

# Approaches to Integrating Gender in Health Promotion

**British Columbia Centre of Excellence for  
Women's Health**

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<http://promotinghealthinwomen.ca>

# Gender Integration

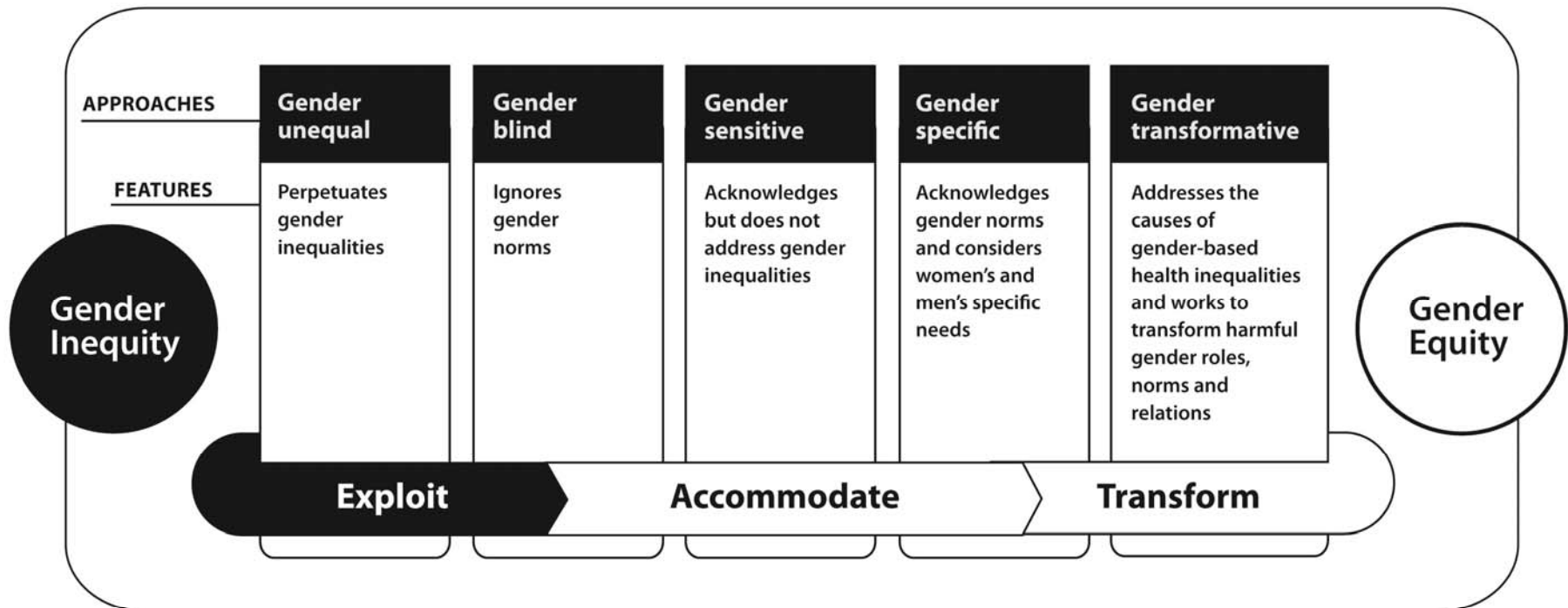
- \* Gender integration refers to strategies that take gender norms into account and compensate for gender-based inequalities.
- \* By assessing our current level of gender integration, we can ask "**How can we improve health as well as move towards improving gender equity?**"

# Equity vs. Equality

- \* The terms equity and equality are sometimes used interchangeably, which can lead to confusion because while these concepts are related, there are also important distinctions between them.
- \* **Equity** involves trying to understand and give people *what they need* to enjoy full, healthy lives.
- \* **Equality**, in contrast, aims to ensure that everyone *gets the same things* in order to enjoy full, healthy lives.
- \* Like equity, **equality** aims to promote fairness and justice, but it can only work if everyone starts from the same place and needs the same things.

