Module 1

Awareness – building blocks to address gender inequality in health
Learning objectives of Module 1

• Understand the role of gender in health and daily public health practice.

• Be comfortable with core concepts:
  – difference between sex and gender
  – gender mainstreaming
  – empowerment
  – difference between equality and equity
Outline of Module 1

- **Section 1.1**: Does gender really matter in health?
- **Section 1.2**: Sex and gender are not the same
- **Section 1.3**: International framework for working on gender equality and health
- **Section 1.4**: Gender is a determinant of health
- **Section 1.5**: Equality or equity?
Section 1.1

Does gender really matter in health?
Flash card facts

Find your match!

a) Did you know this fact before?

b) How can you explain this fact? Give one or two suggested reasons.

c) What can be done in the health sector about to address this fact?
What do the flash card facts tell us?

- Biological differences between men and women are not enough to explain different disease patterns.
- Differences in life chances and norms for women and men affect health outcomes.
- Health differences for women and men exist beyond sexual and reproductive health.
- Many differences in health outcomes can be mitigated or prevented altogether.

Conclusion? Both sex and gender matter for the health of men and women.
Section 1.2

Sex and gender are not the same
Sex and gender

- **Sex**: biological and physiological characteristics of males and females, such as reproductive organs, chromosomes or hormones.
  - It is usually **difficult to change**.
  - *Example*: only women bear children, only men have testicular cancer

- **Gender**: norms, roles and relationships of and between women and men. It varies from society to society and **can be changed**.

Gender norms, roles and relationships lead to different, often unequal opportunities between groups of women and men.

- *Examples*: more road traffic injuries among men and more trachoma among women
Sex and gender quiz

- This study collected [gender/sex]-disaggregated data.
- This study collected sex-disaggregated data.
- The health ministry developed a [gender/sex]-sensitive HIV policy.
- The health ministry developed a gender-sensitive HIV policy.
- My company has staffing policies on [gender/sex] balance.
- My company has staffing policies on sex balance.
- What is your [gender/sex]? Male or female?
- What is your sex? Male or female?
Gender is...

• **Relational** – women and men live together in society.

• **Hierarchical** – more importance or value is often placed on “masculine” characteristics (or certain male groups).

• **Historical** – beliefs and practices change over time ...which means they can be modified!

• **Contextually specific** – diversity among women and men changes gender norms, roles and relations.
  – For example, ethnicity, culture, age, sexual orientation, religion and other factors influence gender norms and vice versa.

• **Institutionally structured** – beliefs about women and men are often upheld in values, legislation, religion, etc.
Gender is socially constructed

Socialization process

Gender Norms ↔ Gender Roles ↔ Gender Relations

Components of gender

Gender Stereotypes ↔ Gender-based division of labour
Gender norms …

… beliefs about women and men, boys and girls

… are not always explicitly prescribed in laws

… are passed from generation to generation through the process of socialization

… change over time

… differ in different cultures and populations
Important notes on gender norms

• Religious or cultural traditions contribute to defining expected behaviour of men and women at different ages.

• Many men and women consider gender norms to be the “natural order of things”.

• Attempts to change gender norms may be contested if not addressed properly.
  – Change requires short-, medium- and long-term strategies!

Use your blank cards: write down a gender norm from your community.
Gender norms – summary point

• Gender norms lead to inequality if they reinforce:
  – mistreatment of one group or sex over the other
  – differences in power and opportunities
Gender roles…

… what men and women can and should do in a given society

… explain what women and men are responsible for in households, communities and the workplace

Use your blank cards: write down a gender role from your community.
Gender relations …

… social relations between and among women and men

… can determine hierarchies between groups of men or women based on gender norms and roles

… can contribute to unequal power relations

Use your blank cards: write down an example of gender relations from your community.
Gender norms, roles and relations affect everyone!

- …but they affect women and men differently.
- All three components of gender are important.

Why?

- They can increase exposure to risk factors or vulnerability to health conditions due to:
  - stereotypes and discrimination
  - gender-based division of labour
Gender stereotypes ...

...images, beliefs, attitudes or assumptions about certain groups of women and men.

... usually negative and based on assumed gender norms and roles.
Gender-based division of labour …

… where, how and under what conditions women and men work

… includes formal and informal market activities

… includes work outside the home and tasks in the community and household (paid or unpaid)
Concluding thoughts on gender norms, roles and relations

• **Different roles are not the cause of inequality; it is the value placed on these roles that leads to inequality.**
  – Most societies ascribe a higher value to masculine norms and roles.

• **Gender norms, roles and relations affect women and men differently.**
  – Norms and roles that undervalue women often lead to:
    • social exclusion
    • decreased access to important resources to protect their health.
  – Many norms encourage men and boys to engage in high-risk behaviour that harms both themselves and others.
Section 1.3

International framework for working on gender equality and health
Getting down to business

What did the flash card facts tell us about:

• The definition of health?

• The role of sex and gender?

• Our responsibilities as public health actors?
Gender is a determinant of health

• “… taking action to improve gender equity in health and to address women’s rights to health is one of the most direct and potent ways to reduce health inequities and ensure effective use of health resources.”

