



Vetenskapsrådet

GENDER IN MEDICAL RESEARCH PROJECT APPLICATIONS

– A FOLLOW-UP STUDY OF

THE SWEDISH RESEARCH COUNCIL'S AWARDS IN 2004



GENDER IN MEDICAL RESEARCH PROJECT APPLICATIONS

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Vetenskapsrådet – The Swedish Research Council 2008
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Preface

The Swedish Research Council is committed to promoting gender research and also ensuring that gender issues are included in scholarly research. To achieve this the Swedish Research Council's Board has appointed an interdisciplinary Committee for Gender Research, giving them a proactive and policy-shaping role. The work of the Committee for Gender Research includes setting out to identify and solve those problems facing gender research, as well as addressing issues such as the scientific quality of research and the internationalization of Swedish research.

Up to and including 2003, applications for gender-related research were assessed by members of the Committee for Gender Research. This then passed to the appropriate Scientific Councils (Humanities & Social Sciences, Medicine, Natural sciences and Engineering Sciences) together with the Committee for Educational Science.

The change in the way projects are commissioned does not necessarily mean gender specialists with recognized qualifications are included on the evaluation panels. In order to gather information about how gender research manages to compete for funding, the Committee for Gender Research decided to examine the awards made in 2004 by the Swedish Research Council. Docent Hillevi Ganetz has examined research commissioned within sections of the humanities and social sciences whilst Dr Susanne Andersson and Docent Lars Jalmert have done the same for the Office for Educational Science. The following report looks at research applications within the field of Medicine and was carried out by Dr Gunilla Carlstedt, working in collaboration with the Committee for Gender Research.

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Chairperson

The Swedish Research Council's Committee for Gender Research

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Summary

Background, Aims & Approaches

Medical gender research takes social and cultural relationships into consideration in conjunction with biological events.

The commissioning of funding for gender research has previously been carried out in part by the Swedish Research Council's Committee for Gender Research. For applications from Spring 2004 the task of awarding research funds was handed over to the group responsible for commissioning medical research.

In order to expedite a follow-up report, applicants applying for funding in Spring 2004 were asked to tick a box on the application form if the proposed project involved a gender angle. Applications marked in this way were subsequently set aside, classified and examined.

The following report examines how applicants interpreted the term "gender" and made use of it in their application. The report also considers how the awarding body responded, noting the extent to which funding was awarded to research projects with a gender angle.

Results

Applications Marked as Involving a Gender Angle & Gender

259 (21 percent) of the applications received by the commissioning group for medical research in Spring 2004 were marked as having a gender angle. Of these 30 (12 percent) were classified as "gender research" or had a clearly identifiable gender-perspective. A further 45 (17 percent) were adjudged to have a slight or nominal focus on gender.

184 (71 percent) of those applications that claimed to have a gender angle were not in fact concerned with gender at all. Accordingly, encouraging applicants to highlight the gender-specific nature of a project led to a clear grouping of projects that were concerned with gender; however, it also revealed that many project-applications had nothing to do with gender whatsoever.

Of a total of 1250 applications just over 2 percent (30 projects) could be classified as gender research or had a strong gender angle. The figure rises to 6 percent (75 projects) if applications that had a gender perspective are included. On this basis it seems there were very few applications for project funding in 2004 with a focus on gender.

Applications With & Without a Focus on Gender

In those applications adjudged to have a clear focus on gender when addressing questions of health, disease and healthcare, the applications centred around the following themes: power relationships between the sexes and individuals; living

conditions; the correlation between symptoms, biology and socio-cultural conditions; “empowerment”; ethics; heteronormativity /homosexuality; gender research theory and scientific criticism.

In applications adjudged to include no element of gender-research, there were a variety of motives that seemed to suggest why the applicant had claimed the research involved gender. Often the project set out to examine biological sexual differences, documented the percentage of men or women in the population sample, study only men or women or focused on illnesses where either men or women have been neglected. In a few cases the gender of the researchers within the research group itself is noted. There are also applications which lack any information or commentary regarding gender.

Sex & Gender

The terms *sex* and *gender* are defined in numerous ways. There is a broad interpretation in relation to the original meanings of the words - with “sex” linked to biological sex and “gender” associated with society’s social and cultural sexual norms (See page 14). In many applications the term “gender” is used synonymously with “sex”. That includes especially those applications which placed little or no focus on gender. The Swedish terms *kön* [sex] and *genus* [gender] are often mixed-up with the English terms: the Swedish “genus” is used in applications submitted in English and the English word “gender” is used in applications written in Swedish.

It is very unusual that the words “Sex” or “Gender” are used as keywords in the applications. This includes even those applications with a clear focus on gender.

Success Rates

The success rate for applications received in Spring 2004 was 28 percent (347 out of 1250). The success rate for applications with a clear gender-focus was 20 percent (6 out of 30). Out of a total of 1220 applications without any gender focus or with merely a nominal focus on gender, the success rate was 28 percent (341).

The number of projects classified as gender research that were awarded funding is visibly lower than those applications that have no gender angle or merely a nominal focus on gender.

The actual amount of money awarded to individual projects also differs between the groups. Applications classified as having a gender perspective were on average awarded SEK 225,000 whereas the average sum for all applications awarded funding in 2004 was SEK 369, 000.

The Scientific Council for Medicine’s Evaluation Panels

A written questionnaire sent out to the chairperson of the thirteen evaluation panels (answers were received from eight) revealed that there was very little interest in gender

issues amongst the majority of the groups. Some requested more information and knowledge about gender whilst others claimed that the matter was not relevant for their area of research.

In the written commentary from each of the evaluation panels there is very little mention of how the applications treat gender. This applies even to those applications which had a clear gender perspective, with a few exceptions, and those applications nominated for funds specifically earmarked by the Research Council for gender research. In some cases it is clear that applications that fell into the field of gender research were not evaluated by qualified gender specialists. In such cases, the contents of the projects may well have been misunderstood or misinterpreted. A further indication of the lack of gender-awareness on the part of the panels is when there is a failure to note that a lack of a gender perspective can lead to inaccurate, insignificant or simply wrong data.

It is apparent that a number of applications within the field of Health and Public Health Science were assessed by someone who was qualified to appraise gender.

Funding Specifically Earmarked for Gender Research

Of the specific funding that was earmarked for interdisciplinary, gender and risk research (known as the Director General Grant), one of the (two) projects awarded funding went to an application which included gender medical research.

Twelve applications in total were nominated for this funding by seven of the evaluation panels for medical research. None of these projects was adjudged to have a clear gender perspective. Five projects were adjudged to have some kind of gender-related angle and of those only one was awarded funding for gender research. Seven of the applications nominated for funds for gender research had no gender angle whatsoever.

Suggestions For Future Rounds of Applications

- Continue to label applications that have a gender-related topic
- A definition of gender research/gender-related study and nominal gender-related study must be included in the advertisement
- More staff qualified in the field of gender studies should be included in the evaluation panels
- Funds should continue to be set aside for gender research

The Need for Follow-Up: An overview

The purpose of this report is to examine the effect a shift in grant-awarding procedure had on gender research. Previously, funding was awarded by the Swedish Research Council's Committee for Gender Research; however, from Spring 2004 applications for funding were assessed by the evaluation panels for medical research.

In order to expedite a follow-up report, applicants applying for funding in Spring 2004 were asked to tick a box on the application form if the proposed project had a gender angle. Applications marked in this way were subsequently set aside, classified and examined closely.

The following report examines how applicants interpreted the term "gender" and made use of it in their application. The report also considers how the awarding body responded, examining the extent to which funding was awarded to research projects with a gender perspective.

An overview of the Swedish Research Council and its Committee for Gender Research, as well as a discussion of gender research's development within the field of Medicine, now follows.

Background

The Swedish Research Council & the Committee for Gender Research

The Swedish Research Council was established as a government agency in 2001. Within the council there are three Scientific Councils: Humanities & Social Sciences (HS), Medicine (M) and Natural & Engineering Sciences (NT). In addition, the Committee for Education Science (UVK) and the Committee for the Research Infrastructures (KFI) have the same jurisdiction.

The council annually awards approximately 2.5 billion kronor to Swedish research. A percentage of these awards go to projects which focus in a variety of ways on gender. Funding is granted on a competitive basis. The Swedish Research Council is, furthermore, required to award at least ten million kronor per year to gender research as well as actively promoting further research into gender. During the year which the current report monitored, 2004, no funds were specifically earmarked for medical research. Nevertheless, funds existed within the Council –the so-called GD-grant (SEK 9 million) – enabling applications to apply to specific subject committees to fund interdisciplinary, gender or risk research projects.

The Swedish Research Council's Committee for Gender Research (hereafter referred to as the Gender Committee) has existed since the Swedish Research Council was formed in 2001. The committee strives to continue the work undertaken by the Committee for Research in Women's Studies and Gender Equality which existed in the former Swedish Council for Planning and Coordination of Research.

The Gender Committee is interdisciplinary in scope and is both proactive and policymaking. It works to promote the scholarly status of gender research as well as its wider acceptance, both as an academic discipline and as an area of study within other disciplines. Information about what exactly constitutes gender research has been made available in the form of written texts put together by the committee (1, 2); moreover, the committee arranges internal and external seminars and conferences. Two of these have taken place within Medicine (3, 4). The committee has also been called upon to evaluate gender-related applications for funding.

Work in the coming will be directed towards further increasing the quality of gender research. Other goals include collaborating with leading figures within the subject and increased international collaboration. In keeping with the above, the Gender Committee, co-arranged a Nordic conference on the subject of "Excellence in Gender Research" in 2005 (5). The Committee also wishes to contribute to the wider integration of Gender Research into the academic community. One step towards this end has been the move to hand over all applications since 2004 marked as involving a gender angle to the evaluation panels for medical research (Previously the Gender Committee was involved, albeit to a varying degree, in the allocation of research funds to gender-related projects).

The current follow-up report has been commissioned by the Gender Committee after the Swedish Research Council's Board questioned the extent to which gender research

project-applications were awarded funding. Similar follow-up appraisals have been carried out within Humanities & Social Sciences (6) and Educational Science (7).

The Growth of Medical Gender Research

The Women's Movement & Women's Studies

Medical Gender Research has its roots in the women's movement of the 1970s and the beginnings of Women's Studies, like gender research in other subjects. The increased awareness surrounding the inequality of women's position in society served as a hotbed and criticism was directed at the lack of research that examined the living conditions of women. In medicine, it was noted how the diagnosis and treatment of women's illnesses was often based on results from research undertaken on men. It also became apparent that research into biology was being used to spread negative notions about women's physical and mental state, notions which far into the twentieth century influenced the way women's role in the work force and other official capacities was shaped.

During the early days there were very few medical researchers working within the field of Women's Studies. Inspiration and knowledge was obtained through contact with a variety of interdisciplinary Centres for Women's Studies at universities around Sweden as well as colleagues working within the field in the other Nordic countries. Inter-Nordic collaboration later led, amongst other things, to a series of Nordic conferences in Medicine & Women's Studies. Sweden hosted two of these conferences in 1984 and 1994.

For many years, however, there was very little interest within the established medical healthcare and research communities in gender issues. In everyday society, nevertheless, questions relating to women's health attracted increasing attention. Even in the 1970s the right to free abortions had been pursued (Abortions were made free under Swedish law in 1975). Women's living conditions, as well as the power relationship between the sexes, became central issues in the quest for better women's health. In particular, the late-80s witnessed a key focus on the issue of violence against women and its ramifications for women's health. In this work the new lay organisation ROKS, (The National Organization for Women's Shelters and Young Women's Shelters in Sweden), played an important role.

From Women's Studies to Gender Studies

At the same time as medical research into women's health began, it became apparent that those theories and methods hitherto practiced needed to be revised and improved. In order for research to be relevant for women it was necessary to question the dominant scientific paradigm. The actual research process regarding the acquisition of knowledge, and how researchers' preconceptions steer the interrogation and analyses, became increasing more apparent. Simultaneously, further analysis of the relationship and power structures between the sexes began to take place. An important step in this process was the introduction of the terms "gender" and "gender-system". This occurred

in 1989 in an article in the Swedish journal *Kvinnovetenskaplig tidskrift* (8). The Swedish term “genus” was coined as the equivalent of the English term “gender” meaning the social and cultural construction of sex. The Swedish term “genussystem” meaning “gender-system” was coined to describe how a society is organized in regards to the relationship between the sexes.

Today, Gender Studies is recognized as an established field of academic study at the majority of Swedish institutions of higher education. This is evident in the existence of interdisciplinary centers for gender studies as well as the integration of gender studies into a wide variety of subject areas.

The term “Gender Studies” covers numerous areas of study and is continuously developing and changing. Questions regarding class and ethnicity are considered to be of vital significance alongside the study of gender. “Intersectionality” is the term that is used to describe the mutual influence which takes place between different categories including gender, class and ethnicity. Questions regarding the heterosexual norm in our society is another feature of current Gender Studies. Gender Studies has many facets such as research into feminism, sexual theory, masculinity, intersectionality and queer theory. I use the term Gender Studies hereafter when referring to the research that is theoretically anchored in the broad scholarly area of gender studies as described above.

