

**MINISTRY OF FOREIGN AFFAIRS OF DENMARK**  
Danida

# **GENDER EQUALITY IN HEALTH**





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# GENDER EQUALITY IN HEALTH

This booklet presents the context of gender equality in health and gives guidance on gender sensitive programming with case examples from Tanzania, South Africa and Bangladesh. Ideas for joint policy development and intervention activities to promote gender equality in health can be found on the last pages of the booklet.

## **Health determined by gender**

A healthy population is essential for sustainable economic development and eradication of poverty. All men and women have a basic right to health and well-being, but global statistics show serious breaches and inequalities in health status and access to health services. Progress and setbacks reflect national commitments to health.

Global consensus supports gender equality in health as a policy objective. Three out of eight Millennium Development Goals (MDGs) focus on health. One of the MDGs, improve maternal health, is directly oriented towards women. Global health statistics document that the health status of a population is determined by gender to a significant extent. Consequently, a gender perspective in all health policies and programmes is critical to the achievement of the MDGs.

Gender inequalities are a major cause of imbalance in health status, including nutritional status, and health care. Gender differences are pronounced in life expectancy and disease incidence; access to preventive and curative care; reproductive health, and HIV/AIDS incidence. Prevention of ill health, treatment, and care; domestic violence against women and children; health at work; health in conflict situations; and even the health care administrations, are all characterised by significant gender inequality. Promotion of gender equality in other sectors can influence health status. Notably, educating girls has been shown to improve the health status of families, as described in Booklet 5.2 on gender equality in education.

The inequalities create, maintain and exacerbate exposure to risk factors endangering health. Support to the health sector is increasingly provided through sector wide approaches and budget support. This offers opportunities for more effective programming but also the risk of side-lining of cross-cutting issues like gender equality. It is therefore of critical importance to incorporate gender concerns into national health policies and strategies for implementation.

Women play a crucial role in rebuilding post-conflict societies including health care systems. War often takes the hardest toll on women and children and gender roles are challenged. As a consequence, the post-conflict phase provides an opportunity to change conditions, and for women to actively participate in shaping systems.

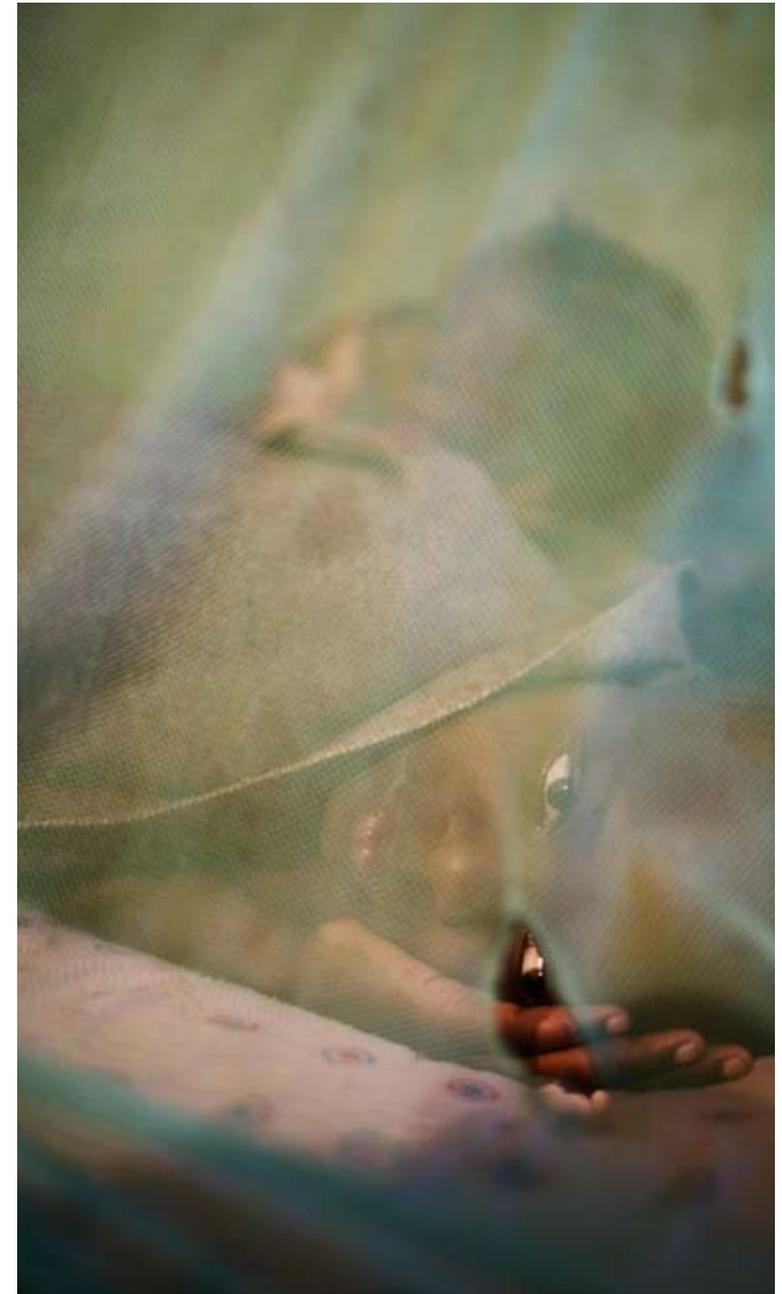
#### **Tanzania: Risk of side-lining in sector programmes**

