

MODULE 2

UNDERSTANDING GENDER EQUALITY ISSUES IN YOUR SECTOR



OVERVIEW OF MODULE 2

This module was designed with the intention of exploring specific gender equality issues in your sector.

By the end of the module, you should:

- Have an understanding of what the socio-ecological framework is and its utility in gender analysis
- Have a sense of the types of gendered issues that could be present in your sector
- Have a basic understanding of how to apply the socio-ecological framework to your innovation as part of a gender analysis

Key tools:

- The socio-ecological framework
- Key questions to guide your gender analysis



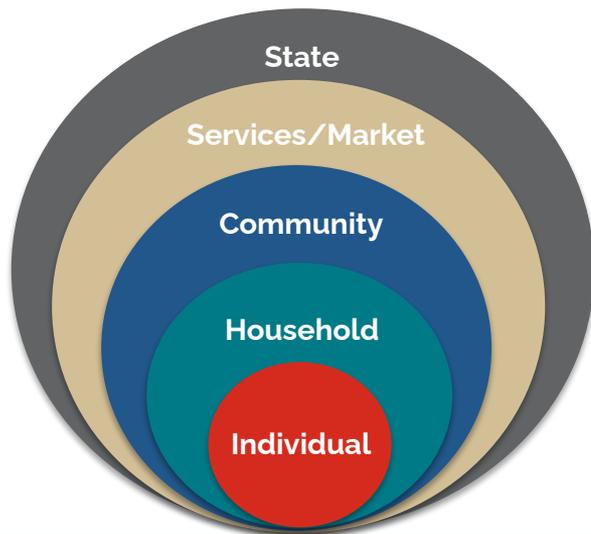
OVERVIEW OF MODULE 2

In this second module, we will focus on the following topics:

- 1 An overview of the socio-ecological framework
- 2 Examples of applying the socio-ecological framework to identify gender equality issues in the Healthcare, MNCH, WASH, POC Diagnostics, Mental Health, Nutrition, Humanitarian, and Early Childhood Development sectors/portfolios
- 3 Applying the socio-ecological framework to your innovation's gender analysis

THE SOCIO-ECOLOGICAL FRAMEWORK - AN OVERVIEW

Innovators often don't know where to start when they are trying to identify pathways to integrate gender equality into their innovation. The socio-ecological framework is a helpful tool to i) explore gender equality and social inclusion issues by domain, and ii) understand how these issues may impact who has access to your innovation and who can benefit from it.



The **state domain** looks at the policy, legal and regulatory constraints that affect an innovator's ability to serve people of different genders and marginalized identities.

The **services/market domain** encompasses the availability and reach of services as well as their suitability to the needs of people of different genders. It also includes the behaviors and attitudes of service providers.

The **community domain** examines gender norms that influence the attitudes and behavior of end users and their access to and engagement with products and services.

The **household domain** explores attitudes, gender roles, and decision-making dynamics in the household.

The **individual domain** assesses the capabilities, assets, and agency of individuals.

APPLYING THE SOCIO-ECOLOGICAL FRAMEWORK TO IDENTIFY GENDER EQUALITY ISSUES BY SECTOR



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In the slides that follow, we will take you through examples of the types of issues and opportunities the socio-ecological framework can help you uncover in the following sectors: i) Healthcare; ii) Maternal, Newborn and Child Health (MNCH); iii) Water, Sanitation and Hygiene (WASH); iv) Point-of-Care (POC) Diagnostics; v) Mental Health, Nutrition, vi) Humanitarian, and vii) Early Childhood Development.

The gender issues outlined in these slides are simply ones that **may** be relevant; it is important for you to conduct your own gender analysis for the context in which your innovation operates. The issues identified are **not exhaustive** - they are meant to provide a starting point to help you to think about gender from new angles you may not have previously considered.

You can now click on your sector in the menu to the right to skip ahead, but we also encourage you to look through some of the other sectors, as they may have relevance to your work.

Healthcare



MNCH



WASH



POC Diagnostics



Mental Health



Nutrition



Humanitarian



Early Childhood Development





HEALTHCARE



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Gender equality and the healthcare sector

State

- The **right to healthcare and non-discrimination** based on gender may not be enshrined in the country's constitution or it may not be operationalized through legislation or policies related to employment, public health services, etc.
- **Discriminatory laws or policies** limiting women's access to certain medications or medical procedures may be in place.

