

# **GENDER TRANSFORMATIVE HEALTH PROMOTION**

## **An Introduction**

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

**July 2014**

**<http://promotinghealthinwomen.ca>**

# What is Gender Transformative Health Promotion?

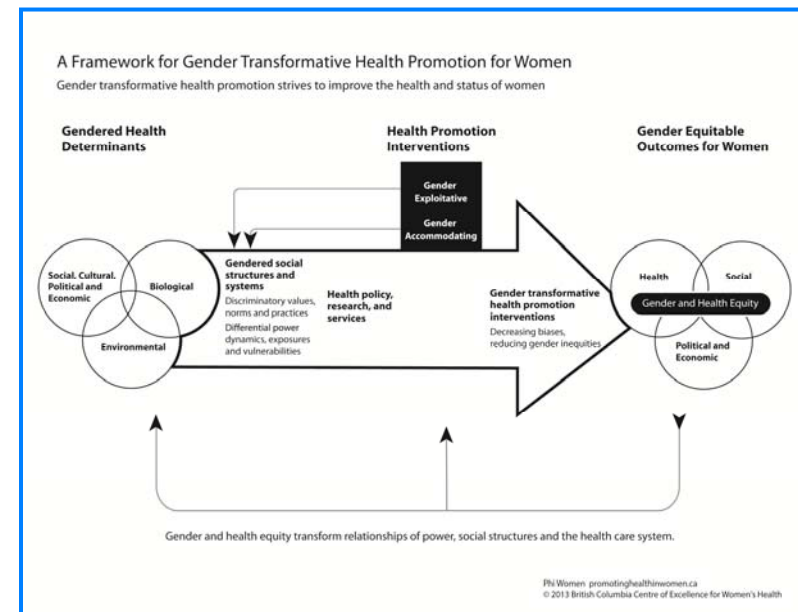
**Gender transformative health promotion** focuses on the dual goals of improving health *as well as* gender equity.

# Why Consider Health Promotion & Gender Equity?

- \* It is internationally recognized that gender is among the most influential of the determinants of health, and that gender inequities can affect health outcomes and access to health services
- \* Evidence increasingly demonstrates that health care interventions—including health promotion—are more effective if they are designed with gender in mind
- \* Health promotion can either improve or exacerbate health outcomes and gender equality

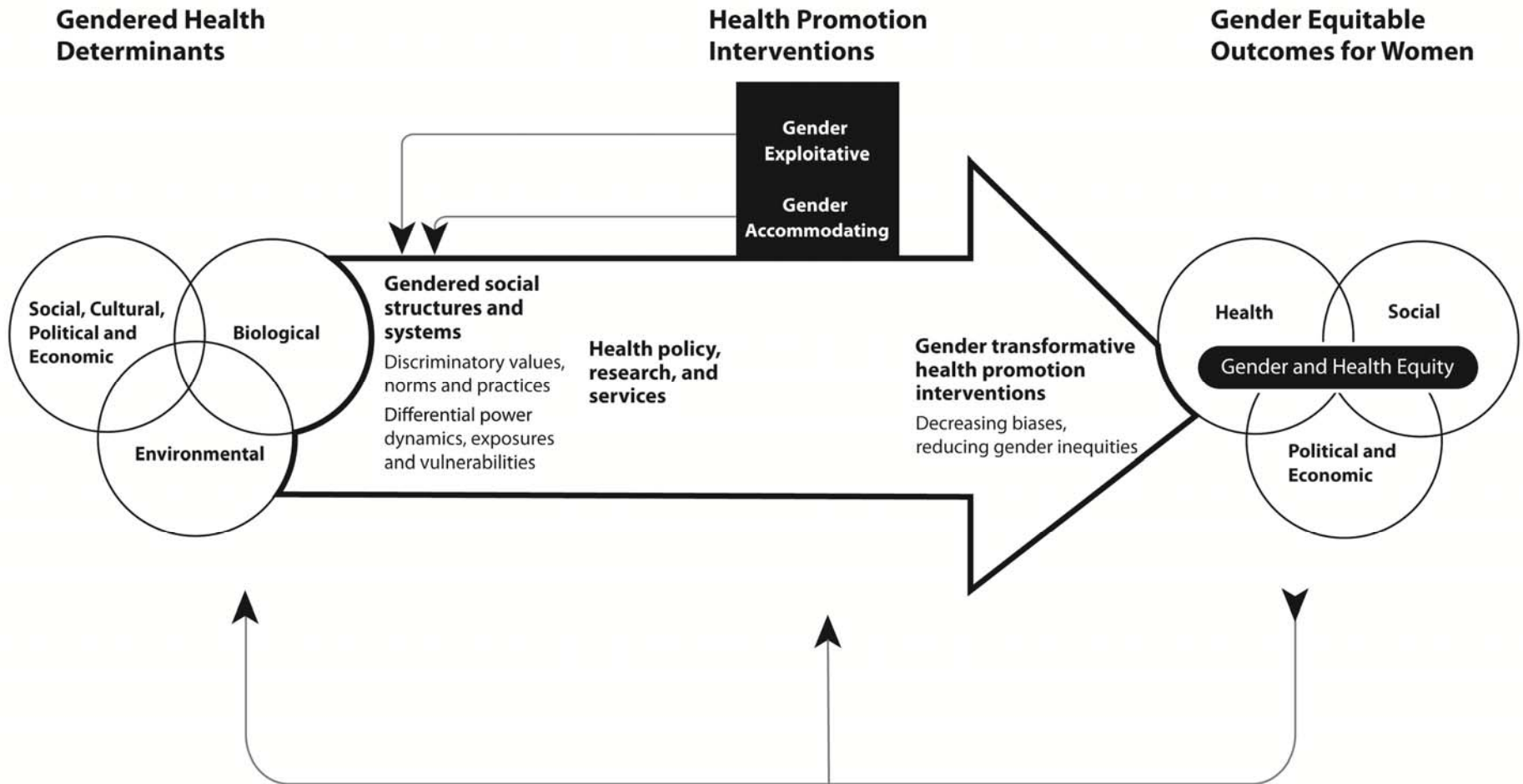
# Framework for Gender Transformative Health Promotion