The case of Tanzania illustrates the need in a donor harmonisation context not only to keep gender equality high on the national health policy agenda but also to ensure that a gender sensitive approach takes root in implementation strategies and at the service-delivery level of the health care system.

#### **Equality visions not rooted**

The vision of Tanzania's national health policy is to provide equitable, quality and affordable basic health services, which are gender sensitive and sustainable. Gender mainstreaming is one of nine guiding principles of the Health Sector Strategic Plan. The current Poverty Reduction Strategy addresses the importance of gender equality and a Gender Mainstreaming Working Group-Macro Policies plays an active role in the country.

In practice, gender issues have not taken root among Tanzanian decision makers in the health sector. Only limited levels of gender awareness appear to have trickled down to implementation level. Gender related activities are not integrated in the Health Sector Strategic Plan. Programme documentation makes little reference to the different needs of men and



women. Gender concerns have yet to be incorporated into Tanzania's health monitoring and evaluation system. Gender issues are not part of Tanzania's current Health Management Information System, and sex-disaggregated data are hardly collected.

### Lessons learnt

Development partners have supported Tanzania's health sector for several decades, the last eight years as sector programme support through a sector-wide approach (SWAp). A large proportion of funds are channelled via sector basket arrangements to enhance comprehensiveness, reduce transaction costs and promote national ownership. However, Tanzania's development partners have not been sufficiently active in promoting gender equality in the health sector but some progress has been made. Development partners have managed to raise the profile of sexual and reproductive health, to advocate for specific milestones in this area, and for the collection of sex-disaggregated data in the health sector. The existence of a gender equality strategy is a step in the right direction. However, cross-cutting issues like gender equality often remain at the overall policy level. Gender equality is therefore easily side-tracked in sector wide approaches as other priorities of Governments and donors predominate. Targeted actions in support of equal access to health for women and men have to be carefully formulated to make sure that gender sensitive policies are translated into practice on the ground.

*Source: Joint External Evaluation of the Health Sector in Tanzania. COWI/EPOS/GGI (2007)*

### Cultural norms and health status

Cultural norms concerning sexual and reproductive behaviour play an important part in explaining differences between women's and men's health status. When a woman's social value is determined by her ability to bear children it is likely that early, frequent, and poorly spaced pregnancies will have a significant impact on her health. Nutrition is particularly important during pregnancy. A woman's negotiating position in sexual relations with her husband may be weak. In societies where polygamy is common, or supportive of promiscuous sexuality for men,

women may be increasingly at risk of contracting sexually transmitted diseases, including HIV/AIDS.

