

Right People, Right Research, Right Policy

- ◆ **Women and Migration Worskhop - 11th International Migration Conference - Lisboa - October 2006**
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Women's Health

- ◆ discussed in gender-sensitive health research
 - ◆ advocated through various bodies of global governance and health
- yet
- ◆ women's migration experiences have yet to be systematically acknowledged and incorporated as a determinant of health above and beyond culture/ethnicity

..why existing research gaps ..

- ◆ Immigrant populations are often conceptualized as one and the same with few distinctions beyond labels, such as “ethnic” , “visible minority” ...
- ◆ Limited systematic applications of gender-based analysis

... may lead to policy gaps ...

- ◆ Few concrete recommendations for innovative public policy responses



Addressing the gaps:

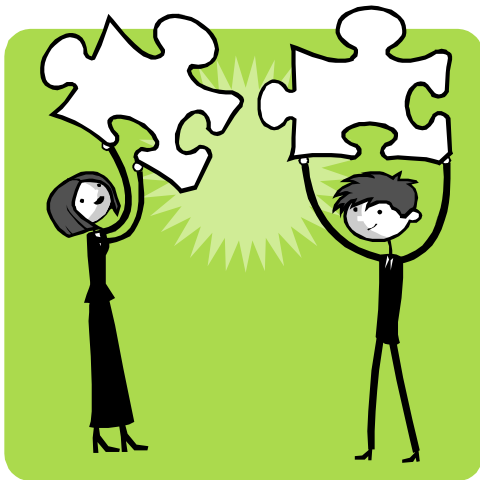


- ◆ How does women's health research respond?

Women's Health - Integrated

- ◆ Integrate.
- ◆ Clarify.
- ◆ Substantiate.

- ◆ Taking the social determinants of health research a step higher




Social Determinants of Health?

- ◆ Allows for reconstruction of health beyond a medical or behavioural issue
- ◆ Re-frames it as *also* a socio-economic and political issue, influencing key determinants, such as gender, culture/ethnicity and migration.



Social Determinants of Health?

- 
- ◆ While the 20th century has enjoyed robust developments in health technology and science, it is in the 21st century that we make our decisions about how these benefits are employed and dispersed (Farmer, 2003).
 - ◆ Gender norms, migration experiences and culture/ethnic identity may influence the health decisions we make as well as the kinds and quality of health care and information we have access to.

Quality Control: How did this get in here?

- ◆ Or perhaps a better question is: *Why wasn't that included?*
- ◆ Emphasizing a social determinants of health perspective is about more than topping up the list of factors to consider in women's health research. It is about how the concepts used are defined, what is and is not included, who is represented and who is not ...

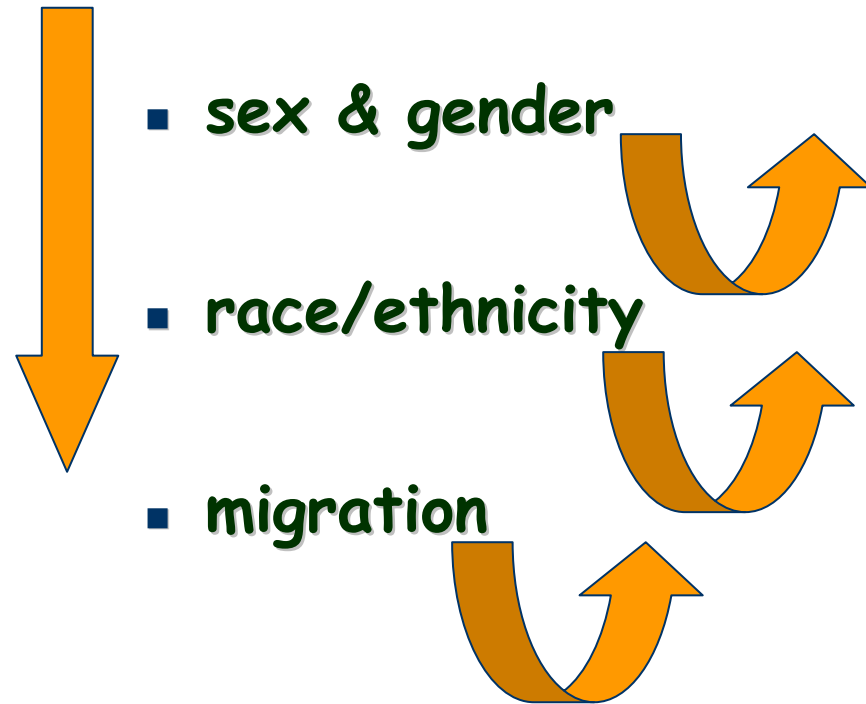
What is **intersectional** research?