- \* Developed by over 150 health promotion researchers, practitioners and policy makers through an extensive stakeholder consultation process that included an iterative process of literature reviews, case studies and dialogue over several years
- \* A conceptual tool designed to illustrate how health promotion can contribute to gender transformation to enhance both health and gender equity



# A Framework for Gender Transformative Health Promotion for Women

Gender transformative health promotion strives to improve the health and status of women



Gender and health equity transform relationships of power, social structures and the health care system.

*Each section is understood to affect the one(s) to its right*

# How does health promotion affect gender equity?

- \* The Framework shows how health promotion interacts with multiple factors to either improve health and social outcomes for women or, through a feedback loop, maintain health systems and social structures that are based on and foster biased and discriminatory norms and practices.
- \* This framework suggests that **gender transformation should be an explicit aim of health promotion** practice, policy-making, and research. If sex and gender are not recognized, then health promotion can only contribute to minor changes in health and social outcomes or may even exacerbate health inequities.

# What about boys and men?

- \* This Framework also recognizes how **gender inequity also negatively affects the health of boys and men**  
E.g.
  - A teenage boy dies in an accident because of trying to live up to his peers' expectations that young men should be "bold" risk-takers
  - Despite improvements in tobacco control activities, a country's lung cancer mortality rate for men continues to grow as smoking is considered an attractive marker of masculinity
- \* **Gender transformative health promotion is interested in improving outcomes for all: women, men, girls and boys.**

# Reflection/Group Discussion

- \* In your work, what gender and health issues do you see?
- \* Can you name some of the structural factors influencing women's and men's health, i.e., factors that are out of an individual's control?
- \* Do you think gender norms, i.e., ideas about masculinity and femininity, affect the way that these issues are perceived or addressed?



# DEFINITIONS: Sex & Gender

- \* SEX - The biological characteristics that distinguish males and females in any species
- \* GENDER - The socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes



"Are you the opposite sex, or am I?"

# Sex & Gender-related Factors Influence:

- \* Health and illness
- \* Diagnosis and treatment
- \* Rehabilitation, recovery and readmission
- \* Access to and utilization of health care
- \* Effectiveness, satisfaction and quality
- \* Self care and care-giving
- \* Health professionals work
- \* Health system design and health reform

## Some of the ways that programs and policies may transform gender relations include:

- \* Encouraging critical awareness of gender roles and norms;
- \* Challenging the imbalance of power, distribution of resources, and allocation of duties and roles between women and men;
- \* Addressing the unequal power relationships between women and health care providers;
- \* Engaging men in women's empowerment approaches through information sharing, raising interest and support, or empowerment strategies for less empowered men