Prevalence figures from most developing countries show that young women contract the HIV virus from their spouse more often than men. An illustration of how this insight can be translated into gender sensitive programming can be found in the box below from South Africa.

### South Africa: Facing the twin threat of violence and HIV infection

The twin threat of HIV infection and violence against women is among the greatest challenges facing South Africa. Children orphaned by AIDS, women and adolescent girls, are the most vulnerable to violence, abuse and HIV infection. Incidences of sexual violence in South Africa are among the highest in the world but only a fraction of cases is reported.



In response to these problems the South African Department of Justice commissioned a study tracing 15 women through the criminal justice system. The findings included poor treatment of rape survivors by police officials and lack of subsequent support facilities. Attempts to address gaps in the system led to the creation of an integrated rape care center Thuthuzela Care Centre (TCC). The aim of the TCC is to provide victims of sexual violence with integrated care. Counseling, testing and treatment are provided within 72 hours of exposure to HIV and compliance to ART is monitored. Danish support to TCC between 2001-09 amounts to DKK 80 mill.

#### **Lessons learnt**

Due to the complex nature of this project involving health as well as legal authorities a coherent and multi-sectoral approach needed to be developed. A strong sense of regional and national ownership was found to be an essential success driver. Effective coordination between all the entities involved, including civil society, has been time consuming but of critical importance - not least in view of the ambition to roll out the TCC model and have 12 Thuthuzela Clinics up and running by December 2009 serving 45,000 children and women.

*Source: Royal Danish Embassy Pretoria: Special Interventions aiming at strengthening gender equality – Thuthuzela Care Centers, October 2007  
<http://www.ambpretoria.um.dk/en/menu/DevelopmentAssistance/HIVAIDS>*