# Continuum of Approaches to Action on Gender and Health

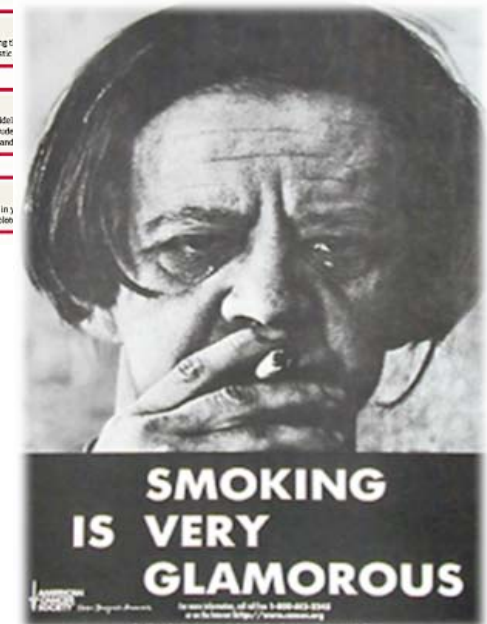
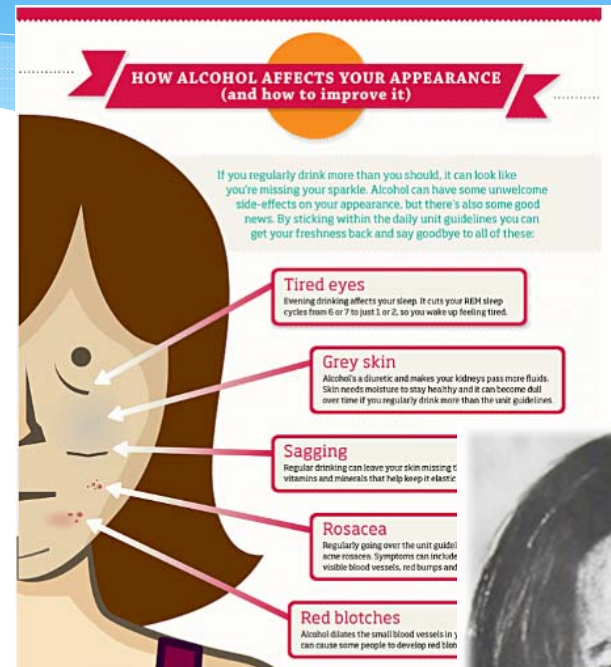
A Continuum of Approaches to Action on Gender and Health



*Inspired by remarks by Geeta Rao Gupta, Ph.D, Director, International Center for Research on Women (ICRW) during her plenary address at the XIIIth International Aids Conference, Durban, South Africa, July 12, 2000:*

# Gender-unequal

- \* Gender unequal initiatives perpetuate gender inequalities by reinforcing unbalanced gender norms, roles and relations. These approaches may consider sex and gender differences but may sustain traditional stereotypes and inequities. For example, a program may encourage women to quit smoking or reduce alcohol use due to concerns about their appearance.



# Gender-blind

- \* Gender-blind programs ignore gender norms, roles and relations and may therefore reinforce gender-based discrimination, biases and stereotypes. The most common argument for gender blind initiatives is that they are ‘fair’ because they treat everyone the same, but by ignoring structured barriers faced by some program participants, the program may contribute to inequities.

# Example - Representation of Women in Stroke Clinical Trials (USA)

**WOMEN FACE HIGHER RISK OF STROKE**

NEW GUIDELINE OFFERS WAYS TO LOWER YOUR RISK

WOMEN HAVE MORE STROKES THAN MEN, AND STROKE KILLS MORE WOMEN THAN MEN. Talk to your healthcare provider about how to lower your risk, using the below information from the new American Heart Association/American Stroke Association prevention guidelines.

**1 in 5 WOMEN has a STROKE** at some point in her life

**Stroke RISK GOES UP due to ...**

- PREGNANCY**: About 3 out of 10,000 pregnant women have a stroke during pregnancy compared to 2 out of 10,000 young women who are not pregnant.
- PREECLAMPSIA**: This is a term for high blood pressure that develops during pregnancy, and it doubles the risk of stroke later in life.
- BIRTH CONTROL PILLS**: May double the risk of stroke, especially in women with high blood pressure.
- HORMONE REPLACEMENT THERAPY**: Once thought to lower stroke risk, this in fact increases the risk.
- MIGRAINES WITH AURA + SMOKING**: Strokes are more common in women with migraines with aura who also smoke.
- ATRIAL FIBRILLATION**: Quadruples stroke risk and is more common in women than men after age 75.

**LOWER YOUR RISK for stroke by ...**

- Pregnant women with very high blood pressure should be treated with safe blood pressure medications.
- Talk to your healthcare provider about whether you should follow the guideline recommendation of low-dose aspirin starting in the second trimester (25 to lower preeclampsia risk).
- Women should be screened for high blood pressure before taking both oral pills. Women should not smoke, and they should also be aware that smoking and the use of oral contraceptives increases the risk of stroke.
- Hormone replacement therapy should not be used to prevent stroke in postmenopausal women.
- Smokers who have migraines with aura should quit to avoid higher stroke risk.
- All women over age 75 should be screened for atrial fibrillation.

