender analysis then, needs to take account of the situation amongst different types of partners (research/civil society/educational), in different parts of the world, at different levels of (and types of) engagement. As a first step in developing this document, we invited our partners to share some thoughts to identify between five and ten features that they feel are important for good partnerships and, if necessary, provide a brief description of why. Round table meetings with staff, researchers and students within the Centre were also held, to discuss partnership models, challenges and needs.

Early Findings:

Key issues which have emerged through the process thus far are:

a) The challenges of engaging civil society in partnership (building proposals with civil society as a means of overcoming some of these challenges)

b) The need to include advocacy and professional networks

c) Bringing research into policy and practice

d) How to fit students into partnerships (n/s students/internships with NGOs/embedding)
An initial overview suggests that academic partnerships at senior level are heavily weighted in favour of male participation within African institutions. A comprehensive gender analysis of this situation needs to be undertaken to ascertain what the reasons are for this, how representative it is of the ‘in-country’ gender dynamics and what might be done to encourage greater participation from female academics.

Reflecting first on our own situation within the Centre for Global Health, we have begun a process of gender analysis that takes account of all of these variables. The balance of this brief considers our Global Health education programme and applies a preliminary gender analysis to the MSc Global Health.

**MSc Objectives:**

Our objective within the MSc Global Health is not merely to foster lifelong researchers, but also to foster lifelong practitioners (whether at UN, WHO or NGO level) who will have an evidence-based, interdisciplinary approach to their work. Focussing only on disease, or the clinical aspects of disease, but on the social, political and environmental causes of disease, we attract a diverse range of students from across the world and the course is usually substantially oversubscribed. In an effort to maintain as much diversity within the class as possible, we balance applications from US, Europe, Middle East/Africa and Asia (as a rough guide we try to allocate five places per continent). A wide range of disciplinary backgrounds is also encouraged so students may be practitioners, clinicians or graduates from Arts, Humanities or Sciences. The course balances core subjects with a range of electives from which students can choose and an independent research component with a dissertation of 15,000 words.

Given the diversity of disciplines, backgrounds and nationalities, gender equity becomes an increasingly complex variable. However some interesting trends can be seen from our applications over the past three years. Approximately 75% of all applications to the MSc Global Health are from women. If we break applications down by region:

- 60% of applications are from North America (US/Canada) – 80% of these are from women
- 25% of applications are from Europe (including Ireland) – 64% from women
- 10% of applications are from Africa – 90% from men
- 5% of applications are from Asia/other – 100% from women

Any attempt to redress these imbalances must incorporate the values and principles of co-operative action, sharing of innovative solutions and the points raised through the collaborative process thus far. Neither the employment of new marketing strategies, nor the application of affirmative action recruitment policies will suffice. Given our commitment to evidence-based approaches – i.e. bringing research into policy AND practice - we are planning a three pronged approach:

1) Complete a thorough situational analysis (including a gender analysis) on all aspects of our partnership activities which will provide information on the social, political, economic and cultural context within which our partners operate (currently under way).
2) Implement strategies to engage with in-country actors on policy level, and advocate where necessary for greater gender equity.
3) Advocate at institutional levels amongst partners at home and abroad for equity of access.

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