

# **Gender Mainstreaming: What, Where, and How?**

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# Learning Objectives

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Explicate what is gender analysis and what are the steps to do a gender analysis of programmes and health data

# Programme

- Introduction
- Basic concepts
- Steps for undertaking gender analysis of health data
- Steps for undertaking gender analysis of programmes and policies

# What do we mean by *Gender*? *Sex*?

- **Gender:**

- Socially constructed characteristics of what it means to be a woman or a man in a given society
- Gender roles are learned, socially reinforced and often legally enforced

- **Sex:**

- Biologically determined characteristics of males and females

# Gender as.....

- A key social determinant of health intersects with poverty, ethnicity, and other determinants to:
  - Increase vulnerability
  - Heighten exposure to health risks
  - Decrease access to health information, counseling, services, and commodities

# Effects of Gender Roles on Health

## ● *Men:*

- Engage in increased high-risk behavior
- Have increased exposure to violent behavior
- Are more likely to consume alcohol, tobacco products, and illegal drugs
- May not seek care

# Effects of Gender Roles on Health

## ● *Women:*

- Carry a heavy daily burden of physical labor
- Experience increased exposure to indoor air pollution when cooking
- Have frequent contact with water-borne pathogens when washing
- Are in closer contact with diseases of young children
- Often lack time to seek care for themselves due to multiple responsibilities

# What is Gender Analysis?



# Gender Analysis

- The systematic examination of gender norms, roles, and relations
- Purpose is to reveal and address health risks and vulnerabilities as a result of these social constructions
- Unit of study varies with purpose
- First step for gender mainstreaming and an iterative process

**How to do gender analysis of health data?**

# Step 1: Define the event of study

## Basic health data :

**Mortality:** all cause, cause specific, age specific

**Morbidity:** STIs, HIV, gynecological cancer

**Health system performance data:** use and utilization of services, treatment of certain diseases

# Step 2: Disaggregate data by sex and age, and define socio economic stratifiers

Data on health outcomes should be provided in stratified manner including stratification by:

- **Sex**

**And disaggregation by:**

- At least two **social makers** (e.g. education, income/wealth, occupational class, ethnicity/race)
- At least one **regional marker** (e.g. rural/urban, province)

## Step 2: Other stratifiers

- **Health behaviors:**
  - Smoking
  - Alcohol
  - Physical activity
  - Diet and nutrition
- **Working conditions:**
  - Stress, working hazards



# Step 3: Complement the analysis with qualitative information

- It explains why?
- Describes the different experiences of men and women with the problem
- And the existence of social norms, or gender roles that determinates health risk behaviors, or increases vulnerabilities
- Or affects the way men and women access and control resources



# Step 3: Examples of qualitative indicators

- Existence of laws supporting reproductive and sexual rights
- Existence of legislation to support responsible fatherhood
- Availability of emergency contraception in public services
- Existence of laws that guarantee access to adolescents from both sex to contraceptive methods
- Laws related to violence against women

***Current use of modern contraception by age, residence and education,  
according to sex, DHS – Zimbabwe, 2006***

	<b>Males %</b>	<b>Females %</b>
<b>AGE GROUPS</b>		
15-19	14	35
20-24	53	60
25-29	69	69
30-44	75	65
45-49	59	33
<b>RESIDENCE</b>		
Urban	73	68
Rural	64	53
<b>EDUCATION</b>		
No education	53	30
Primary	64	52
Secondary	73	64
Higher	76	75
<b>TOTAL</b>	68	58



# Questions for group work:

- Who are the most affected?
- Where are the most affected?
- What are the additional ways that data could be analyzed?
- What are the other questions that need to be asked to further explain the sex differences on use of modern contraceptives (how to include on a gender analysis of health)?
- and how you would go about defining the indicators and a method for data collection for those questions?