# Example #1: Promoting Sex-specific Low Risk Drinking Guidelines



## Éduc'alcool (Quebec)

- \* When Canada's Low-Risk Drinking Guidelines were released in 2011, the non-profit organization Éduc'alcool (<http://educalcoool.qc.ca>) promoted the new national guidelines through an extensive awareness campaign
- \* Central to the campaign was information about how the guidelines differed for men and women. The guidelines suggest a limit of 2 drinks at a time for women (10/week) and 3 drinks at a time for men (15/week)
- \* Éduc'alcool developed posters with messages such as "It's not sexist, it's science"

## Example #2: Promoting women's reproductive health and women's economic empowerment

### Pakistan Lady Health Workers



- \* Started in 1994, the Pakistan Lady Health Workers programme (LHWP) is a major public sector initiative to provide reproductive healthcare to women in Pakistan.
- \* It employs almost 100,000 women as community health workers who address women's reproductive healthcare needs by providing information, basic services and access to further care.
- \* The programme has had substantial positive impacts on family planning, antenatal care, neo-natal check-ups and immunisation rates in the communities it serves.

# Spillover Effects?

- \* It has also had significant effects on the lives of the health workers. They receive training, are knowledgeable and gain respect, earn an income, and have become more visible and mobile within their communities.
- \* An evaluation has shown that the women are more empowered: they have greater say in intra-household decision-making, including family planning and health-seeking behaviour.

# Example #3: Stroke Prevention & Broader Determinants of Health

Women's Health Circles  
Women's Health Circles  
Share and learn!

If you are a woman 18 and over, living in Downtown East Toronto and interested in attending a series of 2 hour interactive sessions on health topics of choice, please contact us to register as soon as possible for the preliminary session on Tuesday, Sept. 18, 2007 at Toronto Christian Resource Centre - 40 Oak St., Toronto, ON M5A 2C6 .

Refreshments will be served and \$20 honorarium will be paid!  
Register today as spaces are limited!

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## Women's Health Circles, Ontario Women's Health Network

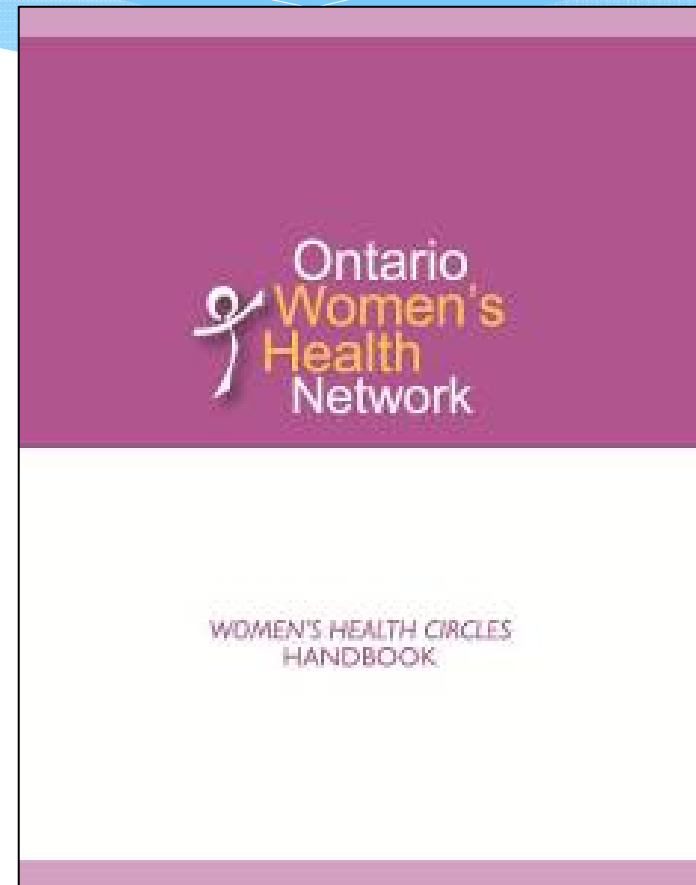
- \* Health promotion/stroke prevention **strategy for women who are marginalized**, with the objective of decreasing women's risk of stroke
- \* Women who have **limited access** to the social determinants of health – like secure income, safe, affordable housing, strong social support networks and culturally appropriate or responsive health services – are at a greater risk for stroke.
- \* **Women's Health Circles are group meetings that offer women space to discuss a health topic they have selected** and link these discussions to social determinants of health

(<http://www.own.on.ca/healthcircles.htm>)

# Dialogue, advocacy and system change

## Women's Health Circles are:

- \* **Collective education forums for women:** participants determine the health topics of discussion, and engage with other women to learn from each other's thoughts and experiences.
- \* **Learning spaces for health and social service professionals:** in turn health and social service professionals who participate in the circles learn about the lived experiences of women. This is intended to create more appropriate and sensitive care, specifically for women who experience marginalization.
- \* **Resource bases:** participants learn about the social determinants of health, ask questions of health and social service professionals, and learn about resources in the community from everyone participating.





