

Gender Analysis in Health Communication

Developed in Women, Gender and Health 207:
Advanced Topics in Women, Gender, and Health,
Harvard T.H. Chan School of Public Health, Spring 2021

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Appropriate Harvard T.H. Chan School of Public Health Core Courses:

SBS 201: Society and Health, SBS 508: Successes & Challenges in Health Behavior Change, SBS 509: Health Communication in the 21st Century, SBS 211: Public Health in Action: Strategies for Policy, Advocacy and Communication, SBS 210: Dissemination and Implementation Science

Background:

Most theories of health communication or behavior change that are taught in public health or medical schools do not consider gender - and its intersections with other identities - as an underlying organization principle of society or how it affects health care. In taking an ungendered approach, health communication strategies and materials can fail to achieve the desired change, or even worsen health disparities (Vardeman-Winter 2017).

Women and men¹ have different behaviors with regard to health information seeking, social media use, preferred sources of information or expertise and different health-related needs, perceived risks and experiences (Ek 2013). Though women are more likely to seek and engage with health information or media, they are less likely to see their experiences or needs reflected in what they find. Health communicators also often overlook other aspects of gender roles that may impact health behaviors like being a caregiver and having no or low income, which are both more likely to be experienced by women (Vardeman-Winter 2017). Most health communications strategies do not incorporate this type of gender analysis. At best, this reduces their impact. At worst, it can further entrench and widen disparities.

In heterosexual relationships, women make up to 80% of health decisions for their families (Goudreau 2010). By neglecting to consider how to best reach and persuade women, health communicators risk undermining efforts to improve public and personal health. For example, a significant source of vaccine hesitancy in North America is middle to high SES mothers (Lubrano 2019). When women and gender minorities frequently do not see their experiences, worries or lives reflected in health communications, they turn to alternative, often harmful, sources of information or care such as ill-informed internet blogs.

¹ Here we are using gender binary terms as this is how most of these findings in the literature were described and studied. It is important to note that the experiences of non-binary individuals will also differ and that transgender and cisgender women or transgender and cisgender men may also have different behaviors and preferences related to health information and communications.

Further, health communications for sex or gender specific conditions or behaviors (for example, breast or prostate cancer screening) tend to use language or methods that may not consider transgender, non-binary or gender non-conforming people and often fail to consider different needs or barriers to behavior change in their strategy (Combs, Wendel & Gonzalez 2018). Thus, health communications can also perpetuate marginalization of groups already at the margins.

Similarly, when health communications do discuss gender, “sex” and “gender” are often conflated or misused. Gender and gender expression refer to socioculturally constructed norms, attitudes and behaviors, while sex refers to biological and/or anatomical characteristics describing a phenotype of a species (All of Us Research Program, n.d.). It is important for all public health and medical students to understand the distinction, its implications for health and health care, and when and how to use each concept (Danielsen & Noll 2020).

Teaching and Learning Objectives for Teaching Team:

To facilitate a fruitful and respectful discussion on gender-based analysis in public health communication, the teaching team should:

1. Critically evaluate our role and responsibility as public health professionals to accurately communicate and combat misinformation about public health messaging
2. Effectively convey the importance of using gender-based analysis in the framing of public health information
3. Use a trauma-informed lens to sensitively facilitate group discussions of difficult, potentially triggering topics

Learning Objectives for Students:

1. Formulate an understanding of the differences between gender (and the spectrum thereof) and sex and the ways in which these concepts affect health behavior
2. Critically analyze and articulate the importance of using gender based analysis in public health communication
3. Apply a gender-based analysis framework in the assessment of an existing health promotion campaign
4. Reflect on ways to improve public health communication and health promotion strategies through a gender-based lens

Teaching Methods:

- 1) This teaching example incorporates three activities:
 - a) Pre-class background readings on gender based analysis
 - b) In-class mini-lecture (with slides) to reinforce key concepts from the readings
 - c) Group application of a gender based analysis to a specific health promotion campaign example
- 2) Resources and supplemental materials about gender based analysis and intersectionality will be provided to the teaching team beforehand to enhance their learning and facilitating experience
- 3) Prior to class, students will be assigned the following list of required and optional readings