Services/ Market

- Healthcare services may be **inaccessible to women patients** due to their opening hours, distance from their homes, lack of female service providers, or cost of services.
- The lack of **gender-disaggregated data and sex-specific research** may obscure gender differences and inequalities in health and result in women receiving services that do not fit their needs.
- Women and men healthcare workers may face inequitable access to **employment** and opportunity in the health sector.

Community

- **Societal gender roles** may predispose women and men to different health issues, for example, women are more likely to experience respiratory issues due to cooking over indoor fires.
- Gender norms also impact **health-seeking behaviour**; for example, men in certain contexts are less likely to seek healthcare due to societal attitudes related to masculinity and 'what it means to be a man'.

Household

- **Attitudes impacting health-related decision-making and resource allocation** within households can also result in difference in women's and men's ability to make decisions about their own bodies and their ability to pay for health services.
- **Gender roles** can result in women being unable to negotiate safer sex practices with a partner and as a result, lead to higher risk of HIV infection.

Individual

- There may be a gender gap in health education and **access to health information** due to low levels of **literacy** or **access to technology**.



MATERNAL, NEWBORN, AND CHILD HEALTH (MNCH)



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Gender equality and MNCH

State

- Legal restrictions may limit access to **safe abortion**.
- Labour law may not guarantee **paid maternity/paternity leave** or may have insufficient **protections related to pregnant and lactating workers**.
- Legal **age of consent and age of marriage**, can impact adolescent mothers' health as pregnancy in adolescence is associated with a range of poor health outcomes.

Services/ Market

- Maternal and child health **facilities may be ill-equipped or understaffed** (in part due to deprioritization of women's health in government budgets), resulting in low quality of MNCH services.
- Location of facilities may be **inaccessible to women**, due to transportation costs and the opportunity costs of lost employment or unpaid care work. This can result in women under-utilizing antenatal care services, and putting themselves at higher risk of **complications from pregnancy and childbirth**.

Community

- **Harmful practices** such as female genital mutilation/cutting and child, early and forced marriage can impact maternal health outcomes.
- There may be **stigma** associated with certain health conditions, such as postpartum depression, or HIV infection, which can result in underutilization of services.

Household

- Household **decision-making regimes** can impact pregnant women's ability to attend antenatal and postnatal care appointments and influence the likelihood of facility-based childbirth and delivery.
- **Gendered power relations** between intimate partners may pose a barrier to a woman's ability to **use contraceptives, practice safer sex, and consent to sex**.
- **Gender roles** may result in women being solely **responsible for their children's health**.

Individual

- Women may **lack knowledge** of MNCH-related symptoms, issues, and services. **Lack of literacy and access to digital assets** (e.g. smartphone) can be a barrier for women and adolescent girls accessing accurate information related to MNCH.



WATER SANITATION AND HYGIENE (WASH)



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Gender equality and water, sanitation, and hygiene

State

- **Legislation** may ensure universal access to clean water and sanitation.
- **Policies** on women's participation in decision-making and gender-responsive budgeting may help address disparities in access to water and sanitation.

Services/ Market

- Lack of access to clean water, latrines, and soap can affect **women's ability to maintain their health and can increase the time spent collecting and transporting water.**
- Women may be at **elevated risk of violence** while using sanitation facilities that are not well lit, are far away and do not ensure privacy.

Community

- Gender roles may relegate the responsibility of **water collection** solely to women and girls.
- Community attitudes may result in fewer women involved in paid work in the sanitation sector and limited representation in community-based water decision-making bodies.

Household

- Women and men may have **different priorities for domestic water use**, depending on roles and responsibilities, and may not have equitable say in deciding how household resources are used. This has implications for ability to pay for services.

Individual

- People of different genders may **lack information** about WASH practices, particularly on **sensitive topics** such as menstrual health.
- Women and girls may **lack resources** to access menstrual health products or reliable clean water and soap for washing.