At the same time as Gender Studies developed, medical gender research has become increasingly multifaceted, attracting an increasing number of researchers. From the beginning of the 1990s a number of medical positions in Sweden have been specifically earmarked for people working with gender. In addition, a number of centers, specializing in medical gender research, have been established. Examples of these centers are found in Appendix I.

The terms “Kön/genus” (Swedish) and “Sex/Gender”

1999s Survey of Gender in Medical Funding Applications

In 1999 the Scientific Councils were required to identify gender-related issues in the previous year’s funding applications: they were required to collate the information about how the applicants had approached gender-related issues in their project-applications and supplementary written documentation. The survey applied to projects granted funding in 1998. The number of projects assessed under the jurisdiction of the Swedish Medical Research Council (MFR) (summaries only) was 907 (9). The assessor discovered that sex, and to a lesser degree, sexual differences, were mentioned in just under half of the applications. She further maintained that the term “gender” should be more clearly defined because she had found so many different definitions of the term. The survey resulted in the Council (MFR) tightening the guidelines ahead of the next year’s round of applications in issues related to groups in medical trials, as well as a policy statement sent out to the country’s research committees. The criteria was also clarified for applicants (10). Simultaneously, a survey took place monitoring researchers’ motives for using single-sex population groups in research trials (11).

Definitions of Gender

The question of a clearer definition of the Swedish term “genus” and English equivalent “gender” has, since it was formulated in 1999, existed without change. When the term was first coined in Swedish in at the end of the 1980s, it was thought as an equivalent to the English “gender”: i.e. a term meaning socially constructed “sex” and the relationship between the sexes in a society. This meaning of the term “genus” [gender] has, though, not been widely accepted within medical science, with the exception of those scholars working in gender studies. One explanation is that the majority of medical research is concerned with biological processes, biological sex and sexual differences. Within the humanities and social sciences –where social and cultural sides of humanity are more in focus – the term has been more readily understood and accepted. The term is more readily used, even within medicine: this can be attributed to the increased use of gender in society in as a whole; furthermore, the increased emphasis placed within the research world is evinced by the funding that has been awarded to gender research. The term gender has begun to be used in such a way that some researchers use it as synonymous with biological sexuality. This tendency to use the term gender when referring to biological sexuality has been widely criticized by gender studies researchers. In a paper about medical gender research published by the Swedish Agency for Higher Education (12) gender is denoted as “the social construction of sexuality and is about how it is to be a woman or a man in different societies.” It is further emphasized that the interplay between biology and culture needs to be problematized so that biological difference between women and men should not be regarded as occurring in nature. The term “sex in a holistic view” has further been introduced as a means of emphasizing the interplay between biological and social sex (13).

The current follow-up report takes as its starting point the definition formulated by the Research Council’s Gender Committee. This is in many ways similar to the previous definition of the term, both nationally and internationally:

Gender Studies examines the social and cultural content and the meaning of gender. The term “gender” refers to the preconceptions of femininity and masculinity in various cultural, social and historical contexts; in other words, how the sexes are ascribed different characteristics, behaviours, careers, rights, opportunities, etc. The term also focuses on the relationship between the sexes.

A more developed version was presented in conjunction with the preparations ahead of the gender research in medicine applications in 2002:

Gender research within medicine, healthcare and nursing places emphasis on gender/sex and social, cultural and structural processes: processes important for the prevention, diagnosis, treatment, care, rehabilitation, and perception of health and disease, etc. Through this gender/sex become categories for analysis in gender research. Gender is created / constructed continually in the interplay with what the surrounding understands to be

femininity and masculinity. This is connected to the structural relationship of how culture's picture of women and men is shaped. Gender structure means the way in which sex is linked to power and privileges in society and in terms of healthcare. Gender research also problematizes the relationships and dependency between women and men. Key terms within gender research are: construction, hierarchy (structure of power), relationships and social situation. Within medicine sex has predominantly been seen as a biological construction. Research with sex in focus on a biological level can cover, for example, gender-specific diseases (e.g. cancer in the reproductive organs), diseases with different rates of occurrence amongst women and men, reproduction, hormonal states and differences in medicine's pharmacokinetic effect. This biological research on women/girls and men/boys or biological research into differences between the sexes cannot be defined as gender research. Nevertheless, gender research can problematize how biological processes are influenced by social and cultural contexts. Medical gender research foregrounds the interplay that exists between biological and social-and-cultural factors: accordingly, even biological conditions and circumstances need to be problematized within a social and a constructivist framework.

2004's Gender-related Applications for Medical Research Funding

Procedure

Number of Applications Examined

Of the 1250 applications received in April 2004 by the Gender Committee, 259 (20.7 percent) were marked as having a gender angle. The applications were for project-funding, postdoctoral research positions and research time for medical doctors already involved in clinical work (An overview of all the applications marked as gender studies received by all sections of the Research Council is found in Appendix II).

Of the 259 applications, 17 were doubles: i.e. submitted by the same main applicant. In such instances, the applicant had applied for project funding or a post-doctoral position or was looking to go on sabbatical from clinical work and undertake research.

The number of applications evaluated was thus reduced to 242, reflecting the number of actual candidates. Of these, 192 were for project funding whilst the other 50 were applications for post-doctoral positions or applications from doctors already involved in clinical work to undertake research. 112 of the primary applicants were women (47 percent) and 127 (53 percent) men.

In order to compare these figures henceforth with the total number of applications (1250), the total number of applications marked as gender studies (259) will be used and not the number of individuals (242).

Classification of Applications

In all the 259 applications marked as containing a gender angle the two first pages - containing a summary- were analyzed according to the following criteria:

1. Field of study/Target Area divided into the categories: Health and Public Health Sciences, Clinical Research and Key Research (cell- molecular, biochemical and genetic research). It was often difficult to draw a distinction between the subject areas because many applications touch on more than one area. One example is when the symptoms of a disease are to be examined in relationship to biological changes at the cell level. Another is when the applicants have classified their research as health science but are actually affiliated with another, often clinical, institution. Accordingly, it has often been a question of weighing up which main subject field an application actually belongs to.
2. Type of application (e.g. project funding, etc).
3. Number of researchers in the project.
4. The mixture of sexes in the research group.
5. Is the project interdisciplinary in nature.

6. Do the words sex or gender appear (in English or Swedish) amongst the keywords.
7. Was it clear that the research had a clear gender perspective in the project proposal.

The last point here was the starting point for the next stage of the evaluation. The applications were sorted initially into two main groups: those that had, and those that did not have, a particular gender angle. Applications with a focus on gender were subsequently classified into a further three groups. I have here used the terminology that was formulated for a report into gender-related research in the humanities and social sciences in 2005 (6) with the strongest element of gender research first.

In a project which undertakes *gender research* it should be apparent that “Gender is the central focus of the study” and that the work is completely in keeping with those “theories and methods that are utilized within the subject area.”

A *gender perspective* means that “one aim, alongside others, is to analyze and problematize how gender is described, constructed or performed”. A gender perspective furthermore involves that the researcher/researchers “are firmly grounded in traditional gender research, that an overview of what gender constitutes is provided, and knowledge about theories, methodology and empirical studies made within the subject is made clear.

That a researcher constructs a *gender aspect* in their work means that gender is not a main feature of the analyses, but this dimension nevertheless occurs with [...] a certain conscious and demonstrable understanding and familiarity with those theories and methods that occur within the field. It is not sufficient to note in an application, for example, that a gender-aspect could be added to the research at a particular point. It is necessary in some rudimentary form at least to describe how the project connects with previous research, which theoretical approaches will be applied to gender and how this can be carried out in a sufficiently methodic manner.

The next stage was to gather all the complete applications which were adjudged to be gender-related research in some form or another (75 applications). A section entitled Gender Perspectives (or their equivalent), which was found in the majority of project outlines, gave a more nuanced picture than the summaries of the applicants’ interpretation and use of the terms “sex” and “gender”. The contents of the section on gender in the application determined if I was to look even deeper into the application. This happened if the contents of the section were unclear in their description of the gender-perspective; it was also a means of giving examples of the differing extent to which the projects were or planned to be involved in questions of gender. I was looking for theoretical perspectives, descriptions of interpretations and analyses, the use of the terms “sex” and “gender” in the text, bibliography, etc.

Close reading of the texts lead to the categorization of several projects being amended. I discovered that certain projects which on the surface appeared to be gender research were, upon closer examination, only about the differences between the sexes or were lacking in terms of gender research when it came to follow-up analysis. Other applications contained more gender research than the initial summary had indicated.

One difficulty in assessing the applications has been that the documentation of scholarly theoretical backgrounds in relation to the questions posed by the research and analysis was often missing. Critical scientific discussions were seldom found.

The Scientific Medical Council's Evaluation Panels

Tasks

The panel's task is to judge and propose how funding should be divided up and allocated to those that have applied for funding. At the time of the study there were 13 panels in existence, responsible for a variety of medical areas.¹

According to the guidelines given to the funding committees by the Medical Council, applications for project funding should be judged on three different criteria: research question, methodology and competence/feasibility. Within the funding committee for Public Health Science a so-called external priority (the relevance of the project to society as a whole) was also taken into consideration. Every application was judged by five members of the appropriate evaluation panel. If two or more members challenged an application this was grounds for the application to be assessed by another evaluation panel. Each application was awarded points² separately by the panel members, the average of which formed the basis for a discussion by the evaluation panel. The

¹ The specific subject committees appointed chairmen and members to each evaluation panel. The chairs of each individual committee formed the members of the Medical subject group. Each committee had six members with the exception of public health science which had eight. In 2004 the following funding committees existed: Cell Biology 1 (specialization molecular); Cell Biology 2 (specialization cell- and tissue- biology) Cell Biology 3 (specialization neuron biology); Medical biochemistry, structure and function; System Physiology and Pharmacology; Microbiology 1 (specialization in bacteriology and odontology); Micro Biology 2 (specialization virology); Clinical Science 1 (specialization in the prevention of cardiovascular illnesses and blood forming organs); Clinical Science 2 (specialization in endocrinology, metabolism, gastro); Clinical Science 3 (specialization surgery, gynecology, orthopedics, odontology, kidney disease, radiology); Clinical Science 4 (specialization in lung disease, allergies, rheumatology, skin, ear, nose and throat); Public Health Science (specialization in general medicine, rehabilitation, work-related and environmentally related medicine and health care). Psychiatry. In 2006 the number of panels was changed as well as their areas of specialization.

² Each criteria was awarded points on a scale ranging from 0-7. The overall point score was established after adding the points from the three criteria. Applications for continued funding were added to the overall point score of the report.

evaluation panel's recommendations were then evaluated by the funding committee, comprised of the chairpersons from each individual evaluation panel. The decision whether or not to approve funding was taken by the Scientific Medical Council.

The evaluation panels' appraisals had to be found by hand in the Scientific Medical Council's archives or accessed directly from individual panel members. Because of this it was necessary to limit the number of appraisals that were looked at. All the applications that were adjudged to have any form of gender perspective, according to the above mentioned criteria (75 in total), were picked out. In addition to these I have read those appraisals that for some other reason were interesting along with those that the evaluation panels' have nominated for particular funding (i.e. the GD-grant) which was set aside for interdisciplinary, gender and risk research (12 projects).

The evaluation panels' findings are based on a scientific discussion which has not been documented in writing. The qualitative analysis has therefore often been based on a brief written summary of the group's findings and recommendations. Even if it is not mentioned in the paperwork, it is possible that the panel discussed the projects' treatment of gender.

Questionnaire

In order to get a picture of how the panels dealt with the issue of gender and the applications marked as including a gender angle, a short questionnaire was sent by e-mail to the thirteen chairpersons of each evaluation panel in the autumn of 2005. Following a brief introduction about the nature of the follow-up report that I was undertaking, the following questions were put:

- How has gender and gender perspective been defined by your panel? Has there been consensus regarding the matter?
- Is there anyone particularly qualified in Gender Studies on your panel?
- How much interest is there generally for Gender Studies within your panel?
- Have you received any applications that qualified for nomination for funds earmarked for gender research? Can you say anything about how the discussions in that case went. Interest, agreement in the evaluation, etc?
- I would appreciate any further comments regarding this matter that you would care to make.