# And some more questions:

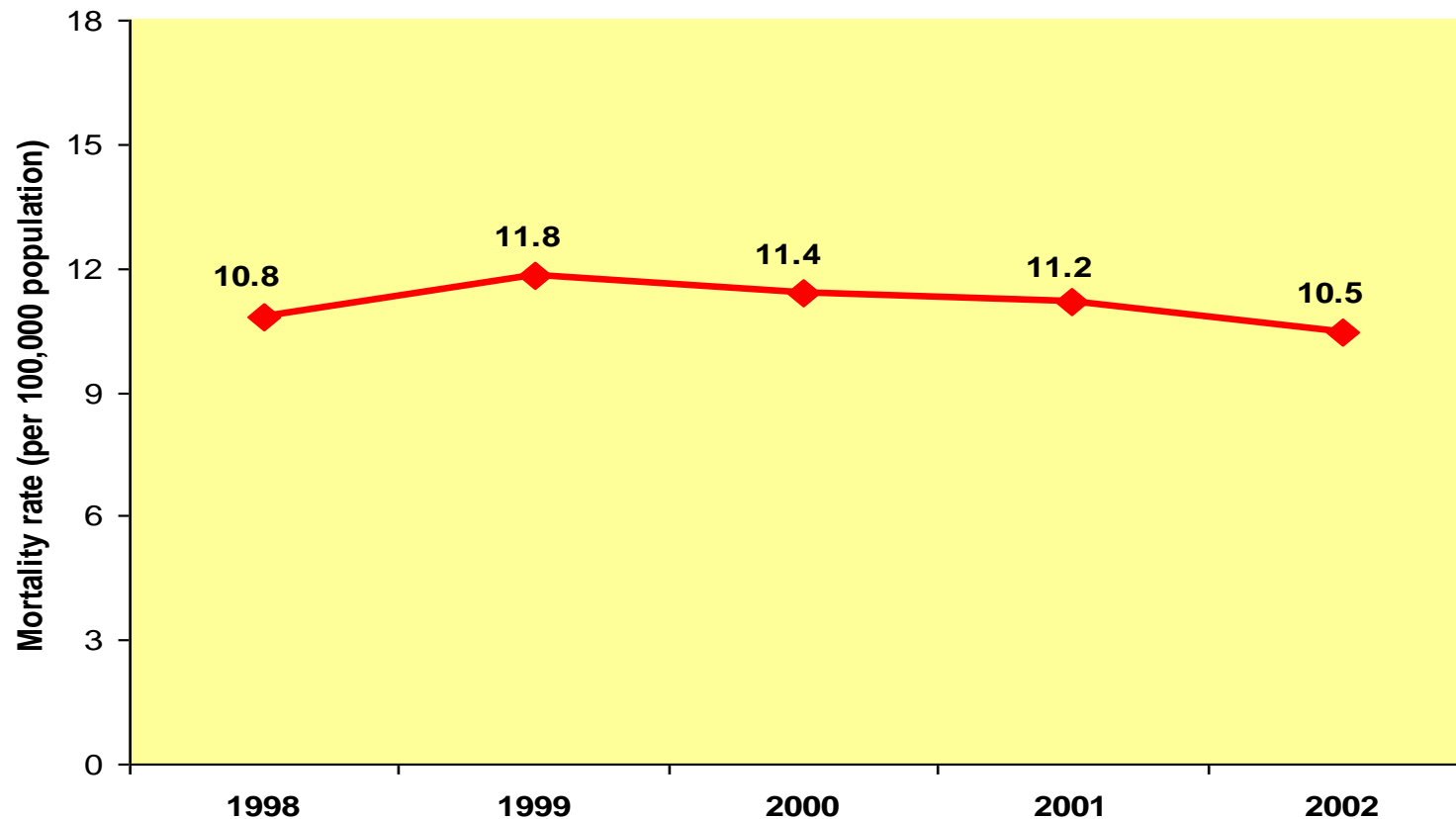
- Are there any gender norms, roles and relations that affect women's and men's ability to use modern contraceptives?
- Does access and control over resources affect the type and use of modern contraceptives between men and women?

