MODULE 4
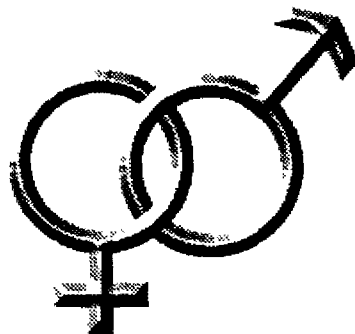
PRACTICAL AND STRATEGIC GENDER APPROACHES

PRACTICAL AND STRATEGIC GENDER APPROACHES:

OVERVIEW: MODULE FOUR	
Objective	● To understand the concepts of practical and strategic gender approaches. ● To begin to apply the gender approaches and the accompanying mechanisms to promote empowerment, to addressing these needs in health.
Core Message	The Practical Gender Approach and the Strategic Gender Approach must be applied in conjunction, in order to ensure that all the health needs of men and women are equitably addressed
Expected Outcome	Participants will be able to distinguish between practical and strategic gender approaches to respond to these needs, and will begin to apply instruments to identify specific needs of men and women in health and development work.
Methodology	Plenary Discussion Lecturette Small Group Work/Plenary Reportback
Materials	OHT No. 7. Practical and Strategic Gender Approaches Flipchart No. 13. Definition of Empowerment Flipchart No 14: Four Mechanisms of Empowerment Flipchart No. 15: Group Task Handout No. 13. PGAs/SGAs Handout No. 14a: Definition of Empowerment/Mechanisms of the Empowerment Process Handout No 14b: Empowerment Continuum (adapted from Ronald Labonte) Handout No 15(a): Promotion of Breast Feeding Handout No. 15(b): Detection and Control of Tuberculosis Handout No. 15(c): Community Based Intervention for Promotion of Mental Health of the Elderly Handout 15(d): Campaign to Stop Tobacco Addiction
Components	Introduction to Module Four 4 1 Practical and Strategic Gender Approaches 4.2 Empowerment Process 4.3 Health Interventions

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OVERVIEW: MODULE FOUR (Cont.)

Time	Intro:	5 minutes
	4.1	20 minutes
	4.2	20 minutes
	4.3	50 minutes
	Total:	95 minutes

Preparation

- Prepare Flipchart Nos. 13 - 15
- Photocopy supporting document on the Continuum of Empowerment
- Photocopy Handout Nos. 13 - 15

INTRODUCTION TO MODULE FOUR:
Review of Modules 1 - 3:

PROCESS

- The difference between 'sex' and 'gender' was defined, emphasizing that the latter is socially constructed, is modified through time, and differs between social and cultural groups

- Gender roles and responsibilities are assigned in every society This has direct implications for the degree to which men and women, respectively, have access to and control over resources needed to protect their health.

- Health profiles of men and women are the product of an interaction between biological and psychosocial factors. Sex disaggregated data is crucial for identifying differences and similarities between the health profiles of men and women.

- The next step is to look at Gender Needs: If men and women are biologically different and have different gender roles, then they also have different gender needs in health Identifying the health needs that arise out of different roles is critical to achieving equity in health policies, programs and projects.

PRACTICAL AND STRATEGIC GENDER APPROACHES

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Method:	Lecture
Materials:	Handout No. 13· PGAs/SGAs
	OHT No. 7
Time:	<u>20 minutes</u>
Preparation:	Photocopy Handout No. 13

PROCESS

■ Facilitator points out that as development practitioners we need to be aware of the following

- ● Whether health needs for men and women are the same or different, gender roles and responsibilities must be considered for development interventions to respond equitably

- ● These gender based needs can be seen as twofold:

    (1) Those that improve the quality of life and in so doing meet the basic health needs of the people; and
    (2) Those that address the question of equity and self-determination and in so doing move towards a more equitable distribution of health resources in society.

- ● Our ability to respond to these needs satisfactorily is helped in a significant way by distinguishing between two approaches, namely, the practical gender approach (PGA) and the strategic gender approach (SGA).

- ● This dual approach is based on the assumption that:

    (1) The <u>gender division of labor</u> gives rise to an imbalance in the responsibilities for health care and promotion assigned to women and men;
    (2) The <u>imbalance in power relations</u> between women and men means different access to and control over resources to respond to health problems.