POINT OF CARE (POC) DIAGNOSTICS



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Gender equality and point of care diagnostics

State

- Legislation may make access to POC diagnostics more **equitable**, such as during the COVID-19 pandemic, when **rapid testing was sponsored by some governments**. Marginalized members of society, such as racialized communities, are more likely to experience inequitable living and working conditions that make them more susceptible to certain health conditions and have limited access to health services.

Services/ Market

- **Location and operational hours** of service sites may restrict women's access due to safety concerns, norms restricting mobility and time poverty due to unpaid care work.
- The **gender of healthcare providers** may result in some patients not seeking care, such as in contexts where women may only seek care from female providers.
- **The environment where the service is delivered (e.g. a clinic)** may not be gender-sensitive, e.g. if women are unable to bring their children, or their privacy is not guaranteed.

Community

- Gender norms can result in **stigma** related to certain health conditions, preventing people of different genders from accessing POC diagnostics, e.g. rapid HIV testing.

Household

- **Household attitudes** related to women's ability to make decisions about their own health may inhibit timely POC diagnostic of pregnancy, potentially impacting antenatal care and maternal health.

Individual

- Women's access to resources can impact their **ability to pay** for healthcare services.
- Gender gaps in **access to and control over technologies** can impact access to point of care diagnostics.



MENTAL HEALTH



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Gender equality and mental health

State

- Legislation guaranteeing **access to mental health services** as part of public health spending can help bridge inequities in mental health services. Marginalized groups have resources to pay to access costly mental health services.

Services/ Market

- **Gender can influence how the healthcare system treats women and men with mental illnesses.** For example, in some contexts, women tend to be prescribed psychotropic drugs at a higher rate than men.

Community

- Women tend to **shoulder the burden of care** for family members with mental illnesses.
- There may be **stigma** related to men seeking mental health care, due to constructions of masculinity where seeking care is seen as 'weak'.

Household

- **Gender-based violence** can lead to poor mental health outcomes and can increase the barriers women face in seeking treatment.

Individual

- Women and men may experience **mental health illnesses in different ways** (e.g. in certain contexts, i) women tend to experience more depression and anxiety; ii) men tend to experience higher rates of substance use disorders; and iii) transgender and gender-diverse individuals may experience higher rates of gender dysphoria, depression, anxiety, and suicidal ideation.



Gender equality and nutrition

State

- **Regulations governing food production, distribution, pricing, and marketing** can impact the nutritional intake of all people, with gender, class, and geographic location impacting access to food. Legislation aimed at tackling food insecurity can help close inequities.
- Legislation related to **land tenure** and ownership, as well as **hunting regulations** may limit rural women and indigenous peoples from practicing traditional **subsistence agriculture**.

Services/ Market

- **Food prices and availability of fresh produce** can impact the ability to access nutritious food. As women are often responsible for procuring food for their households, and may face safety issues when taking transport, physical distance to markets may be a barrier.
- Availability of **food security initiatives** (e.g. food banks) can ensure better nutritional health outcomes for marginalized groups, including women.

Community

- Gender norms may affect **which substances are acceptable for men and women to ingest**, affecting health outcomes. For example, chewing tobacco or betel nut is seen as a men's activity, which can lead to mouth sores capable of turning into cancer.

Household

- Household gender roles may result in **inequitable distribution of food within the household**, with fathers and sons eating first and women and daughters last.
- Due to **household gender roles**, women often bear the primary responsibility for household food preparation, which significantly impacts family nutrition.

Individual

- There are **physiological differences** between women and men that can influence nutritional needs, such as iron requirements and nutritional needs of pregnant and lactating women.
- **Lack of nutritional knowledge of caregivers** (often due to low educational attainment) can result in nutrient deficiencies among children, as well as adults.



HUMANITARIAN



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Gender equality and humanitarian contexts

State

- Laws related to **asylum-seekers and human trafficking** can affect the safety of women as they are particularly vulnerable to trafficking and sexual exploitation.

Services/ Market

- Refugee camp management may perpetuate gender inequalities, particularly if there is a lack of **women in decision-making positions**.
- Service **disruption due to conflict or instability affects women in different ways**, making it more challenging to address menstrual health, prevent unwanted pregnancy, and receive antenatal care.

