### **PAHO Gender Workshop**

**Identifying Gender Issues in Health** 

**PARTICIPANT MANUAL** 



HEALTH

**GENDER** 

**EQUITY** 

### 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	<ol> <li>Small group task</li> <li>Share your responses from the individual task</li> <li>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.</li> </ol>
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**



#### **Gender Equity in Health**

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

#### 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 decisionmaking

## Gender inequities in health are concentrated in three types of imbalance: Opportunities to enjoy health Access to health resources Health Risks Health Needs Responsibility in the health sector

# 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

Gender equity in health means:	
2. In Access/Use	
Differential distribution and access to	
resources (technological/financial/	
human) according to need	
Gender equity in health means:	
3. In Financing of Care	
♥	
Women and men contribute	
according to their economic	
capacity, not their need or use of services	
Gender equity in health means:	
4. Participation in health production	
▼	
<ul> <li>Just distribution of responsibilities</li> </ul>	
and power	
Placing value on non-remunerated	
health work	
Addressing Gender Inequities in Health	
Develop indicators for analysis, monitoring and evaluation	
<ul> <li>Data disaggregated by sex and analyzed from a gender perspective</li> </ul>	
Disseminate information on gender and health	
Train health workers to employ a gender perspective	
Increase women's participation in:     Policing health missière	
Defining health priorities     Planning solutions, policies and programs     Demanding accountability	

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

#### **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 th 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						
	premature mortality						
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 socioeconomic 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						
	violence. Health workers may not be able to detect recognize violence in their patients						

#### **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, <u>list the key gender issues in health for your group (on a flip chart).</u>

#### INCORPORATING GENDER INTO HEALTH PROJECTS AND PROGAMMES

#### **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.

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
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)	Provi ders' 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
	obstacles to achieving results  Women are not empowered to refuse sexual relations with their partner or to insist on	obstacles to achieving results  Women are not empowered to refuse sexual relations with their partner or to insist on condom use  address these obstacles  Train providers in and implement couples-counselling, model good couple communication (e.g. Community theatre, role	obstacles to achieving results       address these obstacles       success of activities designed to reduce gender-related obstacles         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       Provi ders' counselling content, style, and ability; individual's attitudes

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...

Gender negative	Gender neutral	Gender aware	Gender positive	Gender transformative
Gender inequalities are reinforced to achieve desired health and development outcomes	Gender is not considered relevant to development outcome	Gender is a means to reach development goals set by professionals	Gender is central to fully achieving positive development outcomes	Gender is central to promoting gender equity and achieving positive development outcomes
Uses gender norms, roles and stereotypes that reinforce gender inequalities	Gender norms, roles or relations not affected (worsened or improved)	Addressing gender roles, norms, and access to resources in so far as needed to reach project goals	Changing gender roles, norms and access to resources a key component of achieving project goal	Transforming unequal gender relations to promote shared power, control of resources, decision-making and support for women's empowerment
Interventions reinforce gender stereotypes; a focus on one group assigns blame for a problem or issue	Interventions do not address gender issues; activities are aimed at the general population and carried out assum ing equal access and participation of all	Interventions introduce gender as needed to achieve project goals; activities made accessible as needed to reach goals	Interventions raise consciousness about gender norms as they affect development and health outcomes; activities are accessible and promote women and men's participation	Interventions raise consciousness about unequal balance of power to promote transformation of relations; activities promote women's increased authority/autonomy
		Participation Index		

Source: Adapted from Eckman, A. (2002)

#### CONTINUUM OF GENDER APPROACHES IN PROJECTS

#### Gender Continuum Worksheet for Projects

Use this worksheet to assess you 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? Is 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?

#### **PAHO Gender Workshop**

**Evaluation Form** (to be handed back to the facilitators)

**Workshop Presentation** 

I.

On a scale of 1-5, please indicate your agreement with the following statements:

	1.	The workshop objective	ves were clearly prese	ented	
Strongly	1 / disagr	ee	3	4	5 Strongly agree
	2.	The workshop provide	ed enough time for que	estions and disc	ussion
Strongly	<b>1</b> / disagr	2 ee	3	4	5 Strongly agree
	3.	The subject matter wa	as clearly presented ar	nd easy to follow	I
Strongly	<b>1</b> / disagr	2	3	4	5 Strongly agree
	II.	Workshop Objective	<u>s</u>		
		an describe various ge omen and men's health		and how they ca	n influence
Strongly	<b>1</b> / disagr	2 ee	3	4	5 Strongly agree
	2. I c	an identify these issues	s in the programmes/p	orojects I work w	ith
Strongly	<b>1</b> / disagr	2 ee	3	4	5 Strongly agree
;	3. I c wi	an develop one possib th	le intervention for the	programmes/pro	ojects I work
Strongly	1 / disagr	2 ee	3	4	5 Strongly agree

#### III. Workshop Components

Р	lease comment	on the	usefulness	of the	various	components	of the	workshop.
			ascialitess .	01 1110	various	COLLIDOLICITE	, 01 1110	WOINSHOP

ГК	ease confinent on the userumess of the various components of the workshop.
1.	Presentation: "Gender, Equity and Health"
2.	Exercise to identify gender issues in health (individual and small group tasks)
3.	Small group work using the Gender Programming Grid
4.	Resources and materials provided
5.	What else do you need to help integrate gender into your work?
6.	What was most helpful about today's workshop?
7.	Additional Comments?

#### Annex 1 - List of Supporting Materials

- Fact Sheet: Gender, Equity and Health. Washington DC: Pan American Health Organization, 2002.
   <a href="http://www.paho.org/english/DPM/GPP/GH/GEHFactSheet.pdf">http://www.paho.org/english/DPM/GPP/GH/GEHFactSheet.pdf</a>
- Issue Paper: Gender, Equity and Health. Washington DC: Pan American Health Organization, 2002. <a href="http://www.paho.org/english/DPM/GPP/GH/GEHPaper.pdf">http://www.paho.org/english/DPM/GPP/GH/GEHPaper.pdf</a>
- Integrating Gender Perspectives in the Work of WHO: WHO Gender Policy.
   Geneva: World Health Organization, 2002.
   <a href="http://www.who.int/gender/documents/policy/en/">http://www.who.int/gender/documents/policy/en/</a>
- Yinger, N. et al. A Framework to Identify Gender Indicators For Reproductive Health and Nutrition Programming. Washington DC: Inter-Agency Gender Working Group, 2002. <a href="http://www.measurecommunication.org/pdf/GenderPaper.pdf">http://www.measurecommunication.org/pdf/GenderPaper.pdf</a>
- Gender and Health: A Technical Paper. Geneva: World Health Organization, 1998. <a href="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</a>