

**MODULE 2**

**GENDER ROLES, ACCESS  
TO AND CONTROL OF  
RESOURCES AND  
HOUSEHOLD STEREOTYPES**



# MODULE 2

## GENDER ROLES, ACCESS TO AND CONTROL OF RESOURCES AND HOUSEHOLD STEREOTYPES

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### OVERVIEW: MODULE TWO

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<b>Objective</b>	To acquire steps for the analysis of gender roles and access to and control of resources.	
<b>Core Message</b>	Women and men perform multiple roles which may or may not be recognized in social or economic analyses. These roles give rise to differential access to and control of resources and to different exposure to risk or protective factors for health.	
<b>Expected Outcome</b>	Participants will be able to apply analytical concepts to: (a) make visible men and women's gender roles; and (b) identify how access to and control over resources for ensuring health are affected by these gender roles.	
<b>Methodology</b>	Case Studies (Brief) Group work/Plenary Reportback	
<b>Materials</b>	Handout No. 4:	Six Case Studies
	Handout No. 5:	24 Hour Day Chart
	Handout No. 6:	Definitions: Gender Roles
	Handout No. 7:	Definitions: Access and Control
	Handout No. 8:	Types of Resources
	Handout No. 9a:	Stereotype 1 (copy OHT No. 2a)
	Handout No. 9b:	Stereotype 2 (copy OHT No. 2b)
	Handout No. 9c:	Stereotype 2 (copy OHT No. 2c)
	Handout No. 10:	Case Studies: Scenarios 2
	OHT No. 2.a:	Stereotype/1
	OHT No. 2.b:	Stereotype/2
	OHT No. 2.c:	Stereotype/3
	Flipchart No. 6:	Definitions: Gender Roles
	Flipchart No. 7a:	Heading: PRODUCTIVE ROLES
	Flipchart No. 7b:	Heading: REPRODUCTIVE ROLES
	Flipchart No. 7c:	Heading: COMMUNITY MANAGEMENT ROLES
	Flipchart No. 8:	Definitions: Access and Control
	Flipchart No. 9a:	Economic Resources
	Flipchart No. 9b:	Political Resources
	Flipchart No. 9c:	Information/Education Resources

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<b>Materials (Cont.)</b>	Flipchart No. 9d:	Time
	Flipchart No. 9e:	Internal
	Flipchart No. 10:	Three Questions for Conducting a Gender Analysis
	Flipchart No. 11:	Task For Health Crisis Case Study

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<b>Components</b>	2.1:	Daily Life and Gender Roles: The Work that Women and Men Do
	2.2:	Access and Control of Resources
	2.3:	Stereotypes
	2.4:	Health Crisis

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<b>Time</b>	2.1:	70 minutes
	2.2:	35 minutes
	2.3:	15 minutes
	2.4:	30 minutes
	<u>Total:</u>	<u>150 minutes</u>

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- Preparation**
- Look over Case Studies of Family Situations (Situation A through F). Choose among these which to use, depending on size of the workshop. Rewrite as necessary to make relevant to local conditions (e.g., in "situation A" the reference to "yuca" bread should be adapted to country realities).
  - Make photocopies for each participant of Handouts Nos.4 through 10.
  - Prepare Flipcharts Nos. 6 - 11.
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## DAILY LIFE AND GENDER ROLES: THE WORK THAT WOMEN AND MEN DO

<b>Method:</b>	Small Group Work (Case Studies). Plenary Report back from groups, lecturette/plenary discussion based on cases.
<b>Materials:</b>	Handout No. 4: Six Case Studies Handout No. 5: 24 Hour Day Chart Handout No. 6: Definitions: Gender Roles Flipchart No. 6: Definitions: Gender Roles Flipchart No. 7a: Heading: PRODUCTIVE ROLES Flipchart No. 7b: Heading: REPRODUCTIVE ROLES Flipchart No. 7c: Heading: COMMUNITY MANAGEMENT/ POLITICS ROLES
<b>Time:</b>	25 minutes: Small Group work 45 minutes: Report back/Plenary Discussion <u>70 minutes:</u> Total
<b>Preparation:</b>	Revise/Rewrite cases as necessary (see above) Prepare flipcharts Photocopy handouts

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### PROCESS

- Facilitator divides participants into four groups. Each group is assigned one of the case studies in Handout 4. Each participant receives a copy of Handout 5: 24 Hour Day chart.

