

GENDER MAINSTREAMING IN HEALTH

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INTERNATIONAL ASSOCIATION**

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MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

- International association of women physicians
- Established 1919
- Category II status with the ECOSOC of the UN
- Official relations with WHO



MWIA's MANDATE

- Improve the health of all
- Understanding gender has a positive effect on health



MWIA

GOALS AND OBJECTIVES

- To encourage worldwide a gender awareness of differences in health, health care and health research between women and men.
- To promote the empowerment of medical women and patients to work towards gender equity and equality.



MWIA TRAINING MANUAL FOR GENDER MAINSTREAMING IN HEALTH

Website

www.mwia.net



EVOLUTION OF GENDER AND HEALTH



UN DECADE FOR WOMEN 1976-1985

- First World Conference on Women – Mexico City
- Second World Conference on Women –
Copenhagen
- Third World Conference on Women -- Nairobi



NAIROBI

- The Nairobi Forward Looking Strategies for the advancement of women to the year 2000 were the culmination of the UN Decade of Women 1976-1985
- Described as ‘woman-centeredness’



WOMEN IN DEVELOPMENT (WID)

Major impact on women's daily lives

No change in women's basic position in society



CAIRO

The International Conference on Population and Development in Cairo in 1994 realized that for any effective health and population programs, there must be:

- Gender equity
- Empowerment of women



BEIJING

The Fourth World Conference on Women in Beijing in 1995 emphasized:

- Empowerment of women to promote and safeguard their own health
- Implementation of a gender perspective to all policies and programs



MILLENNIUM DEVELOPMENT GOALS OF THE UN

Promote gender equality and empower women



GENDER AND DEVELOPMENT

- Addresses gender relations
- Not an euphemism for “women’s issues” as men can also be disadvantaged
- Improvement in the fundamental principles of society to make men and women equal



GENDER AND HEALTH

- Does not exclude biology
- Adds the other two variables which either promote or impede health:
 - Social and cultural factors
 - Power relations between men and women



WOMEN'S HEALTH MOVEMENT

- Moved away from the concentration on reproductive health that concentrated on the biological factors that distinguished women from men
- Moved towards consideration of other health problems and the influence of socio-cultural, economic and political factors



GENDER RESISTANCE AND MISUNDERSTANDING

- Gender is a feminist issue
- Paying lip service
- Gender as a quantitative concept
- Gender as an optional add-on
- We have moved beyond gender



DEFINITIONS NECESSARY
TO
UNDERSTAND
GENDER MAINSTREAMING



SEX/GENDER QUIZ

Do the following describe sex, gender or both:

- Emphasis on Biological Differences between Males and Females
- Factors that Explain Well-Being and Illness
- The Basis for Social Inequalities that Can Create Exposure to Risk Factors that Endanger Health
- Closely Related to Inequality
- Recognizes that the Peer Relations between Men and Women May Either Protect or Impede Health



SEX

Is a Biological Description
Which Is Determined
By Genetics



GENDER

Is the Full Range of Personality Traits, Attitudes, Feelings, Values, Behaviours and Activities that Society Ascribes to the Two Sexes on a Differential Basis



SEXUALITY

The Capacity for Sexual Feelings



INTERACTION OF SEX AND GENDER

While Sex and Its Associated Biological Functions are
Programmed Genetically,
Gender Roles and Power Relations
Vary Across Cultures and Through Time
and Thus are Amenable to Change



GENDER ROLES

Are the Particular Economic and Social Roles
Which a Society Considers Appropriate
for Women and Men



GENDER IS

- Relational – between men and women
- Hierarchical – relating in unequal power
- Historical – gender norms change with time
- Contextually Specific – depending on race, culture, religion, age, sexual orientation
- Institutionally Structured – by values, legislation, religion



GENDER EQUALITY

Is the Absence of Discrimination on the Basis of a Person's Sex in:

- Opportunities
- Allocation of Resources
- Access to Services



GENDER EQUITY

- Is the Process of Being Fair to Women and Men
- Often Requires Women-Specific Programs to End Existing Inequalities



GENDER DISCRIMINATION

Distinction Made on the Basis of Gender
Roles that Prevents a Person from Enjoying
Full Human Rights



EMPOWERMENT

- Self-worth
- Gender relations
- Social change



GENDER AWARENESS

Recognizes That There are Socially Determined Differences Between Men and Women Based on Learned Behaviour Which Affect Ability to Access and Control Resources



GENDER SENSITIVITY

Is the Ability to Perceive Existing Gender Differences, Issues, and Equalities, and Incorporate These into Strategies and Actions



GENDER BLINDNESS

Is the Failure to Recognize That Gender is an Essential Determinant of Social Outcomes, Including Health



TRUE OR FALSE

1. Being male or female is determined only by differences in reproductive systems and hormonal variations.
2. Because they have the capacity to be mothers, women are more caring than men and therefore more fit for certain kinds of jobs than men.
3. Women undergoing heart surgery are more likely to die than men.
4. In all societies, women and men are defined as different, each with their own opportunities, roles, and responsibilities.



TRUE OR FALSE

5. In most societies, females have less access than males to a wide variety of both economic and social resources.
6. Worldwide, wealth and poverty are nearly equally divided between males and females.
7. Although women do suffer material discrimination, women enjoy equal social status with men in most societies in the world.
8. The “feminization” of poverty, although it exists in less developed countries, has largely been eliminated in developed countries.



GENDER MAINSTREAMING IN HEALTH

Means ensuring that women and men receive care in accordance with their needs by considering the implications of gender on health and health care.