A useful mechanism for ensuring that these assumptions are taken into account is the PRACTICAL GENDER APPROACH AND THE STRATEGIC GENDER APPROACH

- **A Practical Gender Approach (PGA)** responds to the health needs of women and men within their socially accepted roles in society, without attempting to modify gender inequities. The practical gender approach improves the health condition of women or men because it identifies the roles and responsibilities of each sex and attempts to tailor the response to the present situation of women and men in specific contexts. Although PGAs are a key component to efficient responses, they <u>do not directly address existing gender inequities</u>. In fact, PGAs can even exacerbate existing gender inequities because, while they provide access to resources, they do not seek to increase control over them.

- **A Strategic Gender Approach (SGA)**, in addition to responding to the concrete health needs of men and women, is aimed at <u>redistributing the roles, responsibilities and power between them</u>, so as to reduce inequities that harm health and health seeking behavior

■ Facilitator provides an example:

- **Practical Gender Approach:** Although both fathers and mothers are concerned about the immunization of their children, it is usually women who take them to the health services for this purpose. Thus, women and men share the need to have children immunized, but when we examine this need in the light of gender roles and responsibilities, women may feel the need for access to services at convenient times more than do men. Thus, we observe gender differences in health needs, caused by a division of labor that delegates the care of children as part of women's reproductive role. <u>A PGA would be sensitive to women's need for accessible health services that offer a flexible schedule.</u> This practical gender approach to the situation makes it easier for women to better fulfill their socially assigned role

- **Strategic Gender Approach:** However, in addition to responding to the need to immunize children, the health services could aim toward a redistribution of gender responsibilities and roles, calling upon fathers to assume a share in the care of their children by bringing them to the services to be immunized. A strategic gender approach to such a health need might also include information and training sessions for fathers prior to the birth of children, on how to care for their newborn. As a result, men may become more comfortable in this role and hence more secure about being involved in the raising of their children, enhancing the potential for the responsibility for the health of children to be shared by men and women. This strategic gender approach could then contribute to building a society based on more equitable gender relations.

■ It is important to emphasize that PGAs and SGAs are not dichotomous. PGAs are essential to responding efficiently to health needs because they recognize that men and women have different gender roles and responsibilities which imply differential access to and control over resources necessary to protect health. For example, the absence of a Practical Gender Approach in the design of a project that incorporates a clinic could lead to the failure of the project if the hours of opening are

inconvenient to the women because of their domestic chores. However, with a PGA, women's roles and responsibilities would be taken into account, women would be consulted about their needs, and the flexible hours could lead to women having greater control over their available time. This would not necessarily change women's roles, but it would lighten the burden of those roles.

In the case of a project on HIV/AIDS prevention, a *Practical Gender Approach* would call for the use of condoms in order to help stem the tide of the epidemic. In certain cultural circumstances and contexts this might be sufficient. In some countries the reduction of new cases of HIV has been directly correlated to an increased condom use. Hence simply an information campaign and easy access to condoms can meet a gender need for both men and women.

On the other hand, culture dictates in many instances that men resist the use of condoms because they believe that it reduces sexual pleasure, and it is a challenge to their sense of manhood. A man would therefore not take kindly to a suggestion by a woman that he use one. A woman, even though she is aware that the use of a condom could save her life, has little power in the relationship to negotiate condom use. A threat by the man to leave her might be enough for her to not raise the issue at all. In some cultures, men are insulted if a woman suggests its use as he views this as lack of trust on the part of the woman. In other cultures, women are insulted if the man suggests its use, as she infers that he thinks she "sleeps around."

Hence in order for condom use to be successfully negotiated, the roles of men and women and the relations that arise from these roles have to be addressed. Only a Strategic Gender Approach will enable this process, and the WAY in which the project is designed and implemented might be very different for men and women given these different roles, relations and assumptions. Hence, a highly effective PGA for men to protect themselves from infection would ensure them access to condoms; however for women, PGAs in AIDS prevention, such as access to condoms, do not have the same impact because of gender roles that curtail women's ability to negotiate condom use with a male partner. In other words, a PGA might work for men, but is unlikely to work for women. An SGA would work for both, as it would change the gender relations, allowing women to assert their needs and for men to hear and respond to that assertion. However, because an SGA involves fundamental behavioral changes in power relationships, they are slow to take place.

