



## MODULE 2: Understanding Gender Equality Issues

Each sector has its own unique set of gender equality issues and considerations. This module provides innovators with a list of some of the key issues that they may want to consider as part of their gender analysis and in developing their gender equality strategies.

### HEALTHCARE

Gender equality issues in the healthcare sector include:

- **Vulnerability:** Biological and gender differences can result in different vulnerabilities to diseases. Examples include the gender division of labor (for example, men are more vulnerable to mining related diseases, while women are more susceptible to respiratory ailments from time spent cooking over indoor fires) and autonomy and bargaining power within sexual relationships (for example, women are often unable to negotiate safe sex practices, increasing their HIV infection rates).
- **Health-seeking behavior:** Gender inequalities and differences influence who seeks healthcare. For example, in North America, men tend to have less regular contact with doctors.
- **Health education:** Women and men can have unequal access to information on health issues. For example, in many cases, adolescent girls know less about HIV than boys of the same age. Different literacy or education levels and access to technology can influence who receives and benefits from health information.
- **Ability to access health services:** Women can experience different constraints accessing health services. Constraints can include culture, distance, location, work schedules, and hours of operation. The ability to pay for healthcare may also differ for women and men.
- **Experience with health services and health providers:** Women and men may interact differently with healthcare providers, including front-line workers and community health care workers.
- **Workers in the health sector:** Women and men face inequitable access to employment and opportunity in the health sector. The gender of the healthcare provider may influence who has access to health care. For example, women may be restricted to seeing only female healthcare providers. There may also be gender differences in who is expected to provide unpaid labor as community healthcare/outreach workers.
- **Violence against women:** Violence against women has numerous health implications – including for pregnant women. Women experiencing domestic violence may also be reluctant to consult health professionals on other issues.
- **Data issues:** Understanding gender differences and inequalities in the health sector is often difficult given the lack of data in general and sex-disaggregated data in particular.

- **Research:** Health research can often universalize ‘male’ as the norm with insufficient consideration of the differences between women and men. Sex-specific research is still not the norm. As a result, many women receive recommendations from their doctors for prevention strategies, diagnostic tests and medical treatments based on research that has not adequately included women.<sup>1</sup>

## MATERNAL, NEWBORN, AND CHILD HEALTH (MNCH)

Gender equality issues in maternal, newborn, and child health programming include:

- **Discriminatory practices:** Discriminatory practices (social, cultural, legal) against women and girls can restrict their ability to make decisions and choices regarding their health, particularly regarding sexual and reproductive health.
- **Technical ‘fix’:** Technical fixes alone are insufficient in promoting long term change, without considering the social environment in which these innovations are to be used.
- **Child health:** The status of the mother and her ability to seek/ensure healthcare for her child/children is an important variable in child health and survival. Women who are able to make decisions and have a financial say are better able to take care of themselves and their children.
- **Men’s role:** There are research gaps in how to improve men’s involvement in and responsibility for maternal and child health.
- **Availability and Accessibility of Services:** The available and accessibility of services influences the use of maternal care. This includes supply and demand factors, such as cost of care, transport, and the “opportunity cost,” as well as the location of facilities and qualities of care.<sup>2</sup>
- **Data:** Poor data collection and analysis hinder the understanding of the causes of maternal death.

## WASH (WATER SANITATION AND HYGIENE)

Gender equality issues in water, sanitation, and hygiene include:

- **Gender roles:** Gender and responsibilities, including labor occupations (both paid and unpaid, inside and outside the house) and how water is used and managed (collection, transport, storage).
- **Water Priorities:** Women and men may have different priorities for domestic water use, depending on roles and responsibilities.
- **Household decision-making patterns:** Women and men may not have equitable say in deciding how household resources are to be used. This has implications for ability to pay for services.

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<sup>1</sup> New Report Finds Women Remain Underrepresented in Medical Science and Sex Differences are Routinely Ignored. Brigham and Women's Hospital (2014).

<sup>2</sup> Targeting Poverty and Gender Equality to Improve Maternal Health (PDF). ICRW (2010).

- **Unpaid work:** Given community expectations, women and men may dedicate different levels of unpaid labor and involvement in community water organizations and community-based work around water.
- **Hygiene promotion campaigns:** Hygiene promotion campaigns need to be based on an understanding of who (male/female) is responsible for the different aspects of family water use and sanitation practices, so that key messages can be targeted appropriately.
- **Participation/ Consultation:** Women may be less able to engage in participation and consultation meetings which occur in male-dominated public spaces.
- **Availability, privacy, and location of latrines:** There are safety implications for girls and women regarding the availability, privacy, and location of latrines. Girls and women can be at risk of physical attack and/or sexual violence, especially during darkness.

## POINT OF CARE (POC) DIAGNOSTICS

Gender equality issues in point of care diagnostics include:

- **Location and hours of health centers and where the care is offered:** Women may not be able to physically access the health center during hours of operation, due to safety concerns, distance, or social norms.
- **Sex of healthcare providers:** In some circumstances, women and girls can only be attended by female healthcare workers.
- **Services available/ provided:** Not all health centers are able to provide the full range of services to address the health needs of women and girls, as well as men and boys, including dealing with violence against women.
- **Structure:** The structure of an appointment matters, including whether women can bring their children and if there is adequate privacy.
- **Cost:** Given poverty and household decisions around expenditures, it is important to understand whether women can pay for the health services they need.
- **Access to technology:** There are often gender gaps in access and control over technologies, which can impact access to point of care diagnostics. For instance, women in low- and middle-income countries are 14 percent less likely to own a phone than their male counterparts, which is the equivalent of approximately 200 million women who do not have access to cellphones.<sup>3</sup>

## MENTAL HEALTH

Gender equality issues in mental health include:

- **Mental health and illness:** Women and men can experience different mental health issues, with different patterns and symptoms of disorders. For example, depression and anxiety is more prevalent in adult women than adult men, whereas substance use disorders and antisocial behaviors are more common in men.<sup>4</sup>

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<sup>3</sup> Bridging the gender gap: Mobile access and usage in low- and middle-income countries. GSMA (2015).

<sup>4</sup> Gender and women's mental health. World Health Organization (2017).



- **Health-seeking behavior:** Gender can influence health-seeking behaviour.
- **Gender-based violence (GBV):** Gender-based violence can be linked to, and/or complicate, mental health issues, and can increase the difficulty women face in seeking treatment.
- **Treatment:** Gender can also influence how the healthcare system treats women and men with mental illnesses. For example, women tend to be prescribed psychotropic drugs at a higher incidence than men.
- **Social consequence and responsibility:** There are often different social consequences for women and men with mental illnesses. Women tend to shoulder the 'care' burden of family members with mental illnesses. In some cases, women with mental illness are more likely to be abandoned by their families than are men.

## NUTRITION

Gender equality issues in nutrition include:

- **Psychosocial differences:** There are physiological differences between women and men that can influence nutritional needs, such as iron requirements and the nutritional needs of pregnant and lactating women.
- **Gender norms:** Differences and inequalities in gender norms can influence intra-household food distribution, with fathers and sons often eating before daughters and mothers. Gender norms can also lead to different treatment of sons and daughters.
- **Women's role:** Women tend to have primary responsibility for family food preparation and food storage and procurement, so family nutrition can depend on women's knowledge, literacy and income/control over family resources.