GENDER MAINSTREAMING IN HEALTH

Has the potential to bridge gender, race, class, age, language, religion and other inequalities in access to resources, opportunities and power.



DETERMINANTS OF HEALTH



INTERNATIONALLY ACCEPTED DETERMINANTS OF HEALTH

1. Income and social status
2. Social support networks
3. Education
4. Employment/working conditions
5. Social environments
6. Physical environments
7. Housing



8. Personal health practices and coping skills
9. Healthy child development
10. Biology & genetic endowment
11. Access to health services
12. Gender which cross cuts all
13. Culture/ ethnicity/immigration/refugee status



Eg. Culture and Ethnicity

- The way people interact in a health care system
- Their participation in programs of prevention and promotion
- Their access to health information
- Their health-related lifestyle choices
- Their understanding of health and illness
- Their priorities in the area of health and fitness



GENDER CROSS CUTS ALL OTHER DETERMINANTS OF HEALTH

When gender interacts with other factors such as low level of education, race/ethnicity, or being a single parent, then women are often doubly disadvantaged, ending up at the very bottom of most socio-economic gradients



GENDER AFFECTS HEALTH DUE TO DIFFERENCES IN:

- Biological differences between the sexes
- Socio-cultural differences (gender roles and norms)
- Access and control over resources



UNDERSTANDING HEALTH



WHO STATEMENT ON HEALTH

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political beliefs, economic or social conditions



WHO DEFINITION

In 1948, WHO defined health as:

- The dynamic state of physical, mental, spiritual and social well being
- Not merely the absence of disease of infirmity



WOMEN'S HEALTH

Although the WHO definition applies to both men and women, the International Conference on Women in Beijing in 1995 stated that health and well-being eludes many women of the world



THE MALE NORM

The emphasis on women's health in looking at gender is not meant to minimize the impact of gender on men's health but to correct the historical imbalances based on the fact that until the present, men have been considered the norm in education, research and service.



US PUBLIC HEALTH SERVICE WOMEN'S HEALTH

Biological definition

Diseases that are:

- Unique to women
- More prevalent in women
- More serious in women
- Risk factors are different
- Interventions are different



HOLISTIC DEFINITION

Women's health involves women's emotional, social, cultural, spiritual and physical well-being and is determined by the social, political, cultural and economic context of women's lives as well as by biology.



Dr. Gro Harlem Bruntland

No country
treats its women the same way
it treats its men





Case of Schistosomiasis

When Noura was 12 years old she was no longer allowed to go to school as she was needed at home to help her mother in taking care of younger siblings. She also spent part of her day in the rice field as a paid daily worker.



Noura's mother noticed that Noura was smaller than other girls her age and she had little energy to play with the other girls when her day's work was done. She took her to the local health center where she was diagnosed as having urinary tract schistosomiasis and anemia.



Noura married at the age of 16 years, went to live with her husband's family and was pregnant within the first year of marriage. She married into a poor family who could not afford prenatal care by the midwife, as they were living far from the health centre. Her mother-in-law advised her to use the services of the local birth attendant in labour only, to save money.



Because of her anemia and her physical underdevelopment, her pregnancy was difficult and ended in a complicated premature labour. She lost a lot of blood in labour under the care of the local birth attendant. She was finally taken to the health centre hospital for intervention, where she gave birth to a premature child.



Lab investigation in hospital showed her hemoglobin to be 7 grams and she was found to have schistosoma eggs in her urine. The hospital asked her family to buy blood for her but they refused and her husband discharged her from hospital.





Case of Domestic Violence in a Professional Couple



Things are not going well. Bob is on call every second night since the third general surgeon left for the States last year and the hospital has not been able to attract another surgeon. He is so tired that he wonders at the completion of some surgeries whether he has done his best. He is currently in the middle of a legal suit, which is taking so much of his time. He finds that if he comes home at night and drinks vodka, he feels much more relaxed and yet does not have to worry about the smell of alcohol on his breath if he should get called back. He does not want to seek help in case word of his difficulties negatively influences his medical practice.



Carol is becoming increasingly stressed as well. Her office is always overbooked, as she has had to cut down to 3 days of office work, to be able to take care of the needs of the children. She still has the office overhead to contend with, but not the volume of patients to justify the costs. She is feeling more like a single parent, running the two children to lessons and sports by herself as Bob is always either at the office or the hospital.



Carol took three weeks off on maternity leave with each child, as her practice was still relatively new at that time and she did not feel she could take the year maternity leave that many of her friends in salaried positions could take.



On one particularly tiring day, Carol comes home after the children's swimming lesson to find Bob drunk and asleep on the couch. After putting the children to bed, Carol awakens Bob and confronts him with his increasing use of alcohol and withdrawal from family duties. Bob is so angry that he hits Carol and blackens her eye.



At the office the next day, Carol makes up an excuse about a household injury to explain her black eye. She realizes that Bob is a good husband and that the stress of work, the current litigation, both coupled with alcohol, brought out this atypical behaviour.



After repeated episodes of physical abuse, their relationship deteriorates and Carol tells Bob that she is going to leave him and take the children. Bob pleads for Carol to go to joint counselling, as he has not himself and really does love them all.



Carol does not have much hope for success from the counselling, but feels guilty about leaving, so she gives counselling a try. The female counsellor feels threatened dealing with two physicians. After six sessions, nothing is resolved and Carol makes plans to leave with the children.



Bob finishes his court case and is found guilty of malpractice. He wonders what is the point in living—his reputation as a surgeon is tarnished, his wife and children are leaving him and he is exhausted and overworked. He goes home and drinks. When he hears Carol and the children driving into the garage, he picks up his hunting rifle, killing them and then turning it on himself.

