

Book Review

Gender Equity in Health: The Shifting Frontiers of Evidence and Action. Gita Sen and Pirooska Östlin. New York: Routledge, 2010. 318 pp.

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Gender health equity refers to the right of all people, irrespective of gender, to have equal access to health and wellness and to the structures and institutions that provide services to improve health and wellness. Gendered health inequity is a form of social injustice, and in *Gender Equity in Health: The Shifting Frontiers of Evidence and Action*, the editors and authors present the results of diverse research studies, describing the causes and impacts of gender health inequity, as well as highlight strategies to rectify this global problem. Edited by Sen and Östlin, this compilation of work by scholars and practitioners from the fields of medicine, biology, sociology, epidemiology, anthropology, economics and political science is the product of the Women and Gender Equity Knowledge Network (WGEKN) of the World Health Organization's Commission on Social Determinants of Health (CSDH). Each chapter engages an extensive review of current research and literature on gender equity in health, and offers policy and programming recommendations for potential solutions to the array of issues presented. Addressing a wide range of social, economic, political and cultural issues serving as obstacles to gender health equity this thorough volume serves as strong verification that gender health inequity is a global problem that deserves the attention of scholars, activists and policy-makers.

In the first chapter, *Gender As a Social Determinant of Health: Evidence, Policies, and Innovations*, Sen and Östlin outline gender as a social determinant of health,

placing specific emphasis on the intersection of inequalities due to gender, class, caste, race and ethnicity, as well as education deficits, demographic changes, and globalization. They highlight the need for the international human rights and humanitarian aid organizations to incorporate gender health equity into their research and activist agendas. The authors also explore gendered structural determinants of health, challenge gender stereotypes, and address both biological and gender-related exposure and vulnerability to health issues. They effectively argue for the reform of biased health care systems and demonstrate how targeted health research is a necessary step towards gender health equity.

Chapter two, *The Social Body: Gender and the Burden of Disease*, is an effort by Snow to clearly distinguish between sex and gender-related causes of health inequity, as well as demonstrate how the two are interrelated, a challenging task that she accomplishes through the efficient use of quantitative data. Snow analyzes global disability life years (DALYS) data to illustrate how biological differences between sexes are the source of vulnerabilities to certain illnesses but not all. She takes her analysis one step further to pin-point the health conditions that are often attributed to sex but that are actually related to gendered social conditions (upbringing, work, social roles, etc). She then details how factors related to gender norms and expectations contribute to health inequity, asserting that biological sex differences are only a small part of a larger paradigm leading to gender health inequity. Snow's distinction between sex and gendered components of health and illness is one that is often overlooked by scholars who tend to discuss one or the other, thus making an important contribution to the discussion of gender health equity.

In chapter three, *Inequalities and Intersections in Health: A Review of the Evidence*, Iyer, Sen, and Ostlin

return to the topic of health inequalities at the intersection of gender, caste, class, race and ethnicity to highlight how “both theoretical and empirical work on the intersections and their impact on health are necessary for the advancement of social theory, for effective feminist politics, for better empirical science, and for appropriate social and health policies” (71). In their concise review of an abundant literature they succeed in demonstrating why and how inequalities should be considered as intersecting rather than separate causal processes and how these intersections impact health and health care access.

With chapter four, the book veers from its focus on differentiating between sex and gender implications for health, and defining and explaining theories of intersectionality, to look at specific contexts in which gender health equity is of particular concern. In *Gendered Health Outcomes of an ‘Endless’ War on Terror*, Petchesky and Laurie illuminate how the United States’s war on terror has created a seemingly endless “state of exception,” that is a profound social determinant of health. They focus specifically on refugee camps to demonstrate that:

gender equity in healthcare always and everywhere intersects with a whole series of social, economic, and cultural forces, including levels of armed and physical violence, employment and livelihood conditions, basic infrastructure (water, sanitation, transport), cultural norms and practices regarding gender, race, ethnicity, and religion, and possibilities for political participation and empowerment (97).

They tellingly describe health issues in forced migration settings, including militarization and systematic violence, reproductive health care, HIV/AIDS, and sexual violence and

make a poignant plea for greater interventions for chronic health issues occurring in camps globally.