**STROKE BY THE NUMBERS**

- About **55,000** more women than men have a stroke each year.
- STROKE IS THE **#3** leading cause of DEATH in women and **#4** leading cause of DEATH in men.
- Number of STROKE DEATHS IN ONE YEAR: **77,109** for men and **52,367** for women. (From 2015, the most recent year for which data was available.)

**FAST** Do you know how to identify a stroke and when emergency help is needed? Learn how to spot a stroke F.A.S.T. at [StrokeAssociation.org/warningsigns](http://StrokeAssociation.org/warningsigns)

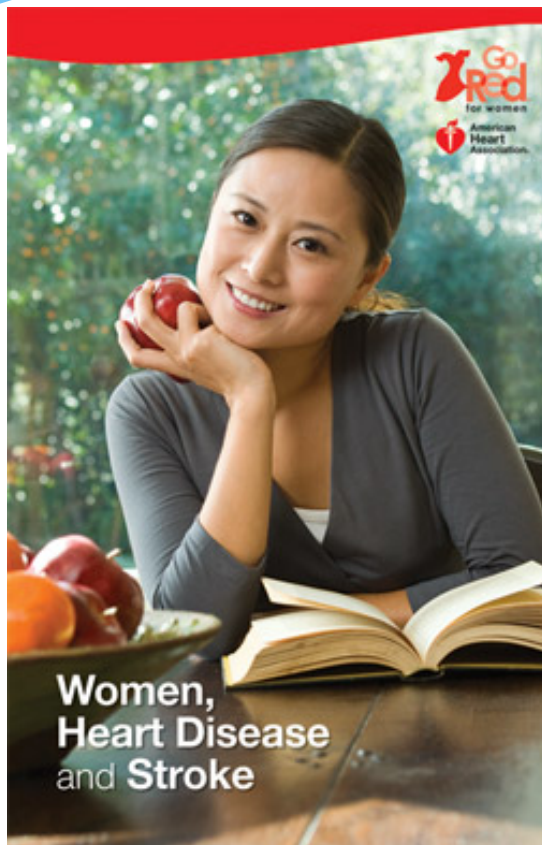
- \* Historically, clinical trials in general have excluded women. This limits the generalizability of findings.
- \* 1993 - National Institutes of Health Revitalization Act (public law 103-43) requires inclusion of women in clinical trials of diseases affecting women
- \* Legislation appears to have had little impact - overall rate of enrollment of women at roughly 25%.
- \* National Institutes of Health - Women have accounted for less than half of all subjects enrolled in stroke prevention clinical drug trials in the past decade.
- \* The percentage of women enrolled in recent stroke prevention trials of carotid disease and antiplatelet agents ranges from 25% to 53%, with an average of 34%, which is generally below the stroke prevalence rates by sex.

# Gender-sensitive

- \* Gender sensitive programs acknowledge but do not address gender inequalities.
- \* While sex differences and gender norms and roles are considered, they do not necessarily involve action to address them.



# Example: Heart disease and stroke information and guidelines



[www.heart.org](http://www.heart.org)



[www.heartandstroke.com](http://www.heartandstroke.com)

- \* Resources reflect how heart disease and stroke symptoms, response to diagnostic tests, treatments and outcomes may differ for women and men
- \* Does not address the underlying reasons for differences in outcomes

# Gender-specific

## **Gender-specific programs acknowledge gender norms and considers women's and men's specific needs.**

- \* Recognize that gender norms, roles and relations exist and have an impact on access to or control over resources. This may mean targeting a program specifically at women or men, and accommodating gender norms but not working to address or change them.
- \* Programs that provide child-minding and offer women-only spaces can be gender-specific but not necessarily gender-transformative because they do not challenge why women are responsible for children when they need their own health care or why mixed spaces are unsafe or deemed unsuitable for women.
- \* While obviously an important approach, gender specific programs do not necessarily address the root causes of gender imbalances in power, resources or opportunities.