- Facilitator explains:

The cases are based on living arrangements similar to those which exist in the region. Each group should analyze how tasks and responsibilities are distributed and carried out in a given working day by the men and the women in that household. The 24-hour chart will facilitate the analysis.

**NOTE:**

- *The 24-hour chart is meant to facilitate discussion. However, it is easier, when using the chart, to focus on one adult male and one adult female within the family. The exercise can also be done without the chart, simply dividing a blank sheet down the middle lengthwise and, on one half, listing the activities and tasks carried out by the men, and on the other half, by the women.*

- The facilitator circulates during exercise to make sure that the groups understand their task.

*Text of Handout No. 4:*

**HOUSEHOLD / FAMILY SITUATION A**

George and Hazel have lived together for a number of years. George, 52 years old, is a taxi driver and works the night shift; Hazel, 48 years old, works from Monday to Saturday in a factory. In order to increase household income, Hazel also makes yuca bread which she takes to work each morning to sell at lunch time. George's 75 year old mother, Ernestine, lives with them. Hazel has an unmarried son, Vincent, age 28, who lives with them and works in the informal sector selling music cassettes; George has a daughter, Alicia, aged 25, who is married, has small children and lives in the neighborhood.

**HOUSEHOLD / FAMILY SITUATION B**

Jane is the manager of a private company. She is Chairperson of the Committee of Women Managers in the capital. Her two children live with her; the oldest, Richard, is an 18-year old boy and the younger child, Rachel, is an 11 year old girl. She employs a domestic worker, Teresa, who works Monday to Saturday, from 8 in the morning to 7 at night.

**HOUSEHOLD / FAMILY SITUATION C**

Sam and Catherine Stevens live with their three children: a 12 year old girl, Marisa, and two boys, Frank and Tom, aged 9 and 7. Catherine is a graphic designer for an advertising company, Sam is a professor in the school of public health. Two nights per week and every other Saturday, Catherine goes to help her elderly parents who, because of their advanced age, are no longer able to do the shopping, clean the house, cook, etc. Sam participates actively in the Public Health Association.

*Text of Handout No.  
4 (cont.):*

#### **HOUSEHOLD / FAMILY SITUATION D**

Elmer and May, aged 30 and 22, live with their four children in a rural community. The oldest daughter, Jean, is 8 years old, followed by two boys, Jim and Kevin, who are 6 and 3 years, and a 1 year old girl who is being breast-fed. The family lives on subsistence agricultural production which allows them to survive. Elmer and May supplement the family income, Elmer by harvesting produce and May by weaving fine baskets and selling them in the town market one hour away by foot; in addition, May is a health promoter in their community.

#### **HOUSEHOLD / FAMILY SITUATION E**

Teresa Martinez, age 38, lives in a poor urban community which has been built on the shores of a river inlet. During the day, she works in a canning factory. With her live her mother, Doña Zaida, age 54, who runs a sewing shop from home; her two sons, Raul, age 17, who is finishing high school and Conchita, age 14, who is also in school. Two years ago, Teresa's sister, Josefina, age 28, came to live with her. Josefina brought along her 10 year old son; Josefina works in the center of town as a street vendor, selling hot meals to passers-by. Teresa's husband, Jorge, is a migrant worker in the banana industry; he returns every two weeks on the weekends.

