

Engendering epidemiology

Ana M García, Mel Bartley, Carlos Alvarez-Dardet

Contributions from the Spanish Research Network for Health and Gender

Nancy Krieger has remarked in the pages of a sister journal¹ that the term gender was almost non-existent in biomedical or public health journals before the 1970s. Since then, the scientific production of knowledge on gender related health issues has increased in an almost logarithmic progression. It's not a matter of fashion. The real issue is to fill an unjustifiable, unfair and damaging gap in the history of biomedical and public health research, with a deleterious impact on the history of health of women, more than a half of the world population.

As in relation to many other dimensions of social inequality related to health, the *Journal of Epidemiology and Community Health* has shown increasing interest in gender inequities.² The aim of this work has been to construct what can be called an *engendering* epidemiology. Decision makers need sound scientific evidence on which to base decisions about priorities and the actions needed in order to avoid any kind of gender discrimination regarding health promotion, disease prevention and the management of ill people in the population. This emphasis on applied knowledge has for many years been a trademark of the journal.³

According to PubMed, the first time the term "gender" was included in the title of a paper published in the *Journal of Epidemiology and Community Health* (this is not exactly the same as the first time a paper that was interested in, or including analysis and discussion on, gender related differences in health was published in the *Journal of Epidemiology and Community Health*) was in 1992.⁴ The same search strategy locates more recently, in 2006, four papers published in the journal specifically focusing on gender differences related to occupational health,⁵ health determinants^{6,7} and disease management.⁸ This supplement is intended to reinforce and build on this trend.

The Spanish Research Network for Health and Gender (Red de Investigación en Salud y Género, RISG) provided a unique opportunity to have a panoramic view of available data and research needs related to knowledge of

gender differences in public health. As explained in the accompanying editorial in this supplement,⁹ the RISG has its roots in a group of researchers from the Spanish Society of Public Health and Healthcare Administration (Sociedad Española de Salud Pública y Administración Sanitaria, SESPAS). Besides their focus on analysing gender inequities affecting their more immediate environment—that is, their own scientific society SESPAS,¹⁰ and at the more macro level, health policies in Spain,¹¹ the research groups integrated in RISG have been producing internationally relevant evidence on a number of crucial areas related to gender inequalities, from which we have a good selection of examples in this issue.

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Migration is a worldwide phenomenon with clear implications for people's health and wellbeing. In our usual Research reports section, Alicia Llácer *et al* discuss the importance of addressing this open area of research integrating a gender perspective.¹² Also, although a number of studies have focused on gender differences in disease management in hospitals, mostly related to severe diseases, Maria Teresa Ruiz-Cantero *et al* provide interesting data on this same bias in relation to primary health care for respiratory complaints.¹³ In fact, Ruiz-Cantero co-authored one of the first papers dealing with gender bias in medicine published in the journal some years ago.¹⁴ On the other hand, Rosanna Peiró *et al* analyse the presence and results of women applying for research grants in Spain, showing up gender inequities but also reverse trends deserving future attention.¹⁵ Besides, in our gallery, a short reference to the first woman MD in Spain, Doctor Dolors Aleu (Barcelona, 1887–1913)¹⁶ illustrates some of the obstacles women faced in the past in the development of their careers as health professionals. Some of these obstacles seem to be still active a century later.

In the aphorism of the month the words of Jerilynn C Prior remind us how many biological processes affecting women's physiology are largely unknown¹⁷ and a recent book by this same author dealing with perimenopause is reviewed a few pages later.¹⁸

Common tools and methods in epidemiological research are not always appropriate to proper examination and analysis of gender differences. The sections "Evidence based public health and policy practice" and "Theory and methods" provide noteworthy insights into some common limitations and challenges in this respect. The experience of the incorporation of a gender perspective in Spanish health surveys could be useful in many other settings, as Izabella Rohlf's *et al* demonstrate.¹⁹ Methodological issues are also discussed with regard to research and policies on violence against women, by Isabel Ruiz-Pérez *et al*,²⁰ informal care, by Maria del Mar García-Calvente *et al*,²¹ and on occupational epidemiology and work-related inequalities, by Lucia Artazcoz *et al*.²² Finally, Maria Teresa Ruiz-Cantero *et al* propose an interesting and challenging reference framework for preventing and discussing systematic gender dependent errors in the design and analysis of epidemiological research, accompanying their presentation with selected and useful examples.²³

