

Applying a Power, Privilege, & Gender Lens to Writing About Global Health

A Women in Global Health Media Checklist

PURPOSE

This checklist is designed to support anyone writing about global health during the COVID-19 pandemic and beyond, to include the expertise, experience, and concerns of women, especially women from diverse backgrounds.

**DRAFT: Open for consultation
(please send us your feedback)
until 30 November 2020**

An analysis of media at the start of the COVID-19 pandemic showed that three men were cited in reporting for every woman. Moreover, the gender dimensions of global health continue to be under reported – including the critical role played by women on the frontline as the majority of health and social care workers; the gender determinants of health; gender differences in disease progression; gender-based disparities in access to care; as well as the broader consequences of epidemics on reproductive, maternal and child health.

Women are the experts in health - they comprise 70% of the health and social workforce, but only occupy 25% of the senior leadership roles. We call on anyone writing about global health to join our COVID 50/50 Campaign for a Gender Responsive Approach to Global Health Security by applying a Power, Privilege Gender Lens gender lens to reporting and writing. Journalism and media is enriched by diverse perspectives and engaging content. We have created a checklist to support writers to see all angles on global health.

KEY QUESTIONS TO ASK THEMSELVES

1

HARDWIRING DIVERSITY INTO YOUR REPORTING

- **Identity:** diversity based on race and ethnicity (Black, indigenous, women of color), caste, religion, disability, class, and language
- **Geography:** Women from lower-middle income countries, non-English speakers (Francophone, Lusophone, Spanish speakers)

- **Age:** Youth and older women
- **Profession:** Non-physician healthcare providers, nurses, midwives, or community health workers
- **Multi-disciplinary:** From disciplines other than healthcare providers (anthropology, gender, human rights, political science, public health, communications, advocacy/policy) to ensure diversity of opinion
- **Lived experience:** Women from countries and communities with lived knowledge of the topic, women who are impacted by issues related to COVID
- **Socio-economic status:** Women from the most marginalized backgrounds. Avoid choosing only women connected to a well-established institution (i.e. highly ranked institutions)



TIP:

Work with women's networks e.g. Women in Global Health to connect with diverse perspectives.

2

CREDIT APPROPRIATELY WHERE IT IS DUE

- Does my story include women experts as quoted sources?
- Have I titled, cited, and credited them correctly?
- Am I including their opinions in the same balance with male interviewees?
- Are women experts asked to comment on specifics of COVID-19 based on their scientific, public health or policy expertise on the pandemic, not solely on women's issues?



3

CASTING A WIDE NET

- Does my story include perspectives on a diverse range of determinants of health including gender, race, income and geography?
- Are the specific challenges, issues, solutions specific to women who deliver healthcare addressed?



4

DICING THE DATA

- When available, am I reporting data that is disaggregated by sex and/or gender? Non-binary? Race? Geography? Other identity aspects (see one).



5

WORDS AND IMAGES MATTER

- Have I reviewed the document for gender-discriminatory and gender-biased language and imaging when describing the issue?
- Have I tokenized women and used gender-stereotyped language?
- Have I proactively portrayed women as leaders, change agents and not just vulnerable target populations?



- Have I assigned gender roles, racial identity or other identifiers, without asking or confirming?
- In covering sexual assault of women, is the piece focused on the actions of the "victim" more so than the assailant?
- Have I asked men and women equally about how they balance career and family?
- How frequently have I interrupted women?
- Have I corrected the pronunciation of non-English speakers?
- Have I only focused on women's clothing hair and appearance, while not relevant to the topic? Have I asked about "appearance" without practicing cultural sensitivity? (hair texture, garb)
- Have I given the men and women equitable space in my interview – talk time, word space, and visual?



EXAMPLE OF SEXIST LANGUAGE:

"Women like to volunteer and take care of their communities, it is rewarding for them, they do not need compensation."



EXAMPLE OF GENDER-DISCRIMINATORY LANGUAGE:

"Women are not confident to lead, whereas men are born to be leaders. Women are emotional and men are powerful "



EXAMPLE OF GENDER-BIASED LANGUAGE:

"Every day, each doctor must ask himself how he can fight the pandemic."



*Open for consultation until November 30th, 2020. Please email us your feedback at info@womeningh.org or use this link: <https://bit.ly/MEDIAFEEDBACK>

Produced by [Women in Global Health](#)

Contributions by [Women's Storytelling Salon](#)



Additional Resources:

Experts on COVID-19 and global health issues:

- [100 Women Experts Working in](#)

Global Health Security Information on COVID-19 and Global Health:

- [COVID 50/50](#)
- [Gender and COVID-19 Working Group](#)

Citation: Applying a Power, Privilege, & Gender Lens to Writing About Global Health A Women in Global Health Media Checklist. Released: 18 November 2020.
<https://www.womeningh.org/resources-tools>