#### **HOUSEHOLD / FAMILY SITUATION F**

John Green is 45 and is the owner of a small dry goods store in a major city in the interior of the country. His wife, Frances, works in a hairdresser shop. Her father Ambrose, lives with them. He is 80 years old. John and Frances have two grown sons ages 27 and 22, respectively. The youngest, Stephen, helps his father in the store. The eldest has married and moved to the capital of the country.

*Text of Handout No. 5:*

HOUR	WOMAN	MAN
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
etc.		

- After 20 minutes, the participants reassemble in plenary.
- The aim of this part of the exercise is to categorize the roles identified on the 24 Hour Day chart into either Productive, Reproductive or Community Management. In order to ease this process, the facilitator distributes Handout No. 6 and displays Flipchart No. 6.
  - Facilitator points out that in our capitalist market-oriented economies, the roles than men and women play can be divided into three types:

Text of Handout No. 6:

DEFINITIONS
<p><b>Productive:</b> Comprises the work done by both women and men for payment in cash or kind.</p>
<p><b>Reproductive:</b> Comprises the childbearing/rearing responsibilities and domestic tasks required to guarantee the maintenance and well-being of household members. It includes not only biological reproduction but also the care and maintenance of the persons who comprise the household.</p>
<p><b>Community Management Role:</b> Comprises activities undertaken at the community level to contribute to the development or political organization of the community. It is usually voluntary, unpaid work.</p>

Flipchart No. 6:

DEFINITIONS OF ROLES
<p><b>Productive:</b> Work done by both men and women for payment in cash or kind</p>
<p><b>Reproductive:</b> Childbearing/rearing responsibilities and domestic tasks</p>
<p><b>Community Management:</b> Community activities that are voluntary and unpaid which contribute to its welfare and organization</p>

- The Facilitator points out:
  - Men and women's **Productive roles** comprise work done for payment in cash or kind.
  - Men and women's **Reproductive (or domestic) roles** include those tasks done to reproduce society, both physically and through passing on its system of values. The facilitator may comment that reproductive labor is the work done to ensure that workers can return to work the following day.
- Each group calls out the tasks/activities which their case's male or female household member per-

forms and indicates where it should be assigned on the flipchart. The facilitator fills in the flipcharts until all groups have reported back. For example, if a group reports that the woman in Situation A arises at 5 a.m. to make the yuca bread for sale at the local market, that task would be written on the PRODUCTIVE sheet, in the column under "WOMEN." If it is for home consumption it would be on the REPRODUCTIVE sheet. This process is continued until all groups have reported back.

**NOTE:**

*It should be emphasized that not all human activities can be restricted to mutually exclusive categories (such as the activity in baking a pie). This is debated by economist and sociologists. Hence the facilitator should avoid the debate sidetracking the session. The division is a useful one in allowing us to conduct a gender analysis and to ensure that reproductive, and not only productive roles are visible in society.*

■ **Points to bear in mind:**

The facilitator does not vocalize unless it is necessary for clarification, that reproductive labor comprises the childbearing/rearing responsibilities and domestic tasks undertaken by either sex, required to guarantee the welfare and survival of the individuals included in the home, for example: rearing, educating, feeding, looking after and nurturing household members and other tasks related to organizing and maintaining the home. Other activities to be included under reproductive roles include story telling and oral history (passing on social values).<sup>1</sup>

**Grey Areas:** Participants might challenge some of the categorizations as being too fixed. Some activities might fall under both categories. For example, a woman cooks a pie and serves half of the pie to her family for supper and sells the other half in the factory where she works. Is this a reproductive role? A productive role? It is both. Other grey areas might be education (informal education which passes on value systems vs. formal school education) or subsistence farming (agricultural work performed solely to provide food for the table not for cash crops). What is important is to make visible the tasks men and women perform. Hence, grey areas are fine.

- When the participants have finished making their contributions, the facilitator asks:
  - **Can this be done** (pointing to the flip chart with the heading PRODUCTIVE ROLE) **without this?** (pointing to the flip chart with the heading REPRODUCTIVE ROLE).
- If a consensus is not present, ask those who answer "No" to argue their case to come to a consensus.
- The facilitator draws 2 diagonal lines across the two flip charts and writes the word "ECONOMIC" between the two lines.