Answers could either follow the form of the above questions or be formulated more freely according to experience and interest.³

It was apparent from the evaluation panels' response to the questionnaire (only 8 out of 13 replied, of which 4 were cogent) that there was little interest in the question of gender in many of the panels; some did not even regard the question as particularly

³ A problem that surfaced amongst a number of the respondents was that their memory of the 2004 application process had been overshadowed by 2005's applications that had already taken place.

relevant. Others, however, believed it to be important but had not been able to dedicate enough time to the issue. Alternatively, the committee deemed that they were not qualified to address the matter. Many drew attention to the conflict that arose on account of the various definitions of gender perspective within the Swedish Council for Research; consequently, they requested better information or clearer guidelines. One of the respondents, for example, wrote that the interest in issues relating to gender was “considerable” within the panel; however, “a major problem is that the definition of what constitutes a gender perspective in the type of studies evaluated by the panel (research at cell level - my comment) is very unclear”. The chairperson on another evaluation panel, also working with research at the level of the cell, wrote: “Our knowledge of gender studies is probably not sufficient in our group. [...] I think that it would be excellent if the information that goes out to applicants for next year’s round of funding includes a definition/explanation of the term gender perspective as it is very ambiguous. For most of the applicants, and probably many of the evaluating panels, there seems to be a lack of consensus regarding what gender perspective covers; and those that are in the know don’t really have any consensus about what it means.” A representative for clinical research wrote: “there is no definite consensus within the group. However, the committee has difficulty accepting the restrictions that would be the consequence of the Gender Committee’s official definition in terms of what falls under the term Gender Studies.”

The discussions within the different evaluation panels differed regarding the nominations for the funding which is specifically earmarked for gender research (i.e. the GD-grant, see page 45). On one of the panels each application was considered whether or not it was suitable for these funds. The committee stated that they had used: “GD’s definition: biological differences which have or can have social consequences” and that “several are of the opinion that biological sexual differences should be applicable.” The committee members also stated that they “had difficulty in understanding how biological factors can be ignored when discussing gender”. The chairperson further states: “my own view is that gender research should be evaluated on the same grounds as all other research and that it is unscientific to not take into account sexual differences when discussing gender.” On the whole the interest in gender in this particular group was “modest”. Another chairperson writes that on her panel they noted that there were very few applications where gender was relevant or had been mentioned or even considered by the applicant. Not could they even identify any suitable applicant for the funds specifically earmarked for gender research. Yet another chairperson wrote: “There was no complete consensus of opinion in the evaluation regarding the nomination. As in many evaluations of applications it ultimately comes down to a personal subject evaluation based on the available information.”

The questionnaire ultimately revealed that in the majority of the evaluation panels there was very little interest in gender. In addition, the ambiguous definition of gender has been problematic for many of the evaluation panels. Gender research has for some been interpreted as the equivalent of research into biological sexual difference; therefore, this should be addressed in future information containing definitions of gender.

Results: Qualitative and Quantitative + Commentary

The division of applications marked as involving a gender angle, according to the extent to which they deal with gender

The material was sorted into two main groups: those applications with a gender perspective and those without. See Table 1.

- 75 of the 259 applications marked “gender studies” (29 percent) had some element of focus on gender. Of these, 3 were adjudged to be examples of Gender Research, 27 had a gender perspective and 45 contained gender aspects.
- 184 of the applications marked as having a gender angle (71 percent) had no focus on gender whatsoever.

Table 1: The division of 259 application marked as having a gender angle according to the extent to which they deal with gender.

Gender Focus	Number of Applicatio	Percentage
Extent to which deals	75	29
Gender Research	3	1
Gender Perspective	27	11
Gender Aspects	45	19
No Reference to Gender	184	71
TOTAL	259	100

Of the total number of submitted applications (1250) only 2 percent (30) were adjudged to place major focus on gender. This figure rises to 6 percent (75) if you include those applications with less emphasis placed on gender. The number of applications with a focus on gender were thus relatively few in 2004.

Division According to Medical Subject Areas

Of the 259 applications marked “gender research” 23 percent were within the field of Health Care or Public Health Science; 46 percent belonged to Clinical Research whilst 31 percent were classified as Core Medical Research. Of those applications within Healthcare or Public Health Science 68 percent (38 applications) focussed on gender. The figures for Clinical Research were 26 percent (29 applications) and Core Medical Research 11 percent (8 applications).⁴

⁴ The result is not unexpected: Much of the research within Health Care and Public Health Science is concerned with living conditions and human relationships. The closer a project is connected to people’s everyday lives, and the more it has to do with the interaction of people, the more likely the research is to involve some kind of gender perspective. Seen from the perspective of Gender Studies, there should

Of the 75 applications marked as having a gender angle, half of the applications were within Healthcare and Public Health Science (38), approximately 40 percent within Clinical Research and a tenth of pure Medical Research projects (8 applications) were concerned with gender.

Table 2. The division of 75 applications with a focus on gender within different medical subject areas

Medical Subject Area	Applications marked as involving research into gender	
Health Care & Public Health Science	38	50
Clinical Research	29	39
Core Medical Research	8	11
TOTAL	75	100

Even the extent to which these applications dealt with gender differed. Healthcare and Public Health Science had the most applications with the highest focus on gender, Clinical Research less so whilst Core Medical Research placed hardly any focus on gender.

Table 3. The division of 75 applications with a focus on gender within different medical subject areas and the extent to which the projects deal with gender.

Medical Subject Area	Number of Applications	Gender Studie	Gender Perspective	Gender Aspect
Health Care & Public Health Science	38	3	17	18
Clinical Research	29	0	9	20
Core Medical Research	8	0	1	7

be very few projects within the field of Health Care and Public Health Science which do not require some focus on issues of gender in order to carry out worthwhile research.

TOTAL	75	3	27	45

The table shows that applications classified as Gender Studies only occurred within the field of Healthcare and Public Health Science. Applications with a gender perspective were mostly found within Healthcare and Public Health Science and to a lesser extent within Clinical Research. Seven out of eight applications within Core Medical Research made minor reference to gender.

Applications from within the field of Healthcare and Public Health Science was also the area where the applications were also of an interdisciplinary nature, including participants from subjects outside of Medicine.

Success Rates

Of the total number of received applications within Medicine in April 2004 (1250), 28 percent were granted funding (347 projects). Applications which had been marked as involving a gender angle but had been adjudged to lack any focus on gender issues (51 out of 184 applications) had the same success rate: 28 percent. The percentage of projects granted funding which dealt in some way with gender was 19 percent (14 out of 75 applications).

Table 4: Success rates amongst applications marked as involving a gender angle and the extent to which they focus on gender (total and percentage).

Gender Perspective	Number of Total Applications	Number of Applications Awarded Funding	Percentage Awarded Funding
Extent to which deals with gender:	75	14	19
Gender Studies	3	0	0
Gender Perspective	27	6	22
Gender Aspects	45	8	18
No Reference to Gender	184	51	28
Total	259	65	25

The success rate for the group of applications deemed gender studies + applications that had a clear gender perspective accounted for 20 percent of the total (6 out of 30 applications).

From a total of 1220 applications with limited or no reference to gender 28 percent were granted funding (341).

Table 5. Success rates for the total number of applications received for the spring-round of funding in 2004 divided into applications deemed to place considerable emphasis on gender and those without any clear gender perspective.

Gender Perspective	Total Number of Applications	Number of Applications Awarded Funding	Percentage Awarded Funding
Considerable emphasis on gender (gender studies + gender perspective)	30	6	20
No emphasis on gender (gender aspects or gender at all)	1220	341	28
TOTAL	1250	347	28

The percentage of applications awarded funding is significantly lower for those that place considerable emphasis on gender than those applications that only refer briefly to gender or not at all.

The Amount Awarded to Projects

The average amount of funding awarded to projects within the field of Medicine for the whole of 2004 was SEK 375,000. Post-doctoral positions were granted SEK 225,000 (The Swedish Research Council's Annual Financial Report). Applications that were adjudged to have a gender perspective received on average SEK 225,000 (Funding for 5 projects and 1 post-doc position). Funding was not awarded to any project that was adjudged to be Gender Studies.

Table 6: The amount on average awarded to applications marked "gender studies" classified according to the extent to which the projects deal with gender.

Gender Focus	Total Number of Applications Awarded Funding	Size of Award	Average per application
Containing a gender focus:	14	3,250,000	232,000
Gender Studies	0	0	0
Gender Perspective	6	1,350,000	225,000
Gender Aspects	8	1,900,000	238,000
No reference to gender	51	13,752,000	270,000
TOTAL	65	17,002,000	262,000

The table reveals that the less emphasis an application placed on gender, the more chance it had of receiving funding.

The Terms *Genus*/Gender *Kön*/Sex in Applications Marked as Including a Gender Angle

A brief reading of the often short commentary under the heading Gender Perspective (and their Swedish and English equivalents⁵) gave a picture of the diverse interpretations and uses of the terms: *genus*/gender and gender perspective. It was evident that *genus*/gender has clearly replaced the word *kön*/sex.⁶

In project applications written in English the word *gender* in a variety of combinations is used almost exclusively. This is also the case when biological sex is discussed. The word “sex” occurs practically never. Only project applications clearly engaged in Gender Studies used the terms *gender/sex* or *gender and sex perspectives*

In Swedish applications the word *genus* [gender] dominates throughout, and is used to refer to biological sex and social-cultural constructions of sex. The word *kön* [sex] is rarely used; however, the term *könsskillnader* [sexual differences] is often used. In one application the terms *genuskillnader* [gender differences] and *genuslikheter* [gender similarities] are used.

Many applications mix both the Swedish and English terms in the same text. Examples of language-mixing in English applications include: Genus aspects, Genus perspectives, etc. Similarly, the word “gender” occurs in applications written in Swedish: several used *Gender perspektivet* [Gender Perspectives] in their title. In the ensuing commentary the word *genus* [gender] may occur.⁷ To sum up, the majority of applicants use the terms *kön*/sex and *genus*/gender interchangeably as if they mean the same thing. Linguistic mix-ups also occur between the Swedish and English terms. In English “sex” is taken to mean “biological gender” whereas “gender” refers to “socio-cultural constructions of sex”: however, these differences have lost their effect within a medical context.

⁵ Expressions which were used (most applications were written in English): Gender perspectives, gender aspects, gender issues, gender considerations, gender differences.

⁶ The Medical Council had not provided a description of what the term gender perspective meant prior to 2004's applications.

⁷ There is a trend to mix the Swedish and English terms in society in general. The state run radio station SVT broadcasts a weekly show entitled Gender” which is presented as “Gender – *programmet om genus*” [Gender – the programme about *genus*]

Keywords

On the second page of the application form there is a box where applicants are asked to state the *keywords* that relate to the proposed project. The Swedish *genus* and English *gender* are given as keywords in just 10 of the 242 applications marked “gender”, of which only one of the projects I have classified as “Gender Studies” and eight with a discernable gender perspective. One of the gender research projects gives the term “empowerment” as a keyword and is also the only application I found which has a keyword associated with the concept “power”. The terms *kön* or “sex” are not given as keywords in any of the applications. The words “woman/women” occurred five times, “man/men” never and “widower” once.

Searching through the project documentation in this way with a focus on sex-, gender- or power- thus does not help identify gender-related projects. This even applies to those applications that have a clear gender perspective or undertake Gender Studies.

Applications with a Focus on Gender – examples grouped according to theme

Introduction

In the following discussion of examples of project applications, more emphasis is given to those applications which contained a clear gender perspective or were, indeed, classified as Gender Studies. This is to demonstrate just what Gender Studies can be. It is also concerned with examining how the evaluation panels adjudged these projects. Furthermore, examples are also given of those projects that only had a limited reference to gender.

There are very few comments from the evaluation panels’ references to gender in the evaluated applications. Of those that exist, the majority will be considered. Particular attention is paid to the findings made by the evaluation panels regarding those applications I have deemed to have a clear gender perspective and to those that were nominated for funding earmarked specifically for research on gender.

Relationships & Empowerment⁸

To draw attention to (power)relationships between the sexes, and with in the health sector, is of considerable importance to Health Research’s work on gender. One of the applications classified as gender studies research is about this very issue. The project’s theme is assault within the health care system. The applicant describes the project as health science, but works at a gynecology department. The focus of the project is to research whether there is an connection between assault within the health care system and post-traumatic stress reactions and other illness. Quoting directly from the application text:

⁸ Empowerment -a term specific to Gender Studies- is the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes.

At the division of [name of institution and university] the official commitment is to study women's subordination in various relations, how this effects their health and what health care needs women would have if inequality in power were included in the evaluation of the health status. In reality the commitment however also included men.

The project plan draws attention to the challenge that assault within the healthcare system poses from a gender perspective. Examples of unequal power-constellations found within the health system are: men and women as health care providers and patients – for example, a male doctor who examines a naked woman; the patients subordinate role compared to that of the doctor who has the knowledge and power to heal; the vulnerability of patients who live in an abusive relationship and who risk further trauma within the health care system. It is also presumed that the mechanisms which make men and women victims when they experience the health care system are specific with regard to gender.

This application was for a post-doctoral position. No comments were made by the evaluators concerning the contents of the project, its quality, significance or treatment of gender. Only the applicant's qualifications were commented upon and adjudged to be insufficient. The application for funding was turned down.