■ Facilitator distributes Handout No. 13 and shows OHT No. 7

Text of Handout No. 13

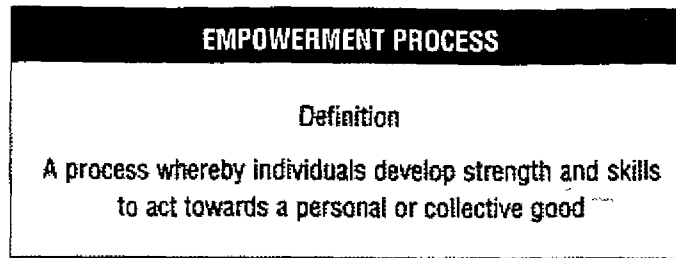| PRACTICAL AND STRATEGIC GENDER APPROACHES	
A. PRACTICAL GENDER APPROACH	B. STRATEGIC GENDER APPROACH
● Responds to short-term needs.	● Tends to be a long-term strategy, as an integral part of sustainable human development.
● Responds to needs that are usually easily identifiable by users and suppliers	● Responds to needs not always easily identifiable by people.
● Responds to biological requirements and specific health conditions	● Targets inequities between women and men in responsibilities and power relationships
● Gendered health needs met through provision of health goods and services.	● Needs identified through empowerment processes: the creation of awareness, increased self-esteem, education, strengthening organizations, political mobilization. etc.
● Tends to involve women and men as subjects of intervention.	● Tends to involve people as active subjects or empowers them for this.
● Can improve the health condition of women and men through the access to resources.	● Can improve the position of women by increasing their control over resources.
● Usually does not change gender roles and relations.	● Improves the balance of power between men and women in the use of health resources, through control over internal and external factors that affect the ability to protect health

Text of OHT No. 7

PRACTICAL GENDER APPROACH	STRATEGIC GENDER APPROACH
● Short term response	● Long term strategy
● Needs more easily identifiable	● Needs less immediately identifiable
● Biological requirements and specific health conditions	● Targets inequities in power relationships
● Provides health goods and services	● Focuses on empowerment processes
● Involves women/men as passive subjects	● Involves people as active participants
● Improves health conditions	● Improves the position of women
● Gender roles and relations remain constant	● Improves balance of power relations

■ The facilitator points out:

Practical and Strategic Gender Approaches grow out of what has been generally recognized in the literature on gender and development as practical and strategic gender needs. These concepts came out of the women's movements in conjunction with various disciplines.

PAHO has adapted the concept of gender "needs" for application to health and development We refer to practical and strategic approaches in order to underscore that in health the key to achieving gender equity is in HOW health projects, programs and policies are designed. However, it is worth emphasizing that since the concept originally grew out of the women s movement, as a result it logically targets needs and approaches identified by women rather than men, because of the continuing imbalance of power relations. Recent years have seen the formation in some countries of men's movements that have determined that gender constructions have also created role identity distortions that have been detrimental to their own health and well-being. We hope that as we are introducing this concept within the health sector, men will also help to identify their health needs and concomitant strategic gender approaches to improve their own health and well-being

Flipchart No. 13:

> **EMPOWERMENT PROCESS**
>
> Definition
>
> A process whereby individuals develop strength and skills
> to act towards a personal or collective good

Labonte establishes different moments in the process of reaching this transformation or empowerment. We have adapted this author's suggestions and divide Labonte's continuum into Four Empowerment Mechanisms

    i)   interpersonal encounters;
    ii)   support groups;
    iii) community organization; and,
    iv) political action coalitions.

These mechanisms are located along an "Empowerment Continuum," a concept that helps to clarify the use of the multifaceted concept of the strategic gender approach in health. The empowerment process is not a linear process, as we will see later. This continuum is useful in helping us to better understand how our interventions in health can facilitate or impede the empowerment of people.

In the specific case of gender, we can distinguish between men's and women's abilities to improve their health situation through a practical gender approach that makes the necessary resources more accessible to them; and, one which uses a strategic gender approach, which, in addition to responding to a concrete felt health condition or problem, includes elements that move towards greater equity in gender relations by enhancing the degree of control over needed resources to protect health. Increased access to resources is defined by many women as a form of empowerment. But, a clear distinction must be made between people's access to and control over resources; these are crucial concepts in the definition of empowerment.

