

Gender Mainstreaming: What, Where, and How?

**Islene Araujo de Carvalho
Gender, Women and Health Dept.**



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Learning Objectives

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

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

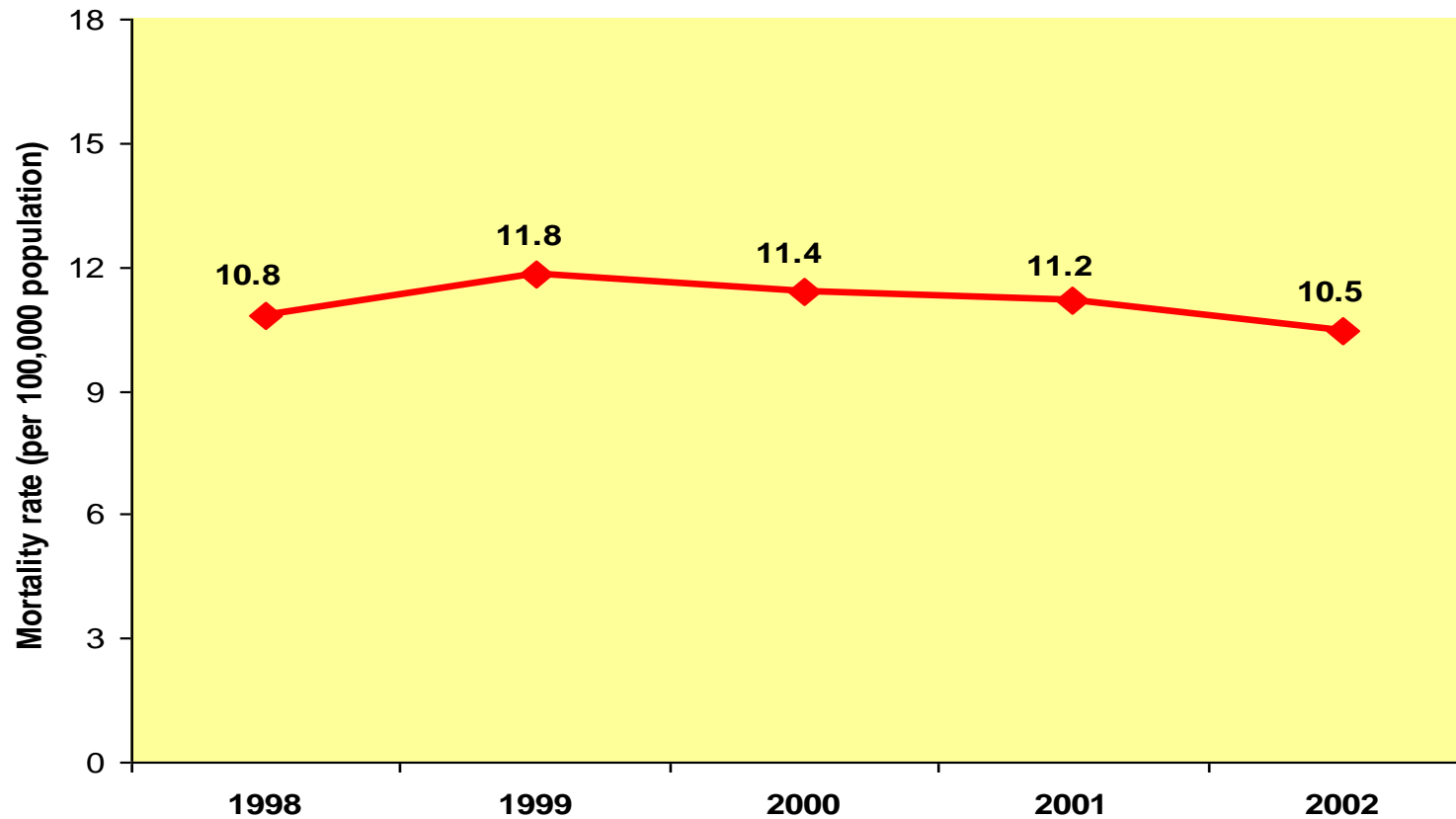
Measures of inequity/inequality

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

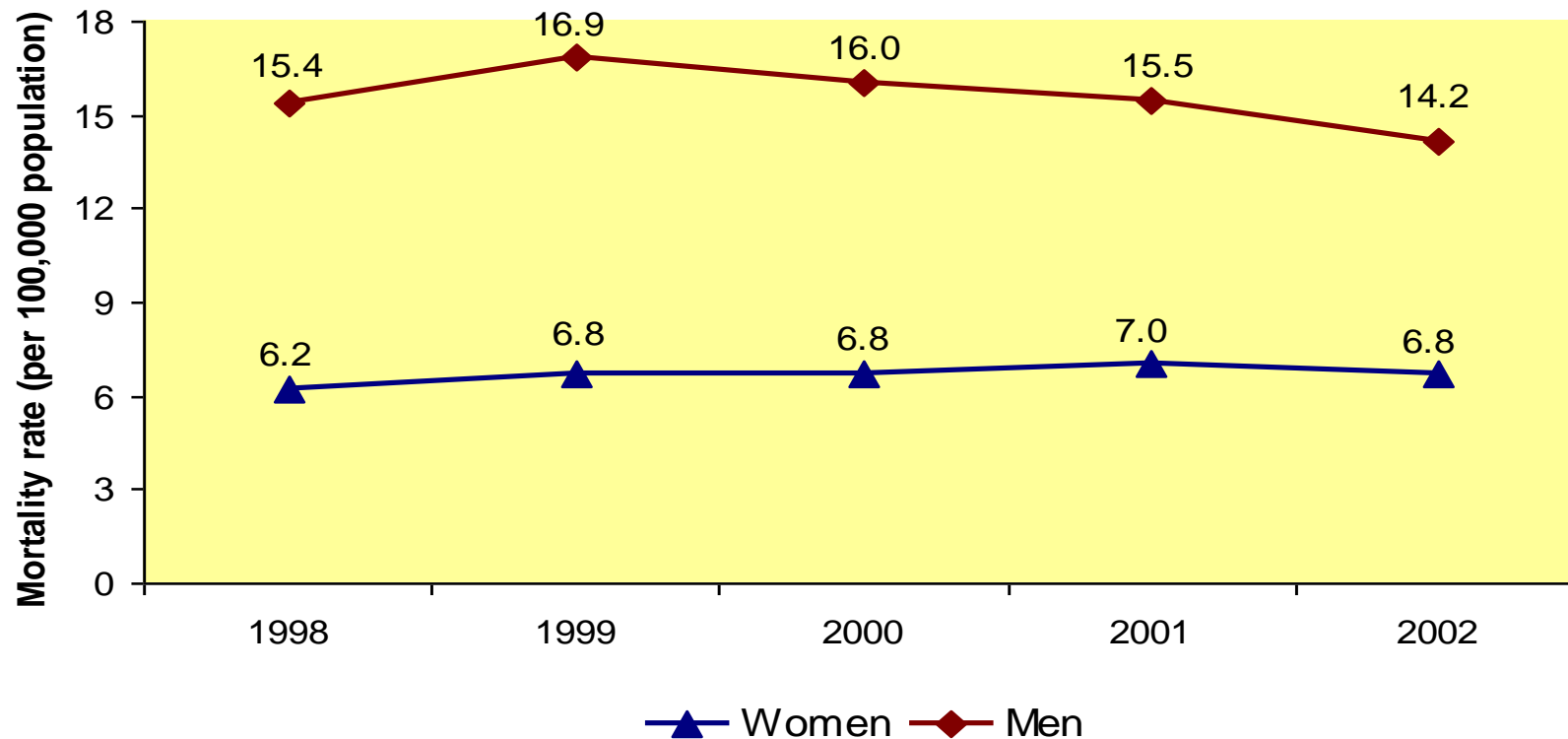


