Global Health: Gender Analysis for More Effective Results

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Objectives Today
• Add cross-cutting dimension to considerations of health
• Introduce gender-related concepts (and dispel confusion)
  • "WID" versus "GAD"
  • Gender vs Sex
  • Gender analysis & Gender mainstreaming
• Explore linkages between health and gender roles, responsibilities and relations
• Apply concepts to illustrative health issues
  • Child Nutrition, HIV/AIDS, Malaria, Violence

So what is this “gender” stuff?
EVOLUTION AND CONTEXT

The "pendulum":
• Starting point, up to mid-1970s
  • Nearly "all men": as experts, informants, and focal beneficiaries
• Reaction: "WID": through 80s and 90s
  • Focus on women: needs, contributions/assets
• Mid-point: "GAD": 21st century
  • Balanced approach: "Gender and Development"
• NOTE, however: transition or parallel tracks?

The Old Picture: Who engages, contributes and benefits?

WID: The Positive
• Programs/activities for: women, or girls or adolescent girls
  • Increase attention to women as beneficiaries
  • Make women visible: put them into the picture
• Build recognition of women as assets:
  • incorporate their knowledge
  • include in consultation
• Address women-particular needs & issues:
  • e.g. reproductive health, fistula, FGC, maternal mortality, early marriage, gender-based violence
• Introduce "rights-based" approaches

WID: Limitations
• Typically not analyze the reasons behind differences between men and women in a given society or group
  • e.g. in access to resources, services, and opportunities
• Typically focus on designing projects to compensate for differences
• Primarily emphasize women’s problems
  • e.g. bride-burning or honor killings, rape in conflict settings, trafficking in women and girls
Women and girls are present and visible – but then what?
What are they thinking?
What is happening in their lives?

Contrast GAD – but first: What’s “Gender”?

- **Sex:**
  - biological differences, i.e. born with
  - between males and females (men/women, girls/boys)
  - universal, [more or less/usually] obvious, and
  - generally permanent - i.e. generally unchangeable
- **Gender:**
  - “socially constructed”
  - roles, responsibilities and power
  - assigned to men and women (boys and girls) in a given culture or location, and
  - societal structures support them

Programmatic limitations

- Small amounts of money
- Not gain great deal of traction, cause systemic change
- Not so much affect where women live/work: families and communities
  - Tended only to involve women, not men and boys
  - One-sided focus on power: women’s empowerment versus working with men/boys
  - Not reach major programs, with major resources
  - Not change the “agenda”, i.e. the starting points or developmental objectives

GAD: Gender and Development

- Focus on gender-based differences in access to resources, power and opportunities
  - Reasons for those differences
  - Consequences for individuals (for men and women)
  - Contexts of households, communities and development in general

So within socio-economic development

- Attempt to modify their negative impact
- Use gender analysis to ensure that incorporate roles, needs and participation of women and men – and at all stages of development process

“Gender Mainstreaming”: Evolving Meaning and Approaches (4)

1. Beyond WID activities for women alone, to “big ticket” modalities
   - Ensure women participate in and benefit from “mainstream” – compare microcredit and business development services
2. Involve men
   - Recognize it is often not possible to improve women’s lives without involving men – e.g. husbands, chiefs
   - Men as partners, e.g. men against VAW in Southern Africa
   - Men’s needs, too – e.g. alcoholism, unemployment

Gender: Men and Masculinities

- Men and Gender Equality Policy Project
  - ICRW, 2007-10 (www.icrw.org)
  - In India, Brazil, Mexico, South Africa & Chile
  - Seeks points of leverage to change male gender norms & behaviors; survey; interview male care-givers
- Global Symposium on Engaging Men & Boys in Gender Equality
  - UNIFEM, March 30-April 3, 2009, in Río
  - Work by UNFPA: Not just reproductive issues for young women, but also engaging men
Gender Equality as objective

3. Work for gender equality
- Not necessarily sameness for men and women
- But promote equal opportunities to be healthy, to develop capabilities and to be treated with dignity and respect
- United Nations Resolution (ECOSOC)
  "... It is a strategy for making women’s as well as men’s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of all policies and programmes in all political, economic, and society spheres so that women and men benefit equally and inequality is not perpetuated... The ultimate goal is to achieve gender equality." Agreed

Relations call for attention to Power: within Social (or Political) Units
- “Women’s empowerment”
  - Focus on and work with women alone
  - Presents as confrontational and zero-sum
- Alternative: Power analysis to understand relations (in families, businesses, organizations, etc)
  - Power over
  - Power to
  - Power with/together
  - Power within

Relations, Power and HIV/AIDS
- WID: Target women because vulnerable and susceptible, incidence of women contracting AIDS
- Assets: Consult with women, gain their support (to educate, work with own children, etc.)
- Empower: Give women information about protection BUT does Information Suffice?
  - Situational: Power in relation to men (husbands, sugar daddies, teachers, customers)?
  - Alternative: Information and work with men
- OR work for gender equality, respectful relations

