

Building Sex and Gender Research Capacity in Public Health

Maartje Ridder, Maaïke Muntinga, Eddymurphy Akwiwu, Renee Boliijn, Saskia Duijs, Karl Gerritse, Bahareh Goodarzi, Charlotte Kröger, Lianne Mulder, Marieke Torensma, Petra Verdonk

Amsterdam Public Health, dpt. Medical Humanities, Amsterdam UMC, Amsterdam, The Netherlands





Presentation

This ongoing study contributes to knowledge of participatory implementation strategies to integrate intersectionality-based sex and gender analysis (ISGA) in doctoral education and public health research.



Relevance

Implementing sex/gender across their intersections (intersectionality) into public health research can

- explain differences in public health outcomes,
- improve validity of research findings,
- contribute to more tailored programs and policies for monitoring, prevention and maintenance of population health



Background

- Intersectionality-based sex and gender analysis (ISGA) not structurally incorporated research, education and policy, causing
 - a general lack of awareness in public health communities as well as
 - misconceptions about ISGA prevent its adoption in research.



Example 1: HPV vaccination

- Dutch immunization programme girls 13 yrs (since 2009)
- Dutch Health Council advice June 2019: vaccinate boys too!
- Subgroups?
 - Migrant girls
 - MSM



Example 2: Public health research at APH in Amsterdam *(Van Hagen et al., submitted)*

Screening of sex and/or gender aspects in public health research proposals

Using sex and gender criteria from e.g. CIHR

Then giving relevant recommendations, in order to

⇒ raise awareness in researchers and reviewers

⇒ support granting agencies to incorporate sex and gender in criteria for funding



Example 2: Public health research at APH in Amsterdam (*Van Hagen, 2017*)

Intervention study for obesity: only males included *“in order to avoid disturbances in outcomes by hormonal influences of the menstrual cycle in females”*. No further explanation

None of the research proposals specified whether questionnaires and scales were validated for sex- and gender diverse people

In quantitative studies (binary) sex was incorporated as a confounder, not as a predicting variable. Thus, sex is mostly “neutralized” in the analysis, instead of looking at sex as a predictive or moderating variable

Project aims and objectives

- Implement ISGA in a public health research institute by
 - collaborative, participatory implementation project,
 - building capacity and fostering institutional awareness,
 - developing PhD-training program,
 - empowering stakeholders and facilitating their role as change agents.
- Strategy
 - community of practice upskilling early career researchers
 - interdisciplinary exchange encouraging theoretical, methodological and translational innovation and further sustains ISGA implementation.



Steps (1)

- engaging a core group of PhD-students and shared ownership
 - Intersectionality
- 1st meeting, 4 more planned
 - AHA moments
 - Own experiences/cases
 - Methodological questions
 - Toolkits available, how to apply
 - Both quantitative and qualitative



Steps (2)

senior research staff in an advisory board

PhD-students in our core research group

- co-develop the training
- engage in dialogue about the relevance of ISGA for their own project and public health research in general
- interviews with stakeholders
- PhD-students partake in a ‘train-the-trainer’ module, to prepare them for local dissemination of their knowledge
- two-day PhD-training in APH research institute (N=20)
- integration in core group’s own research projects



Preliminary findings

- Enthusiasm
 - Exchange
 - Access to tools and literature
- Own initiatives for dissemination e.g. Social medicine, Midwifery, General Practice
- PhD-students need credit points and output
 - Project accredited for students' credit points!
- Strategic plan of APH research institute, Personalized Medicine programme
- In quality assurance handbook
- No barriers yet



Picking your brain

What should we anticipate??

Tips and tricks?



Acknowledgements

This work was supported by the Netherlands Organisation for Health Research and Development [grant number 849600005].