#### **Domestic violence**

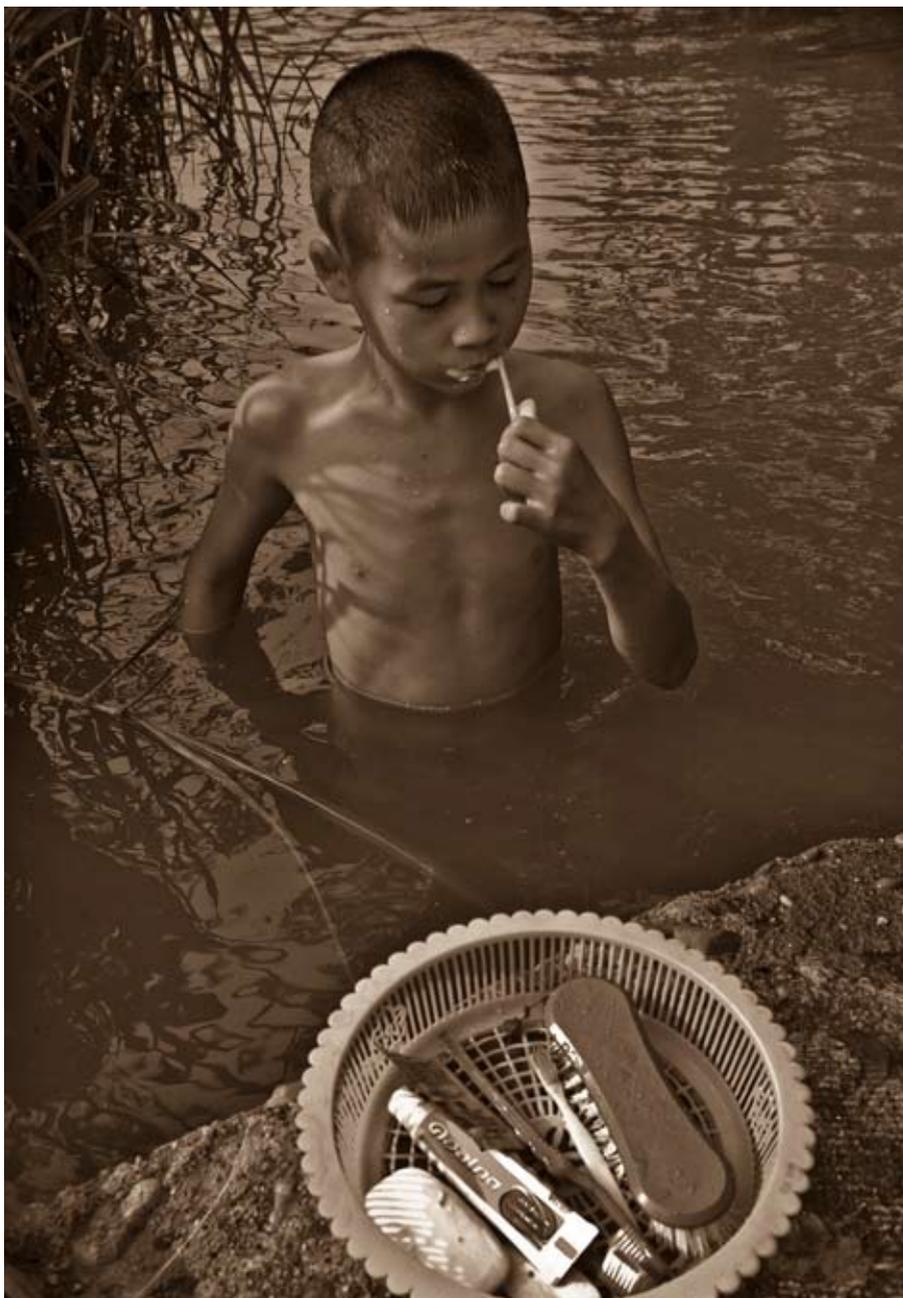
Domestic violence is increasingly recognised as a serious consequence of gender disparity, exacerbated by other conditions such as extreme poverty or conflict. Domestic violence has serious health consequences for the victims, who are predominantly women and children. The box below explains how a multi-sectoral approach to large-scale programming on the issue of violence has produced significant results in Bangladesh.

#### **Bangladesh: Combating violence against women**

The Multi-Sectoral Programme on Violence against Women is a joint initiative coordinated by the Ministry of Women's and Children's Affairs of Bangladesh with support from Danida. At the time of the pilot project formulation in 2001, statistics showed a marked increase in the number of reported cases of violence against women over a period of seven years. Cases included murder, rape, acid attacks, physical violence and trafficking. Programme interventions aim to redress and prevent the complicated problem of violence against women in Bangladesh. More specifically, the objectives are twofold:

- 1) Improved public services such as health, police assistance, criminal justice, social services like counseling and rehabilitation are utilized by women victims of violence





- 2) Increased public awareness of all forms of violence against women, including a gradual change of attitude towards female victims of violence

Programme activities include the establishment of a total of six so called One-Stop-Crisis-Centres (OCCs) all over the country. The OCCs provide medical, legal, social and psychological support to female victims of violence. Further programme achievements include the establishment in 2006 of a National Forensic DNA-Profiling Laboratory to ensure a speedy and smooth trial for victims of violence. Public awareness efforts aim at preventing violence and have included the production of booklets, posters and advertising campaigns.

#### **Lessons learnt**

The programme represents an organizational setup of applying a multi-sectoral and inter-ministerial approach to achieve its objectives in combating violence against women and children has never seen before in Bangladesh in. The innovative programme enjoys a high degree of local ownership in particular from the lead agency, the Ministry of Women and Children Affairs.

Experience shows that psychological counselling is very much required for traumatized OCC cases. Networks were developed with local partners to provide counselling service to the OCC victims and referrals to shelter homes and continued support for legal cases.