Another project which I adjudged to be Gender Studies which also fell into Health Science—specifically gynaecology— was entitled: “Barnmorskors omvårdnad om förlossningsrädda kvinnor: i skärningspunkten mellan omvårdnad, medikalisering och empowerment” [*Midwives Treatment of Women who are Afraid to Give Birth: the intersection of care, medicalization and empowerment*]. The main applicant from the team of researchers is a male psychologist.

The project aims to identify the “hidden knowledge and expertise” that midwives have who help women afraid of childbirth; furthermore, the project will examine what women afraid of childbirth would like in terms of medical care before, during and after childbirth. The results could then form the basis of a new treatment programme which would be tested on a maternity unit.

The project's goal was to describe the situation in which women give birth within a medical environment. The application drew attention to the power displacement that had occurred between “women who give birth to children” and “women who are delivered”

In the power struggle surrounding women giving birth, midwives have got caught up between their awareness of the medical profession's belief in medicine [...] and their confidence in a woman's body's ability to give birth on its own. [...] Today, midwives find themselves caught at a point between the health care system's demand that risks be minimised as much as possible and their role of supporting a woman to give birth without

diminishing the mother's role in the birthing process. Empowerment, in this case, applies to two people: the women giving birth and the midwife who helps her.

This application scored highly in terms of its scope, proposed methodology and in terms of the qualifications of the applicants. No comments were made about the gender perspective. The application was denied funding on the basis that despite it being "An excellent project...it could not be prioritized because of the prevailing competition."

The next project, an interdisciplinary application, entitled "Kvinnohjärtan – beteendeoriktad sekundärprevention för kvinnor med kranskärlskukdom" [*The Female Heart: Behaviourial Secondary-Prevention for Women with Coronary Heart Disease*], has been classified as an application with a strong gender perspective. The applicant claims that considerably more women than men suffer from angst and low self-esteem in connection with heart disease. She claims furthermore that women more than men expect to be healthy and put themselves under pressure because of this: accordingly, it is difficult for them to accept that they are ill. The project would involve using behavioural science to help build up and prepare these women for life after a heart attack. The project, which involves a group of women meeting with a group leader, had already been running for a year and, according to the application, had good results: the participating women were more active and had more self-confidence than a control group who had only received conventional rehabilitation. The application, which was for continuation funding, was turned down on the grounds that the project: "did not contribute anything particularly new to the treatment of heart disease in women."

The next application under consideration, like the previous two, also aims to provide better conditions for women's health and give women a stronger position in society. It is a combined project involving elements of all three medical areas. As it is a hormonal study, I have categorized it as Core Medical Research —actually, the only project within this category to have a clear gender perspective. It is entitled: "Hormonell inverkan under olika faser av menstruationscykeln på träningseffekten hos unga kvinnor?" [*The Effect of Hormones on Exercise in Women During Different Phases of the Menstrual Cycle*]. The following quote is taken from this application:

Because research into gender has mainly developed within research in the humanities and in social science, biology has often been ignored. It is therefore important through medical research to shed light upon the interplay between biological and socio-cultural sex. By looking at the effects of physical exercise on women during different stages of their menstrual cycle you can optimize the training methods so women perform better physically. No long term study has been done on exercise and training to identify how women should optimally exercise to improve their physical condition. Therefore this kind of study would be of considerable importance for the continued development of physical exercise activities for women, for rehabilitation in terms of public health, as well as the continued development of training programmes for elite female athletes.

Additionally, the study has a basal scientific interest in finding out which anabolic effect female sex hormones have.

The following is written in the same application under the heading Gender Perspectives:

The gender order in society with a subordination of women has its roots in the physical differences between men and women. Women have through history been seen as the weaker sex. Before the 20th century this had an impact on the ability of women to support themselves. Today the physical differences almost only have an impact in sports. Sports have been created by men for men and the gender order is still very obvious in sports. This had led to that women are trained in a way that is developed for men often by men and very little is known about [the] training of women. Questions like how and when to train and what to eat during training has [sic] not yet been specifically studied in women. Today, with the increased health costs in society, training and sports are important in [the] prevention of and development of many diseases. It is of utmost importance to include women in this research. But sports, and training for women specifically, can also have an impact in the gender order in sports and thereby on society at large.

Here sport and physical exercise are placed within the context of the interplay between biological and socio-cultural sex. Knowledge of this and suggestions for change are important for women's position in society. The findings of the evaluation panel can be compared to this. The summary of the committee's evaluation describes the proposed study as: "a project concerning the effect of training on women's hormonal spectrum during different points of in the menstrual cycle."

In the light of the actual project description (see above) it seems that the committee have misunderstood the purpose of the project. It was not the effect of training on hormones that were to be measured but the effect of hormones on training!

Finally in this section a Health Science project focussing on questions of power relations between the sexes, and which deals with the interplay between health care staff and patients, will be discussed. There was nothing in the summary of this application that intimated that it would be a project concerned with gender. Closer reading of the project, however, was deemed relevant as the term "gender" was given as one of the keywords on the application form. The application proposes to develop a model for how patient safety can be maintained in operating clinics. In the "Gender Aspects" section it states:

Previous research shows evidence of gender differences in the number and character of adverse events. Thus data will be analysed separately for men and women, when relevant, and differences will be highlighted. It is also possible that gender composition and power relations might be elements of organisational culture, affecting the safety performance of a

department. The different determinants of safety performance may have different impact (weight on patient safety when caring for men compared to women.)

The word gender is most probably used here to mean biological sex. At the same time there is an awareness of the relationship between care team and patients in terms of sex, just like the questions regarding power in the personnel group. The project did not receive funding but was nominated for funds specifically earmarked for interdisciplinary research: however, it was not granted this funding either.

Trans-cultural & Intersectional Research

Many of the applications marked as gender research with a clear emphasis on gender were part of trans-cultural projects. An example of this is a project concerning the situation of immigrants, focusing on childbirth. Class and ethnicity as well as gender are taken into consideration. It is entitled: “Födelselandets och sociala faktorerers betydelse för kvinnors hälsa med focus på vård i samband med barnafödande.” [*The Significance of Country of Birth and other Social Factors Effecting Women’s Health – with an emphasis on healthcare in conjunction with childbirth*]. The time surrounding childbirth is seen as the most vulnerable and meaningful period in a women’s life in terms of her future health. The following quote is taken from the application:

Ethnicity/racism, gender and class are, from a feministic perspective, social constructions that form a basis for social stratification and influence the structure and organisation of society. Moreover, they structure, although they do not totally determine, who we are and what we are allowed to be. To be able to understand these social constructions and the consequences of them, historical, societal and cultural contexts are important. Feminists argue that these conceptual tools in society are impressed by a long tradition of patriarchal thinking that comprises male power, female subordination and a valuation in hierarchal dichotomies, such as female/male, mind/body, man/woman. These dichotomies are intertwined with a subordination of the woman and her body as a consequence. [...] The theoretical model indicates that foreign-born women have restricted opportunities to influence and handle decisive life experiences such as poor health and childbirth. But, with awareness, women can find a balance in setting limits for their constant accessibility and sensitivity to the needs of others and manage to acquire or create an intrinsic worth of their own as women.

The project also aims to examine what is occurring at a deeper level, identifying hidden patterns and tendencies. Under the title “gender perspective” it says:

Research on women’s health needs to incorporate social, cultural, economic and political factors in order to address gender bias and inequalities in health.

It is worth noting here that even political issues are taken up as relevant to the way women are judged and treated within healthcare (14). This project has a clearly strong gender perspective and is, because of its theoretical basis, almost what is called Gender Studies. There are no comments about this from the evaluation panel. The project is described as “[...] a qualitative study [...] of women born abroad and their expectations, wishes and experiences of healthcare in Sweden.” The question of how important healthcare and the conditions experienced during childbirth are for a woman’s future health, which I see as central to the project, is not mentioned in the summarized appraisal of the application. The application was described as using a “conventional” methodological approach and denied funding.

A project entitled “Transkulturell interaction i äldre- vård och omsorg” [*Transcultural interaction & geriatric care and healthcare*] proposed to research how expectations about cultural difference influence the interaction between patients and healthcare workers and how this influences actual healthcare. The following quote is taken from the application:

[...] the majority of studies have examined individual ethnic groups. Few have considered how older, care, and healthcare personnel with an immigrant background feel about encountering Swedish-born pensioners. There is an absence of studies on how a multi-cultural body of staff shape and influence the nature and character of healthcare...

The study is to be carried out by means of semi-structured interviews with patients and healthcare staff and participatory observation. Under the term “Gender Aspects” the background for the gender-related part of the research is carefully documented:

[...] as (ref) have shown: “gender divisions [...] serve as a central organising principal of social relations and therefore need to be considered in terms of their connections with race. It is, among other things, because of this that we have designed this study in the multidisciplinary fashion hereby outlined. By combining sociological expertise on gender and race relations with transcultural nursing we will be able to conduct this study with the outmost [sic] sensitivity to the efforts that gender, age and race have on the kinds of interactions with which we are concerned. It is therefore for this reason that gender sensitivity has been taken into consideration throughout the entire research process (from sampling criteria to the preliminary planning of the study design) and we have also chosen a theoretical framework (i.e. postcolonial theory) that will allow us to study the asymmetrical relationship that disadvantageous gender and racial backgrounds pose.”

Here the term “gender” is used to mean biological sex. In spite of this the study is a well-worked through Gender Studies project. It is also an example of intersectional research with – in this case – an equal consideration of sex and ethnicity. The project is also interdisciplinary in nature and has a clearly documented theoretical basis.

The evaluation panel judged the application accordingly: “Interesting research question, even though it isn’t groundbreaking. The research focuses on an important cultural problem: an aging immigrant population. It is difficult to apply the research project’s experience to other healthcare efforts. One major problem is that the applicants in a multicultural project exclude people who cannot speak Swedish. In the light of the competition we recommend that the application is denied funding.”

On the basis of this evaluation, it seems the assessor(s) are assuming that the patients are immigrants and the healthcare staff are native Swedes. This is not what the application says: in fact, it clearly states that it is concerned with “how healthcare staff with an immigrant background interact with native-born Swedes.” It continues further: There is an absence of studies on how a multi-cultural body of *staff* (my emphasis) shape and influence the nature and character of healthcare...”

The assessment seems to be based on an incorrect reading of the text where patient and healthcare workers are mixed up when it comes to ethnicity. In this light the criticism that those involved in the project must be able to speak Swedish also does not stand, as it is a necessity for foreign-born healthcare workers to speak Swedish if they are to care for Swedish-born pensioners.

Philosophy in Medicine

Two very similar projects had a strong philosophical component. One of these concerned childbirth and is entitled: “IVF: lyx eller basal sjukvård?” [*IVF: luxury or regular healthcare?*]. The project comes from a Department of Philosophy and is to be undertaken without medically trained staff. The application sets out to question whether couple who are unable to have children have the right to IVF (in vitro fertilization); and whether this is the state’s responsibility. The project also sets out to consider who should cover the cost of IVF treatment. The project aims to cover aspects like children’s rights as well as alternatives to IVF like adoption. The following quote is taken from the section of the application under the title Gender Perspective:

[...] should women who put off having children to focus, for example, on their career, have the right to have their eggs frozen to be fertilized at a later date? Is this a reasonable way of increasing equality in society? Or does new technology actually mean a step-back for equality between the sexes? Do women, because of it, actually have less possibility of avoiding the social pressure to have children?

The study refers to literature within the field of Gender Studies. I have classified the project as having a clear gender perspective. It takes up questions of an existential nature and ties them to an ongoing debate in today’s society. The methodological approach it describes is unusual in terms of medical research and is based exclusively on literature within the field. The study will culminate in a discussion with the researcher’s reflections about the subject. The project, which was read by the Health

Science evaluation panel was considered “very interesting” and recommended for funding.

The other project connected to philosophy I have classed as gender research and is entitled “Konstruktioner av den normala kroppen i hälso- och sjukvården” [*Constructions of the Normal Body in Healthcare and Nursing*]. It is about how gender is experienced and understood within medical science and praxis. The study is interdisciplinary and the applicants belong to departments of general medicine and theoretical philosophy. The theoretical background has a thoroughly carried out gender perspective. The method used is also based on studies of secondary literature (for example, medical textbooks and scholarly journals), seminars with national, Nordic and international participants as well as summarizing commentary. The aim of the study is to find a term for how sex is understood in healthcare: biologically and culturally; how women and men are understood; the notion of what is normal and how this combines with notions of hetero- and homosexuality, etc. Under the title “Gender Perspective” it says:

The very purpose of the project is to investigate the meanings and presentation of gender and sexuality in health care contexts. Therefore, gender is not solely a perspective in the project but rather at the very core of it. Accordingly we suggest that the research proposal is referred to the committee members with gender expertise and/or experts on multidisciplinary studies.

This is a clear statement that the applicants would like to have their application evaluated by gender experts. This however did not happen. The project was denied funding partly because the proposed methodological approach was “described insufficiently”. The project-application was not recommended for the funding earmarked for gender studies either.