Required readings:

- [Required for teaching team. Encourage students to read/skim for high level understanding, knowing that these concepts will be reinforced in the mini-lecture.] Nancy Krieger's (2003) article "Genders, sexes, and health: what are the connections - and why does it matter?" <https://academic.oup.com/ije/article/32/4/652/666984>
- Combs et al. (2018) "Considering transgender and gender nonconforming people in health communication campaigns" <https://www.nature.com/articles/s41599-018-0155-z>
- Harvard's GenderSci Lab's 2020 blogpost "Communicating about COVID-19 and Sex Disparities: A Guide for Media, Scientists, Public Health Officials, and Educators" <https://www.genderscilab.org/blog/covid-communication>
- Infographics for breakout room activity:
 - <https://www.aberdeen.com/hcm-essentials/flu-prevention-tips-infographic/>
 - <https://moffitt.org/taking-care-of-your-health/taking-care-of-your-health-story-archive/infographic-what-you-need-to-know-about-cervical-cancer/>

Optional readings:

- Pan American Health Organization's (2009) "Guidelines for Gender-Based Analysis of Health Data for Decision Making" <https://www.paho.org/en/documents/guidelines-gender-based-analysis-health-data-decision-making>
 - Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs and the Center for Development and Population Activities' "The Gender Guide for Health Communication Programs" <https://www.who.int/management/genderguide.pdf>
- 4) During the class meeting, the instructor(s) will begin with a set of slides (5-10 minutes) that includes concepts, definitions, and frameworks for gender-based analysis in a simplified and digestible format to accommodate a range of student backgrounds (see slides in "Teaching Materials" section below). The mini-lecture is designed to reinforce important constructs from the pre-class readings.

Suggested teaching team reading for tips to establish safe space:

Best Practices for Facilitating Difficult Dialogues in the Basic Communication Course
Kristina Ruiz-Mesa and Karla M. Hunter (2019)

<https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1048&context=jcp>

- 5) Small group (in person) or break out room (online) activity:

Following the mini-lecture, students will be divided into groups (ideally, 4-5 students per group, though the number depends on the individual course makeup). Each group will be given 8 - 10 mins to review two infographics to apply the acquired knowledge from the pre-readings and in class lecture. Students will explore examples of two existing health promotions campaigns/infographics (flu prevention and cervical cancer screening) and apply a critical gender-based analysis lens. Students will discuss the ways in which the campaign incorporated (or did not incorporate) gender into the design, dissemination, and implementation of the intervention. Students will reflect on and provide targeted strategies for improvement in incorporating concepts of gender.

Gender Analysis

Health Communications

Harvard T.H. Chan School of Public Health
WGH 207, Spring 2021



The Genderbread Person v3.3



Biological Sex


- Sex** refers to biological factors:
 - Chromosomes
 - Hormones
 - Primary Sexual Characteristics
 - Secondary Sexual Characteristics
- Three common classifications:

BIOLOGICAL SEX

MALE ← INTERSEX → FEMALE
- Intersex** is a term to describe individuals born with variations in chromosomal arrangement or sexual/reproductive anatomy that is not fully congruent with either male or female.
- This is why "assigned male at birth" (AMAB) and "assigned female at birth" (AFAB) are better descriptors when communicating specifically about biological sex.


Gender

- Gender** refers to the socially-constructed roles, behaviours, expressions and identities of girls, women, boys, men and gender-diverse people.
- Gender Identity** is defined by the internal perception of how one understands their identity on the spectrum of gender.
- Gender Expression** is defined by how one outwardly expresses their gender to others based on traditional gender roles.




Gender

- Cisgender**: refers to people who identify with the gender that aligns with the sex they were assigned at birth.
- Transgender**: refers to people who identify with a gender different than the sex they were assigned at birth.
- Although many people think of gender as binary (ie. Male or Female), gender exists on a spectrum.