As stated before, this is only a sample of some of the research lines developed from the Spanish Research Network for Health and Gender, whose integrating groups, mostly conducted by female researchers working in Spanish public health institutions, have been actively producing scientific evidence on other areas such as reproductive and sexual health, health education, mental health or international cooperation, always from a gender perspective. A good deal of this previous work has been published in the Spanish journal of public health *Gaceta Sanitaria*, a journal with ongoing emphasis on research related to social determinants of health too, but also in international journals such as the *Journal of Epidemiology and Community Health* and others. With this supplement, researchers and public institutions from other countries can have good examples of what can be done in order to generate the knowledge to investigate the determinants affecting women's health and the necessary interventions to prevent inequities in this area. The fact that the Spanish Ministry of Health and Consumer's Affairs finances this supplement is also a good example of how rigorous and relevant research can build on the sensitivity of public authorities to their responsibility of caring for the health of *all* their citizens.

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Authors' affiliations

Ana M García, Mel Bartley, Carlos Alvarez-Dardet, *Journal of Epidemiology and Community Health*

Ana M García, Department of Preventive Medicine and Public Health, University of Valencia, and Trade Union Institute for Work, Environment and Health, Valencia, Spain

Mel Bartley, Department of Epidemiology and Public Health, University College of London, London, UK

Carlos Alvarez-Dardet, Department of Public Health, University of Alicante, Spain

Correspondence to: Ana M García, Institut Sindical de Trabajo, Ambiente y Salud, Almirante 3, puerta 4, 46003 Valencia, Spain; anagar@uv.es

REFERENCES

- Krieger N. Genders, sexes, and health: what are the connections and why does it matter? *Int J Epidemiol* 2003;**32**:652–7.
- Lawlor DA. What's in a name? *J Epidemiol Community Health* 2004;**58**:726.
- García AM, Alvarez-Dardet C. A journal for evidence based policies. *J Epidemiol Community Health* 2005;**59**:716–7.
- Leigh JP, Fries JF, Hubert HB. Gender and race differences in the correlation between body mass

and education in the 1971–1975 NHANES I. *J Epidemiol Community Health* 1992;**46**:191–6.

- Berntsson L, Lundberg U, Krantz G. Gender differences in work-home interplay and symptom perception among Swedish white-collar employees. *J Epidemiol Community Health* 2006;**60**:1070–6.
- Mansdotter A, Lindholm L, Lundberg M, et al. Parental share in public and domestic spheres: a population study on gender equality, death, and sickness. *J Epidemiol Community Health* 2006;**60**:616–20.
- Kavanagh AM, Bentley R, Turrell G, et al. Does gender modify associations between self rated health and the social and economic characteristics of local environments? *J Epidemiol Community Health* 2006;**60**:490–5.
- Ratner PA, Tzianetas R, Tu AW, et al. Myocardial infarction symptom recognition by the lay public: the role of gender and ethnicity. *J Epidemiol Community Health* 2006;**60**:606–15.
- Colomer-Revuelta C, Peiró-Pérez R, López-Rodríguez RM, et al. Policies, politics and gender research. *J Epidemiol Community Health* 2007;**61**(Suppl II):ii2.
- Colomer C, Peiró R. Techos de cristal y escaleras resbaladizas? Desigualdades de género y estrategias de cambio en SESPAS. [Glass ceiling and slippery stairs? Gender inequalities and strategies for change in the Spanish Society of Public Health and Health Services Administration] *Gac Sanit* 2002;**16**:358–60.
- Peiró R, Ramón N, Álvarez-Dardet C, et al. Sensibilidad de género en la formulación de planes de salud en España: lo que pudo ser y no fue. [Gender Sensitivity in the Formulation of Spanish health plans: what it could have been but wasn't] *Gac Sanit* 2004;**18**(Suppl II):36–46.
- Llácer A, Zunzunegui MV, del Amo J, et al. The contribution of a gender perspective to the understanding of migrants' health. *J Epidemiol Community Health* 2007;**61**(Suppl II):ii4–10.
- Ruiz-Cantero MT, Ronda E, Álvarez-Dardet C. The importance of study design strategies in gender bias