Win-Win of Gender Relations: Collaboration

WID/GAD and health work
1. **WID**: Reaching women, adolescent girls (AGs) and girls: as patients/beneficiaries/target population
2. **WID/Assets**: Regard women as partners, assets for reaching children and other family members
3. **Efficacy**: Take account of “3 R’s” and gender-related behaviours to devise and implement more effective approaches
   - Identify gender-related obstacles to achieving objectives
   - Work with and understand people in the context of families and communities, including gender relations
Asset and Equality Questions

- Women as partners: How may improve impacts on families, children
- But beware instrumentalism?
- Increase women’s contributions: More involvement, control & power
- But also strengthen women (AGs) – for their sake?
- Empower, versus improve relations and collaboration within family?
- How can equality improve health for women and men alike?

Example: Malaria nets

- Women as partners: Enlist them to ensure children inside
- Increase women’s contributions: Consult with women about needs and family before designing approach
- But also for/about women, e.g. AGs: Ensure that they have access to, use of the nets
- Empower versus improve relations and collaboration:
  - Give women control of the nets?
  - Make sure men have information and understand as well?
- Equality improve health: Prevent conflict, and encourage collaboration

Example: Food Security

- World Food Programme, and its Four “mainstream” modalities
  1. Mother and Child Nutrition
  2. School Feeding
  3. Food for Work
     - Food for Training, Food for Assets
  4. Emergency Food Distribution

“Enhanced Commitments to Women”: WID versus GAD?

- ECW I: “Meet the specific nutritional requirements of expectant and nursing mothers and adolescent girls, and raise their health and nutrition awareness.”
- ECW II: Expand activities that enable girls to attend school
- ECW III: “Ensure that women benefit at least equally from the assets created through food for training and food for work
- ECW IV: Contribute to women’s control of food in relief food distributions of household rations
  - with attention to transparency and safety (e.g. collecting fuel/water)
- ECW V: Ensure that women are equally involved in food distribution committees and other programme related bodies

WID Benefits: for Women, Adolescent Girls, and Girls

- Receive fortified food
- Gain knowledge re health and nutrition
- Increase control of food and recognition as contributors to household food security
- Girls gain educational opportunities
- Adolescent girls and women gained other training (FFT), including livelihoods
- Opportunities for participation in, status of, women in decision-making
Focus on empowerment: women in decision-making, learning to present their demands

But: Gender-related pitfalls
- May aim to improve nutritional status of pregnant and lactating women (and adolescent girls)
  - But consider gender relations within their families
  - Might husbands be helpful?
- May aim to improve nutrition of children in family
  - Incorporate/consider women's traditional roles regarding food production, preparation, and household distribution
  - But recognize household distribution
- If seek to improve women's control of food and over food-related decision-making, might work not just with women, but with men?

Collecting rations:
- Who is responsible?
- Who is engaged?
- Who has "control"?

Importance of Involving men
- Sharing responsibilities:
  - E.g. Child nutrition (weighing): Mother's bringing babies for weighing
  - Why rely on women alone?
- Danger of reinforcing stereotypes:
  - E.g. School feeding: Women preparing food for school feeding
  - Danger of stereotyping roles - and/or relieving men of their responsibilities and opportunities to contribute?
- Shifting burdens/responsibility:
  - E.g. School committees: From women participating with men to women alone
  - Taking responsibilities from men and giving to women

Gender relations & better results for infant nutrition
Additional Value:
Gender and Teamwork
- Gender equality and the win-win of better results, many with health ramifications
- Cultivating mushrooms: healthy food and income
- Digging tanks & clearing irrigation channels to grow food
- Health of disabled children, returned to homes; but also women's mental health and emotional well-being
- Emergency preparations: super cyclones

Health Issue: Gender-Based Violence (GBV)
- Target population: Concern primarily for women, women's needs
- Approach/How address: With women alone, WID, empowerment?
- Or ways to involve men: As partners, as part of the solution
- Prevention:
  - Teach communications and conflict resolution
  - Build women’s status and contributions
  - Acknowledge and work with men's fears
  - Promote gender equality

Project Challenges: Monitoring
- Collecting sex-disaggregated data: good, and way to detect disparities of reach, participation, access and results
- But need analysis:
  - Quantitative warnings versus qualitative questions to understand
  - Attention to impacts: work/burdens, legacies
  - Food distribution to/bys women: also burdens?
- Pay Attention to Quality/Experience of participation
  - e.g. sex disaggregated enrollment data on board
  - Ladder of participation

Project Challenges: Staffing
- Identifying gender-stereotypes that impede contributions
  - Doctors, midwives and health volunteers
  - Staffing to reach patients/clients/beneficiaries effectively
  - Women to women, men to men
  - Pairing men and women in the field: Able to collect information and share information, work together to solve problems
    - But gender issues of whether can work together without "tongues wagging"? Consider gender-related norms and expectations within the local/national context.
  - Remediating gender-related divisions that undermine respectful, effective collaboration

Thank you!
Questions or comments?