• “Gender inequality damages the health of millions of girls and women across the globe. It can also be harmful to men’s health despite the many tangible benefits it gives men …. These benefits to men do not come without a cost to their own emotional and psychological health …”

International context

- International attention to gender equality since 1945\textsuperscript{a}
  
  - Commission on the Status of Women (1946)
  - Convention on the Elimination of All Forms of Discrimination against Women (1979)

\textsuperscript{a}and their follow-up processes and documents
Gender mainstreaming ...

... assesses the **implications of actions** for women and men, boys and girls in political, economic and social spheres

... considers women’s and men’s concerns and experiences in the **design, implementation, monitoring and evaluation of policies and programmes**

... contributes to women and men's abilities to **benefit equitably from policies and programmes**

... is a process to achieve gender equality
It’s time to put away the *gender salt*

No more gender words without gender actions!

- Gender mainstreaming in health focuses on:
  - changing **harmful** organizational structures, behaviour, attitudes and practices
  - transforming the public health agenda that includes the **participation of women and men in defining and implementing public health priorities and activities**
  - women **and** men
  - programmes **and** processes
  - Progressive results over the **long-term**

Gender mainstreaming requires time, commitment, resources, partners and gender analysis skills.
Both gender mainstreaming approaches are needed

Programmatic gender mainstreaming: enhancing programme outcomes

- Address how health problems affect women and men differently.
- Provide an evidence base to enable appropriate, effective and efficient health planning, policy-making and service delivery.

Institutional gender mainstreaming: ensuring organizational procedures and mechanisms do not reinforce patterns of gender inequality

- Policies on recruitment and staff benefits
- Reflect gender equality dimensions in strategic agendas, policy statements and monitoring and evaluation of organizational performance
Evolution of work on gender, women and health in WHO

- **1995**: WHO position paper on women’s health
- **1997**: Interdepartmental Gender Working Group created
- **1998**: WHO gender and health technical paper
- **2002**: WHO Gender Policy adopted
- **2008 onwards**: Implementation of this strategy and progressive actions to scale up gender mainstreaming across the Organization and in technical cooperation with Member States
  - WHO Report on Women and Health released
Strategy for integrating gender analysis and actions into the work of WHO

• Resolution WHA60.25 adopted in May 2007

• Four strategic directions:

  1. Build WHO capacity for gender analysis and planning;
  2. Bring gender into the mainstream of WHO’s management;
  3. Promote the use of sex-disaggregated data and gender analysis;
  4. Establish accountability.
Gender, health and human rights
Gender, human rights and health

- Achieving gender equality ensures the progressive realization of universal human rights

- Equality and non-discrimination are human rights principles
The right to health

Health is considered a fundamental human right in the WHO Constitution

• The **right to health** applies to all human beings regardless of sex, ethnicity, language, religion, political or other opinion, their social origin, property, birth or other status.

• **Right to health does not mean:**
  …the right to be healthy.

• **Right to health does mean:**
  …the right to a set of social arrangements (norms, institutions, laws and an enabling environment) that help people be healthy.
Links between gender, human rights and health

- Selected human rights – the right to:
  - life, survival and development
  - equality and non-discrimination
  - bodily integrity and security
  - privacy
  - seek, receive and impart information
  - food
  - housing
  - social security
  - be free from torture
  - the benefits of scientific progress
  - education
  - water
  - participation

How is health affected by the denial of these human rights?

How do gender norms, roles and relations affect the ability to enjoy these rights?
Section 1.4
Gender is a determinant of health
Power walk discussion

• What did you notice as people took steps forward or remained still?

• Once you know who everyone is, where are the women and where are the men?

• Why can some people take a step forward and others not?
Empowerment – introduction

Empowerment is…

…a process that helps people gain and/or strengthen control of their lives

…about putting power in the hands of women and men of all groups

… an important gender mainstreaming strategy

*Was empowerment an obstacle for your power walk character? How?*
Section 1.5: Equality or equity?
Both gender equality and gender equity in health are needed

- **Gender equality**: equal chances or opportunities to access and control social, economic and political resources, including protection under the law (health services, education, voting rights, etc.).

- **Gender equity** refers to fairness and considers men and women's different needs to achieve gender equality.

  *Both gender equality and gender equity are needed!*
Health equity …

… the absence of unfair, avoidable or preventable differences in health among population groups.

Both gender equality and gender equity are needed to achieve health equity
Is this test equitable?

To ensure a fair selection you all get the same test. You must all climb that tree.
Getting started: making changes to address gender-based health inequities

An immunization campaign for children younger than five years is offered free of charge and delivered in a primary health care facility. The campaign has been advertised by posters around the community and health care facilities.

• What gender considerations should be considered?  
  – Have they been considered?

• How could you modify such a campaign to ensure it is delivered in equitable ways?
Continuous support for gender equality, gender equity and health equity

- Achieving gender equality, gender equity and health equity is not a one-off goal.

- They need to be constantly promoted and actively sustained!

Remember, put away the gender salt and make sure there are no gender words without gender actions!
Module 1
Conclusions
Module 1 – key messages

• **Gender matters in health:** it is not enough to look at sex to understand patterns of illness and health outcomes.
  – Quick quiz: What is gender?

• **Gender norms, roles and relations often lead to inequalities, which have important effects on health.**
  – Quick quiz: What are the five elements of gender?

• **Gender mainstreaming and empowerment are strategies that can address inequality and improve health outcomes.**
  – Quick quiz: What is the objective of gender mainstreaming?
Thank you!
Merci!
Спасибо
¡Gracias!