

# PAHO Gender Workshop

Identifying Gender Issues in Health

PARTICIPANT MANUAL



HEALTH

GENDER

EQUITY



**Pan-American Health Organization**  
**Regional Office of the World Health Organization**

# **PAHO GENDER WORKSHOP**

## **IDENTIFYING GENDER ISSUES IN HEALTH**

**PARTICIPANT MANUAL**

**GENDER AND HEALTH UNIT**  
**Pan-American Health Organization**

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## PAHO Gender Workshop

- 9:00am **Welcome**
- 9:05am **Introduction of Facilitators and Participants**
- What area of PAHO do you work in?
  - Does anyone have experience in gender training/planning?
  - What do you like/dislike about being a woman/man?
- 9:20am **Objectives**
- Define gender and gender equity
  - Explore how gender relations impact your current work
  - Practice applying a gender analysis tool to a PAHO project
- 9:25am **Slide Presentation**
- What is gender?
  - Gender inequity/equity in health
- 9:50am **Individual task – Identifying Gender Issues in Health**
- 10:05am **Small group task**
1. Share your responses from the individual task
  2. Using the most important ways that gender relations affect access to and provision of care, list the key gender issues in health for your group.
- 10:25am **Report back and discussion**
- 10:35am **Break (15 mins)**
- 10:50am **Presentation of Yinger grid and second small-group activity**
- 11:00am **Small group work**
- Using the Yinger grid, participants will apply a gender analysis to one of their own projects/programmes
- 11:30am **Report back from small-group work and discussion**
- 12:00pm **Plenary discussion**
- What did you hear today that could contribute to what you are working on?
- 12:10pm **Wrap-up and Conclusion**
- Outstanding and “burning” questions
- 12:25pm **Complete and hand in evaluations**

# GENDER, EQUITY AND HEALTH PRESENTATION

Women, Health and Development Program  
Pan-American Health Organization  
PAHO/WHO

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Gender is the social construction of the biological differences between men and women

Gender is not "Sex"  
Gender is not "Women"

Gender is a focus on the unequal relations between men and women

Gender is learned, socially determined behaviour

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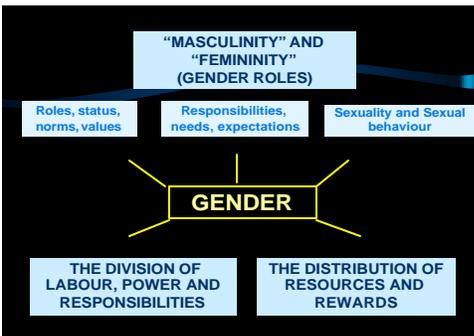
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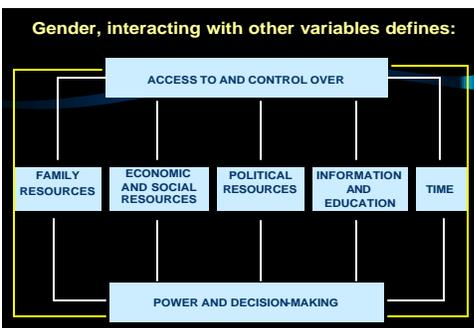
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## Gender Equity in Health

Achieving gender equity in health implies eliminating inequalities between women and men which are *unnecessary, avoidable* and therefore *unjust*.

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### In health, gender defines:

- Women and men's health status and determinants
- Gender-based hurdles in access to health services and resources
- Impact of health policies and programs
- Distribution and remuneration of health labour
- Participation in health policy and decision-making

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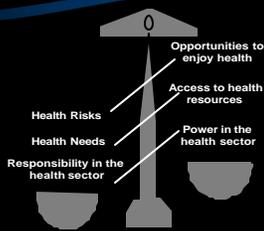
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### Gender inequities in health are concentrated in three types of imbalance:



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### Gender equity in health means:

#### 1. In Health Status:



It means that women and men have equal opportunities to enjoy good health, without becoming ill or dying through causes that are unjust and avoidable.

Does not mean equal rates of mortality or morbidity for women and men

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**Gender equity in health means:**

**2. In Access/Use**

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**Differential distribution and access to resources (technological/financial/human) according to need**

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**Gender equity in health means:**

**3. In Financing of Care**

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**Women and men contribute according to their economic capacity, not their need or use of services**

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**Gender equity in health means:**

**4. Participation in health production**

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- **Just distribution of responsibilities and power**
- **Placing value on non-remunerated health work**

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**Addressing Gender Inequities in Health**

- **Develop indicators for analysis, monitoring and evaluation**
- **Data disaggregated by sex and analyzed from a gender perspective**
- **Disseminate information on gender and health**
- **Train health workers to employ a gender perspective**
- **Increase women's participation in:**
  - **Defining health priorities**
  - **Planning solutions, policies and programs**
  - **Demanding accountability**

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**Beliefs that Pose Challenges**

- Gender is difficult to operationalize – it's too abstract and theoretical to be relevant
- Common vision and definition are lacking
- Work with Women ? Gender perspective

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**Challenges to incorporating gender**