Chapter five, *Gender, Health and Poverty in Latin America*, offers another contextual framework for understanding gender equity in health. Batthyany and Corrêa examine the gender implications of health sector reform, sexual and reproductive health policies, and poverty alleviation policies in Latin America, specifically in Argentina, Brazil, Uruguay and Chile. They describe how structural factors and policy are in themselves critical social determinants of health. They note how on one hand positive health reform is happening across Latin America, but on the other hand, the policy makers working on health reform, reproductive health, and poverty alleviation are not communicating, therefore preventing a resolution to the issue of gender health inequity. They convincingly propose that a common vision integrating policies and programs across sectors is ultimately needed to improve gender equity in health, but do not explain what this integration would/should look like.

In chapter six, *Gender Norms and Empowerment: What Works To Increase Equity for Women and Girls*, Keleher reviews the scant literature on empowerment programs and interventions to evaluate what actually works in programs that seek to change gendered norms at the level of households and communities to increase equity for women and girls. She asserts that programs' success in increasing gender equity are based on a combination of multilevel strategies that target individuals ("downstream") and broader systematic and intersectoral policies and initiatives ("upstream"). Though she does not address health equity specifically, she does conclude that social and economic relations and gender role change are needed to close the gender gap, a factor described in greater detail throughout the book as correlating to gender health equity.

Chapters seven and eight address gender health equity within the clinical setting to consider how the gender biases of health practitioners towards their patients and within their peer group contribute to larger patterns of health inequity. In *Challenging Gender in Patient-provider Interactions*, Govender and Penn-Kekana describe how patient-provider interactions often mirror the discriminating and abusive social divisions and relations existing in broader society. Within these interactions the lack of privacy, poor communications, and outright failure to communicate important health information inhibit healthcare quality. They argue that gender is a central component in these negative interactions, which are compounded by the provider-patient gap in class, caste, ethnicity, and race as well. They offer second-hand accounts of gender discrimination and poor treatment in the clinical study, which strengthen and support their argument. In *Exploring the Gendered Dimensions of Human Resources for Health*, George examines gender dynamics in medicine, nursing, community health work, and home-based healthcare to expose current issues concerning delegation, migration, and violence. She argues that “gender as a social construct enforced by power relations, affects how health work is conceptualized, valued, and supported with differential impacts on the profession and personal lives of health workers, the services they deliver, and the health systems they belong to” (232). George persuasively argues that these gender biases are unfair and part of a larger, damaging process that challenges health equity and makes a unique contribution to the scope and breadth of the book’s discussion of gender health equity.

In chapter nine, *Accountability to Citizens on Gender and Health*, Murphy reviews literature on governments’ and social service institutions’ accountability to citizens, highlighting and suggesting successful strategies for

making governments and health systems more accountable to their citizen's health. The book concludes with *Gender Mainstreaming in Health: The Emperor's New Clothes?* in which Ravindran and Kelkar-khambete review global work on gender mainstreaming in health since 1995 to evaluate the progress of gender mainstreaming initiatives and programs in ensuring that policy-makers consider gender repercussions of policies. They give a concise overview of examples of how gender mainstreaming is operationalized through health policies, programs and projects, and training of providers, and cogently argue that gender mainstreaming has thus far not proven effective in achieving gender health equity.

Gender Equity in Health: The Shifting Frontiers of Evidence and Action provides a substantial review of research and literature on a vast array of issues surrounding gender health equity and the elimination health inequalities. The chapters, while lacking in ethnographic components that would have made some topics more dynamic, do offer thorough, detailed and well-written perspectives on gender health equity. The editors and authors place a strong emphasis on intersectionality, interrelated social determinants of health, and policy and program recommendations. Although the latter is a refreshing break from publications that highlight the problems without offering solutions, the focus of the book remains on proving that gender health inequity exists and explaining its causes, not on concrete policy suggestions. Yet, the book offers an excellent overview and background information for policy-makers willing to engage with scholarly and activist research and suggestions. The book is perhaps most effective as an educational text; it is an excellent tool for graduate students and advanced undergraduates interested in public health, medical anthropology/sociology, human rights and social justice, or the study of inequality and inequity

based on gender, race, ethnicity, caste, and class. It is also a testament to the editors and the comprehensiveness of the book, that I would recommend it to both individuals already working in the area of gender health equity and to those who have no prior experience with this area and are interested in learning more, irrespective of professional field or academic discipline.