From a gender perspective, I consider this to be a unique project examining those values concerning sex which shape healthcare in the western world. To examine and question the heteronormality which exists in all questions about sex and sexuality with the health system links to a highly topical debate in society in general. It touches upon, for example, the treatment and legislation within the sphere of reproduction, abortion issues, marriage legislation, questions about violence and the abuse of women, the treatment of homosexuals within the healthcare system and society. The way the medical world views these problems has had – throughout history – the potential to attract considerable attention in society as a whole.

Biology and Living Conditions

I now turn to examples of projects which attempt to weigh together biology with social and cultural living conditions in their analyses. I have generally judged the projects to have gender aspects: i.e. rather limited reference to gender. They are described briefly.

A microbiological study connected to Symptoms and Treatment Research proposes to examine the interaction between three strains of the HIV-virus. The selected population group for the study is African and the results plan to be used in the development of vaccinations against HIV. Under the heading “Gender” it is stated that older women are more at risk from the disease than older men and that hormonal factors have been found to be of significance. One question that is also asked is whether there are cultural reasons (behavioural reasons) for the differences between the sexes that have been noted.

Another project, entitled “Gen-miljöinteraktioner för arsenik” [*Gene-Environmental Interactions for Arsenic*] is primarily connected to biochemical and genetic research. The basis for the project is that drinking water containing arsenic is a major problem in many parts of the world and that nothing is known about the effects of this on women, the foetus and small children. Simultaneously, women –including pregnant women, often with small children– are responsible for providing water, particularly in developing countries. Both these applications draw attention to the fact that women live under certain conditions in society; however, no analysis of this is made.

Several projects connected to Clinical Studies note that treatment and rehabilitation ought to be adjusted to the biological and socio-cultural expectations and needs of the respective sexes. In one of these applications – “Den degenerativa nacken – en tvärprofessionell teamutredning av patienter som skall opereras i nacken” [The Degenerative Neck: a multi-professional team investigation of patients who are to undergo a neck operation] – it is mentioned that women with neck and back injuries suffer more than men and, because of their social situation, are more restricted in their daily life than men.

Care & Health

Gender aspects are also found in applications which focus on a variety of healthcare situations (compare previously described healthcare projects with considerably more focus on gender). One of these is entitled: “Undersökning av vård och omsorg om alder i särskilt boende och utveckling av en vårdmodell för äldrevården” [An Investigation of the Care and Healthcare for the Aged in Sheltered-housing and the Development of a Care System for the Aged]. It is posited that many old-age women have to provide extensive care for their husbands who are in need of nursing. At the same time the women themselves can be ill and have, more frequently than men, a combination of different problems. Older women are therefore a vulnerable group who need to be carefully monitored when it comes to their own healthcare needs.

This issue is an important matter of concern in that it affects the health of a large group of people in society. The project, however, was denied funding on the grounds that the proposed methodology limited the study to the most mentally sound old people and that this would make it difficult to draw conclusions about geriatric healthcare in general.

Another project, focussing on both male and female healthcare workers, aimed to examine the link between “burnout” and mental stress. Under “Gender Aspects” the application refers to the literature on “burnout” and the differences between the sexes, ethnic considerations and moral issues. “[...] men and women focus on different aspects of moral situations.” It is quite easy to imagine how a gender focus could be developed here. The project application, however, gives insufficient information about how the research findings will be presented. The risk is that the project will go no further than note the differences that exist between the sexes. The project was denied funding as it did not fulfil the application criteria so it was not evaluated by the panel.

Men’s Studies

Some of the applications that were adjudged to have a clear gender issue were examples of Men’s Studies (also known as Masculinity Studies). This research developed largely as a response to the earlier emphasis on women in gender research. Men’s Studies is devoted to topics concerning men, how maleness is constructed and the response it receives. The field included men’s experience of themselves as men in society, and the demands and expectations that are particularly placed on them.

In the applications marked as involving gender and which are concerned with men questions relating to parenthood predominantly dominate. An example of this is one application which proposes to examine, through a longitudinal approach, how premature-born children affect the family: socially, economically, etc. It is posited that there is a lack of research on men’s experience of childbirth. To a certain degree the project can be called a “Additional Project” (for a definition of the term see page 39). That which makes it a project with gender aspects is that the fact it takes up the way in which new situation influences the parent’s relationship.

A similar study is entitled: “Mannens upplevelser av förlossning och föräldraskap – ur ett vårdvetenskapligt perspektiv” [*Men’s experience of Childbirth and Parenthood – From a Healthcare Science Perspective*]. In a long section about gender, there is a discussion about society’s changing influence on male parenthood and how it forms a basis for how gender influences male parenthood. Reference to secondary material on gender is given. The project was adjudged to have an “interesting focus on men from the perspective of gender”. The evaluator, one of the few who commented on gender, felt that “Men’s Studies had not developed sufficiently” and decided that “reference to gender in the secondary literature had been omitted from the bibliography.”

Terminological & Theoretical Decisions

One way in which a project with a clear gender focus can be identified is to examine the terminology and theoretical perspectives used in the project application. Here are a few examples:

In the summary of the projects it is stated that a “gender- theoretical perspective” will be used to research and analyse the material. The word “gender-theoretical” is hardly

used outside the context of Gender Studies; accordingly, it suggests that the scope of the project may be gender-related. The actual project is about different types of absenteeism amongst workers employed by Swedish municipal councils and county councils, focusing on the differing conditions that exist both at work and at home for women and men.

Another application, entitled “Att bli och vara gammal” [*To Become and Be Old*] one of the stated goals is to “elucidate masculinity and femininity among the oldest old”. Closer study reveals that “masculinity” and “femininity” are seen as variable socially constructed behaviours. In this way the application can be regarded as having a gender focus. The terms “femininity” and “masculinity” are, however, also often used as if they are essential qualities connected to biological sex. The theoretical scientific basis for the project reveals which focus it actually has.

An application for a heart project, which is in part a qualitative study, is about “the different ways in which men and women experience illness, self-care, and lifestyle after a heart attack”. From the section “Gender Perspective” comes the following:

There is a distinction between sex and gender. Sex, with the categories man and woman, is defined as biological differences in genetic composition and reproductive anatomy and function. Gender is associated with the socially and culturally constructed aspects of being male and female. Investigations of sex differences deal with the question “what is the difference between men and women?” A gender perspective also includes environmental aspects and the corresponding question is “what does it mean to be a woman or a man in the context of this study?” A comprehensive view is worthwhile when exploring differences between men and women, meaning that it is preferable to emphasize the *interplay* (my emphasis) between sex and gender instead of making a distinction between the concepts.

Herein lies a very didactic description of the defined difference –in terms of Gender Studies– between the terms sex and gender. In the comments of the evaluation panel it is noted that “Gender Studies is wrongly described as research into the differences between women and men”. The evaluator has simply not understood the implication of what is written in the application. By recognizing the interplay between biological and socio-cultural constructions of sex, the project, in my judgement, is at the forefront of contemporary medical gender studies research.

Scientific Criticisms

In the material that has been examined there are some applicants who stress a scientifically critical approach to questions about sex and gender. An example of this is a project which concerns measuring and understanding the consequences of Parkinson’s Disease: under the “Gender Perspective” section in the application it states:

Studies on gender aspects of health related outcomes in PD are sparse. Studies that also take possible measurement bias between genders (which, I present, may render biased results) into consideration appear lacking. It is thus of major interest and importance to address this aspect. We will therefore evaluate the presence of gender DIF in applied measures, and study gender differences in outcomes after controlling for potential DIF.

The research here appears to not just measure the differences between the sexes but also critically examine how these differences should be valued.

Another project, entitled “Socioekonomiska skillnader i hjärtsjukdommar – en longitudinell flernivåanalys” [Social-economic Differences in Coronary Heart Disease – a longitudinal, multi-level analysis] takes a similar position. As part of the basis for the project, it is noted that women receive worse care and worse rehabilitation than men and that patients with dementia have a greater risk of being neglected. A new intervention programme is to be tested. For the most part the project is clearly a supplementary project; however, it also has a strong gender awareness in that the application states:

In all our investigations we consider a gender perspective not only because there are biological and cultural differences that need to be analysed separately, but also because socio-economic position has been traditionally defined according to male circumstances and need to be revisited.

Here, as well as an awareness concerning biological and socio-cultural differences between the sexes, is a critical way of looking at how comparisons between men and women have previously taken men as the norm.

Applications Without a Gender Angle: Motives for marking an application as containing a gender angle

Introduction

Of the total number of applicants marked as containing a gender angle, 184 (71 percent) were adjudged to no gender angle whatsoever. The majority of these, 162 applications, come from within the field of Clinical Studies and Core Medicine. Research without a gender angle –but with a perspective on the different sexes– can still be a matter of considerable concern. Today there is an increasing awareness that women and men are affected in different ways by diseases and that there needs to be research and treatment that takes this into consideration. That women’s and men’s illnesses are equally treated by the world of research is a matter of equality. Research aware of the differences between the sexes is, however, not the same as gender studies research. The lack of a gender angle can also, as this study shows, limit the value of research.

A number of examples of project applications with an awareness of the differences between the sexes, but lack a specific gender studies angle, will now be considered.

Sex-Specific Research & Supplementary Research

Many applicants motivate their decision to mark their application as containing a gender angle with commentary concerning the way in which their chosen field of research is more applicable to one sex rather than the other. In turn, this has determined their choice of population study group. This kind of sex-specific research can be about the differences between the sexes when it comes to the incidence of disease and the response to treatment, diseases which only occur in one sex, the effect of hormones in either sex, etc.

In a project with a biochemical and immunological study of musculo-skeletal injuries, the application's gender perspective is stated as follows:

Musculoskeletal disorders... are more prevalent, more severe and more longlasting [sic] in females. Therefore the project has a gender perspective.

The gender angle in another project notes that fibromyalgia is seven times more common in women than in men and that is why only women are used as test subjects in this research.

In so-called Supplementary Research the focus is on areas where previous research has neglected one sex or the other. Because research on men has previously dominated research, Supplementary Research often focuses on women and women's position. The term "gender" thus is often synonymous with "women": this is indeed the case here in the applications. In a project about rheumatic diseases the application states that a gender aspect is taken up because:

the illness hits many more women than men [...]research concerning this situation has been lacking for a long time and is therefore particularly urgent.

Another project, on the effect of hormone treatment on women's breasts, states that:

there is a remarkable lack of basic understanding as to how sex steroids influence the normal breast.

A third study, examining sexual function after a variety of treatments for incontinence, claims that 80% of the patients are women and that:

an improved understanding of this disability and refined treatment will benefit adult women of all ages.

Many other applications have this type of aim behind their research and their decision to mark the application as having a gender angle. One application, about a particular malignant skin disease, gives an explanation of *why* research on women has been neglected:

Ninety percent of the PPP patients are women! The previous lack of interest in this complex chronic disease which is associated with long term sick-leave/sick permission in thirty percent of the patients is an example illustrating the fact that diseases affecting middle-aged women have not been “attractive” research projects.

There are also applications which put the focus on men. One example of how this is used as an explanation for claiming the research has a gender angle is as follows:

The average lifespan of males is 8-10 years shorter than women which indicates that important information and benefits can be gained in studying and treating the males.

In a project about men who have lost their wives to cancer it is noted that there are more studies of widows than widowers and that this “lack of equity” most probably leads to a worse emotional care of men. The project wants to examine the extent to which men suffer from panic attacks and other psychiatric symptoms at the time of their wife’s death. Their condition at the time of bereavement will be followed up by assessing how they are one year later. The reason the project is not classified as research with a clear gender angle is that the application does not take up the issue of the widowers’ social and cultural situation; i.e. their ability to care for themselves on a day-to-day basis and whether or not they have a social network. These factors tend to be quite different for the majority of widows compared to the majority of widowers.

The final study of note in this chapter is an epidemiological study with clear gender ambitions but which ultimately was classified as supplementary or sex-specific research. The project is entitled: *Kvinnors hälsa I en livsstilsstudie och kvinnliga hormoner I förhållande till hälsa, en nio-års uppföljning* [*Women’s Health in a Lifestyle study & Women’s Hormones and their Effect on Health: A 9 Year Follow-Up Study*]. Under the title “Gender Perspectives” it is stated that:

this is the first larger cohort which attempts to delineate female factors of importance to health. Preliminary results indicate vast differences compared to men and the proposed follow-up will further highlight potential gender differences.

An overall hypothesis is that there is a connection between metabolic processes and socio-demographic and psychosocial conditions and that the early discovery of risk factors and subsequent intervention of high-risk patients, can slowdown or delay the development of disease (cardiovascular diseases, diabetes, osteoporosis and urinary incontinence). The study also proposes to look at how menopausal problems and hormone treatment in connection with such problems affect health. The project was adjudged to lack a gender angle on the grounds that the socio-cultural factors which were to be looked at were limited to diet, smoking, exercise, level of education, etc: i.e. lifestyle factors. There was no discussion of women’s particular place in society or reference to Gender Studies secondary literature in the application. The application

serves as an example of how the failure to incorporate a clear gender angle can lead to limited or the incorrect use of the results.