<sup>1</sup> Activities such as sleeping, eating, those associated with personal hygiene and leisure activities are not considered "roles."

- The facilitator points out that:

- Both these roles are **profoundly economic**. Without reproductive roles, productive roles could not be carried out, or would be critically curtailed. Who generally carry out the tasks, responsibilities and activities assigned under REPRODUCTIVE ROLES?

The participants will probably indicate that the woman is the one who undertakes such tasks and responsibilities in most cases.

- The facilitator follows up:

- However, in the formulation of the Gross National Product, only what is produced HERE is included (*point to flipchart with the heading PRODUCTIVE ROLE*). The contribution that is made primarily by women to the national economy remains invisible because it is not considered "work" in the economic sense of the word, but seen as a part of their natural function derived from their role as reproducer of the human species.

- The facilitator also indicates:

- The reproductive role is **less valued** socially because it is the work "**of women.**" Many types of work in the area of production of goods and services, such as in the area of health and primary school education, have also been divided in accordance with gender roles. For example, the work of nurses and nurses aides, work for the most part carried out by women, is much less prestigious and well-paid than the work of a doctor, work that has been primarily carried out by men in our Western societies. Interestingly enough, in the countries which comprised the former Soviet Union, doctors are mostly female, and the medical profession is not a respected, sought-after profession, as it is in the West.

- Facilitator points to the flipchart paper with the heading **COMMUNITY MANAGEMENT AND POLITICS ROLE** and states:

- There is a third useful category that can be said to be derived from the other two roles: the **COMMUNITY MANAGEMENT AND POLITICS ROLES**. Here again, there is a division of functions according to gender and we often find that women are responsible for carrying out community (management) work (attending to sick neighbors, participating in Parent-Teacher associations, involvement in church/religious activities), while **men are more likely to participate as community leaders** who negotiate with municipalities or other political authorities. This latter work is associated with status and is sometimes remunerated.
- The Community Management Role has particular relevance for the health field. The **voluntary** participation of women in community activities, as health workers, active participants in vaccination campaigns (either to vaccinate their children or their animals) and as cooks in community kitchens, has been considered indispensable for the promotion of health. But this is based

on one assumption: **that women have free time**. This, as has been seen in the previous exercise, is not so. The type of community management work that women carry out is strongly associated with their reproductive role and with stereotypes that assign them certain types of work.

- Facilitator introduces the concept of MULTIPLE ROLES (sometimes known as double or triple role):

**Performing in a single day (sometimes simultaneously) two or three different roles. Given that reproductive roles are performed for the most part by women, multiples roles are more usually juggled by women.**

- Maintaining this balance has consequences in terms of time management and its effects on the person's mental and physical health. This is a burden that women therefore have to bear to a greater extent than men.

- Facilitator points out that:

- The detection of gender roles makes **previously unrecognized work visible**. In general, in capitalist economies, only productive work, due to its exchange value, is considered "work;" reproductive work and community management work are not valued because they are considered "natural" and non-productive. **This has serious consequences for women, because it means that most of their work continues to be invisible and, therefore, undervalued.**

- The facilitator provides examples that underscore the burden that these multiple roles have on women. Such as:

- Women carry out more fragmented tasks and have to divide their time between reproductive and productive tasks; in addition, the tasks of men are usually carried out in single blocks of time devoted to wage earning activities.
- It is women who are responsible for domestic tasks, although men "help" them.
- Women perform productive tasks in addition to their reproductive ones; men carry out productive tasks instead of reproductive ones.
- Women have less leisure time and work more hours than men.
- When the woman is head of a household, such as in Situation B, we see that the professional woman has to divide her time in order to perform the "male" and "female" role in the family.
- When women leave to work outside the home, other women carry out the domestic activities.