*Source: Royal Danish Embassy Dhaka: Multi-Sectoral Programme on Violence against Women. <http://www.mspvaw.org/>*

#### **Gender issues in health programmes**

A gender sector analysis can help guide priority setting and programming in health. Booklet 5 contains a general guide to sector gender analysis. In the particular cases of health, some of the gender issues to be considered for mainstreaming into a health sector programme include<sup>1</sup>:

- Consider the scope of the sector by looking at the ways in which men and women within households provide as well as consume health services.

- Bring the interactions of paid (productive) and the unpaid (reproductive) economies into the analysis.
- Extend the policy framework to recognise institutional biases and norms which means that women and men are not on a level playing field in terms of their access to health services as consumers, as producers or as decision-makers.
- Disaggregate health information systems by sex in order to analyse gender differences in health needs, utilisation of health services, and participation in decision making about health provision.
- Recognise that the same health programme will very often deliver different benefits to men and women.
- Recognise that gender bias in health sector institutions damages the effectiveness and sustainability of sector programmes.



## SUGGESTED ACTIONS IN HEALTH

There is a long tradition of working with gender equality and women's issues in the health sector not least in relation to reproductive rights and HIV/AIDS. There are plenty of lessons learnt on what can be done to strengthen gender equality in health policies and practices. Some of the many lessons learnt have been translated into selected suggestions for action as follows:

### **A: Examples of gender equality promotion in policy development**

- Keep close policy dialogue with governments and development partners to ensure that international commitments to gender equality in health are reflected in national health policies.
- Emphasise policy measures supporting women's access to health services at affordable prices and up-to-standard quality.
- Obtain the views of women and men and incorporate their views into policies and strategies.
- Promote strategies for gender-sensitive monitoring and evaluation at national level to get information on the impact on women and men.
- Use this information to guide strategy and policy development processes.

### **B: Examples of gender equality activities in health programming**

- Support initiatives aiming to improve gender equitable access to affordable and good quality health services.
- Support civil society organisations focussing on gender concerns related to access to preventive and curative health services and information.
- Support institutional change processes to strengthen gender concerns in the health sector.

- Support gender sensitive public health campaigns addressing specific female and male health issues, including importance of nutritious food during pregnancy.
- Support research into areas such as: 1) social determinants of health and illness of women and men, 2) health-improving and health-seeking behaviour, 3) quality of accessible and acceptable health care services in, 4) impact of health financing.
- Identify gender bias of traditional medical practices and practitioners and promote opportunities for collaboration.
- Increase knowledge on impact of gender differences in specific health problems, health services, and successful responses. Focus more on men and male behaviour in HIV/AIDS programmes.

**C: Examples of monitoring and evaluation activities in health**

- Support the process of collecting sex-disaggregated data in the national health monitoring and evaluation system.
- Promote, jointly with other donors, the development and implementation of national monitoring and evaluation systems with integrated gender equality indicators and studies.

### Further reading

- COWI/EPOS/GGI (2007) Joint External Evaluation of the Health Sector in Tanzania. For Danida, Denmark
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- Maimu, Z and Jones, N (2006) Aid Modalities and the Promotion of Gender Equality: Promoting Gender Equality in Poverty Reduction and New Development Aid Modalities: Experience from Tanzania, Nairobi, Kenya: Biennial Workshop of the UN Inter-Agency Group on Women and Gender Equality and the OECD/DAC Network on Gender Equality
- MOH - Ministry of Health (2003) Second Health Sector Strategic Plan (HSSP), July 2003-June 2008. MOH: Dar es Salaam
- Smithson, P (2006) Fair's Fair: Health Inequalities and Equity in Tanzania, Dar es Salaam : Ifakara Centre for Health Research and Development and Women's Dignity Project
- Women's Dignity Project (2004) In Their Own Words: Poor Women and Health Services, Dar es Salaam: Women's Dignity Project
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- World Health Organisation (July 2005). A Summary of the So What? Report; A Look at Whether Integrating a Gender Focus Into Programmes Makes a Difference to Outcomes.
- World Health Organisation (2002). Gender Analysis in Health; A Review of Selected Tools.
- UNAIDS. Resource Pack on Gender & HIV/AIDS, 2005.
- Women's Dignity Project: Error! Hyperlink reference not valid.
- World Health Organisation: <http://www.who.int/gender>

# GLOSSARY OF GENDER TERMS

This section offers a brief glossary of some of the frequently used gender terms in the booklets. Definitions are primarily drawn from the World Health Organisation and the European Commission.