Community

- Women and girls who are Internally Displaced People (IDPs) or refugees are often primarily responsible for unpaid care work such as cooking and the collection of fuel for traditional cookstoves, putting them at **heightened risk of sexual violence when collecting wood** in isolated locations.

Household

- Crises may further exacerbate discriminatory gender attitudes related to **household resource allocation** which may inhibit access to services and goods for women.
- Crises often erode social supports and can result in an **increase in intimate partner violence**.

Individual

- Due to lower digital literacy and access to digital assets, **women may be less able to obtain life-saving information**, particularly in resource-poor humanitarian settings.




EARLY CHILDHOOD DEVELOPMENT (ECD)

Gender equality and ECD

State

- Lack of comprehensive early childhood education **policies** that address gender disparities.
- Insufficient **parental leave policies**, especially for fathers, limiting their involvement in early childcare.
- Limited **funding** allocation for gender-responsive ECD programs.

Services/ Market

- **Gender bias in ECD curricula**, learning materials, and approaches.
- **Underrepresentation of male educators** in early childhood education, reinforcing gender stereotypes.
- Lack of **gender-responsive training** for ECD service providers.

Community

- Cultural norms that **prioritize boys' education over girls'** from an early age.
- **Gender stereotypes** in toy selection and play activities.
- Community beliefs about **appropriate behaviours and expectations** for boys and girls, as well as appropriate discipline measures.

Household

- **Inequitable distribution of childcare** responsibilities between parents.
- **Gender-biased decision-making** about children's education and health, potentially resulting in differential treatment of male and female children in terms of nutrition, attention, and stimulation.
- **Limited father involvement** in early childhood care and education due to inequitable gender roles.

Individual

- Gender roles affecting children's **self-perception and aspirations**.
- **Differences in school readiness** between boys and girls due to differing early experiences and opportunities.
- **Inequitable access to resources** (e.g., books, educational toys) based on the child's gender.

APPLYING THE SOCIO-ECOLOGICAL FRAMEWORK TO YOUR INNOVATION - GENDER+ ANALYSIS INTRODUCTION

The first step in applying the socio-ecological framework to your innovation is to conduct a gender+ analysis. This module provides an introduction to the process, focusing on how to identify your research questions using the socio-ecological framework. For more detailed guidance, please see Grand Challenges Canada Gender Equality Strategy Tool.



WHAT IS A GENDER + ANALYSIS? An analytical tool used to assess how groups of women, men, girls and boys, as well as gender-diverse people, may experience policies, programs and initiatives. It is a process of asking critical questions to understand the impact of your innovation on gender equality and how gender dynamics may influence your innovation.

+ Although we use the language of 'gender analysis', it is important to note the analysis should approach gender through the lens of intersectionality and explore other identity markers such as race, ethnicity, sexual orientation, disability, etc.



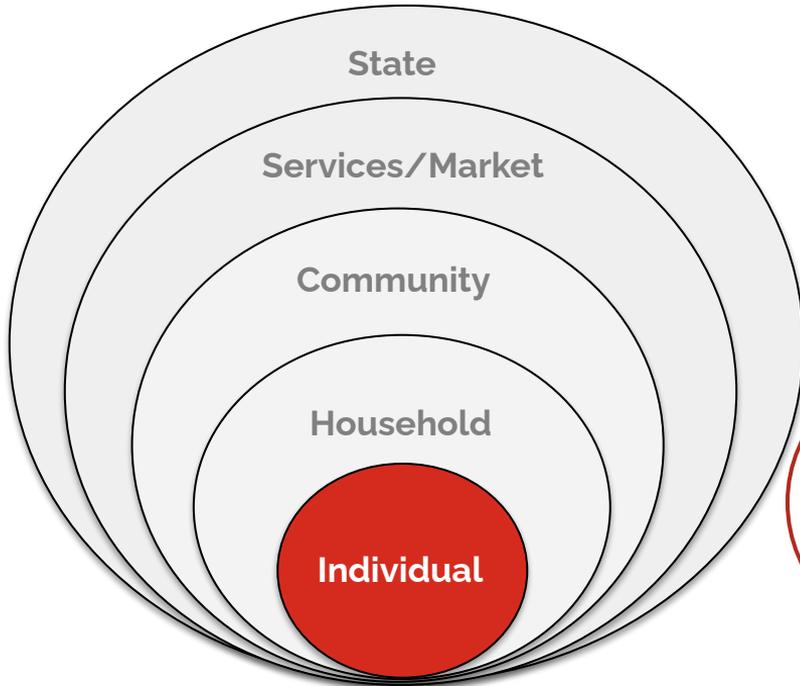
WHAT IS THE PURPOSE? A gender analysis is intended to help innovators better understand who will use their innovation, who will benefit from their innovation and identify any barriers end users may face in accessing the product or service.