- In order to underscore the essential need for gender roles analysis and gender responsive planning for sustainable health and development interventions, the facilitator emphasizes that:

## COMPONENT 2.1

- Gender roles/relations analysis is a critical step to ensuring development of gender responsive projects. It can safeguard a project from failure at best, or at the least, can minimize the degree of "harm" that is often inadvertently caused by invalid assumptions.
- Gender division of labor determines differential health risks and protective factors for men and women; therefore, planners can better respond with appropriate, varied and sustainable interventions.
- Planning that takes into account the multiple roles of women and values their work can: i) mitigate the economic dependence and subordination that contributes toward low self-esteem in women throughout their life cycle; ii) significantly lessen the stress inherent in carrying out these multiple roles and the fragmentation of their tasks, increasing their leisure time, and promoting physical, emotional and mental health.
- A gender approach to development can, therefore, better meet the needs of **both** men and women and enhance the well-being of the whole community.

## ACCESS AND CONTROL OF RESOURCES

<b>Method:</b>	Lecturette/Group Discussion
<b>Materials:</b>	Flipchart No. 8: Definitions: Access and Control Flipcharts No. 9 (a) - (e): Resource Tables Handout No. 7: Definitions: Access and Control Handout No. 8: Types of Resources
<b>Time:</b>	<u>35 minutes</u>
<b>Preparation:</b>	Prepare Flipchart No. 8 and No. 9 (a-e) Photocopy Handout Nos. 7 and 8

### PROCESS

■ Facilitator indicates:

The fact that women and men are socially assigned different roles and responsibilities has direct implications for the level of access to and control over resources needed to promote their health.

This Gender Division of Labor has some fundamental characteristics:

- Different cultural values assigned to the roles depending on whether they are considered male or female roles.
- Different degrees of access to and control over household and social resources. These overall resources include those necessary for the promotion and protection of one's health as well as the health of others.
- It is entrenched through power relations, which in turn has impact on access to and control over resources.

■ *Facilitator presents the definitions of ACCESS and CONTROL and distributes Handout No. 7:*

*Text of Flipchart No. 8  
Handout No. 7:*

DEFINITIONS: ACCESS AND CONTROL
<p><b>Access</b> is the ability to USE a resource</p> <p><b>Control</b> is the ability to DEFINE and make binding decisions about the use of a resource</p>

■ Facilitator indicates:

The distinction between access to and control of certain resources is important because the ability to USE a resource does not necessarily imply the ability to DEFINE/DECIDE ON the use of that same resource and vice versa. For example, women or men may have access to the use of a condom to protect themselves from STDs but, at the time of sexual relations, may not have the ability to define or control condom use.

■ Facilitator shows Flipchart No. 9 (a), (b), (c), (d), and (e), the five-part resource table.

*Text of Flipchart No. 9(a)*

ECONOMIC RESOURCES
<ul style="list-style-type: none"><li>- work</li><li>- credit</li><li>- money</li><li>- transportation</li><li>- equipment</li><li>- food</li><li>- child care facilities</li><li>- facilities to carry out domestic tasks</li><li>- social security, health insurance</li><li>- housing</li><li>- health and supply services</li></ul>

*Text of Flipchart No. 9(b)*

POLITICAL RESOURCES
<ul style="list-style-type: none"><li>● position of leadership and mobilization of the actors in decision-making positions</li><li>● opportunities for communication, negotiation and consensus-building</li></ul>

*Text of Flipchart No. 9(c)*

INFORMATION / EDUCATION
<ul style="list-style-type: none"><li>● inputs to be able to make decisions to modify or change a situation, condition or problem</li><li>● formal education</li><li>● informal education</li><li>● non-formal education</li><li>● opportunities to exchange information and opinions</li></ul>

*Text of Flipchart No. 9(d)*

<b>TIME</b>
<ul style="list-style-type: none"> <li>● hours of the day available for discretionary use</li> <li>● flexible paid work hours</li> </ul>

*Text of Flipchart No. 9(e)*

<b>INTERNAL RESOURCES</b>
<ul style="list-style-type: none"> <li>● self-esteem</li> <li>● self-confidence</li> <li>● the ability to express one's own interests</li> </ul>

■ Facilitator indicates that:

The capacity to have access to and control over resources develops and strengthens internal resources that can enhance personal development, hence these resources have been included. Handout No. 8 is distributed.