# Measures of inequity/inequality

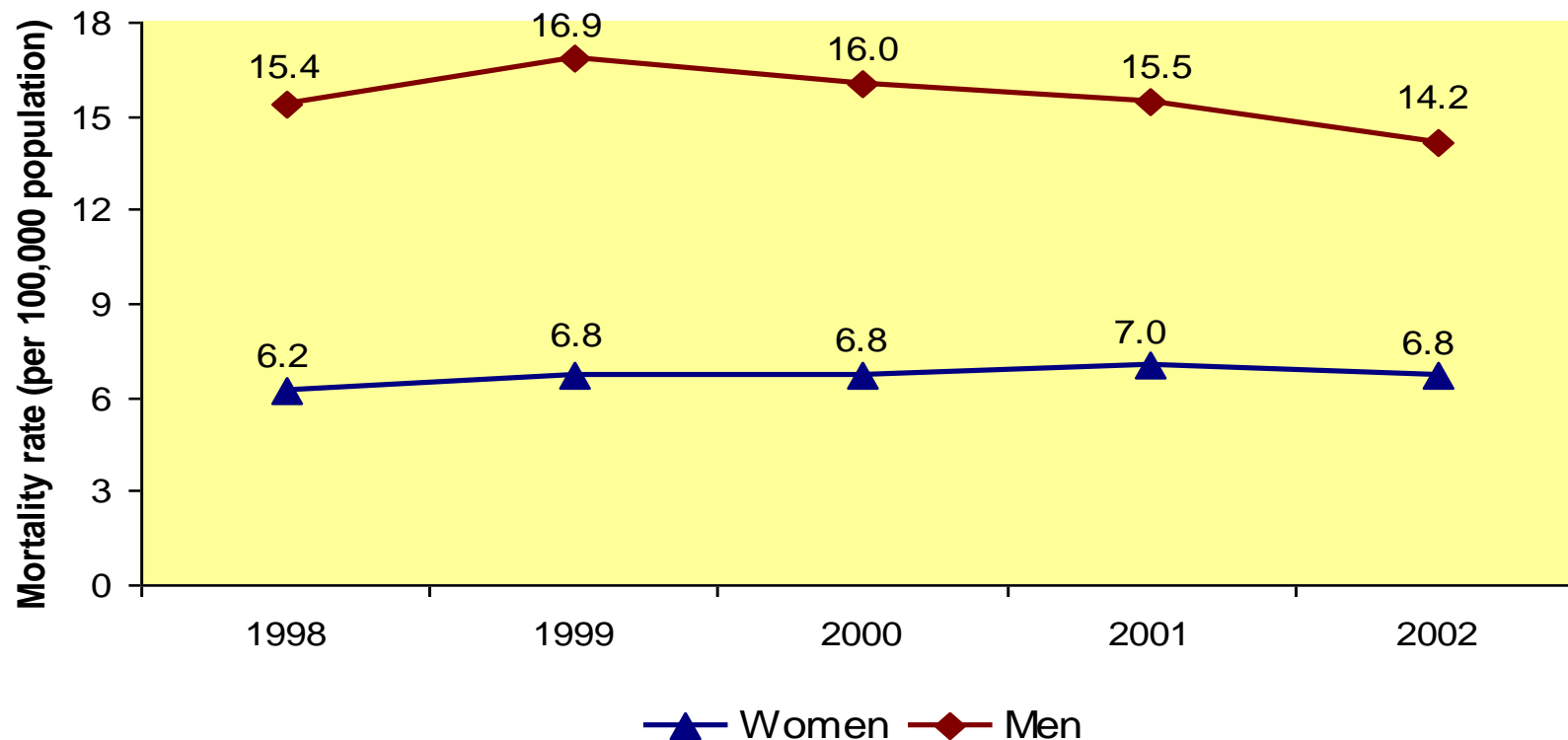
- The range
- Gini coefficient (and associated Lorenz curve)
- Population attributable risk
- Concentration index

