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Wenn Frauen selbst bestimmen könnten...

Gender at the WHO

Gender has a Vital Bearing on Health

The World Health Organization's Department of Gender and Women's Health is charged with helping WHO's various programs and departments undertake the challenge of integrating gender considerations into their work. It is also responsible for researching and disseminating information on neglected topics directly pertaining to women's health, such as gender-based violence against women.

"Fifty years after the WHO Constitution was adopted, it is increasingly well recognized that there are differences in the factors determining health and the burden of ill-health for women and men. The dynamics of gender in health are of profound importance in this regard and they have long been overlooked."

So begins the World Health Organization Gender Policy adopted in March, 2002. In this document, WHO explicitly acknowledges that sex - the biological facts of being male and female - and gender - the cultural norms that determine masculinity and femininity - have an important impact on health. Furthermore, the Gender Policy instructs each WHO program to examine the ways in which sex and gender affect its particular area of work - and to develop ways of mitigating any negative gender-related effects.

For many people in the health field, the idea that sex and gender have a vital bearing on health is new and unfamiliar. Others may have trouble understanding what they, themselves, might do to address gender in their particular areas of activity.

What do we mean by "sex" and "gender"?

Sometimes it is hard to understand exactly what is meant by the term gender, and how it differs from the closely related term sex.

Sex refers to the biological and physiological characteristics that define men and women. Gender refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women. To put it another way: Male and female are sex categories, while masculine and feminine are gender categories. Aspects of sex will not vary substantially between different human societies, while aspects of gender may vary greatly.

Some examples of sex characteristics: Women can menstruate while men cannot; men have testicles while women do not; women have developed breasts that are usually capable of lactating, while men do not; men generally have more massive bones than women

Some examples of gender characteristics: In most countries, women earn significantly less money than men for similar work; in Viet Nam, many more men than women smoke, as female smoking has not traditionally been considered appropriate; in Saudi Arabia men are allowed to drive cars while women are not; in most of the world, women do more housework than men.

Why gender and health?

The distinct roles and behaviors of men and women in a given culture, dictated by that culture's gender norms and values, give rise to gender differences. Not all such differences between men and women imply inequity - for example, the fact that in many western societies, men generally wear trousers while women often wear skirts and dresses is a gender difference which does not, in itself, favor either group.

Gender norms and values, however, also give rise to gender inequalities - that is, differences between men and women which systematically empower one group to the detriment of the other. The fact that, throughout the world, women on average have lower cash incomes than men is an example of a gender inequality.

Both gender differences and gender inequalities can give rise to inequities between men and women in health status and access to health care. For example:

- A woman cannot receive needed health services because norms in her community prevent her from travelling alone to a clinic.
- A teenage boy dies in a car accident because of trying to live up to peers' expectations that young men should be "bold" risk-takers.
- A married woman contracts HIV because societal standards encourage her husband's promiscuity while simultaneously preventing her from insisting on condom use.
- A country's lung cancer mortality rate for men far outstrips the corresponding rate for women because smoking is considered an attractive marker of masculinity, while it is frowned upon as unfeminine in women.

In each of these cases, gender norms and values, and resulting behaviors, are negatively affecting health. In fact, the gender picture in a given time and place can be one of the major obstacles - sometimes the single most important obstacle - standing between men and women and the achievement of well-being.

The good news is that gender norms and values are not fixed. They evolve over time, vary substantially from place to place, and are subject to change. Thus, the poor health consequences resulting from gender differences and gender inequalities are not fixed, either. They can be changed.

The goals of the Gender and Women's Health Department are to increase health professionals' awareness of the role of gender norms, values, and inequality in perpetuating disease, disability, and death, and to promote societal change with a view to eliminating gender as a barrier to good health.

Why gender and women's health?

Across continents and cultures, established gender norms and values mean that women typically control less power and fewer resources than men. Not surprisingly, this often gives men an advantage - in the economic, political, and educational arenas, but also with regard to health and health care.

Certainly, there are instances where gender differences hurt men's health – as, for example, when greater risk-taking among young men leads to higher accident rates, or higher levels of violence between men leads to greater death and disability . But, by and large, many health professionals believe that gender inequalities have led to a systematic devaluing and neglect of women's health.

Two consequences result:

Firstly, women's health is often in need of advocates to bring it up to par with men's, and

Secondly, any organization devoted to examining and correcting gender inequalities in health will, in practice, find itself acting as just such an advocate.

For these reasons, even though gender has as much to do with men as it does with women, the WHO department devoted to gender and health also has a special role as an advocate for women's health.

What is "gender mainstreaming"?

If health care systems are to respond adequately to problems caused by gender inequality, it is not enough simply to "add in" a gender component late in a given project's development. Research, interventions, health system reforms, health education, health outreach, and health policies and programs must consider gender from the beginning.

Gender is thus not something that can be consigned to "watchdogs" in a single office, since no single office could possibly involve itself in all phases of each of an organization's activities. All health professionals must have knowledge and awareness of the ways gender affects health, so that they may address gender issues wherever appropriate and thus make their work more effective.

The process of creating this knowledge and awareness of - and responsibility for - gender among all health professionals is called "gender mainstreaming".

** The Department of Gender and Women's Health (GWH) of the World Health Organisation (WHO) is charged with the implementation of the Gender policy of the WHO. This article is based on its website that provides definitions, examples, and resources for anyone interested in the topic - and, more particularly, to health professionals interested in addressing gender in their work.*

www.who.int/gender/en

WHO Gender Policy: www.who.int/gender/documents/policy/en/

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