- research: the case of respiratory disease management in primary care. *J Epidemiol Community Health* 2007;**61**(Suppl II):ii11–16.
- Ruiz MT, Verbrugge LM. A two way view of gender bias in medicine. *J Epidemiol Community Health* 1997;**51**:106–9.
 - Peiró-Pérez R, Colomer-Revuelta C, Blázquez-Herranz M, et al. Applications submitted and grants awarded to men and women in nationwide biomedical competitive research, in 2006, in Spain. *J Epidemiol Community Health* 2007;**61**(Suppl II):ii17–19.
 - López-Carrillo M. Doctor Aleu, the first woman doctor in Spain. *J Epidemiol Community Health* 2007;**61**(Suppl II):ii3.
 - López-Carrillo M. Aphorism of the month. *J Epidemiol Community Health* 2007;**61**(Suppl II):ii25.
 - Valls-Llobet C. Estrogen's storm season. Stories of perimenopause. *J Epidemiol Community Health*, 2007;**61**(Suppl II):ii54.
 - Rohlfs I, Borrell C, Artazcoz L, et al. The incorporation of gender perspective into Spanish health surveys. *J Epidemiol Community Health* 2007;**61**(Suppl II):ii20–5.
 - Ruiz-Pérez I, Plazaola-Castaño J, Vives-Cases C. Methodological issues in the study of violence against women. *J Epidemiol Community Health* 2007;**61**(Suppl II):ii26–31.
 - García-Calvente M del Mar, Castaño-López E, Mateo-Rodríguez I, et al. A tool to analyse gender mainstreaming and care-giving models in support plans for informal care: case studies in Andalusia and the United Kingdom. *J Epidemiol Community Health* 2007;**61**(Suppl II):ii32–8.
 - Artazcoz L, Borrell C, Cortés I, et al. Occupational epidemiology and work related inequalities in health: a gender perspective for two complementary approaches to work and health research. *J Epidemiol Community Health* 2007;**61**(Suppl II):ii39–45.
 - Ruiz-Cantero MT, Vives-Cases C, Artazcoz L, et al. A framework to analyse gender biases in epidemiological research. *J Epidemiol Community Health* 2007;**61**(Suppl II):ii46–53.

Gender research

Policies, politics and gender research

Concha Colomer-Revuelta, Rosana Peiró-Pérez, Rosa M López-Rodríguez, Isabel Espiga-López, Isabel Sáiz-Martínez-Acitores, Isabel Soriano-Villarroel

Development of research on gender and health is scarce

Today, the importance of adopting a gender approach is widely acknowledged when it comes to planning and assessing policies, programmes and health services. But it is also obvious, on the other hand, that development of research on gender and health, and on women's health, that allows taking action to be based on scientific knowledge, is rather scarce.

More and more frequently research results are presented, either broken down by sex, or sex is included as a variable for study and analysis. We know that this is still insufficient for understanding health inequalities arising from gender, and for taking steps to reduce them. Gender issues are giving rise to growing interest, but their study has been kept away from

medicine, for which the concern has chiefly been biology (sex and not gender), and where the broadly adopted model has been male disease. On close inspection, it may be seen that, broadly speaking, resources devoted to health and gender research in Spain have been, up until recently, rather scarce, both in terms of personnel and funding and, hence, yielded poor results¹ and limited application to policies.² Present development stems from the initiative, back at the end of the 1990s, of creating a task force within the Spanish Society of Public Health and Healthcare Administration (SESPAS).³ This task force developed an observatory, debating forums at symposiums, and the inclusion of gender inequalities in SESPAS reports.^{4 5}

In 2002, within the framework of convening research networks, at the "Carlos III" Health Institute—the Spanish agency for biomedical research—the Research Network for Health and Gender (RISG)⁶ was created. Throughout recent years the RISG has helped to promote this kind of research, conducting and spreading studies and training female researchers. This supplement is intended to promote international dissemination of a part of that work carried out to contribute to the general knowledge of these subjects and to be shared by interested people and organisations in other countries.

Research on gender and health in Spain has been strengthened since 2005 by its priority line funding in national research grant proposal convening. This comes as a result of a Spanish government equality policy that establishes specific measures for action, targeting achievement of equality objectives in all sectors.⁷ In the case of the Ministry of Health and Consumer Affairs, this translated into the creation of the Observatory on Women's Health dependent on the National Health System's Quality Agency and into the inclusion of gender equity in the Quality Plan for the National Health System.⁸

Political support at the highest level also allows other actions that are relevant for