COMING FULL CIRCLE: THE ROLE OF WOMEN IN eHEALTH

Patricia N. Mechael PhD, MHS
Principal, HealthEnabled, and Faculty, Columbia University, USA

The contributions of women to eHealth in low- and middle-income countries (LMIC) throughout its historical evolution have been multi-dimensional and multi-disciplinary. They have served pivotal roles as champions, pioneers, innovators, policy-makers, implementers, evaluators, and most-importantly and most-often overlooked, as the primary users and beneficiaries of eHealth. mHealth as a sub-field within the broader field of eHealth was largely catalysed through the contributions of a handful of female pioneers, namely Rose Donna from DataDyne, Holly Ladd from SatelLife, Claire Thwaites from the Vodafone Foundation, and Deb Levine from the YTH or Youth+Tech+Health. Their work dates back to the late 1990s and early 2000s and ranged from data collection and access to medical protocols through Personal Digital Assistants (PDAs) to mobilising Mobile Network Operator (MNO) engagement in health to promoting safer sex practices among youth and evaluating its impact. There was a moment in time when mHealth was just starting to gain traction in 2008 when there were only women in the field and entire conference panels on the use of mobile technology for health formed around them.

Since that time, the contributions and engagement of women has been obscured by the rapid growth of the field as well as a recent decline in the numbers of women pursuing careers in technology. This is not a new phenomenon and the pendulum is swinging back in favour of women’s leadership and engagement as e- and mHealth increasingly become part and parcel of how health services are being delivered in LMICs where the majority of the beneficiaries and health workforce is female.

A relevant parallel can be drawn to the history of fixed-line telephones which took an extended period of time to find a common use for the device because it did not have a perceived “clear and agreed purpose”. When fixed-line telephones were first introduced, social purposes were viewed as an “inappropriate use” of the technology, which was overcome by society’s imposition of its own uses. The extended use of fixed-line telephones to social purposes was largely undertaken by women to overcome isolation and distance, particularly in rural areas in the United States. This shift from a business tool to a social device led to the mass consumption of fixed-line telephones.

While the health domain is comprised of women, technology is often viewed as a masculine domain. Similar to fixed-line telephony mobile phones were initially acquired by men for professional purposes in most LMICs. Feminist research has evidenced that power and powerlessness are reflected by the design and mastery of technology. Along with design and manipulation of technology, wage work is also affiliated more closely with men whereby the likelihood is stronger that they will be engaged in using a range of technologies to more efficiently accomplish work-related tasks. More recent in its development, feminist theories of technology explore the domestication process as it specifically relates to gender. Judy Wajcman constructed a framework that explores the influence of male versus female interests in the design and use of technology.

With most e- and mHealth programmes in LMICs focused on maternal, newborn, and child health (MNCH), with the primary target beneficiaries as pregnant women, mothers, and mothers-in-law, a greater focus on gender in the design and implementation of such programs is needed. Having recognised the gender imbalances between design and use in mHealth, the mHealth Alliance set out to address this specific issue and developed Addressing Gender and Women’s Empowerment in mHealth for MNCH: An Analytical Framework. (Figure 1) The purpose of the framework is to provide an outline through which to analyse and understand gaps and issues related to gender, and develop appropriate interventions to achieve sustainable health and empowerment outcomes. The framework examines three key questions within mHealth interventions:
1. What are the key barriers, implications and positive or negative consequences, related to gender and women’s empowerment within specific mHealth interventions and solutions?

2. How do mobile phones and related technologies address gender issues and empower women?

3. How does successfully addressing gender issues and empowerment of women by mHealth contribute to improved health outcomes in a given mHealth intervention?

Practitioners, academics, researchers and policy makers can apply this framework to understand the gender dynamics and implications of e- and mHealth interventions. As e- and mHealth converge into digital health and gain momentum and traction in LMICs, there will be a resurgence in female leaders, greater parity in their engagement in policy development and implementation, and more attention to the important role they play in the design, use, and policy making aspects of technology integration within the health system. It is not enough to acknowledge that women have played and continue to play an important role in e- and mHealth, their effective and meaningful engagement is necessary to ensuring the improved health outcomes the world needs.

Corresponding author:
Dr. Patricia N Mechael
Principal Health Enabled and Faculty
Columbia University
patty@healthenabled.org

Conflict of Interest: The author declares no conflicts of interest.

Acknowledgements
This work was made possible by Grant # R21MH080699, funded by the National Institutes of Health. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

References