The evaluation panel's comments reveal that someone familiar with gender research has been involved in the evaluation process in regard to this application. It is noted that: "health profiles are hardly about illness" and that "the project would benefit from also considering health factors as well as living conditions". It is also noted that questions about the working environment, social relations and sexual violence are largely omitted from the study. (16, 17)

The Variable Sex & Sex Differences

A large portion of the applicants use the term "gender" synonymously with *biological sex*. This is particularly evident in those applications classified as Pure Medicine. This can partly be explained by the nature of the projects, with cell- and biochemical research the focus, and that they quite often concern animal testing.

It is often the study group which is described when the applicant(s) justifies why they have marked their application as containing a gender angle: for example, that either or both sexes form the study group. Some times, the obvious is stated:

Because the present study deals with female breast cancer we are not enrolling men.

In studies of pregnancy complication only women are chosen as healthy controls.

Other common justifications of marking the project as containing a gender angle include: "patients of both sexes" are involved; and: "control groups are matched according to age and sex."

Some applicants have understood "gender perspective" as if it refers to the sex of members of the research group. In one project which plans to fine new medicines to combat stress symptoms and PMS (premenstrual symptoms) it is noted, under the title "Gender Perspectives" that the research group actively worked: "to keep an even gender population in the project, [sic] at all levels..."

The application goes on to describe the make-up of the research group according to sex and position. This is followed by a comment that the results are expected to apply to both women and men. Another project which lacks any gender angle takes as its only gender angle:

Four of the thirteen people in this project (i.e. research group) are women. The project as such is gender neutral. Two women are on maternal leave. Two female students recently left the group after finishing their Ph.D. exams."

There are also applications marked as containing a gender angle which do not mention sex or gender at all. This includes one of the applications that was nominated for the funding specifically earmarked for gender research by the Swedish Research Council. It also includes an application where the mention of sex as well as some kind of gender angle ought to be obvious. It is about developing nursing staff's pedagogical health tasks by providing telephone advice to the general public. In the project outline there is no mention of either biological sex or gender issues. The patients are sexless, whereas the nurses are consistently referred to as "she" —without any form of commentary.

There are no comments about this either from the evaluation panel which, instead, rates the application very highly: "The application for a post-doctoral position is given high priority. The applicant is highly qualified for the position. In her thesis she demonstrates considerable familiarity with qualitative studies and education's interventions. The programme that has been applied for combines modern pedagogical methods with a designed evaluation that enables patients to receive the benefit of advice.

In many of the applications it is above all the differences between the sexes which are in focus and constitute the "gender perspective". In one project-proposal, about neurological changes after a shortage of oxygen, the gender angle of the study is justified as follows:

"... we hope to address the issue of sex differences."

The promise of sex-specific analysis also often occurs without any explanation as to what this would entail. It probably often means that the data on women and men should be reported separately. Examples of formulations:

The results will be analysed in relation to gender.

Sample sizes of about 10 in each group will allow for gender specific subanalysis and comparisons.

As part of the interdisciplinary study we will compare women and men with close attention to the relevant variables.

On no occasion are the actual variables discussed or how the analysis will be carried out. Furthermore, as a rule, applications which have no gender angle here provide no details about their scientific theoretical specialization.

Hormone & Brain Research

A separate section of the study is dedicated to hormone and brain research because many of the applications marked as containing a gender angle fall into this category; furthermore, this subject is interesting in terms of gender. This kind of research has a long and strong tradition in western medicine. In particular considerable interest has

been on the connection between (women's) sex hormones and health, especially psychological health (4, 18). This is evidently still the case here amongst the applications that have been examined. Applications marked as having a gender angle are often justified by the fact that they are seeking sexual difference or that the research can be classified as supplementary research. Gender Studies have criticized the type of research that focuses on measuring differences between the sexes. These differences are often so small, for example when comparing different functions in the brain, as opposed to those differences that are found between individuals of the same sex.

Below are two examples from the existing material which were both recommended for funding by the evaluation panel for psychiatry.

The central focus of the first application is the debate regarding the similarities and differences between the sexes. The project deals with sex hormones and sets out to clarify the function of the ovaries. The following extract is taken directly from the application:

In the lively debate today, one question that bugs debaters and people in general is what the functional differences really are between woman and man. Being a representative myself (the applicant is a man) for equality between sexes at the department, such inquiries keep being asked [sic].

The application has the ambition of identifying what constitutes myths regarding the differences between men and women as opposed to actual differences based on evidence. Without any information about the applicant's scientific theoretical background it is, however, impossible to know how the results will be interpreted. This is shaped by how any findings in terms of sexual difference at a hormonal level are balanced with socio-cultural factors; and how the researchers view masculinity and femininity – as essential and static, or changeable conditions.

Another application aims to map the occurrence and characteristics of obesity in patients with bulimia. The application notes that the condition is more common in women and that this:

“illustrates problems that occur in conjunction with childbirth and hormonal changes”.

Similarly, this study emphasizes hormonal reasons as the cause of a severe behavioral disorder. There are no reflections in the text that consider whether or not different living conditions could explain why women, more often than men, suffer from bulimia. Instead, it is posited that the illness might be more of a hidden problem amongst men and that “it is therefore important that it is made more visible”. The application does not consider hormonal factors as causing the illness in men.

The evaluation panel for psychiatry granted and in addition nominated a further three project-applications focusing on sex hormones and women's psychological health, for

the funding earmarked for gender research. These projects are described in a separate section starting on page 45.

Animal Testing

Amongst the applications marked as having a gender angle there are a number of applications which only involve testing on animals; however, the research makes connects to human beings. Here are a few examples of projects where human sex is discussed in conjunction with the choice of a population test group of rats. The first justification for the study is expressed as follows:

As women have been a neglected group when it comes to research we have chosen to do our testing on female rats.

No other explanation is given as to why female rats have been chosen. However, there is the intention to ultimately undertake testing on male rats. No explanation is given as to why both sexes will not be included in the study from the beginning.

Another application, concerning the transmission of pain-signals in the spinal chord, states that testing will be carried out on male rats. This is justified by the fact that female rats are considered to give unreliable results because of their fluctuating hormones. The application states:

as chronic pain is more common in women, the testing will probably also be done on female rats.

The same reasoning has often been applied to humans as it is here to rats, excluding women as a test group: i.e. women's hormones influence research findings. The results from testing on men are then often applied also to women. In this application it is uncertain how the results will be applied to people of different sex.

A further example concerns a study into neurodegeneration and depression where changes in the brains of female rats are to be studied. The choice of female rats is explained by the fact that women, more often than men, are prone to suffer from depression and the aim of the study is to find a genetic disposition for vulnerability when it comes to stress/depression. Given that stress and depression are closely associated with the social environment people live in, this one-sided focus on genetic factors in rats is problematic, at least in terms of gender.

Funding for Gender, Interdisciplinary and Risk Research Projects

The nomination of applications

In addition to the division of ordinary funding, the evaluation panels also had the task of nominating applications for part of the nine million kronor the Swedish Research Council had set aside for interdisciplinary research, gender or risk research.⁹

Projects with a gender perspective were defined in 2004 as follows:¹⁰

Projects with a gender perspective can be defined as those that examine the social role of the sexes, or the genetic difference of sex and the social consequences thereof. They then apply this perspective to the research area that is being studied. Projects of this nature should also fall outside the Humanities and the Social Studies. Research that focuses on advancing theoretical and conceptual understanding as a specialized research area within Gender Studies should not be given funds from this pot; it should be evaluated according to the special directives of the Gender Committee made in 2004.

Gender/Interdisciplinary/Risk Research funds were supposed to be divided within the ordinary round of application funding with minimal special treatment beyond and above the regular evaluation by the evaluation panels and Scientific Research Councils. The aim was that projects of this ilk were supposed to be recognized. The financial investment in these areas was then to be followed-up and monitored in order to give the Council increased information about the occurrence and evaluation of these project-applications. Every evaluation panel was further encouraged in their appraisal to note all project-applications that could be considered interdisciplinary, gender or risk research projects. It was, however, difficult to decipher this on the computer report or in the available findings. The evaluation panels did not need to justify their choice of project for the funds earmarked for interdisciplinary research, gender or risk research. The justification of the nominations is not available (with the exception of a couple) in the evaluation panels' reports.

Each evaluation panel was given the task of nominating 3-4 applications spread across the areas of interdisciplinary research, gender or risk research. Nominations for the funds earmarked for gender was made by seven of the medical evaluation panels who, in total, chose 12 gender projects. Of these, seven were granted funding by the evaluation panel within their field. The other five were denied funding.

The 12 nominated gender projects went on to the next round of judging in the medical council's evaluation group. Here, a list was composed which covered ten applications within interdisciplinary research, gender or risk research. Four of these were gender projects. In the comments from the General Director (GD) it is stated that the joint prioritizing of projects with a gender perspective should only be taken after consultation with a representative from the Gender Committee. Such consultation did, however, not occur during this particular year's round of funding.

⁹ Guidelines for nominations and definitions for each of the areas of research are given in document: Dnr. 111-2003-4413

¹⁰ The definition of gender was changed in the evaluation handbook in 2006. It is now in accordance with the Gender Committee's definition.

The final decision concerning the division of the funds earmarked for interdisciplinary research, gender or risk research by the Swedish Research Council was handed to the General Director (GD). The evaluation took place in a group which was comprised of the GD, the vice-GD, and the first secretary from each of the Scientific Research Councils.

One of the nominated medical projects with a gender angle was awarded funding from the pot earmarked for interdisciplinary, gender or risk research.

Description of the 12 Applications Nominated for Gender Funds

None of the applications which I have adjudged to be gender studies research or containing a strong gender perspective were amongst the nominated projects.

Out of the 12 applications examined, I am of the opinion that 5 belong to the group with gender aspects. The remaining 7 applications lack any clear gender focus: of these, 2 were supplementary research and 4 concerned research into sexual differences. In one of the projects it was not possible to discern any comments about sex at all. Only one project from Health and Public Health Science, which I judged to have a gender aspect, was nominated. From the 12 nominated applications, 5 came from the psychiatric evaluation panel. All of these with the exception of one, concerned hormonal and / or brain projects. In total, 8 out of 12 of the nominated applications included the study of hormones in their project. 4 of these focused on women's psychological well-being (of these 3 were psychiatric and 1 gynecological). The other 4 hormonal projects were about (masculine) sexual identity, hearing-defects, eating disorders and heart disease – all of these except the first proposed to use mainly women as their test group. The 4 remaining applications were comprised of an epidemiological heart study, an investigation of school children with physical and psychological disabilities, a study about genes and pharmaceutical side effects as well as a project about violence and psychological disorders. The last-mentioned was the one that was finally allocated the special GD-grant.

The following includes an overview of the contents of the 12 nominated project-applications together with the evaluation panels' findings.

1. Firstly, there is a project about hormones from the psychiatric group entitled: "Human molekylär neurobiologisk studie av drogmissbruk och relaterad psykisk sjukdom" [*A Human Molecular Neurobiological Study of Drug Abuse and Related Psychological Illnesses*]. The aim of the project was:

to study post-mortem brain tissue with a molecular-biological technique to try and find the underlying neurobiological reason for drug abuse and related psychiatric illness.

Different biochemical systems in the body are to be studied and the changes found, compared to changes in test animals. Sexual differences are noted when concerning psychological illnesses and abuse in the same way as the natural varying levels of estrogen in women affect affective conditions (i.e. depression, my comment) and schizophrenia. Sex difference are described even concerning the effects of drugs and how drug use can be linked to estrogen levels. Women are described as more sensitive to chemical stimulants than men and drug-addicted women suffer from more panic-attacks and the incidence of depression than men. To find a biological cause for this, studies of estrogen will be performed on drug-addicts as well as psychiatric patients, in addition to mice.

The evaluation panel's verdict was as follows: "An interesting and successful project with a highly qualified project leader which should be given high priority" There is no comment regarding questions of gender or its nomination.

2. The next nominated application from the field psychiatry is entitled: "Betydelsen av genus och könshormoner för psykisk hälsa" [*The Significance of Gender and Sex Hormones for Psychological Well-being*]. The following is a quotation from the project summary:

The aim of this project is to study in what way sex hormones are significant for psychological functions. We are particularly interested in the importance of male sex hormones for women's psychological well-being and personality [...] To investigate the activating effect of sex hormones we are examining women with hormonal imbalance which in adulthood leads to increased levels of the male sex hormone polycystiskt. In order to study the organizing effect of manly sex hormones we will study women with androgenital syndrome.

