

The international approach of Stockholm County Council gender equality project

Life-expectancy at birth

Ukraine
Men 63
Women 73

Latvia
Men 66
Women 77

Sweden
Men 78
Women 82



Stockholm County Council supports democratic development - with a focus on human rights and gender responsive budgeting

As part of the project for gender equality within Stockholm County Council (SCC) efforts have also been made to exert global influence by disseminating information on sex-disaggregated statistics, gender responsive budgeting and gender issues in health care. The project has initiated an exchange programme between thorax-surgeons at Karolinska Institute in Stockholm and the Amosov Institute in Kiev.

The project manager, Birgitta Evengård, and the economist and statistician, Anna Klerby, have also been to Riga in Latvia at the invitation of the Swedish Institute on International Women's Day on 8th March this year, to give talks on Gender responsive budgeting to among others prominent representatives of the Latvian Ministry of Social Affairs.

The United Nations raised the issue of gender equality in the early 1970's and proclaimed a women's decade between 1975 and 1985 (Hedman, 1996). The internationally accepted definition is that women and men are divided into separate gender identities because of the separation between the sexes. The bounds of a gender's identity arise from the socio-cultural context, the bounds are proven to not be consistent by the fact that a woman's behaviour (or a man's) is not the same behaviour in one country compared to the other. The result is that gender identities restrict the living-conditions of both men and women in society in general.

When it comes to healthcare in particular, we can also see biological differences, of which many have yet to be discovered, since medical research by tradition has mostly been performed on the male body.

Gender inequality has been proven to have many negative effects on the development of societies (see for example reports from the UNDP). To create sustainable societies, we need to promote greater gender equality. In Sweden as well as most other countries, we see that education, working life, politics and society in general are all segregated by sex (Hedman, 1996). Segregation can never be held to be the most favourable condition for creative and efficient societies.



Thorax surgeons exchange and stress on sex-disaggregated statistics in Ukraine

Through the international union “Women for Democracy”, in which politicians from Stockholm County Council are active, the project came into contact with a thorax-clinic at the Amosov Institute in Kiev, Ukraine. In January 2006 a group consisting of three thorax-surgeons from Karolinska Institute, a statistician and the gender equality project manager travelled to Kiev to visit the Amosov Institute.

The week in Kiev was a fantastic experience for the Swedish group, even though it must have been the coldest week of the winter with temperatures down below -25° . The Swedish thorax surgeons, Jenny Vedin, Ann-Charlotte Orre and Dan Lindblom gave lectures on their latest research topics and participated in several operations.



*Professor Vitaliy Maksymenko Scientific Deputy Director of M. Amosov Institute, Ukraine
Assoc. Professor Dan Lindblom, Former Deputy Director of the Thorax clinic at Karolinska Institute, Sweden
Assoc. Professor Birgitta Evengård, Gender Equality Officer, Group Executive Staff, SCC*

The Swedish statistician and research secretary, Anna Klerby, together with Birgitta Evengård, the project manager and Stockholm County Council's gender equality officer, raised the issues of sex-disaggregated statistics and gender equality in healthcare. The arguments and the tools for analysing sex-disaggregated statistics and gender equality were presented at a workshop held on 25th January 2006 at the Amosov Institute.

In Sweden as well as in Ukraine, the governments are demanding that sex-disaggregated statistics (gender statistics) be incorporated into all public-sector activities (Article 14 of the Swedish Official Statistics Act and Article 24 of the Ukrainian Constitution). The wife of the present Ukrainian president, Kateryna Yushchenko, said the following words at a presentation of a new Ukrainian book on gender theory last year:



“We must realise that our national being has both male and female features. Gender equality is becoming a part of our future and our aspiration for European democratic state. Equality enjoyed by both men and women in family and at work, in community and in country must become a norm.”

(Kateryna Yushchenko, 17 June 2005, taken from the speech held at the presentation of the schoolbook “The Fundamentals of Gender Theory” written by contemporary Ukrainian authors.)

As regards healthcare in particular, worldwide research shows that biological differences between the bodily functions of women and men, can for example be, that the symptoms of cardiovascular disease are not the same for women as they are for men (Schenck-Gustafsson, 2003) What we know about this topic is that the male symptoms have been surveyed and are being used as the general norm for symptoms of both men and women. The actual symptoms of women have not yet been fully taken into account neither in medical research nor in provided healthcare (Schenck-Gustafsson, 2003). Of course, this has an enormous effect on the results of the treatments and the general conditions for women with cardiovascular disease.

Research also points to differences in how men and women are being treated in the health service for essentially the same disease (Osika, Evengård, Nyberg, Waernulf, 2005). This brings the conclusion that women sometimes receive poorer healthcare than they are entitled to, compared to the care given to men with the same disease. In addition, men sometimes receive poorer healthcare than they are entitled to, compared to the care given to women with the same disease. This research field is still in its infancy and much remains to be done.

The new relationship between Karolinska Institute and the Amosov Institute has produced plans of future cooperation listed in a letter of intent agreed by Mr. Maximenko and Mr. Lindblom. The aim is to implement sex-disaggregated statistics in the day-to-day activities of the Amosov Institute and to organise fellowship exchange programmes for Ukrainian and Swedish scientists, physicians and students.

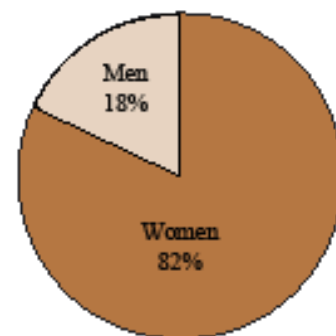
Gender responsive budgeting, Riga

Invited to Riga by the Swedish Institute to promote Sweden as a precursor in the matter of gender equality, associate professor Evengård vividly presented the history and the experiences gained by Stockholm County Council (SCC) from the Laundry Bag Project.