WHO IS INVOLVED? A gender analysis can be conducted by anyone; you don't need specialized training. Where feasible, we recommend consulting end users/community members and ensuring individuals are representative of diverse groups, including marginalized groups. We suggest to start with a desk review of existing data.

APPLYING THE SOCIO-ECOLOGICAL FRAMEWORK - GENDER ANALYSIS QUESTIONS

To get you started on your gender analysis, first decide which questions you want to answer.



Individual Domain:

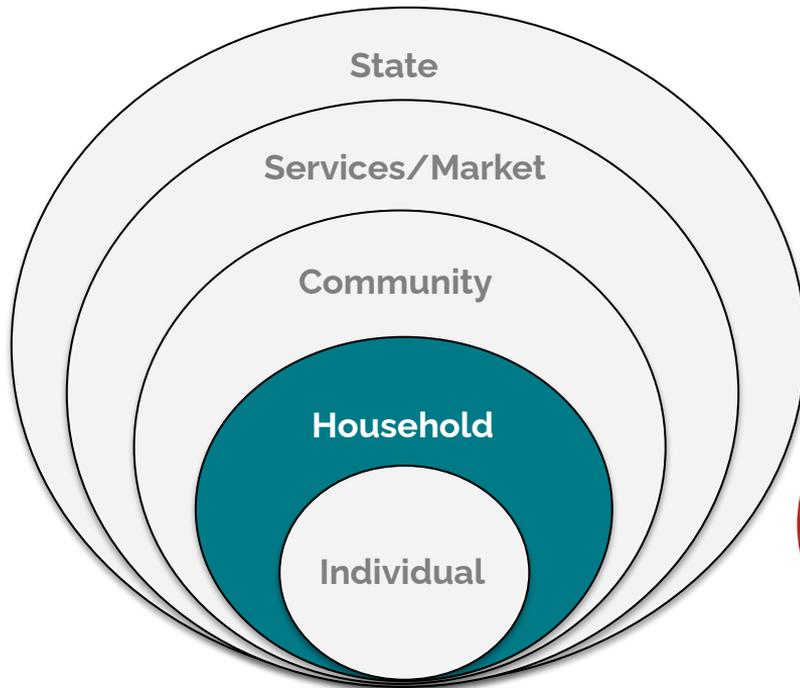
- How does your innovation consider the unique needs, preferences, assets, and capabilities of individuals of different genders?
- Is there a lack of knowledge about the underlying issue that is the focus of your innovation? Is this different for people of different genders?



Example

A healthcare innovation that provides specialized private consultations on women's health found that there was a lack of awareness in their target population of women on Polycystic Ovarian Syndrome (PCOS). This was due to gendered barriers related to access to education and reproductive health information. As a result, the innovation launched awareness raising campaign to drive demand for their services and bridge this gender health gap.

APPLYING THE SOCIO-ECOLOGICAL FRAMEWORK - GENDER ANALYSIS QUESTIONS



Household Domain:

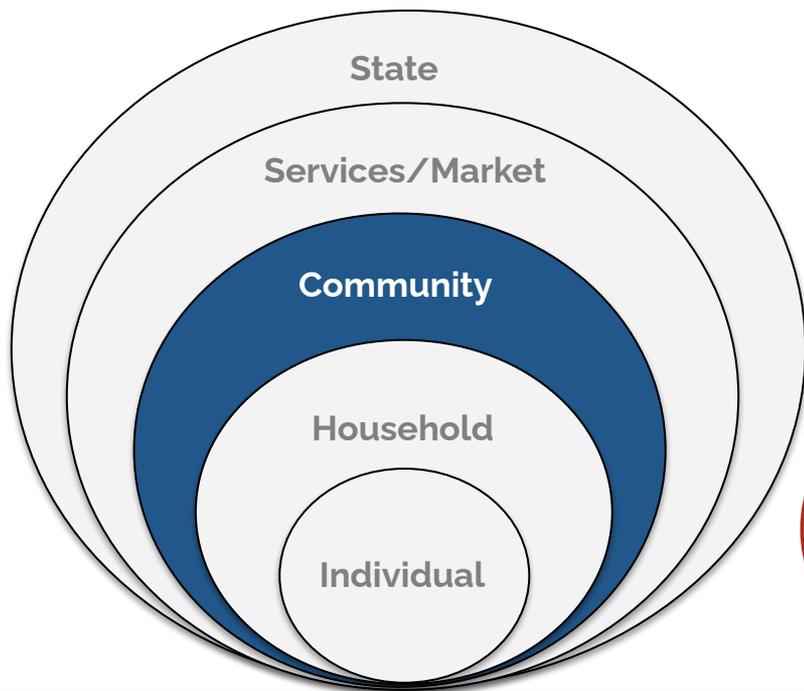
- How do gender attitudes in a household affect access and usability of your innovation?
- Does your product or service inadvertently reinforce discriminatory household power relations?



Example

An MNCH innovation found that husbands in their end-user population held the belief that it is solely their wife's responsibility to attend antenatal care appointments and perform unpaid childcare work. Through the establishment of a male peer outreach worker network, the innovation was able to shift attitudes, resulting in more male engagement in MNCH and as a result, improved MNCH outcomes.

APPLYING THE SOCIO-ECOLOGICAL FRAMEWORK - GENDER ANALYSIS QUESTIONS



Community Domain:

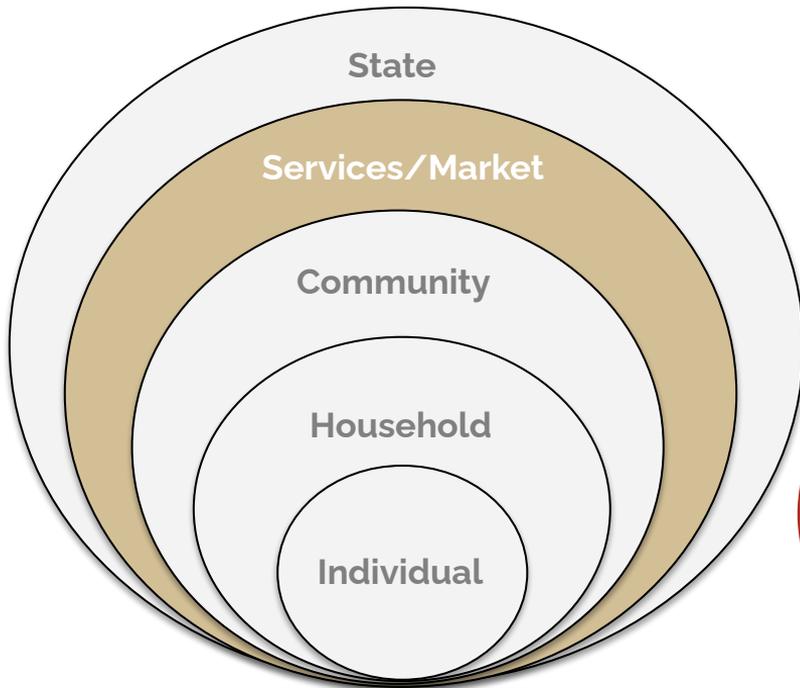
- What are the prevailing gender norms related to the issue your innovation is tackling? How do gender norms impact the uptake of your innovation?
- How can your innovation challenge discriminatory gender norms?



Example

An innovation that focused on providing training to mothers on early childhood development found that women were unable to participate due to societal gender roles that dictated that they were responsible for all unpaid care work. To overcome this challenge, the innovation provided free child-care services during trainings and worked with community leaders to challenge inequitable gender norms.