◆ women's health

■ sex & gender

■ race/ethnicity

■ migration



Women's Health & Migration: Concepts in transit

- ◆ Just as migration is not a uniform experience, likewise, immigrants do not form a homogenous group.
- ◆ Women's experiences of migration may be influenced by both micro (ethnic origin, sexual orientation, ability, age, religious or professional affiliations) and macro contexts (the pursuit of opportunities, socio-political conflict, family reunification)



... intersectional.. interdisciplinary..
systematically integrated

So what?

◆ If this is the goal..

- to what extent are inter-related determinants of health, in this case, sex, gender, ethnicity and migration, inclusively conceptualized and systematically integrated into women's health research?

◆ What is the relevance?

- designing and implementing relevant health care programs, services, plans and policies hinges on accurate representation and response to the life contexts of service users

The criteria...

- Was/were the concept(s) acknowledged in the study?
- Was/were a definition(s) provided?
- Were arguments put forth regarding the “intersectionality” of the concepts at hand?
- Was/were the concept(s) acknowledged in the results section?
- Was/were the concept(s) acknowledged in the discussion?
- Was/were the concept(s) addressed in the recommendations?



How do we measure up?

Number of studies (n) which included a definition of the concepts under study
(N = 59)

Concepts	n	%
Sex (Women or Women and Men)	59	100
Gender	34	57,6
Ethnicity	26	44
Migration	22	37,2
Sex and Gender	19	32,2
Sex and Ethnicity	26	44
Sex and Migration	22	37,2
Gender and Ethnicity	17	28,8
Gender and Migration	15	25,4
Sex and Gender and Ethnicity	19	32,2
Sex and Gender and Migration	12	20,3
Sex and Gender and Ethnicity and Migration	9	15,2

How do we measure up?

◆ The Numbers

- ◆ In 34 (57.6%) of the papers reviewed, gender was defined above and beyond “sex”, meaning some discussion was provided regarding the social context of the study population
- ◆ Ethnicity was defined in 26 (44%) of the papers reviewed, without substituting “ethnicity” with “race”
- ◆ Migration was defined in 22 (37.2%) of the papers reviewed and was predominantly *operationalized* by length of stay in the country.

How do we measure up?

◆ The Connections

- ◆ Of 59 papers, 19 (32.3%) defined and integrated both sex and gender. Sex (used as a biological variable) and ethnicity were defined and integrated in 26 (44%) of the papers. 17 (28.8%) of the total sample defined and integrated ethnicity and gender, defining gender beyond sex.
- ◆ While sex, gender and ethnicity were defined and integrated in 19(32.3%) of the papers, the definition and integration of the first two concepts with migration is less commonly presented (20.3% of the total sample).

The diagnosis?

- ◆ as the level of integration increases,
- ◆ the percentage of papers decreases.



The implications

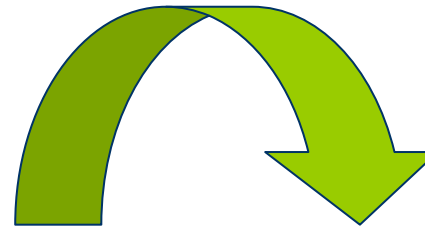
~~Inclusive
representation~~



~~Socially-accurate
conceptualization~~



~~Systematic integration~~



~~Representative,
socially accurate
and systematically
responsive health
policy~~

Instant Mix Policy?

- ◆ Resource distribution occurs within given cultural, economic, legal, ethical and political for a
- ◆ It is *also* a reflection of what gets included in research and what does not
- ◆ *and* how research variables are conceptualized and intersected with other influential variables





Concepts → policy

◆ **Goals:**

- socially reflective concepts
- systematic integration in health research
- more inclusive public health policies