# Exercise 1

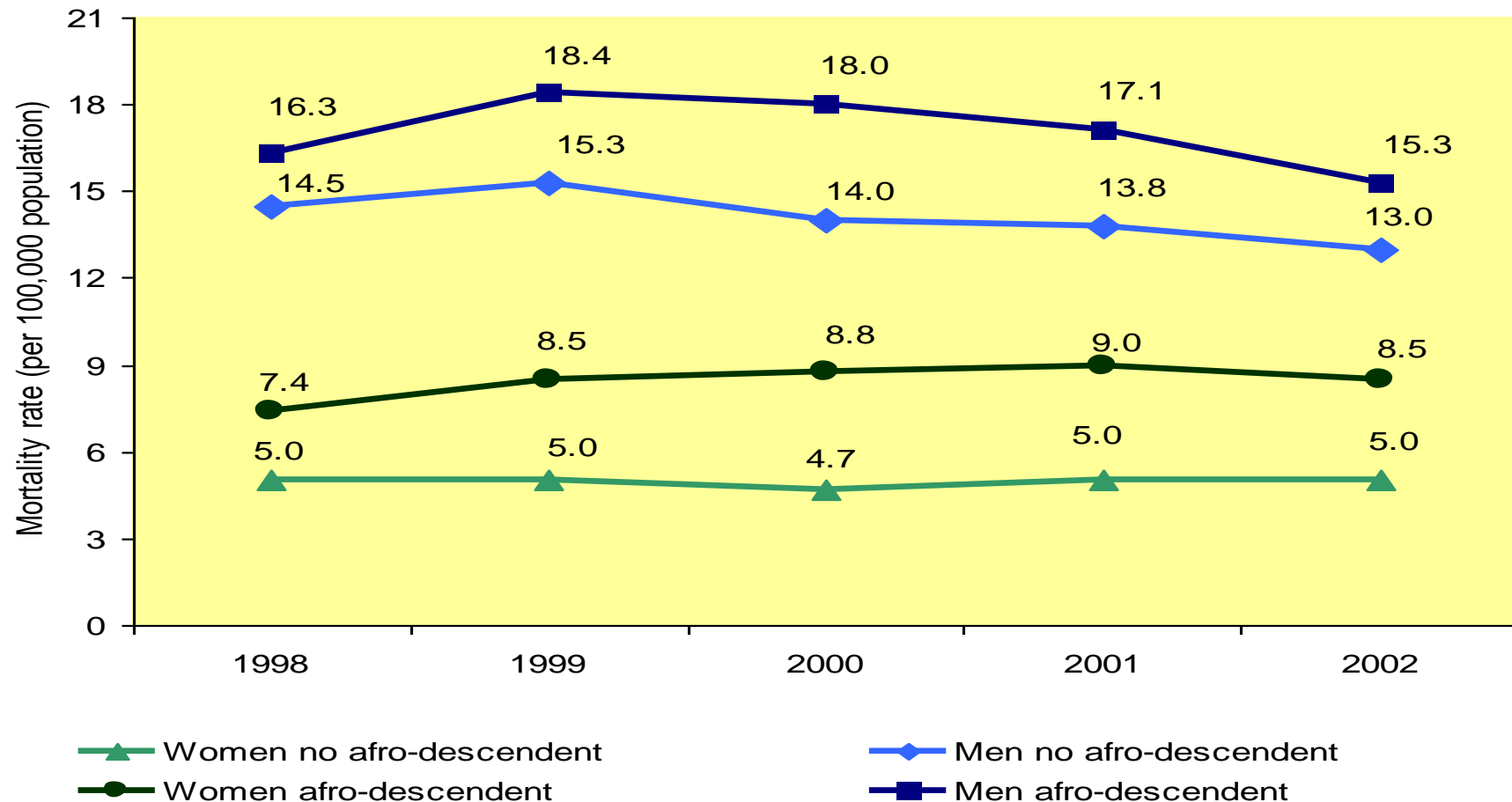
# Mortality rate (per 100,000 population) due to AIDS. Sao Paulo, Brazil, 1998-2002



# Mortality rate (per 100,000 population) due to AIDS, by sex. Sao Paulo, Brazil, 1998-2002



# Mortality rate (per 100,000 population) due to AIDS, by sex and ethnic origin. Sao Paulo, Brazil, 1998-2002



# **Gender in policies and programmes**



# **Gender Responsive Assessment Scale (GRAS): A tool for assessing policies and programmes**

- **Gender-unequal**
- **Gender-blind**
- **Gender-sensitive**
- **Gender-specific**
- **Gender-transformative**

# Some Examples – GRAS Levels 1 and 2

## Gender-unequal

- Committees taking decisions on health composed mostly of health facility managers and community leaders.

## Gender-blind

- Community-based AIDS care programme says that the health care system cannot take the responsibility for caring for people living with AIDS, so home-based care must be instituted.

# Some Examples – Levels 3, 4 and 5

## Gender-sensitive

- A senior representative gives a speech at the launch of a major initiative and mentions some gender issues.
- A programme objective includes gender responsiveness but no activities in the programme integrate gender issues.

## Gender-specific

- An awareness campaign promotes preventive measures against malaria for male farmers.
- A water supply policy establishes a mechanism to provide taps close to villages so that women will not have to walk as far to fetch water.

## Gender-transformative

- Community women and men are equally consulted at all levels in project planning, advisory committees and in community meetings, to establish a malaria control programme.
- Development of health education materials that depict women and men in both productive and reproductive roles.

# Conclusion

- Gender considerations have profound effects on the health of women and men
- Gender discrimination places women and girls at higher risk and heightened vulnerability for ill health
- Gender inequality is a chief determinant of preventable mortality and morbidity and of unnecessary suffering
- Mainstreaming a gender perspective into country-level programming and policy will optimize positive results

# Is this test equitable?



**Thank you !**

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