

## Theme IV: Gender, social inequality and health

Research is based on the generation of new knowledge on gender and health to support health development, with the aim of contributing to social changes in gendered norm systems within populations and in health systems. Theme IV is structured into 3 research areas:

### *(1) Sexual and reproductive health and rights in culturally different settings*

Research investigates strategies and interventions to reduce gender-based violence, with a focus on men's roles.

### *(2) Implications of gendered social practices on chronic disease*

Seeks to develop evidence and theoretical understanding of how social practices and gendered conditions influence chronic disease patterns, with a view to developing NCD interventions based on gender sensitive strategies.

### *(3) Social organisation, gender equality and health*

Work explores gender-related factors of social organisation that create health or ill-health, with the aim to understand social capital, paid and unpaid work and health care organisations, and their impact on gendered health outcomes.

The Millennium Development Goals posit gender analysis as being of utmost importance for the development of global health. Health conditions in the world would be impossible to analyse without comparing men and women, therefore gender is a key analytical parameter within research about human beings and their social conditions.

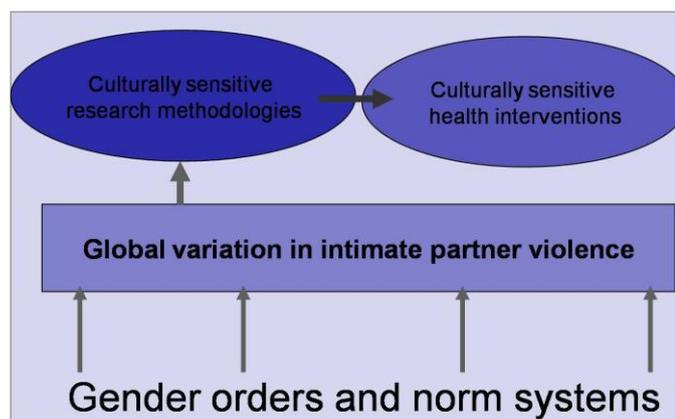
## Research highlights

Research to date shows that sexual and reproductive health and rights are still unfavourable for adolescents and young women in poor settings and also in welfare societies such as Sweden. Health professionals are not well educated in these issues and interventions are needed in health contexts to empower women experiencing gender-based violence.

Qualitative and quantitative analyses show that, globally, smoking habits are extremely gendered; studies in Indonesia have raised several questions regarding the empowerment of women to not imitate the unhealthy behaviour of men, the avoidance of gender stereotyping in smoking education and the deconstruction of masculinities in designing smoking cessation programmes. In contrast, smoking has been found to have decreased among both women and men in Sweden, and previous assumptions regarding the use of moist snuff to foster smoking cessation still remain to be proven.

Gender-based violence, and especially intimate partner violence, is increasingly recognised as a global gender-based public health threat that needs to be fully understood. Ongoing and future research will therefore explore child outcomes, protective and risk factors for intimate partner violence (IPV) in Latin America; health workers' and community groups' perceptions about IPV and their roles in care and prevention in sub-Saharan Africa; and urban and rural women's experiences of domestic violence in South-East Asia alongside men's roles in prevention.

**Figure IV: Contextualising intimate partner violence to improve global health**



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