APPLYING THE SOCIO-ECOLOGICAL FRAMEWORK - GENDER ANALYSIS QUESTIONS



Services/Market Domain:

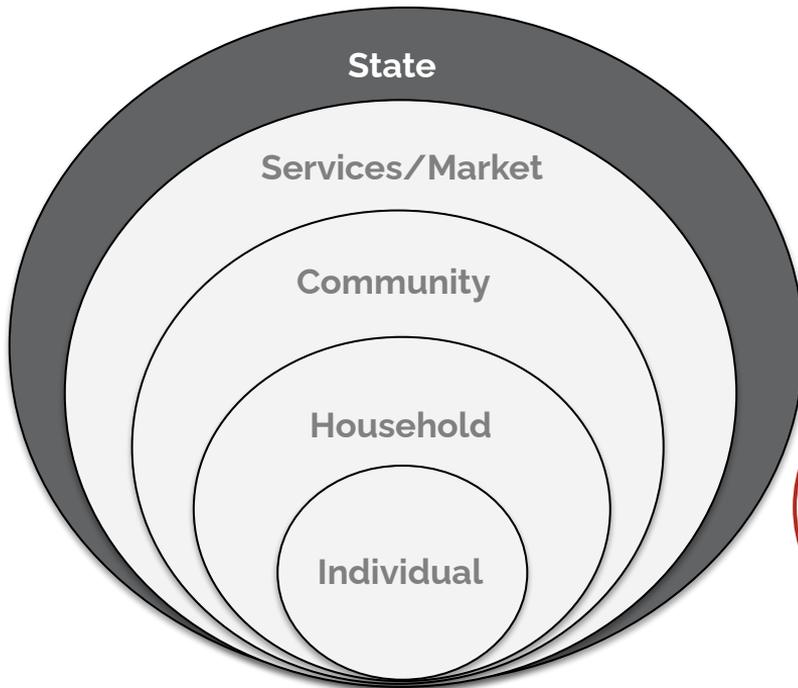
- What barriers do individuals of different genders experience in accessing services? How accessible and affordable is your innovation for people of different genders?
- Is your sector characterized by gender-imbalance or inequity in its workforce? How could your product/service contribute to gender-inclusive practices?



Example

A telemedicine innovation found that there was a lack of women doctors in the workforce, as women with medical degrees often left the profession due to discriminatory gender norms that prevented women from working away from home. To overcome this barrier, they developed a digital platform that enables female doctors to provide virtual consultations from their homes. This increased female patients' access to female doctors.

APPLYING THE SOCIO-ECOLOGICAL FRAMEWORK - GENDER ANALYSIS QUESTIONS



State Domain:

- What are the existing laws, policies, and regulations related to gender equality and the issue that is the focus of your innovation?
- How can your innovation ensure compliance with gender equality legislation? Are there ways in which your workplace policies can go beyond what is mandated by law in promoting gender equity?



Example

An innovation found that domestic legislation only provides for 14 weeks of paid maternity leave. Acknowledging the ILO recommends 18 weeks of leave, the innovator decided to provide an additional 4 weeks of paid maternity leave to employees, as well as paternity leave. The innovator also went beyond legal requirements in offering their employees annual well-being days off, which can be taken as menstrual or women's health leave. These gender-equitable working conditions have led to higher employee retention and satisfaction.

FURTHER RESOURCES

For more resources on gender equality issues by sector, see the following:

Healthcare

- [Women's health: Why is the health of at least half the global population so often overlooked?](#) World Economic Forum (2023).

MNCH

- [Gender and MNCH: A review of the evidence.](#) Gender Equality Toolbox. Bill & Melinda Gates Foundation (2020).

WASH

- [Water, Sanitation and Hygiene: A Pathway to Realizing Gender Equality and the Empowerment of Women and Girls. Position Paper.](#) WaterAid.

POC Diagnostics

- [Universal health care, essential diagnostics lists, and gender equity.](#) The Access and Delivery Partnership (2021).

Mental Health

- [Gender and women's mental health.](#) World Health Organization (2017).

Nutrition

- [Gender Equality in Nutrition.](#) Gender with Age Marker (2018).

Humanitarian

- [Unequal Access: Gendered barriers to humanitarian assistance.](#) World Food Programme (2023).

ECD

- [Gender Inequality and Early Childhood Development: A Review of the Linkages.](#) Plan International (2017)