



UNDERSTANDING GENDER AND INTERSECTIONALITY

PHM- IPHU- MENA

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In your country, community

wom men oth

- Can decide what occupation / work to do, when, where.
- Have equal share in the family property and can ask for it.
- Face discrimination in pay and other benefits in the workplace.
- Have never faced any kind of violence in their lifetime.
- Can access health information and care without any discrimination or stigma.
- Are primarily responsible for care-giving of children, elderly in the home.
- Are covered by health insurance, or other public health programs.
- Can be part of political leadership, processes.
- Have access to higher education.

wom	men	oth

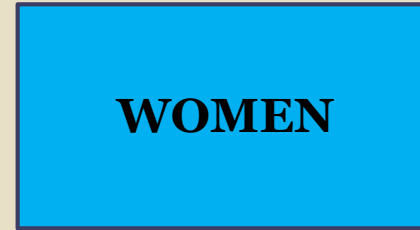
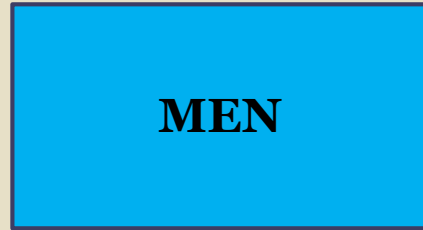
What is Gender?

- Gender refers to norms, behaviors, stereotypes and roles that are associated with being a woman or man.
- Gender also defines the relationships between men and women.
- The roles that a woman are supposed to play are seen as inferior whereas men's roles, behaviors are viewed as superior.
- This creates unequal relationships – gender inequality, gender discrimination.

- Gender norms, behaviors are based on a system of patriarchy (rule of man).
- Gender shapes every single aspect of our lives, e.g., nutrition, education, work, housing, health care, economic status, etc.
- We learn / are taught gender by institutions – education, health, media, judiciary, etc.
- We perform and practice gender every day. Conforming/ following/ accepting these norms, behaviors, roles provides us privilege and power.
- When we do not conform, there can be consequences, including gender based violence.

Gender diversity, identity and expression

- The construction of gender puts people in two categories – **binary**.



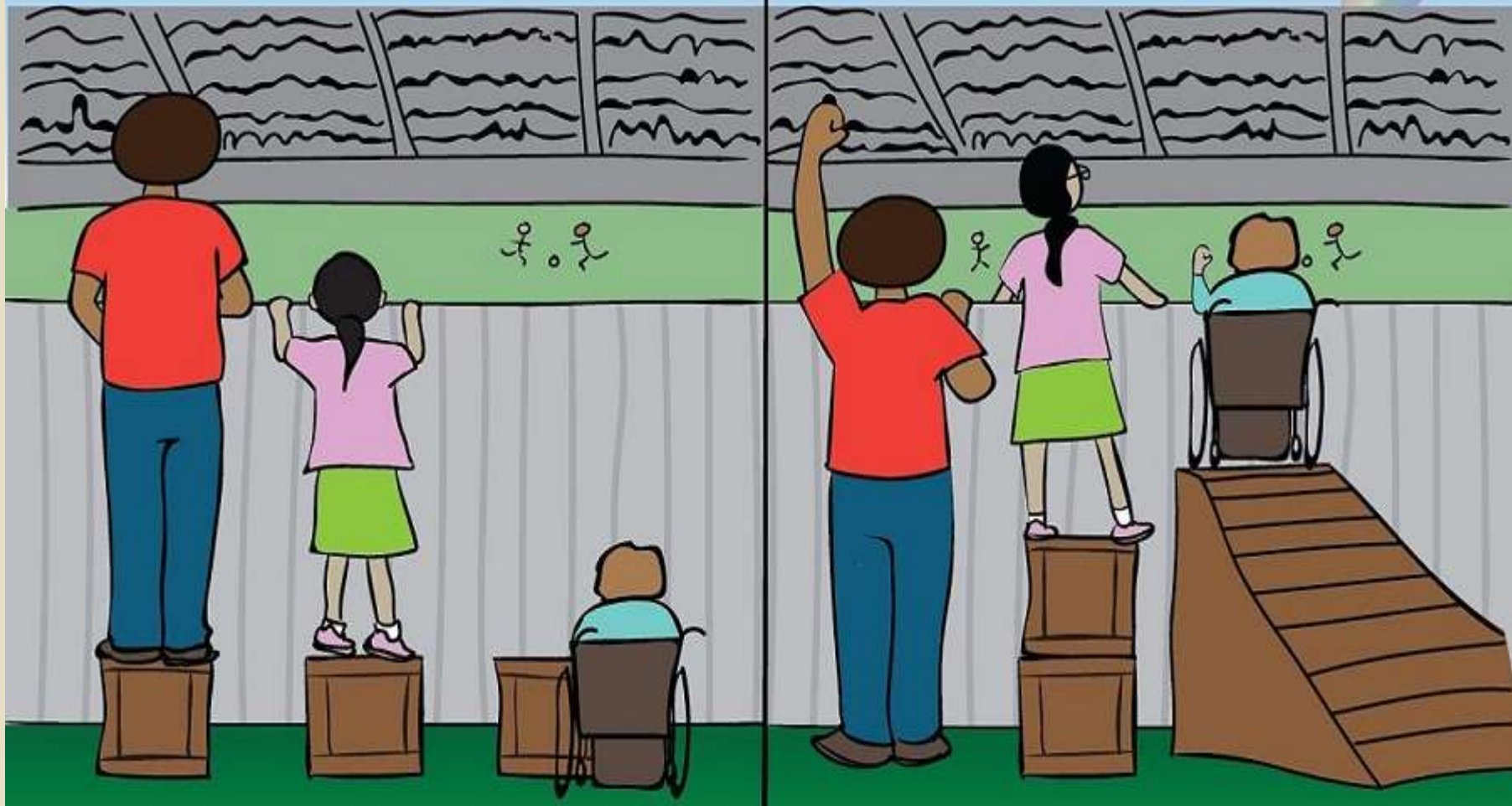
It is important to see gender as a spectrum **beyond the binary** of man and woman, masculine and feminine, and rigid stereotypes, roles and expectations.