*Text of Handout No. 8:*

<b>TYPES OF RESOURCES</b>	
<b>ECONOMIC RESOURCES</b>	
<ul style="list-style-type: none"> <li>● work</li> <li>● credit</li> </ul>	<ul style="list-style-type: none"> <li>● money</li> <li>● etc.</li> </ul>
<b>POLITICAL RESOURCES</b>	
<ul style="list-style-type: none"> <li>● position of leadership and mobilization of the actors in decision-making positions</li> <li>● etc.</li> </ul>	
<b>INFORMATION / EDUCATION</b>	
<ul style="list-style-type: none"> <li>● inputs to be able to make decisions to modify or change a situation, condition or problem</li> <li>● formal education</li> <li>● etc.</li> </ul>	
<b>TIME</b>	
<ul style="list-style-type: none"> <li>● hours of the day available for discretionary use</li> <li>● flexible paid work hours</li> </ul>	
<b>INTERNAL RESOURCES</b>	
<ul style="list-style-type: none"> <li>● self-esteem</li> <li>● self-confidence</li> <li>● the ability to express one's own interests</li> </ul>	

### ■ Other examples:

#### INTERACTION BETWEEN GENDER AND ACCESS/CONTROL

**Gender Implications for Women's Health:** We tend to hear that women use health services much more than men. But that utilization can be hindered at different times by a lack of access to and control of the different resources:

- In order for a woman to recognize that she has, for example, a gynecological problem, she needs to have access to the information/education that allows her to identify the symptoms of a health problem. Access to information is a crucial element so that the woman can make the decision to go to the health services.
- Even when a woman recognizes that she has a gynecological problem, she may be too embarrassed or timid to mention it to the physician. In this case, the degree of development of internal resources would give her the self-esteem necessary to take action.
- A woman may need to obtain medical care. However, the decision to go to the doctor might not be made by her, because she depends on the approval of her husband, mother-in-law, parents etc. At this point, the woman must have control of economic resources. In this respect, the woman must be able to cover the cost of her visit and the type of health insurance that she has could be important.

The woman may not have money to pay for transportation in order to get to the health service. Or she may not have someone with whom she can leave her children or her elderly and/or sick family members.

- The health care service's hours, the waiting time and the travel time can constitute other obstacles due to her lack of control over her time due to her reproductive responsibilities and roles.

### ■ Implications for Men's Health:

- Men may not have, for example, access to information on prostate cancer detection programs. In addition, they may be informed, but may decide not to have themselves checked, due to fear or embarrassment.
- A man may have control over sexual relations, but he may lack or have incorrect knowledge about sexuality and reproduction because he does not have access to adequate information. The lack of access to information can lead to sexual practices that expose both men and women to the risk of contracting sexually transmitted diseases.

■ **Differential Access to/ Control over Resources:**

- The analysis of the differential level of access and control that women and men have over resources is extremely important in developing and evaluating interventions. For example, there is a relationship between a woman's control over income and capacity to make household decisions and the educational and nutritional level of her children.
- In order to meet the development objective of enabling women to have greater control over household income, the intervention must include activities that strengthen women's ability to negotiate with others (company, other family members) and to assert control. Access and control as a gender issue must be addressed in monitoring and evaluating the intervention, as a measure of whether the project achieved its initial objectives.

■ **Facilitator sums up:**

- **Gender** is institutionally structured in a social system that assigns male characteristics greater worth. The health system which reflects gender differentiated access and control, is a good example of this.