Exercise 1

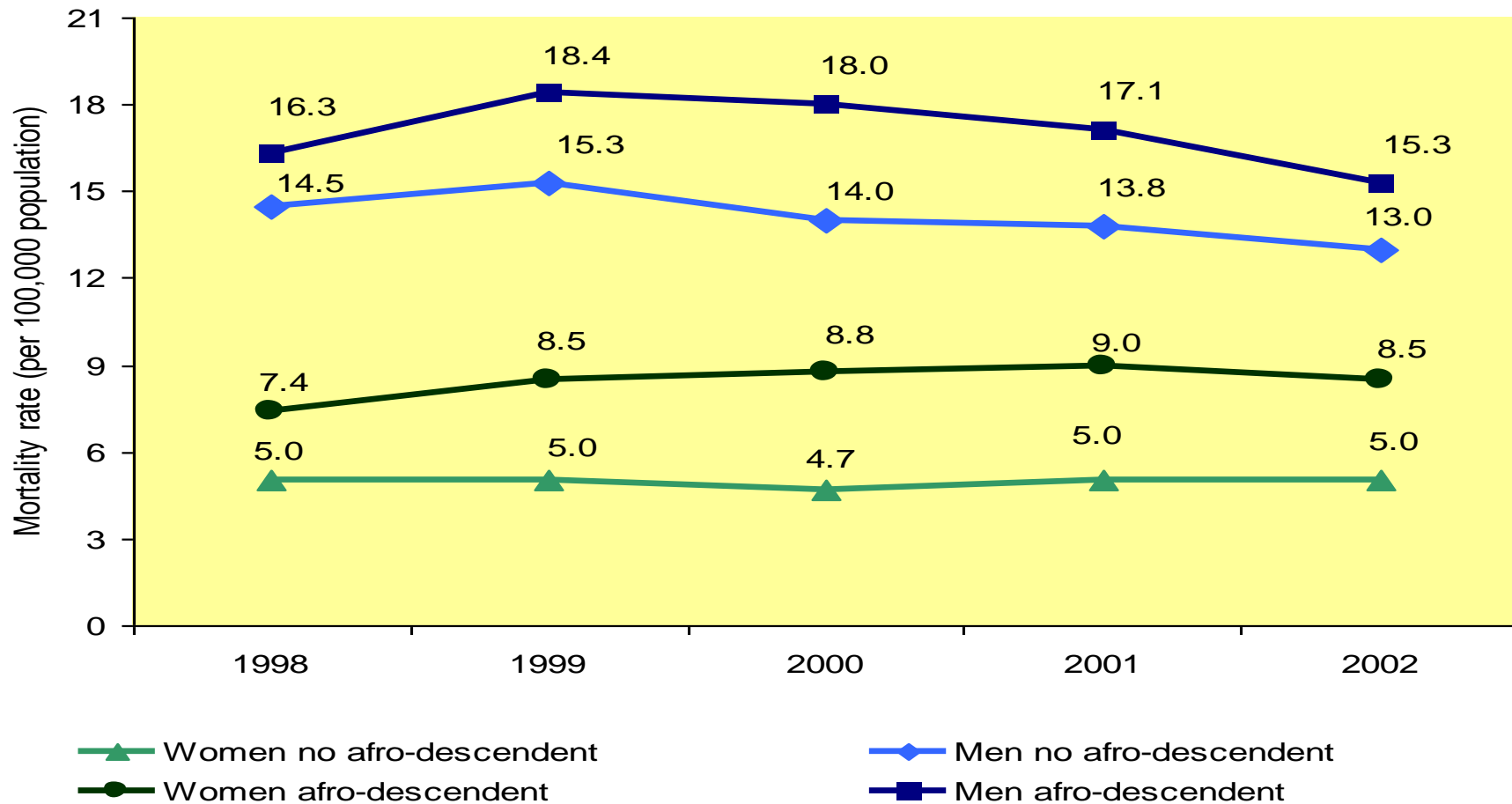
Mortality rate (per 100,000 population) due to AIDS. Sao Paulo, Brazil, 1998-2002



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 !

araujodecarvalho@who.int