Sexual Orientation

- Sexual orientation describes the physical, emotional, and/or romantic attraction one feels toward another gender - in reference to one's own gender identity.



Attraction
Who an individual is attracted to.

Sexual Identity
How an individual identifies their sexual orientation to themselves or publicly.

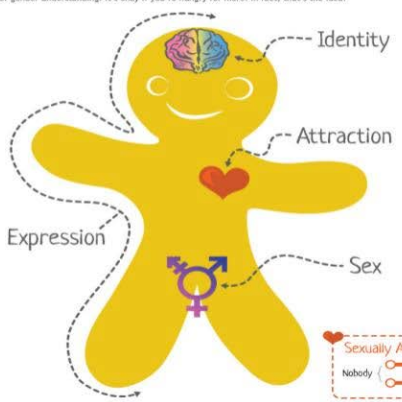


Behavior
The sexual contacts an individual has.

The Genderbread Person v3.3

Gender is one of those things everyone thinks they understand, but most people don't. Like Inception, Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.

by its pronounced METROsexual com



Gender Identity

How you, in your head, define your gender based on how much you align (or don't align) with what you understand to be the options for gender.

Use a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread.

4 (or infinite) possible plot and label combos.

Woman-ness / Man-ness

Female-ness / Male-ness

Gender Expression

The ways you present gender, through your actions, dress, and demeanor; and how those presentations are interpreted based on gender norms.

Feminine / Masculine

Biological Sex

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

Female-ness / Male-ness

Sexually Attracted to

Nobody

Women/Females/Femininity

Men/Males/Masculinity

Romantically Attracted to

Nobody

Women/Females/Femininity

Men/Males/Masculinity

In each grouping, circles all that apply to you and just a path, depicting the aspects of gender toward which you experience attraction.

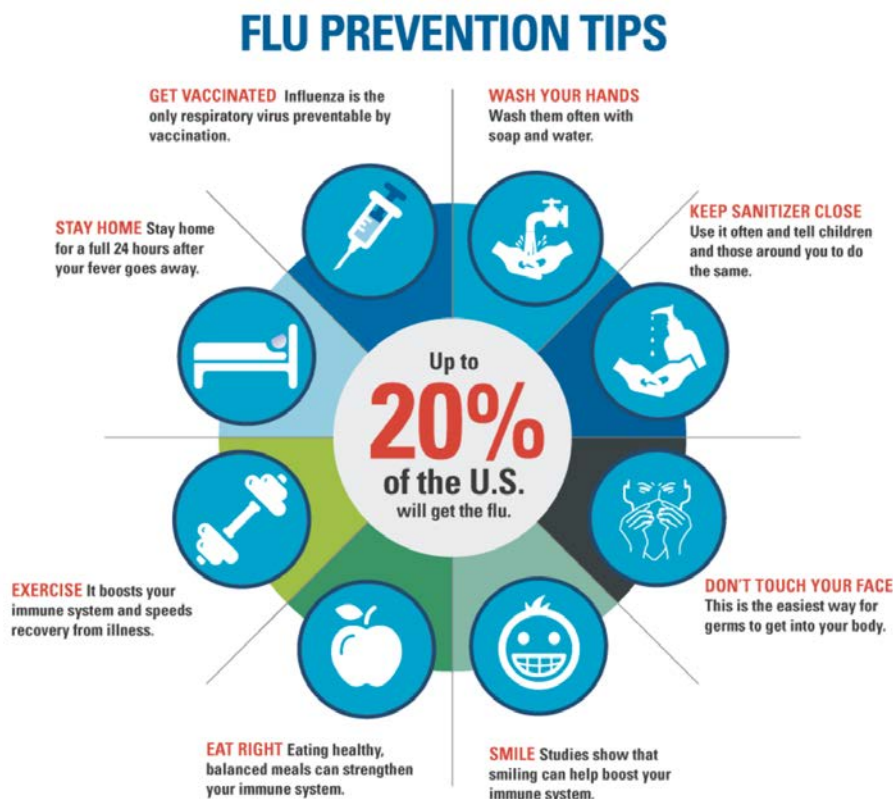
Small Group/Breakout Room Activity Health Promotions Campaign/Infographic

You have been consulted as a public health practitioner to help in the review and amendment of public health communication campaigns/infographics. Your job with these campaigns is to increase knowledge about a specific topic and to improve changes in a perceived threat or behavioral intention by incorporating a gender-based analysis.