**Women's roles:** The care of others, in particular, family members, is a predominant role for women in society. Even the productive roles they play tend to be extensions of their reproductive roles. This is particularly evident in the health care system where "caring for others" is viewed by society as women's "natural function." Hence, despite their central role, the nurses' work is valued less than that of medical doctors in our Western cultures.

- Approximately 80% of the health care workers in the Region are women, but represent a small minority of decision-makers within the health care system.
- The activities that nurses carry out and the time in which they do it, are controlled and often decided upon by physicians: this situation creates a feeling of lack of autonomy and decision-making power among nurses.

## HOUSEHOLD STEREOTYPES

<b>Method:</b>	Lecturette	
<b>Materials:</b>	OHT No. 2.a	Stereotypes/1
	OHT No. 2.b	Stereotypes/2
	OHT No. 2.c	Stereotypes/3
	Handout No. 9a, b, c	Stereotypes 1/2/3 (copies of OHT No. 2.a, b, c)
	Flipchart No. 10	Three Questions
<b>Time:</b>	<u>15 minutes</u>	
<b>Preparation:</b>	Prepare flipcharts	

### PROCESS

- Facilitator introduces the three main stereotypes prevalent among development practitioners which influence the design of development interventions:

- Facilitator displays **OHT No. 2.a** (illustration of couple and their children) and states:

**Assumption No. 1:** The household consists of a nuclear family of husband, wife and two or three children.

- Facilitator asks participants to think of the communities they work in or know. Does the illustration reflect reality? What kinds of households are they familiar with?

Points out:

- Extended families are very common, covering three, sometimes four generations.
- Many families consist of single mothers and children.

- Facilitator poses question:

What is the percentage of *female headed households in the region?*

**Answer:** In many areas of the Caribbean and Latin America, these are 40 percent or more. Globally, it is estimated that the figure is one-third.

- Facilitator displays **OHT No. 2.b** (drawing of couple with their divided tasks) and states:

**Assumption No. 2:** A clear division of labor exists within the household, in which the man as "provider" is involved in productive work outside the home and the woman as "housewife" and "homemaker" assumes the primary responsibility for reproductive and domestic work involved in the organization of the household.

■ Facilitator poses question:

How many women do you know have no involvement in productive labor?

When participants have made contributions, points out:

- Women are involved in considerable number in the formal labor market.
- Women dominate the informal labor market.
- The number of women who have to perform productive roles because of economic necessity is increasing.
- Women are increasingly qualified for jobs and careers that were formerly regarded as the domain of men, and work out of choice.
- Most women have no option but to balance their commitments to paid work with the unpaid work related to reproductive roles of caring for children and the home.
- Women's wages continue to be viewed as secondary or complementary to those of the "head of the house."
- The stereotype that women are passive recipients of their husband's productive efforts is born out in our region where women's access to social security comes through their husband's employment.

■ Facilitator shows **OHT No. 2.c** (drawing of couple) and states:

**Assumption No.3:** The household functions as a socio-economic unit in which all adults exercise equal access to and control of resources and decision-making capacity.

■ Facilitator indicates that:

This assumption is being questioned by the social and economic sciences for a number of reasons:

- Inequalities are prevalent in the distribution of family resources. It is a false assumption that the total wages earned will be pooled and adult members jointly will decide on the priorities and expenditure. It is widely recognized that male and female consumption patterns differ throughout the world. Women tend to apply resources to the family, men to their person or for consumer goods on which the livelihood of the family is not dependent - such as electronic goods or leisure time (drinks in the local bar). Within the family this translates into women having decision-making power over food and other domestic expenditures and men having more control over significant purchases or expenditures, such as land, a house, a car or smaller but important goods in lower income families.