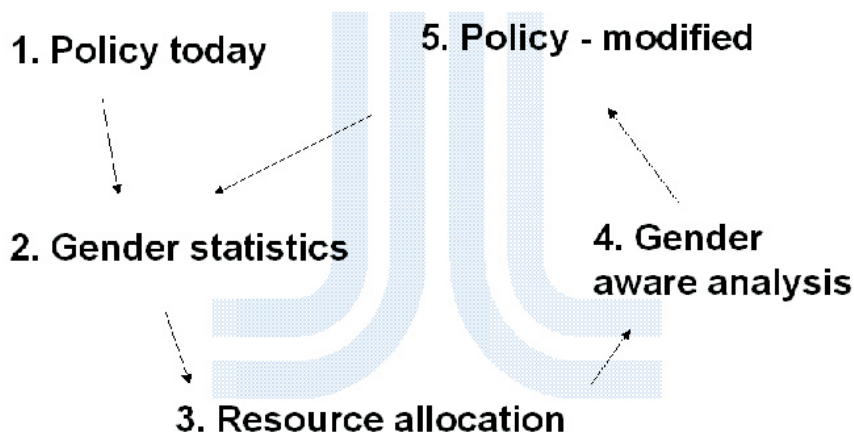
Among other projects run by SCC, the Laundry Bag Project has become both nationally and internationally acclaimed and is a good example of how gender is a condition for discrimination and how the effect of this discrimination can be transformed into economical terms. Put into a greater perspective, the Laundry Bag Project is an example of the first steps towards creating gender responsive budgets – to survey the conditions under which health care is produced and to point out the circumstances that affect and are affected by gender. The final step of gender responsive budgeting is to create a policy that prevents the discrimination.

The economist Anna Klerby presented the basic ideas of gender responsive budgeting as well as research findings that pinpoint efficient policies to promote gender equal development. Policies were presented and discussed both for developing countries and for industrialised countries.

The field of gender responsive budgeting is as yet to a large extent undiscovered. It is by definition a field in permanent transition since gender by its very nature is a condition formed by its context and therefore the pattern of gender roles differ both between the different cultures and over time when the restrictions of the gender roles changes. The measures needed to achieve gender equality differ from one cultural context to the next and must therefore be continuously analysed and revised.

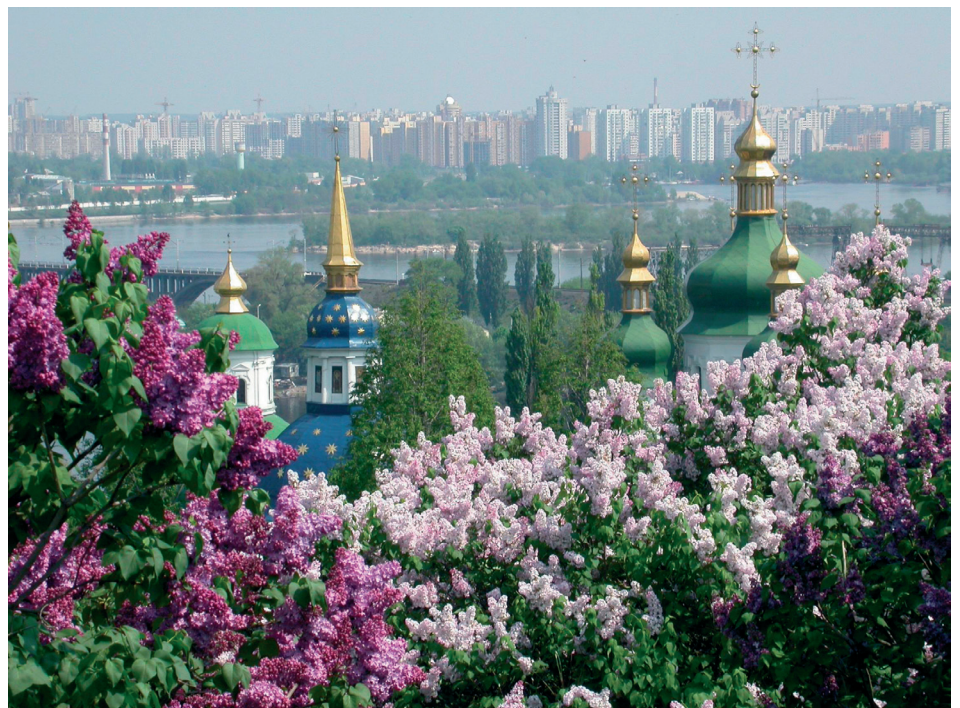


The gender aware analysis circle



Here we present a “gender-aware healthcare analysis” compiled as part of the Stockholm County Council gender equality project. Seven questions to be answered with the help of gender statistics and which are to be analysed and presented in the annual report are listed below. It is recommended that the statistics not only be broken down by sex (sex-disaggregated) but also by age and other variables such as income, medical aspects or other interesting and potential variables that might influence the results.

1. Numbers of referrals for every diagnosis?
2. Who has received care from the hospital, who has been treated or had surgery?
3. How long has every patient been waiting for care?
4. What kind of treatment has every patient had?
5. How much post-surgical care has the patient received?
6. Patient – questionnaire, how has the patient experienced his/her disease and the medical care?
7. Possible failures or complaints?



Literature

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United Nations Development Programme:
www.undp.org

Contact Details:

Stockholm County Council
Anna Klerby
Economist and Research secretary
Mobile: +46 70 518 07 09
E-mail: anna.klerby@sll.se



Stockholm County Council

Box 22550, 104 22 Stockholm
Tel. +46 (0) 8 - 737 25 00