## Example #4: Engaging Men in Violence Prevention



### One Man Can (OMC) Fatherhood Project, Sonke Gender Justice Network (Sonke) in South Africa

- \* South Africa has the highest rates of gender-based violence of any country in the world and by far the largest number of people living with HIV and AIDS of any country.
- \* The OMC Fatherhood Project was developed and implemented in 2007-2009 in response to a request from UNICEF to increase men's involvement in meeting the needs of children affected by HIV and AIDS, including children who had lost one or both parents to AIDS in two rural communities, Nkandla in KwaZulu-Natal and Mhlontlo in the Eastern Cape.

# Challenging traditional gender norms



- \* An external evaluation found that the OMC programme shifted men's attitudes about gender roles and power relations in the direction of gender equality, and improved numerous health outcomes, due to reduced alcohol use, safer sex, and reductions in male violence, against both women and men.
- \* OMC has been featured as an example of best practice by the World Health Organization, UNAIDS, and the UN Population Fund, and translated into nearly a dozen languages and implemented all across Africa.

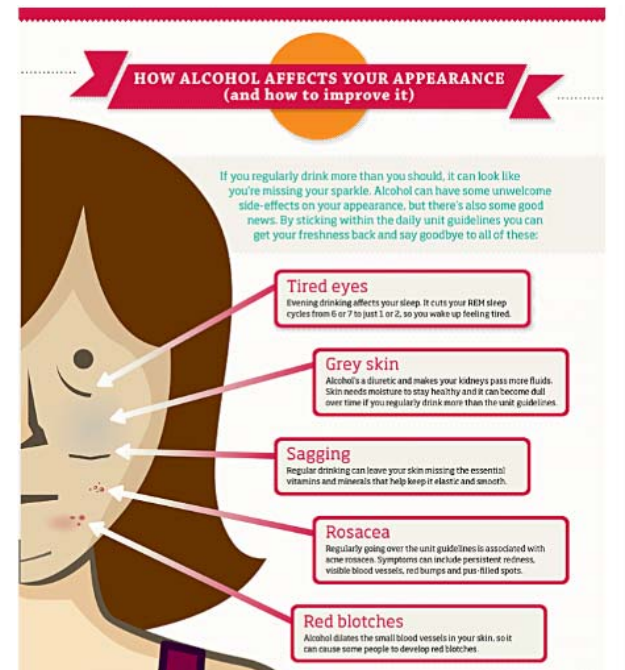
# Moving Towards Gender Equity

- \* *Gender transformation* is a *relative* concept that seeks to shift gender roles and relations closer to gender equity in a given context.
  - \* What is transformative in one context may not be transformative in another
  - \* Requires work at several levels, including personal, institutional, social, political and economic
  - \* Requires strategy, creativity, critical thinking, and use of the available evidence base.

# Elements of gender transformative health promotion

There is no 'how-to' manual for doing gender transformative health promotion. Some considerations:

- \* How do we overcome the tendency in health promotion to focus on women largely in their reproductive and care-giving roles?
- \* Importance of supporting health messages and campaigns that engage and inform women without deliberately or inadvertently playing to women's fears, sexualizing women, or treating women as a homogeneous group (e.g., encouraging women to quit smoking to preserve their looks)
- \* Encouraging a shift from health promotion activities at the individual level which exhort women to change their behaviours or to adopt particular 'lifestyles' in order to be healthy to generating a shared, social responsibility for women's health.



How Alcohol Affects Your Appearance [www.drinkaware.co.uk](http://www.drinkaware.co.uk)

# Reflection/Group Discussion

- \* What existing projects and activities are you currently involved with?
- \* Considering the previous examples, which approaches do you think would be transferable to the area of work you do?
- \* What other approaches to health promotion do you think could be considered "gender transformative"?

# Acknowledgements

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