- Even though women control the distribution of food within the family, they tend to follow cultural patterns which give preferential treatment to men (e.g., more protein because it is believed men need it because they are physically larger/have to work harder).
- Even in the reproductive sphere, it is evident that decisions about the number of children wanted or the use of contraceptives, for instance, are not in fact made by the women. And if they are, these may be made against the wishes of the husband and in secret (such as use of contraceptives). Evidence indicates that women are at a disadvantage in the exercise of their reproductive rights.
- **Implications for development practitioners:** The targeting of projects toward "the family" or "the household" presupposes a view of this institution as an economic unit that is closed and homogeneous among its members. This myth of the single family/unit should be dispelled and there should be in-depth studies on the wide variety of households that exist, a variety that has direct implications for the "internal economy" of each.

■ Facilitator summarizes the main points from this component:

- There are three important steps for conducting a gender analysis, and incorporating the findings of this analysis into effective and sustainable development planning.
  - i) Analysis of the gender division of labor (productive, reproductive and community roles) and the social and power relations that arise out of them;
  - ii) Analysis of access to and control of resources, and
  - iii) Awareness of stereotypes in planning.

■ Facilitator displays Flipchart No. 10 and states that there are three critical questions to pose at all stages of health and development planning:

1. **Who does what, when, where and with whom? (ROLES)**
2. **Who uses what? (ACCESS)**
3. **Who decides who uses, what is used, and how? (CONTROL)**

*Text of Flipchart No. 10:*

THREE QUESTIONS FOR ANALYSIS OF GENDER
<ol style="list-style-type: none"> <li>1. Who does what, when, where and with whom (ROLES)</li> <li>2. Who uses what? (ACCESS)</li> <li>3. Who decides who uses, what is used and how? (CONTROL)</li> </ol>

## HEALTH CRISIS

<b>Method:</b>	Small Group Work/Plenary Report back
<b>Materials:</b>	Handout No. 10: Case Studies: Scenario 2 Flipchart No. 11: Task For Health Crisis Case Study
<b>Time:</b>	15 minutes: Group Work 15 minutes: Plenary <u>30 minutes</u> : Total
<b>Preparation:</b>	Photocopy Handout No. 10

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### PROCESS

- Facilitator distributes Handout No. 10. Each group get the Crisis in Health scenario that matches the case they worked on previously.

*Text of Handout No. 10:*

**Situation A, Part 2:**

Ernestine, George's mother, fractures her hip. She has an emergency operation. After staying in the hospital, she comes home to convalesce.

**Situation B, Part 2:**

Richard, the oldest child has a motorcycle accident, needs rehabilitative therapy and rest for two months. Doctors are not sure he will recover completely.

**Situation C, Part 2:**

Sam is diagnosed with terminal lung cancer.

**Situation D, Part 2:**

May wakes up with vaginal bleeding and strong pain; she is hospitalized for an obstetric emergency due to spontaneous abortion. The hospital is an hour away by foot from the town where she lives.

**Situation E, Part 2:**

Jorge has an accident at work that cuts off his left hand. He is dismissed with minimal compensation and sent home.

**Situation F: Part 2:**

Frances' rheumatoid arthritis in her hands becomes so severe that she can no longer work as a hairdresser.

- The facilitator displays Flipchart No. 11 which has the Task for the exercise, and explains:

Taking into account the gender roles analysis of each of your household cases worked on earlier, how will these roles, and the access to and control of resources, be affected by the health crisis each household faces.

*Text of Flipchart No. 11:*

Group Task
<ul style="list-style-type: none"><li>● How would the crisis affect the division of roles and responsibilities for the men and women over the short or medium term?</li><li>● How does the crisis affect women and men's access to and control over resources within the household?</li><li>● What household changes could ensure that the responsibility for dealing with this crisis situation does not fall primarily on one person?</li></ul>

Time allotted for the group work: **15 minutes**

- In plenary session, each group presents its findings. Facilitator looks for and emphasizes: In a health crisis, a significant additional burden may be placed on women in the household. Another outcome may be, in the short run, a more equitable distribution of the responsibilities among the members of the household, a distribution which in the longer-term, may not be sustained.