Gender isn't an explicit priority

Information and methods are inadequate

- What's the best way to collect gender data?
- How to capture data on violence without endangering the subjects
- Tendency to rely on old and familiar methodologies that don't include gender
- Results and successes are hard to measure: lack of appropriate indicators

Men have been left out of the discussion

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**Achieving gender equity in health means:**

- Eliminating avoidable and unfair differences between women and men in health status & survival
- Allocating resources & providing access to quality health care according to the special needs of women & men
- Women and men paying for health care according to their economic capacity, not their need
- Making justice for women and men in the social distribution of responsibilities, power & rewards for their contribution to health production

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"Development, if not engendered, is endangered."  
UNDP Human Development Report 1995

"The highly demanding nature of women's contributions and efforts, without proportional compensation, is a particularly important theme to identify and explore."  
Anand, Sudhir and Sen, Amartya, Gender inequality in human development: 1995

"Differences are not inequities unless they systematically disadvantage one group in terms of opportunities."  
UNDP

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# GENDER, EQUITY AND HEALTH

## Individual task:

Using the key perspectives from the “Gender, Equity and Health” presentation, answer the following questions in relation to health in your area of work:

### Key perspectives from “Gender, Equity and Health”

- I. Looking at gender roles and stereotypes
- II. Taking into consideration women and men’s different needs, which derive from differences in roles, access to and control over resources, health-seeking behaviour and decision-making power
- III. The interdependence of the formal and non-formal sectors of health care
- IV. Giving women a voice

### **1. How do gender relations affect women’s (girls’) and men’s (boys’) health in the areas in which you work?**

For example: Women are victims of gender-based violence, a product of men’s general socialization to violence, which also has an impact on men’s health and is a primary underlying cause of men’s premature mortality

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### **2. Thinking about your area of work, consider the kinds of health programmes supported by PAHO and other actors. Briefly describe how gender relations might affect access to and provision of quality health care within the framework of these projects/programs, keeping in mind the cultural and socio-economic context of the region.**

For example: Women might not be able to or might be afraid to access health services or report violence. Health workers may not be able to detect/recognize violence in their patients

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## **MAJOR GENDER ISSUES IN HEALTH**

**How can they influence programme results?**

### **Small Group Task:**

1. Share your responses from your individual worksheet.
2. Using the most important ways that gender relations affect access to and provision of care that you considered earlier, **list the key gender issues in health for your group (on a flip chart).**

## INCORPORATING GENDER INTO HEALTH PROJECTS AND PROGRAMMES

### Small Group Task:

Using the following grid, apply a gender analysis to your own areas of work (projects/programmes). See attached sheet for a list of helpful questions.

| Project Objectives  | Gender-related obstacles to achieving results  | Activities that address these obstacles  | Indicators to measure success of activities designed to reduce gender-related obstacles | Data Sources   |
|---|--|--|---|--|
| <b>Example</b><br>Reduce the incidence of HIV/AIDS and STIs | Women are not empowered to refuse sexual relations with their partner or to insist on condom use | Train providers in and implement couples-counselling, model good couple communication (e.g. Community theatre, role playing) | Providers' counselling content, style, and ability; individual's attitudes              | Pre and post-training observations at clinics; attitudinal surveys (exit interviews) at clinics; qualitative interviews in the community |
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|   |  |  |   |  |
|   |  |  |   |  |

Adapted from N.Yinger et al. A Framework to Identify Gender Indicators for Reproductive Health and Nutrition Programming. Washington DC: IGWG, 2002.

## **MAJOR GENDER ISSUES IN HEALTH**

### **How can they influence programme results?**

The following questions will assist in incorporating gender issues into a Monitoring and Evaluation Plan. The list of questions is by no means exhaustive – in fact there are a number of other issues to consider. These questions however, will get you started.