# Example: SmokeFree Women (USA)

<http://women.smokefree.gov>



- \* SmokeFree Women was a website developed to reach and engage female smokers to provide smoking cessation information about topics that are often important to women with the goal to increase and support quit attempts.
- \* Examples of some of the interactive tools on the site are quizzes, a live chat feature, a quit guide smartphone application, and various social media components including Facebook and Twitter.
- \* Some of the resources include:
  - \* Self-quizzes about important subjects like depression, withdrawal, and relationships
  - \* Link to SmokefreeMOM, a mobile text messaging program that provides 24/7 tips, advice, and encouragement to help pregnant women quit smoking
  - \* Local and state telephone quitlines (general population)
  - \* National Cancer Institute's national telephone quitline
  - \* Publications, which may be downloaded, printed, or ordered

# Example: WISEWOMAN program, United States ([www.cdc.gov/wisewoman](http://www.cdc.gov/wisewoman))

- \* Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program from the Centers for Disease Control and Prevention's provides low-income, under-insured or uninsured women ages 40-64 with chronic disease risk factor screening, lifestyle programs, and referral services in an effort to prevent cardiovascular disease.



# Example: Becoming a Man (BAM) Sports Mentoring Program

## BAM Sports Edition Program World Sport Chicago

- \* World Sport Chicago is a non-profit organization that supports positive values and leadership through sport.
- \* The Becoming A Man- Sports Edition sports mentor program is a one-year service program assigning two sports mentors each to high schools in the Chicago Public Schools.
- \* The program combines an in-school male character development curriculum with after-school sports featuring Olympic-type sports not traditionally available at inner-city Chicago Public Schools.
- \* Under the guidance of trained clinical counselors and sports mentors, the young men develop social and emotional skills along six core values:
  - \* Accountability
  - \* Integrity
  - \* Self-Determination
  - \* Positive Anger Expression
  - \* Respect for Womanhood
  - \* Visionary Goal Setting



<http://www.worldsportchicago.org/programs/bam-sports/sports-mentor/>

# Example: Calgary Drug Treatment Court (Canada)

<http://calgarydrugtreatmentcourt.org>



- \* The first Drug Treatment Court was started in 1989 in the United States. Drug treatment courts combine addiction treatment and justice system processing by a multi-disciplinary team.
- \* The Calgary Drug Treatment Court began in May 2007 as a pilot project and provides a holistic or wrap around approach integrating Justice, Law Enforcement, Health Services, Housing, Employment, Treatment and Rehabilitation services.
- \* Due to research showing that over 90% of women who suffer from addictions have experienced a history of abuse or trauma and that a woman's criminal history is often a very different journey than that of a man, the CDTC offers a women's program that is uniquely designed for women and led by women.

- \* In 2010, approximately 75% of the program client were male and 25% were female (although attending in smaller numbers, women have been significantly more likely to complete the program than men).
- \* In order to make the program more accessible, the program has expanded to include a Day Program which offers both mixed-education classes and gender specific group components.
- \* Overall, the approach of drug treatment courts is one of appropriate flexibility in adjusting program content, including incentives and sanctions, to better achieve program results with particular groups such as women, indigenous people and minority ethnic groups.



# Gender-transformative

- \* **Gender transformative health promotion focuses on the dual goals of improving health *as well as* gender equity.**
- \* Acknowledges different norms and roles for women and men and their impact on access to and control over resources
- \* Considers women's and men's specific needs
- \* Addresses the causes of gender-based health inequity
- \* Includes ways to transform harmful gender norms, roles and relations
- \* Promotes gender equality
- \* Fosters changes in power relationships between women and men



# Example: Everyone Wins Program

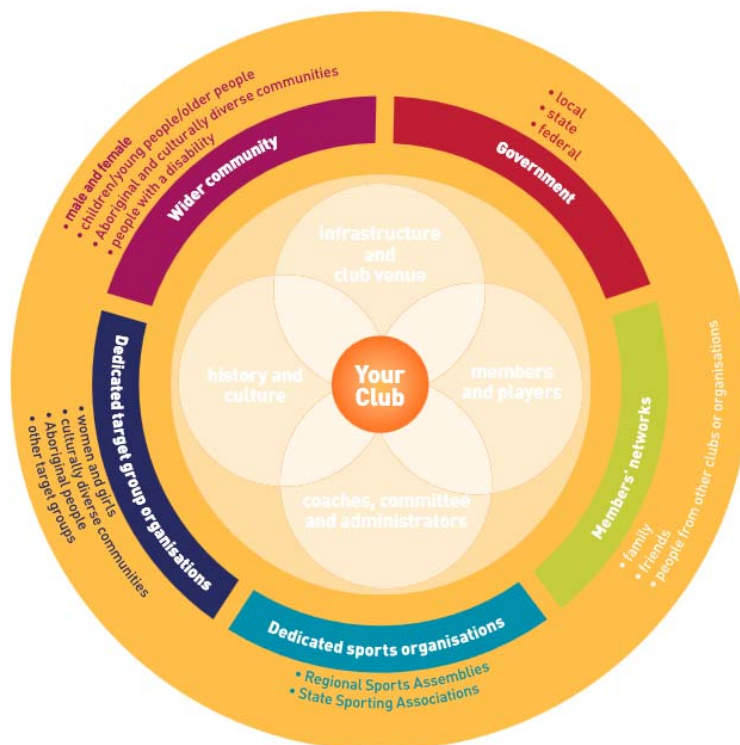
## Victorian Health Promotion Foundation (Australia)



