CALL FOR CONTRIBUTIONS! Gender & Development: Health

In March 2021, at this time of global COVID-19 pandemic, Gender & Development will publish an issue focusing on gender and health with a particular focus on the health of women and girls. G&D is a unique journal, offering a forum for the sharing of analysis and experience between feminist activists across research, policy, and practice. This issue will feature the perspectives and experiences of feminist activists of all generations, working across research, policy, practice, and political activism.

Global efforts to improve the health of women largely focus on improving sexual and reproductive health and rights with targets for action in the Sustainable Development Goals (3.7 and 5.6). Yet we are witnessing a changing political climate and a global backlash against women’s rights, notably their sexual and reproductive rights, leading to cutbacks in funding to women’s sexual and reproductive health programmes affecting women in resource-poor contexts. The impact is death, violence and trauma for women whose lives and bodies have become a battleground. The backlash is not limited to ‘developing’ countries, but also impacts women, girls and others living under repressive legislation and conservatism in the US and beyond. Feminists are fighting to hold onto these rights, acknowledging that there are many women, girls and others for whom these have never been a reality. There is an increasing call for feminists to actively acknowledge inequities between women and to build inclusive spaces for solidarity and action for all. We are interested in different feminist approaches to the right to health through inclusive organising, action, rights-based processes and social accountability.

Women’s health is affected by patriarchal systems which intersect with other global and local systems of power to limit and deny rights. Complex inequalities - shaped by intersecting gender, race, class and other dimensions of difference - create and perpetuate unmet health needs. In this issue, we are particularly interested in publishing articles focusing on the gendered social determinants of women’s health for those who are marginalised by different systems of power, and in a range of neglected contexts. While definitions and figures vary, the World Bank estimate that some 2 billion people are estimated to live in Fragile and Conflict Affected settings, and the share of extreme poor living in contexts that are fragile, conflict-affected and shock-prone are increasing. Migrant populations, displaced people and refugees may face barriers in accessing the health-care they need. Urban informal settlements (sometimes known as slums) are another type of fast-growing and changing context where we need further dialogue and action to meet the health needs and rights of women and girls. We need more discussion, action and experience-sharing if we are to meet the Sustainable Development Goals and realise universal health coverage.
Changing health patterns and burdens which impact women and girls in diverse ways also require analysis, action and planning from a feminist perspective. We need to better understand mental health and distress from a gender perspective, and the implications for women’s health. Globally, non-communicable diseases (NCDs), are currently responsible for the greatest burden of death and disability among women. This is attributable to noncommunicable diseases, most notably cardiovascular diseases, cancers, respiratory diseases, diabetes, dementia, depression and musculoskeletal disorders. Resources therefore need to be allocated to the prevention, management and treatment of changing health patterns for women, girls, and others.

Gender analysis of women’s health also includes focusing on gendered roles among women as carers for their own health but also that of their families and communities. Research into communicable (including epidemics and pandemics) and neglected tropical diseases reveals the need for public health planners and responders to understand the gendered dynamics of disease transmission and points out the need for participatory approaches working with women as expert knowers to prevent and contain the spread of diseases. There is also need to better understand the gendered impacts of the current COVID 19 (coronavirus) epidemic.

There is a link between women’s health needs and their lack of participation and representation in health research, policy and practice. Feminist activists are working both inside and outside international development and humanitarian sectors to challenge the continuing marginalisation of women’s insights and views from health research, policymaking, and the higher levels of medicine. Meanwhile their unpaid and low-paid contributions to healthcare, while essential, receive little recognition and low reward.

The issue of provision of health care has gender dimensions as countries struggle to expand provision of state care and communities seek alternatives: ranging from online health advice and treatment including purchasing unregulated medicines, to private clinics operated by providers with particular agendas (including religious agendas that can work against women’s reproductive health rights), to a continued reliance on traditional forms of medicine which offer alternative solutions to disease and often a different understanding of health and ill-health. Tracing these different pathways in health seeking behaviour is important as is exploring the different access to diverse forms of treatment depending on gender intersecting with other aspects of identity including class, race, sexuality, dis/ability and citizenship status.

If you are a health activist, policymaker, practitioner or researcher with feminist values with an article idea for this issue, please send a paragraph to us for consideration! Ideas we have for this issue include: • Grounded case studies from different contexts (including fragile, conflict-affected and shock-prone and people living and working in urban spaces) on action to address the social determinants of women’s health and support realizing the rights to health.
• Gendered action and feminist analysis to promote women’s health with a focus on mental health, disability, NCDs (eg: cancer, diabetes), infectious diseases, neglected tropical diseases, COVID-19, sexual, reproductive and maternal health.
• Feminist, action, struggles and solidarity on women’s health in the context of conservatism, fundamentalisms and political populism – what works?
• Organising for the 21st century to deliver on women’s health needs and rights: what is happening on the ground, and how is local action in different contexts resulting in global movement and collective action?
• Case studies from feminists inside and outside the development and humanitarian sector – working to provide services, in influencing, campaigning, at all levels.
• Funding for gender-sensitive and transformative approaches to health: what are the challenges for feminists working in donor organisations?

Please send your idea in an email (no attachments please) to csweetman@oxfam.org.uk by 24 April 2020. Commissioned articles (of around 6-7,000 words plus references) will need to be completed for a deadline of 30 July 2020. Guidelines for contributors can be found at www.genderanddevelopment.org.