The project-description shows that the word "gender" should be struck from the project's title. The project is described as being about: the significance of sex hormones for women's psychological health. The evaluation group's judgment is as follows: "a strikingly interesting designed study. A good co-operation across the borders." (The project is interdisciplinary in nature comprising psychiatry, gynecology and medicine). "The applicant is a researcher of the future in our country. His considerable experience of different varying projects as well as his post-doc studies in the USA especially contributes to this overriding opinion. An interesting knowledgeable young researcher."¹¹

The application fell, like the previous project, within the scope of general funding.

3. The third project from the psychiatric evaluation group is a biochemical study focusing on sex hormones and women's psychological health.

¹¹ Expressions like "promising" and "knowledgeable" young researcher appear in many of the evaluation panels' written appraisals. This can certainly be explained by the emphasis put on young researchers that year. (See The Swedish Research Council's Annual Report 2004, page 28)

The aim is to study, with the help of PET-technology, serotonin and dopamine receptors and their relation primarily to sex hormone-related (female) psychological disorders, but also to reward-mechanisms and discrete neurological changes within schizophrenia.

From a gender perspective the project is described accordingly:

Sections of the project, A, B and C, are adjudged to be highly relevant in characterizing sexually specific mechanisms and even in the extension of differences between the sexes as regards to the patophysiological development.

The evaluation panel's findings are as follows:

The project studies very central neurochemical systems in the living human brain and therefore is of considerable value to psychiatry. The focus on understanding feminine sex hormones, specifically their effect on the serotonergic system, is very relevant both to fundamental pharmacological/physiological studies as well as clinical studies and because of this the applicant is at the frontline. The project is adjudged to have a relatively high priority and is recommended despite the rather weak report. Funding is recommended for three years.

Diagnoses are here juxtaposed with changes in the sex hormone levels and PET-investigation (a type of imaging with the help of isotopes) of the brain. The evaluators have commented on a number of weaknesses both in the project as well as the documentation so far (this is an ongoing project). It was, however, deemed interesting enough and received funding.

4. Another project on sexual difference is entitled: "Studier av människans limbiska system med hjärnavbildningstekniker och med fokus på könsskillnader" [*Studies of the Human Limbic System Using Brain Imaging Techniques and Focusing on Sexual Differences*]. The project's aim is amongst other things to "analyze the hypothalamus' significance for sexual identity and orientation."

Hetero, homo and transsexual men form the test group for the study. The evaluation panel's summary reveals that this is a collated project:

The aim of the project is to study the limbic brain's function, focusing on sexual preferences. The question is whether there is a sexually differentiated way to identify male or female faces. She will also study the sense of smell and how the brain adapts to different smell sensations.

The project was reviewed by the evaluation panel for psychiatry, cell-biology and physiology and was accepted with the following justification: "the applicant describes a

research plan which is ground-breaking and innovative. Valuable information can be derived from this study”.

5. One of the applications on the theme of hormones and women’s psychological well-being, entitled “Neurosteroider och psykisk ohälsa hos kvinnor” [*Neurosteroids and Psychological Disorders in Women*] belongs to the field of gynecology. Progesterone’s role in the outbreak of depression and anxiety in women is to be studied, especially “Premenstrual Dysphoric Disorders”. Sensitivity to alcohol in connection with progesterone abstinence and sex will also be studied. The evaluation panel writes:

The research topic is very interesting and the study can contribute to better knowledge of the pathophysiology of premenstrual condition, anxiety and depressive illnesses and provide an explanation of the sexual difference in the occurrence of these illnesses.

Final Evaluation

Very interesting project with and extremely relevant to clinical medicine. The planned examination of humans is well-grounded and partly based on the applicant’s previous studies using animal experiments.

The project, however, was rejected without explanation; however, it was nominated for the funds specifically earmarked for gender research.

6. The project “Kvinnor, hörsel och östrogen” [*Women, Hearing & Estrogen*] aims to study the importance of estrogen in hearing impairment in women with different forms of osteoporosis.

This is therefore supplementary research concerning women. The project was considered “well-worked through with a specific clinical group of patients; it is also related to animal experiments”. As the applicant had only demonstrated limited academic research in recent years (it was duly noted that she had been on maternity-leave) the project was rejected in the ordinary round of funding. However, it was deemed suitable for the funds specifically earmarked for gender.

7. Another study, belonging to the field of endocrinology, was about the importance of hard physical training and eating disorders on menstruation and metabolism in women. Its “gender perspective” is presented as follows:

Eating disorders are predominantly women’s diseases and have become more common. Still we do not know the mechanisms and there is a lack of basic knowledge as to how hormones regulate appetite and eating behaviour. Together with strenuous training, eating disorders are the most common causes behind menstrual dysfunction in young women. However, underlying endocrine mechanisms are less known. The metabolic consequences of oestrogen deficiency are major health issues for

many women. Oral contraceptives are used by numerous women all around the world. Still, the metabolic consequences of such treatment have not been elucidated. The results from this project may give a significant contribution to improve women's health."

The description almost has the characteristics of a supplementary project and is, as such, interesting from a women's perspective. The evaluation panel responded in the same way. At the same time they were doubtful about the quality of the project. Finally, however, they still nominated it for the funds earmarked for gender research.

"The project is not bad at all. However, it did not get a high enough score to compete successfully among the high number of very good applicants. The separate small projects have not been described systematically and with sufficient details. The application gives a diffuse impression. The subject and unique patient population was regarded as important and the group concluded that as "genusforskning" [gender research] the project would be important because eating disorders are a growing particularly female problem with very little serious scientific data. It has, therefore been given a high priority for competition of gender resources.

8. The eighth and final hormone project is a study of the difference between the sexes entitled: "Östrogenreceptorer i leucocyter, möjliga modulatorer av inflammatoriska processer i kvinnans fortplantningsorgan" [*Oestrogen Receptors in Leucocytes, Possible Modulators of Inflammatory Processes in Women's Reproductive Organs*].

The study investigates oestrogen's role in the occurrence of heart disease and autoimmune diseases (for example, rheumatism, my comment) as well as how men and women are affected differently.

The result aims to improve the understanding of how difference between men and women affect the occurrence of certain diseases.

The project was well-received but was rejected without comment and subsequently nominated for the funds earmarked for gender research.

9. The same applied to a project which was concerned with improving how school children with minor psychiatric disorders and physical disabilities do their school work. Under the heading "Gender Perspective" it states: "The evaluation for absence of gender bias in the school AMPS (probably a test) address this important issue." Here there is a suggestion of a gender aspect although it is not more developed than this. The evaluation panel's appraisal is as follows:

The project cannot be recommended for funding in the current round of funding. The programme is unique and is concerned with developing a new method of measuring motor- and process-skills in children by adapting methods developed for adults. The applicant is an internationally established researcher in the area who has become established in Sweden. The detailed intervention study is insufficiently described. The gender aspects are, however, interesting and the project was nominated for funds earmarked for studying gender.

10. A project on heart disease, which later received general funding, focused on “Kardiovaskulär (hjärt-kärlsjukdom) i Sverige och Göteborg med fokus på förändringar över tiden och skillnaden mellan kvinnor och män” [*Cardiovascular (heart-disease) in Sweden and Gothenburg Focusing on the Changes Over Time and the Difference Between Women and Men*]. The study is described as a:

epidemiological project which studies the rapidly changing secular trends in cardiovascular morbidity (disease) and mortality (death) against a background of changing risk-patterns in men and women.

In the section on Gender Issues there are references to sexual difference regarding cardiovascular diagnosis. One of the questions that needs to be answered is: “Why do women with diabetes lose the female protection from coronary disease?”

The project is characterized, like many other projects discussed above, by a study of the differences between the sexes but is equally a supplementary project with regards to women. However, there is no special consideration to the question of gender to be found. The judgement of the evaluation panel was: “The project is interesting, progressing at a good rate and should be prioritized for continued funding.”

11. The next project, entitled “Farmakogenetiska faktorer bakom läkemedlesmetabolism och läkemedels biverkningar” [*Pharmacogenetical Factors Behind the Metabolism of Pharmaceuticals and Their Side Effects*] has the aim by using the study of genetics to understand why different individuals react different to medication. The project was described by the evaluation panel (Medical Chemistry) as:

a very ambitious and far-reaching project: the results are important in order to be able to adapt medical treatment to the individual and minimize side effects.

The project was recommended for funding despite the reservations that were voiced concerning the formulation of the application.

An important project with good documentation which should be strongly supported at a high level. (This is despite the fact that the research

programme is too long and the scientific report contained articles which have been reported earlier!!!)

In this application there is no section on gender perspectives. I have also not been able to find any information about the composition of the population or any other comments on sex.

12. The last of the gender-nominated applications which was also awarded part of 2004's research fundings earmarked for gender: "Våldsbrottslighet och psykisk störning. En populationsbaserad studie av överrepresentation i familj och släkt" [*Violent Crime and Psychological Disorders: A population based study of overrepresentation in family and relatives*].

The "winning" project is summarized by the evaluation panel as follows:

A major epidemiological investigation of the complex connection between psychological disorder and danger/violent crime.

In the application it says under the heading "Gender Perspective":

Because of their under representation in clinical settings with violent offenders (usually only 1 female in 10 men) gender-specific analyses are not possible for the studies 1-4. However, for population-based studies 5-7, we will be able to conduct separate analyses for men and women. The latter studies may therefore contribute to gender-sensitive models for the studies phenomena. This is potentially important since the research literature is considerably less developed for violent girls/women as compared to that for men."

The gender perspective is expressed here as a difference between the sexes and as a supplementary question with emphasis on the lack of knowledge about violent women. There is no reference to secondary sources on gender. The final evaluation was: Competent use of unique Swedish possibilities to highlight an extraordinarily important issue.

It is important to note that this study, which focuses on men and in contrast to studies that concern women's psychological functions, is not about hormones – it is about the socio-cultural reasons for psychological dysfunctions. There is no similar research question regarding women amongst the applications that were marked as having a gender angle.

Success Rates for Applications Nominated for Gender Funding

The nominations for the funds earmarked for interdisciplinary, gender and risk research are only mentioned in a few short lines in the Swedish Research Council's Annual

Report 2004. There is no mention of the results or how the money was divided up. All that is noted is:

In 2004 the Swedish Research Council awarded over 9 million kronor to projects within the following areas: interdisciplinary, gender and risk research. Ahead of 2005 the council has allocated 7 million kronor for new projects of this nature (page 27).

Those details I have about how funds were allocated in 2004 are contained in a supplement to one of the minutes from one of the Gender Committee Board meetings (November 2004).

Of the 12 projects which were approved funding by the Swedish Research Council, 6 were interdisciplinary, 4 risk research and 2 gender projects. Of these, four came from Medicine: 1 to interdisciplinary research, one to gender research and two to risk research projects (see Table 7).

Table 7: The allocation of funding to projects interdisciplinary, gender and risk research projects from all subject areas.

Subject Area	HS	M	NT	U	Total
interdisciplinary	1	1	4	-	6
gender	1	1	-	-	2
Risk	-	2*	1*	1	4
TOTAL	2	4	5	1	12

* one of the risk projects in Medicine and Natural and Technological Sciences was marked as both a risk and interdisciplinary subject. It is here counted as a risk project.

Of the 9 million kronor for funding, only 7 million was actually allocated (compare the details with those of the Annual Report). Table 8 shows that over half of the funding went to interdisciplinary projects, over a third to risk research projects and one tenth to gender research.

The amounts awarded vary between SEK 300,000 and SEK 940,000. The majority of projects received between SEK 400,000 and 600,000. The lowest amount, SEK 300,000, went to a medical project with a gender angle.

Table 8: Approved funding (kronor) to interdisciplinary, gender and risk research projects according to subject area.

Subject Area	HS	M	NT	U	Total
interdisciplinary	900,000 (1)	750,000 (1)	2,110,000 (4)	-	3,760,000
gender	400,000 (1)	300,000 (1)	-	-	700,000
Risk	-	1,000,000 (2)	600,000 (1)	940,000 (1)	2,540,000
TOTAL	1,300,000	2,050,000	2,710,000	940,000	7,000,000

The amount of funding earmarked for gender projects is usually more than the amount of funding that is normally awarded by the evaluation panels. As Table 5 shows, the average amount awarded to applications marked as having a gender angle within the field of Medicine was SEK 262,000. This can be compared with the average amount awarded to each project that fell under the ordinary funding within Medicine in 2004 which was SEK 375,000 and SEK 583,000 for the interdisciplinary, gender and risk research projects.

Conclusions

It seems there is a lack of understanding amongst medical researchers who applied for funding, as well as researchers on the evaluation panels, about what research into Gender actually is. The term “gender” has been used in a myriad ways in the applications that were marked as containing a gender angle. In many of the applications, and the majority of the written appraisals of the projects the term has lost its original meaning of being socio-culturally created sex. Instead it is used synonymously with, or as a replacement for, biological sex. Clearer definitions of gender are necessary and have been requested by the evaluation panels.