In your small groups, discuss the ways in which each of the campaigns incorporated (or did not incorporate) gender into the design, dissemination, and implementation of the intervention, considering the pre-readings and in-class lecture. Reflect on and provide targeted strategies for improvement in incorporating concepts of gender in each of the strategies.

Two campaigns/infographics have been selected:

Campaign/infographic 1: Flu Prevention Tips



Campaign 2: Cervical Cancer Screening

Women's Health
GET THE FACTS ON
CERVICAL CANCER

Women with history of the following could be at risk:

- Family history of cervical cancer
- Early sexual history and/or with multiple partners
- Use of oral contraceptives for over 5 Years
- Current or former smoker
- HIV or a weakened immune system

What signs and symptoms should you look for?

- Unexplained vaginal bleeding
- Pelvic pain
- Pain during intercourse
- Swollen legs

3 ways to prevent & detect it early:

- Regular pelvic exams
- Regular pap tests
- HPV test & vaccine

Cervical cancer screening can identify changes in the cells of a woman's cervix that could potentially lead to cancer.

Schedule an annual well-woman visit with your primary care provider. Learn more by visiting Moffitt.org

Source: Moffitt Cancer Center
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moffitt.org/take-charge

Supplemental Materials:

1. Kimberlé Crenshaw's TED talk "The Urgency of Intersectionality":
<https://www.youtube.com/watch?v=akOe5-UsQ2o>
2. Gender Spectrum's "Understanding Gender"
<https://www.genderspectrum.org/articles/understanding-gender>
3. Learning for Justice blogpost providing context on going beyond the binary system
<https://www.learningforjustice.org/magazine/summer-2015/sex-sexual-orientation-gender-identity-gender-expression>

References:

1. Vardeman-Winter, J. The framing of women and health disparities: A critical look at race, gender, and class from the perspectives of grassroots health communicators. *Health Communication* 32:5, 629–638 (2017). <http://dx.doi.org/10.1080/10410236.2016.1160318>
2. Ek, S. Gender differences in health information behaviour: A Finnish population based study. *Health Promotion International*, 30:3, 736-745 (2013). <https://doi.org/10.1093/heapro/dat063>
3. Goudreau, J. (2010, March 23). What the health care bill means for women. Forbes.com. Retrieved from: <http://www.forbes.com/2010/03/23/health-care-bill-peolosi-forbes-woman-well-being-health-insurance-expenses.html>
4. Lubrano, A. (2019, April 10). Anti-vaccine parents are often white, college-educated, 'Whole Foods moms' Philadelphia Inquirer. Retrieved from: <https://www.inquirer.com/news/middle-class-working-class-vaccine-anti-vaxxers-measles-cdc-20190410.html>
5. Combs, R., Wendel, M. & Gonzales, T. Considering transgender and gender nonconforming people in health communication campaigns. *Palgrave Commun* 4, 98 (2018). <https://doi.org/10.1057/s41599-018-0155-z>
6. Danielsen, A.C. & Noll, N.E. Communicating about COVID-19 and sex disparities: A guide for media, scientists, public health officials, and educators," *GenderSci Blog*, June 24, 2020, <https://www.genderscilab.org/blog/covid-communication>
7. All of Us Research Program. Understanding Gender Identity, Sex Assigned at Birth, and Sexual Orientation: A Guide for Researchers. Bethesda, MD: National Institutes of Health. https://www.researchallofus.org/wp-content/themes/research-hub-wordpress-theme/media/spotlight/uploads/AoU_Researcher%20Workbench%20Educational%20Material%20-%20Gender%20Identity_Sex%20Assigned%20at%20Birth_Sexual%20Orientation.pdf