**Gender
Inequities**

Power

**Ownership
Decision making
Access to social
determinants of health,
including health care**

Gender Equality and Gender Equity



Gender equity is the process of being fair to people of all genders. To ensure fairness, measures must be taken to compensate for cumulative economic, social, and political disadvantages that prevent persons from enjoyment of rights, opportunities and resources.

Equity leads to equality.

Gender equality is the state or condition, a goal or outcome that affords people of all genders equal enjoyment of human rights, equal access to opportunities, and resources.



ACTIVITY

Do we experience discrimination only because of gender?

What other factors along with gender create inequity?

What institutions create these inequities?

Gender

Race
Class

Work/Occupation

Migration

Refugee status , internal displacement

Prisoners

Indigeneity

Nationality

Religion

Language

Geographical location

Conflict/ War /Occupation

Precarious housing / shelter, employment
Other environmental and political stressors

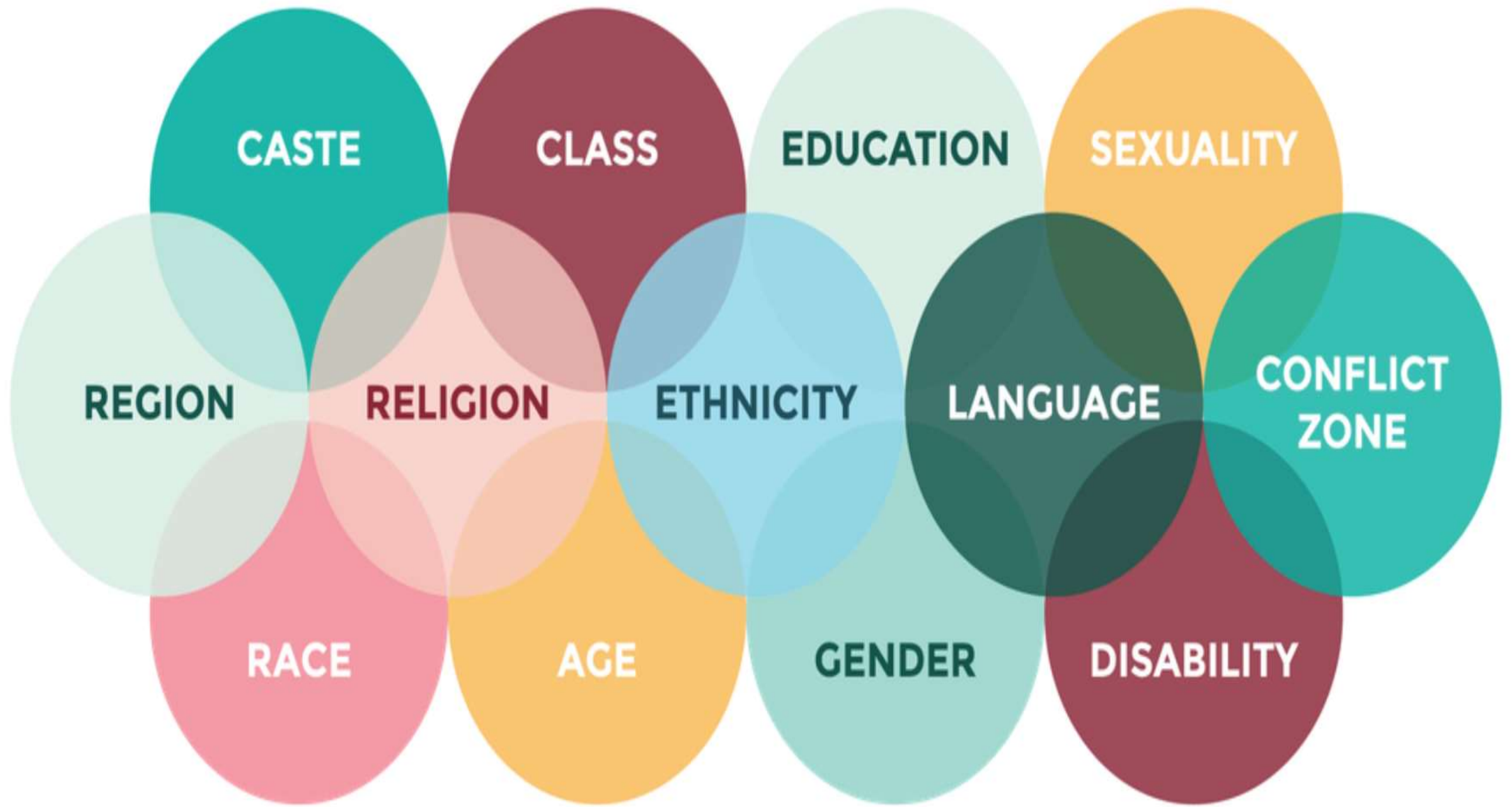
Age

Disability

Sexual orientation

Marital Status

Education





SHORT FILM

<https://www.youtube.com/watch?v=1FZU39UviYI>