Only a meagre third of the applications marked as containing a gender angle actually involve some study of gender. The remaining two-thirds justified marking their application as containing a gender angle because the project involved questions related to sex; i.e. sexual differences, the nature of a population, illnesses specific to the difference sexes, etc. The sexual consciousness that is expressed in many of these projects has considerable justification, not least as a question of equality. It is not, however, comparable to gender studies research which requires knowledge of gender studies theory.

It seems that the evaluation panels have not been qualified enough in gender studies. The significance and research questions of projects with a strong gender angle have, at times, been misunderstood and misinterpreted. This can have led to applications with a gender angle having been wrongly evaluated.

No gender studies research projects, or projects with a gender perspective were nominated for the funds specifically earmarked for gender research (The so-called GD

Funding). More than half the projects were completing lacking a gender angle. Many of the nominated projects were concerned with hormone research, focusing on the difference between the sexes.

The percentage of applications that were awarded funding for gender research or research with a gender perspective was clearly lower (20 percent) than for applications which had no gender angle (28 percent) during the same round of funding.

Gender Medical Research: Suggestions ahead of future rounds of funding

- Marking applications as containing a gender angle makes it possible to undertake follow-up studies and should be maintained.
- Advertisements advertising the funding should include a short definition of what gender research actually entails.
- The evaluation panel members should, in general, be more qualified to judge on matters of gender; however, gender specialists should also be recruited to ensure that gender research is properly evaluated.
- The final written appraisals for projects granted funding should be available on the intranet as this study revealed that these findings could only be found by hand in the Scientific Medical Council's archives.
- Funds should be set aside for gender research within Medicine.

Appendix 1

Medical Gender Research in Sweden – Departments and other operations

Division of Gender & Medicine, Linköping University

The first professorship in Medical Women's Studies was awarded in 1998 and was attached to the Division of Gender & Medicine at Linköping University. The department's profile was presented as follows on its home page <www.hu.liu.se> in May 2006:

The subject Medical Women's Studies has existed at the Faculty of Health Sciences in Linköping since 1998. The Faculty defines the area accordingly: "The subject will research potential connections between women's living conditions, health and specific healthcare needs. In the term living conditions subordination is regarded as a specific category. Our hypothesis is that the subordination of women leads to their ill health whereby specific healthcare needs arise, which perhaps the current healthcare system is not able to react in an optimal way. Another supposition, taken from this overall view is that empowerment is a health-giving strategy, through which women can reduce the subordination they are subject to.

In March 2004 the division changed its name to the Division of Gender & Medicine because it "better reflects what we are working with: the application of gender within medicine."

The research carried out in the division primarily concerns gynaecology. Woven into the project are also questions which touch on the relations and power issues between the sexes. Examples of these are: violence and attacks on women, the carrying out of gynaecological examinations on women and how women experience this; attitudes towards sexuality and how sexuality is experienced. The expressions that are used in the documentation of research projects from the division include: definitions of terminology, dominance/subordination, empowerment and healthcare needs. A series of reports about gender issues are still published by the division, which include an introduction to gender research (19).

A 25 percent lectureship in gender was instigated in 2005 at the Faculty of Health Sciences in Linköping. The aim of the position is to change attitudes to gender within the Faculty's undergraduate courses. The position is held (May 2006) by the professor at the Division of Gender & Medicine.

The Center for Gender Medicine at Karolinska Institutet in Solna

In 2001 the Center of Gender Related Medicine was established at Karolinska Institutet in Solna, Stockholm¹². The focus of this center is slightly different to that of the one in Linköping. In the presentation of the unit it is stated that “the overriding aim is to stimulate and support a gender-biological perspective where it currently does not exist but could be of considerable use” (www.ki.se/cfg, May 2006). It is also noted that a discussion concerning the definition of gender medicine is currently underway:

Karolinska Institutet stresses that from a gender perspective biological-centered gender research, where sexual differences in the way illnesses manifest themselves are investigated, should also be accompanied by an investigation into cultural, social-political and environmental sex differences.

The text continues:

This is the first “biological gender medicine” venture “in the world” [...] Knowledge about the effect of national disease is, in terms of sexual difference, neglected. In particular, this applies to biological differences and what they mean clinically and in terms of their prognosis.

There exist differences between the sexes physiologically and pharmacologically, just as in psychiatric-psychological reaction patterns. Furthermore, the significance of sex hormones for various manifestations of illness are not completely mapped out. Examples of important states of illness that manifest themselves differently in men and women are cardiovascular illnesses, rheumatic illnesses, osteoporosis, eating disorders, migraine, and stroke. Even the sexual bias in clinical studies, including pharmaceutical studies, is noteworthy. The knowledge about our national illnesses is also relatively poor amongst the general Swedish public. As an example, it has been shown in Swedish and American interviews that 95% think that breast cancer is the major cause of death in women compared to heart attacks.

It is especially stressed that Karolinska Institutet is currently the only gender studies center with the aim of: “supporting a gender biological perspective”. Projects that enjoy the support from the Center of Gender Related Medicine are dominated by research into sexually specific research when it comes to molecular, cell and hormone levels, etc; or, research that specially examines the differences between the sexes. Clinical research also takes place. An example of this research is the research into osteoporosis and the

¹² The Center was financed by Karolinska Institutet, the Marianne and Marcus Wallenberg Foundation and insurance company AFA.

risk factors for coronary heart disease in women. Even many of the biomedical projects are linked to coronary heart disease and first and foremost amongst women.

The Centre for Gender Research (CGF) at the Faculty of Medicine, Umeå University

In 2004 the Centre for Gender Research at the Faculty of Medicine (CGF), Umeå University was founded: <http://www.umu.se/medfak/cgf> :

The aim of the Centre for Gender Research is to strengthen gender research at the faculty through creating a faculty overarching meeting place for researchers within health, medicine and care from different departments. The focus is on integrating a gender perspective in research and education at the different departments. Furthermore, the centre should stimulate an active dialogue with the community. In October 2006 the centre had approximately 130 people who were interested from 11 of the faculty's 13 departments who regularly receive information about the centre which primarily consists of seminars (guest-lecturers, textual commentary, presentations of research, etc) and research collaborations. CGF undertakes an active role in the Umeå Advanced Gender Studies, which in turn is part of a gender network involving Umeå University, Mid Sweden University, and Luleå University of Technology.

The Centre consists of a professor in Public Health Science, with a specialization in gender research. The focus of research comprises terminology and the development of theory within scientific public health gender research, methodological development, scientific analyses, and empirical research regarding the health consequences for men and women based on their living conditions (school and work environment, unemployment, social inequality, etc). Examples of larger projects within the professor's role concern sexual constructions of depression, increased equality in the workplace resulting in better health and less sick-leave, the risk of cardiovascular illness in adults since attention has been paid to different experiences that occur to men and women during their lives.

At the Faculty of Medicine at Umeå there is also a gender studies committee that has been active since 1990. The chair person is a General Practitioner (GP), specializing in gender studies and is a teacher at the Faculty of Medicine. The committee was disbanded in the spring of 2005 but has through various campaigns during the autumn of 2005 been reinstated. It has been guaranteed a future role. A report about the committee was published in 2005 (20).

Examples of Other Research Units Focusing on Gender

At many of the departments of general medicine in the country there are representatives with a strong grounding in what was previously Women's Studies, now Gender Studies where the term gender perspective refers to the socio-cultural definition of the term.

This is how colleagues at the Department of General Medicine at Umeå describe their research and area of specialization with definitions such as “sexual theoretical perspective in healthcare, teaching and research”, “gender studies”, “gender versus biology”, “gender bias in medicine” (www.unu.se/fammed/, May 2006).

At the department of General Medicine in Gothenburg a specific person is responsible for gender research. Previously, there has been information on the internet claiming that a gender perspective is often added to the studies in order to study the influence of sex on health, and that this in turn influences the angle in which research data is viewed. In Gothenburg there is also research about “the theoretical development concerning heteronormativity and homosexuality”. What is noteworthy about the research in Umeå as well as Gothenburg is that quantitative as well as qualitative methods are used.

At the department of General Medicine in Lund gender research has amongst other things focused on medication, the cause of illness, the embodiment and living conditions from a gender perspective and focused on ethical questions pertaining to gender. Doctoral courses, SK-courses, seminars and the participation in EU-networks regarding women's health have been other activities within the field of gender.

Colleagues from the departments of General Medicine in Lund and Umeå have edited a book with gender perspective in the different areas of medical research and praxis (21) and for a series of articles in *Läkartidningen* – a medical journal, 2001-2002 written from a scholarly gender perspective.

The areas of research with a pronounced gender perspective can also be found at some universities and colleges of higher education within the subjects of social medicine and health care science and nursing, as well as represented in psychiatry. Healthcare research from a gender perspective is also undertaken outside of the medical community within, amongst other things, the subjects philosophy, social work, psychology and works studies. The Department of Work Science has long had an awareness of gender research concerning healthcare issues. Health research with a gender perspective is also part of the programme for Tema Genus [Theme Gender] at Linköping University.

The National Women's Center (RKC) was established in 1994 with the task of undertaking research into the violence that women are subjected to. In 2006 the Center was reorganized to create the National Centre of Knowledge regarding Questions of Men's Violence against Women (NKC). The Center works according to gender study focus.

Appendix II

2004's Applications Marked as Containing a Gender Angle in each subject area

In 2004 a total of 4866 applications for research funding were received by the Swedish Research Council's different subject committees. Of these, 1035 - over a fifth or 21 percent- were marked as having a gender angle. The figures are based on a list of all main applicants who ticked the box marked "gender/gender perspective" within Humanities/Social Sciences (HS), Medicine (M), Natural Sciences and Technology (NT), Education Science (UVK) and longitudinal bases (LONG). The list is taken from the Swedish Research Council's intern database known as "the floodgate" [Slussen]¹³.

Table 9: Breakdown of the 1035 applications marked as containing a gender angle according to subject area 2004 (percent).

Subject	Percent
HS	49,0
M	26,3
NT	3,4
UVK	20,0
LONG	0,7
TOTAL	100

The table shows that almost half of the applications marked as having a gender angle were within the Humanities/Social Sciences; just over a fourth were in Medicine, a fifth within Education Science (UVK). The percentage within Natural Science and Technology is marginal.

Table 10 shows the percentage of applications marked as having a gender angle in relation to the total number of applications received by each subject area.

Table 10: The percentage of applications marked as having a gender angle in relation to the total number of applications received by each subject area (total and percent).

¹³ The "floodgate" includes applications that are sent to the Swedish Research Council's data-network but are not registered. Registration only occurs when the Council receives a signed application form by post from the main applicant. The figures which have been given in this follow-up study are based on the number of registered applications and are somewhat less than is noted here. For example: the number of medical applications marked as containing a gender angel in the "Floodgate" are, according to the above table, 272. The number of registered applications as containing a gender angel was 259. The comparisons between figures and percentages between different subject areas which is made here are not exact given that different initial figures have been used.

Subject	Total Application	Total marked as having a gender angle	Percent (%)
HS*	1003	508	50,6
M	1250	272	21,8
NT	2273	35	1,5
UVK	315	213	67,6
LONG	25	7	28,0
TOTAL	4866	1035	21,3

*This includes not only 981 HS-applications but a further 22 projects from the Creative Arts.

The table shows that the largest percentage of applications with a gender angle were within the area of Education Science, with just over 2/3 of the total number of applications. This is followed by HS applications, making up half the number, whilst M has a fifth of applications that are marked as having a gender angle.

Appendix III

The Sex of the Main Applicants on Applications Marked as Having a Gender Angle

Table 11 shows the division between men and women amongst the main applicants on the medical applications marked as having a (varying) gender angle.

Table 11: The breakdown of 242 applications from male and female applicants, divided according to the degree of focus on gender.

Gender Angle	Women	Men	Total
With a gender an	48	27	75
Gender research	1	2	3
Gender perspecti	20	7	27
Gender aspects	27	18	45
No gender angle	70	97	167
Total	118	124	242

The table shows that approximately as many men as women are the main applicants for the applications marked as having a gender angle (118 women, 124 men). Twice as many women of the main applicants were adjudged to have a clear gender angle, compared to only 27 men. Considerably more men were the main applicants on applications without a gender angle.

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One of the Swedish Research Council's tasks is to promote gender research and ensure that it is an established field of research .

An interdisciplinary committee, working under the directive of the Board of the Swedish Research Council, the Gender Committee sets out to identify and solve those problems facing gender research, as well as addressing issues such as the scientific quality of research and the internationalization of Swedish research. The evaluation of funding applications for gender research and research with a gender perspective is, however, managed by the authority's four subject councils.

How then has the scientific quality of gender-related applications been judged? To establish a clearer picture of this, the Gender Committee undertook a follow-up study of 2004's funding allocation within Medicine.

The follow-up report answers such questions as:

- How has the term gender been used and interpreted by both applicants and project evaluators?
- How much of an understanding of gender do applicants and project evaluators have?
- How did applications with a clear gender angle fair compared to other medical research projects in the pursuit of funding?