## **Affirmative action**

Measures targeted at a particular group and intended to eliminate and prevent discrimination, or to ameliorate existing disadvantages.

## **Focal points**

Gender focal points are individuals given a particular responsibility for gender equality in an organisation. Given the right circumstances, networks of gender focal points can be a useful method to promote gender equality in a large-scale programme.

## **Gender**

Social (as opposed to biological) differences between women and men. These differences have been acquired; they are changeable over time and have wide variations both within and between cultures.

## **Gender analysis**

The study of differences in conditions, needs, participation rates, access to resources, control of assets, decision-making powers, etc. - between women and men in their assigned gender roles. Booklet 4 gives an introduction to gender analysis at country level, whereas details on gender analysis can be found in Booklet 5 with examples of gender analysis in agriculture, education, health, private sector and good governance initiatives.

## **Gender audit**

The analysis and evaluation of policies, programmes and institutions in terms of how well they apply gender-related criteria.

## **Gender budgeting**

Gender-based assessment of budgets, incorporating a gender perspective at all levels of the

budgetary process and restructuring revenues in order to promote gender equality.

## **Gender equality**

Gender equality means that all human beings are free to develop their personal abilities and make choices without the limitations set by strict gender roles. Different behaviour, aspirations, and needs of women and men are considered, valued and favoured equally.

## **Gender equity**

Gender equity means fairness and justice in the distribution of benefits and responsibilities between women and men. It often requires women-specific programmes and policies to end existing inequalities.

## **Gender mainstreaming**

Incorporation of a gender equality perspective in all development policies, strategies, and interventions at all levels and at all stages by the actors normally involved therein. Considering both men's and women's wishes, needs, and experience in design, implementation, monitoring and evaluation of policies and efforts.

## **Gender relations**

The relationship and power distribution between women and men in a given socio-cultural context.

## **Masculinity**

The quality or condition of being male in a given social context. Some cross-cultural elements, such as aggression, strength, and assertiveness have traditionally been considered male characteristics. However, the socially and historically constructed male characteristics need to be seen in their specific historical, cultural, and social context.

## **Reproductive rights**

Reproductive rights rest on the recognition of the basic right of

all couples and individuals freely and responsibly to decide on the number, spacing, and timing of their children. The right includes the information and means to decide freely and access to the highest standard of sexual and reproductive health.

## **Sex-disaggregated statistics**

The collection and separation of data and statistical information by sex to enable comparative analysis; sometimes referred to as gender-disaggregated statistics.

## **Special interventions**

Special interventions are efforts aimed at creating fundamental structural changes in institutions, policies, legislation, and allocation of resources to promote gender equality between men and women, based on the specific needs in the individual country, policy area or organisation. Special interventions can be stand-alone projects or programmes identified to complement mainstreamed sector programmes in a country programme.

## **Women's empowerment**

The empowerment of women concerns women gaining power and control over their own lives. It constitutes an important part of the efforts to bring about equal opportunities for men and women and involves awareness raising, building self-confidence, expansion of choices, increased access to and control over resources and actions to transform the structures and institutions which reinforce and perpetuate gender discrimination and inequality.

## **Women's rights**

The rights of women and the girl child are an inalienable, integral, and indivisible part of universal human rights.



# GLOSSARY OF GENDER TERMS

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*Photo:* Danida, Adam Rogers / UN Capital Development Fund, COWI A/S, Stig Stasig

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