■ Facilitator turns to Flipchart No. 14a of the Four Mechanisms of the Empowerment Process

*Text of Flipchart No
14/Handout No 14a:*

EMPOWERMENT CONTINUUM

INTERPERSONAL ENCOUNTERS
● Facilitate self-validation through dialogue

SUPPORT GROUPS
● Facilitate opportunities to overcome isolation ("not only sufferer")

COMMUNITY ORGANIZATION
● Facilitate organization around common problems that go beyond personal interests

POLITICAL ACTION COALITIONS
● Facilitate social movements that go beyond limitations of community organization to achieve political/social change

Talking Points:
The four empowerment mechanisms through which health systems and services can initiate or strengthen a practical and strategic gender approach are·

a. *Interpersonal Encounters:*
Can occur at the level of direct service, where health workers interact directly with users.

Labonte notes that the two pillars that allow services to be empowering are.

    I.   That they be offered in a supportive, non-controlling manner;

    II   That they are not the limit of the services and resources offered by the agency

This type of support respects the autonomy of the individual and seeks to understand the psychosocial and socio-environmental contexts of the problems. The health professional-user relationship is a horizontal one in which dialogue between them enhances a joint search for a solution to a health problem. Such a climate moves constantly towards a greater capacity by the individual to act upon both the symptoms and the roots of his/her distress The user's relationship with services for managing a health problem at the individual level can facilitate personal empowerment.

e.g., Domestic Violence: A positive response from the health service can promote the development of personal empowerment in a woman as she develops a greater level of self-respect and progresses from a passive victim to an active subject. However, according to Labonte, individual care and crisis management does not have an impact on the structural problem of society's tolerance for violence against women.

b. Support Groups:

Personal empowerment requires opportunities for individuals to overcome their isolation and the "learned helplessness" it creates.

This, according to Labonte, can be accomplished through "group work" in which the individual recognizes that he/she is not the only one suffering from the problem and that, as a result, problems, diseases, etc. are not uniquely about themselves. Group work helps men and woman see their own experiences within a social context. However, the author points out that these groups, although very important for generating empowerment processes, can remain isolated from various forms of action and political organization designed to solve structural problems.

e.g., Domestic Violence: Self-help groups formed by abused women are an important source for promoting self-esteem and personal empowerment, but do not offer sufficient inputs to modify the structural conditions that tolerate violence.

c. Community Organization:

Support groups prompt people to organize around problems or situations that are specific to them

Community organization, on the other hand, involves the process of organizing people around problems or situations that go beyond the particular interests of those involved   Support groups allay the particular and specific suffering of each of their members; community organizations try to confront the causes of such suffering. Both types of organization are necessary for generating processes of individual and collective change.

Community organization often involves conflict with other interest groups. According to Labonte, conflict, as the predecessor to fruitful negotiation, is a fundamental ingredient for achieving participatory democracy However, community organization can remain local and parochial without having any effect on the control of resources at the macro level

e g., Domestic Violence: Recent decades have seen the emergence of non-governmental community organizations of activist women, offering refuge and comprehensive care to abused women (legal, psychological and physical support), in addition to sensitizing and building awareness of public opinion about the problem.

d. *Political Action Coalitions:*

The formation of coalitions for political action provides elements for surpassing the limitations of community organizations.

The actions of such coalitions are generally directed toward higher levels of governmental decision-making, and they are called coalitions because action is carried out by a number of groups that unite to exert pressure for achieving a political change or a social reform.

Political Action Coalitions use advocacy as a means to achieve their goal.
Labonte defines advocacy as "taking a position on an issue," in this case, to initiate actions in a deliberate attempt to influence public policy choices. He notes that there are different ways in which health professionals and their agencies can support political action coalitions:

   i)   By being a resource to a process, providing information and advising groups on bureaucratic structures and their functions.

   ii)   By legitimizing the health concerns of the coalitions. This doesn't mean that the health agency takes the same position on the issue as the coalition, but it does involve taking a position on the health implications of health issues.

   iii) By health professionals themselves taking positions on health issues. An organized, political voice of caring professionals may be crucial in moving towards more equitable and sustainable forms of gender sensitive social organization.

e.g , Domestic Violence: The health sector can legitimize the concerns of women's groups and acknowledge in policy statements that violence against women is a public health issue of growing severity. This way, it is easier for women's groups and other human rights groups to get Domestic Violence "on the agenda" of public and private sector decision-making fora. A case in point is the legitimacy that many governments have accorded to the issues raised by women's NGOs, illustrated by the growing number of NGOs present at intergovernmental fora.