- Intersectionality draws attention to important differences within population groups that are often portrayed as relatively homogenous. These differences inform each other and are not experienced separately.
- Intersectionality indicates that individual and group inequities are shaped by interactions between multiple sites and structures of power:
 - Institutions such as families, governments, laws, and policies, religious educational, health care institutions;
 - Structures of discrimination such as ableism, and racism; patriarchy and heteronormativity;
 - Broader processes of globalization, corporatization / privatization, occupation/militarization.
- Intersectionality informs the analysis of:
 - how intersecting factors and processes of power across geopolitical contexts shape risks, needs, experiences and capabilities of differently situated women and men.
 - health inequities with more precision and aids the more effective charting of directions in policy and program.

WHAT IS HEALTH?

an **INTERSECTIONAL** APPROACH

WHAT IS **INTERSECTIONALITY**?

A **necessary lens** TO FRAME HEALTH & UNDERSTAND SOME OF GLOBAL HEALTH CHALLENGES THE WORLD CONFRONTS TODAY

a **political tool** TO ACT ON THESE CHALLENGES AND BRING ABOUT SOCIAL CHANGE

a **prompt** TO THINK OF SOCIAL PROBLEMS, CONTEMPORARY WORLD & CHALLENGES OF INEQUALITIES IT CONFRONTS



HEALTH IS...