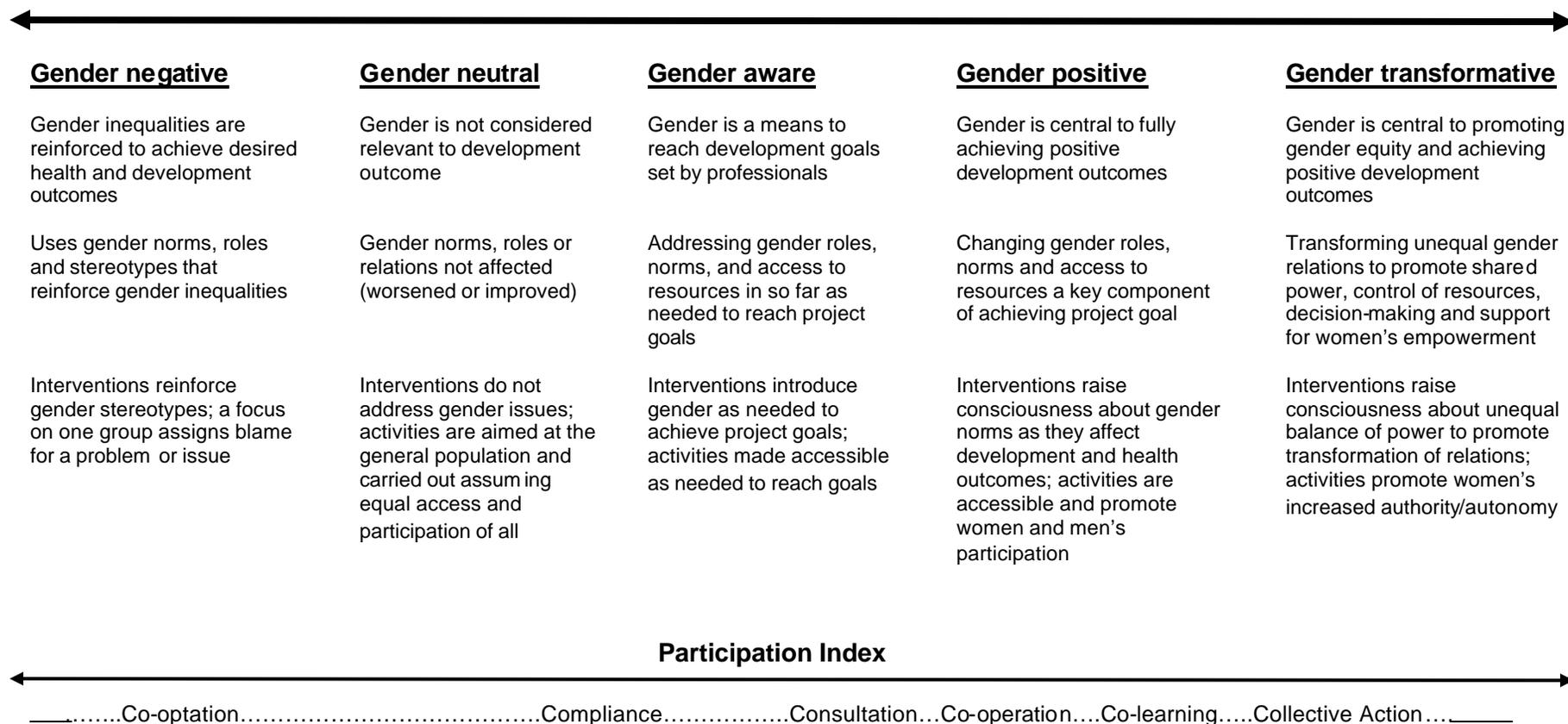
1. Are the project objectives stated in a way that allows you to measure impacts on people? Specify the customers/clients of the different expected results.
2. Are the indicators you have chosen disaggregated by sex, or is it possible to disaggregate them?
3. Do behaviour change indicators take into consideration whether the people whose behaviour is supposed to change have the power to make those decisions?
4. Do indicators that measure “Access to services” and “improving quality of services” address gender-specific constraints?

**If you answered “NO” to any of these questions, please review and modify you objectives and indicators**

**If you answered “YES” to these questions, you are well on your way to having a gender-sensitive monitoring plan.**

## CONTINUUM OF GENDER APPROACHES IN PROJECTS

The degree of integration of gender in any given project, programme or policy can be conceptualized as a continuum...



Source: Adapted from Eckman, A. (2002)

# CONTINUUM OF GENDER APPROACHES IN PROJECTS

## Gender Continuum Worksheet for Projects

Use this worksheet to assess your project for what gender approaches it takes.

### I. Projects Steps

#### A. Objectives

1. Do your project objectives address gender? If so, how?
2. What gender approach predominates in your project objectives? Please explain.

#### B. Interventions

1. In what ways does the project intervention strategy address gender?
2. What gender approach predominates? Please explain.

#### C. Indicators and Impact

1. What gender issues do the project indicators address?
2. What gender approach predominates? Please explain.
3. Were there any unanticipated gender consequences, negative or positive, from this project? If so, what might account for these?

### II. Overall Assessment

1. Where does your project fall on the continuum of approaches?
2. Why?
3. What opportunities do you see for strengthening your project's approaches to gender?





## **Annex 1 - List of Supporting Materials**

- *Fact Sheet: Gender, Equity and Health*. Washington DC: Pan American Health Organization, 2002. <http://www.paho.org/english/DPM/GPP/GH/GEHFactSheet.pdf>
- *Issue Paper: Gender, Equity and Health*. Washington DC: Pan American Health Organization, 2002. <http://www.paho.org/english/DPM/GPP/GH/GEHPaper.pdf>
- *Integrating Gender Perspectives in the Work of WHO: WHO Gender Policy*. Geneva: World Health Organization, 2002. <http://www.who.int/gender/documents/policy/en/>
- Yinger, N. et al. *A Framework to Identify Gender Indicators For Reproductive Health and Nutrition Programming*. Washington DC: Inter-Agency Gender Working Group, 2002. <http://www.measurecommunication.org/pdf/GenderPaper.pdf>
- *Gender and Health: A Technical Paper*. Geneva: World Health Organization, 1998. [http://www.who.int/reproductive-health/publications/WHD\\_98\\_16\\_gender\\_and\\_health\\_technical\\_paper/WHD\\_98\\_16\\_table\\_of\\_contents\\_en.html](http://www.who.int/reproductive-health/publications/WHD_98_16_gender_and_health_technical_paper/WHD_98_16_table_of_contents_en.html)