[www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au)

- \* Organization aims to improve health and wellbeing by reducing health inequities
- \* Everyone Wins aims to increase participation in sport in people with a disability, Indigenous Australians, people from culturally and linguistically diverse communities, and women and girls

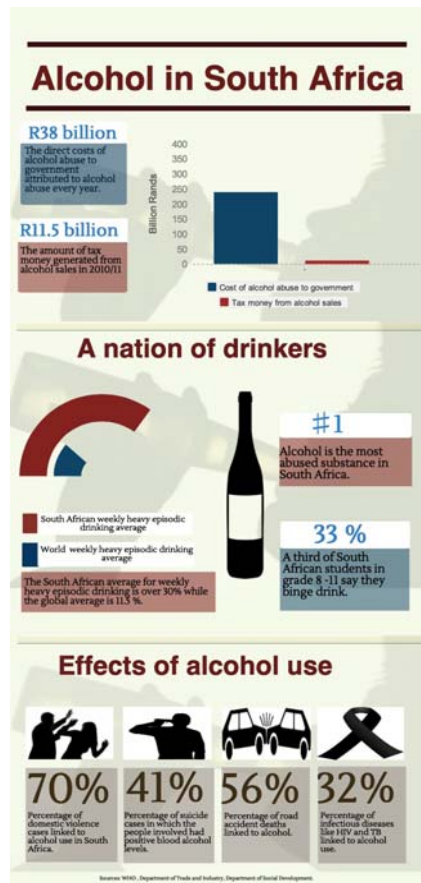
# How might gender norms affect participation in sport?



- \* The program helps to build healthier sporting environments that are safe, accessible, inclusive and equitable – focus on state sporting associations and one for community sporting clubs
- \* Recognition that many sporting environments have been male-dominated or reflect an “Anglo-Australian” heritage

**The diagram above shows different people and organisations that could help.**  
Think about what role they can play to help make your club more inclusive – they could be a club champion, or provide expert advice, links to the community or material support.

# Example: 'Soul Buddyz' Media Project, Soul City, South Africa



- \* Soul Buddyz is a multi media “edutainment” vehicle for children aged 8-12 years old (boys and girls) designed to promote their health and well-being, consisting of television and radio dramas and school books.
- \* Launched in January 2011, the fifth series of the Soul Buddyz television programme focused on violence prevention and specifically the role of alcohol as a catalyst for violence.
- \* The scripts were developed through child participation workshops that asked children to map, draw and write about their perceptions of masculinity, alcohol and substance abuse.

[www.soulcity.org.za](http://www.soulcity.org.za)

# Alcohol, violence and norms of masculinity

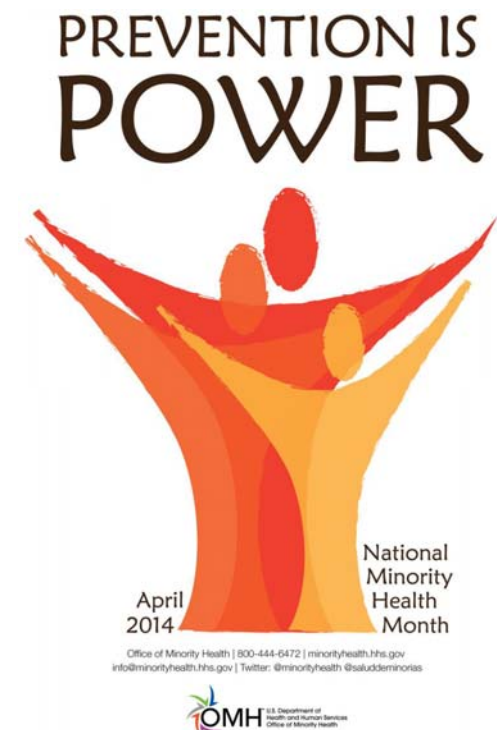


- \* Children outlined the ways in which alcohol and substance abuse influence their upbringing, for instance how alcohol and violent behaviour by their fathers or brothers is evidence of their masculinity.
- \* Soul Buddyz Clubs have been set up across the country to help children, who have been inspired by the television series, become active agents for social change in their communities and in their own lives. The Clubs have attracted 130,000 children in almost 6 500 clubs countrywide.