A STATE OF COMPLETE **PHYSICAL MENTAL SOCIAL**

WELLBEING

SOMETHING **POSITIVE** THAT HAPPENS IN PEOPLE'S LIVES & NOT "ABSENCE" OF DISEASE

AND IT'S **SUBJECTIVE**

SOCIAL FACTORS INFLUENCING HEALTH ARE CALLED **SOCIAL DETERMINANTS OF HEALTH**

IS A COMBINATION OF MANY PARTS OF OUR LIFE **INTERTWINED**

INTERSECTIONALITY SHOWS THAT...

HUMAN BEINGS ARE SHAPED BY THE **INTERACTIONS** OF DIFFERENT SOCIAL LOCATIONS: INDIGENITY, GENDER, CLASS, SEXUALITY

EDUCATION

INCOME

ETHNICITY

GENDER

INTERSECTIONALITY

ALLOWS US TO SITUATE THE INDIVIDUAL EXPERIENCES OF HEALTH WITHIN A CONTEXT OF **CONNECTED SYSTEMS & STRUCTURES** OF **POWER** (SHAPING & FRAMING DISTRIBUTION OF RISE & VULNERABILITIES)



SOCIAL

HEALTH INSTITUTIONS

POLITICAL

POLICY MAKING

IN THE UK, DURING COVID-19 PANDEMIC, HEALTH & SOCIAL CARE WORKFORCE FROM ETHNIC MINORITIES HAD MUCH HIGHER RATES OF MORTALITY THAN THEIR COLLEAGUES

UK HEALTH & SOCIAL WORKERS

Why?

ACT

RESISTING AND CHALLENGING THE LINKS BETWEEN ECONOMIC, TRADE, SOCIAL AND PUBLIC POLICIES UNDERMINING ACCESS AND THE EXPERIENCES OF THOSE WHO ARE HARDEST HIT.

HIGHER RATES OF MORTALITY

MORE LOW-PAYING JOBS

LESS AUTHORITY

LESS DECISION MAKING

LESS CAPACITY TO PROTECT THEMSELVES

OTHER GROUPS

SOME STRUCTURAL FORMS OF INEQUALITIES & DISCRIMINATIONS THAT ALLOWED THIS SITUATION TO HAPPEN

CONCLUSIONS

REJECT A PREDETERMINED HIERARCHY OF VULNERABLE GROUPS, A STATIC CONCEPTION OF HEALTH PROBLEMS WE FACE. UNIVERSAL CONCEPTION OF THE PROBLEM & PEOPLE'S EXPERIENCES IS SOMETHING THAT WE NEED TO CHALLENGE.



LOOK

AT RISKS AND IMPACTS THAT ARE SHAPED BY THIS WEB OF INTERSECTING FACTORS, WHICH ARE EXPERIENCED AT INDIVIDUAL AND GROUP LEVELS, BUT ARE SHAPED BY PROCESSES & STRUCTURES OF POWER TO CREATE AN INTERPLAY OF OPPRESSION AND PRIVILEGES.

"THERE IS NO SINGLE ISSUE STRUGGLE, BECAUSE WE DO NOT LIVE SINGLE ISSUE LIVES". AUDREY LORDE



ACTIVITY

<p>How does gender intersectionality impact health?</p>	<p>Household / Communities</p>	<p>Access to Health Care</p>	<p>Policy / Data / Law (Domestic and International; formal and informal)</p>
<p>How do gender roles / norms impact health/health system?</p>			
<p>How does access to and control over resources (information/knowledge, money, entitlements, transport, technology, documents, etc.) impact health?</p>			

Gender justice: This approach seeks to achieve both equity (equal distribution of resources, access, and opportunities) and equality (equal outcomes for all). It advocates the redistribution of power, opportunities and access through challenging and breaking down structures of patriarchy.

Gender responsive: When gender norms, roles, and relations are considered and measures are taken to actively reduce the harmful effects of gender norms, roles, and relations—including gender inequality in policies, programmes.

Gender transformative: The gender transformative approach is one category on the chain (continuum) of gender integration approaches. It seeks to actively examine, challenge and transform the underlying causes of gender inequality rooted in inequitable social structures and institutions. It seeks to tackle the root causes of gender inequality and reshape unequal power relations.



THANK YOU!