# Example: National Urban League (USA)

- \* Established in 1910, The Urban League is the oldest and largest community-based movement devoted to empowering African Americans to enter the economic and social mainstream in the US.
- \* It runs several programs that work to build healthy and safe communities to eliminate health disparities through prevention, healthy eating, fitness, as well as ensuring access to affordable healthcare for all people.

<http://www.iamempowered.com>



# Community Health Worker/Remarkable Women Programs

- \* The CHW program targets African American women who are at risk for obesity, diabetes, heart disease and other chronic health issues.
- \* Many clients are currently or formerly engaged in other programs of the Urban League affiliate, such as job training and placement, housing counseling, financial education, seniors programs, substance abuse and prevention programs, or voter registration.
- \* **Addresses health from a holistic perspective and embeds behavioural change within overall social and economic empowerment.**

# SUMMARY: Gender-responsive Continuum for Assessing Programs and Policies

<p><b>GENDER UNEQUAL</b></p>	<ul style="list-style-type: none"> <li>*Perpetuates gender inequality by reinforcing unbalanced gender norms, roles and relations</li> <li>* Privileges men over women or women over men</li> <li>* Leads to one sex enjoying more rights, privileges and opportunities than the other</li> </ul>
<p><b>GENDER BLIND</b></p>	<ul style="list-style-type: none"> <li>* Ignores gender norms, roles and relations</li> <li>* May reinforce gender-based discrimination</li> <li>* Ignores differences in opportunities and resource allocations between women and men</li> <li>* Often constructed on the principle of being ‘fair’ by treating everyone the same</li> </ul>
<p><b>GENDER SENSITIVE</b></p>	<ul style="list-style-type: none"> <li>* Considers gender norms, roles and relations but offers no remedial action to address them</li> <li>* Does not address inequality arising from unequal gender norms, roles or relations</li> </ul>
<p><b>GENDER SPECIFIC</b></p>	<ul style="list-style-type: none"> <li>*Acknowledges different norms and roles for women and men and their impact on access to and control over resources</li> <li>*Considers women’s and men’s specific needs</li> <li>*May intentionally target a specific group of women or men to achieve policy or program goals or to meet their needs</li> <li>*May make it easier for women and men to fulfill duties assigned to them based on their gender roles</li> <li>*Does not address underlying causes of gender differences</li> </ul>
<p><b>GENDER TRANSFORMATIVE</b></p>	<ul style="list-style-type: none"> <li>* Acknowledges different norms and roles for women and men and their impact on access to and control over resources</li> <li>* Considers women’s and men’s specific needs</li> <li>* Addresses the causes of gender-based health inequity</li> <li>* Includes ways to transform harmful gender norms, roles and relations</li> <li>* Promotes gender equality</li> <li>* Fosters changes in power relationships between women and men</li> </ul>

# Reflection/Group Discussion

- \* What existing projects and activities are you currently involved with? How would you classify them along the gender continuum?
- \* How can they be further developed to become more "gender transformative"?
- \* Can you think of other ways that health promotion has attempted to consider gender? What has been successful? What could be done differently?



# Acknowledgements

- \* The interdisciplinary research team involved in developing these gender transformative health promotion training materials is funded by the Canadian Institutes of Health Research (CIHR), Institute of Gender and Health and sponsored by the British Columbia Centre of Excellence for Women's Health.

# References

- Greaves L, Pederson A, Poole N, editors. *Making it better: Gender Transformative Health Promotion for Women*. Toronto, Ontario: Canadian Scholars' Press; forthcoming.
- Gupta GR, Weiss E. *Women and AIDS: Developing a New Health Strategy*. Washington, DC: International Center for Research on Women; 1993.
- Gupta GR. Gender, sexuality and HIV/AIDS: The What, The Why and The How: Plenary Address at the XIII International AIDS Conference. *XIII International AIDS Conference*. Durban, SA; 2000.
- Rottach E, Schuler SR, Hardee K. *Gender Perspectives Improve Reproductive Health Outcomes: New Evidence*: Interagency Gender Working Group; 2009.