

Gender Equity

in Health

Better Health *Good Health Care*

NSW  HEALTH

NSW HEALTH DEPARTMENT

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GENDER EQUITY IN HEALTH

Why Focus On Gender Equity?

This statement, *Gender Equity in Health*, introduces an overarching framework for promoting women's and men's health in NSW. It recognises that gender has a significant influence on the health of women and men, the impact of which is experienced in different ways.

Gender equity approaches recognise that we do not function on a level playing field. In other words, there are historical and social disadvantages which prevent one sex, often women, from benefiting fully from society's resources.

There are continuing traditions of stereotypes and conceptions of what it means to be a woman or a man which are embedded in systems and practices. Discriminatory practices have resulted in the systemic devaluation of attitudes, activities and abilities ascribed to women. For men, this discrimination has contributed to devaluation of feminised characteristics in males and reinforced the prevalent male stereotype. The equity approach attempts to recognise these differences and address the underlying reasons for these differences.

This approach also acknowledges that addressing the impacts of gender on health will often require different strategies for women and for men and that these will be influenced by a range of social and cultural factors.

Over the past two decades, researchers and health workers have increasingly focused on developing a view of health that includes the social factors that influence health. This has followed the many international activities concerned with improving global health status, largely driven by the World Health Organization.

Taking a social view of health has broadened our understanding of the determinants of health. Gender has come to be understood as having a significant impact on health, along with other social factors such as income, housing and employment.

Initially, gender-based impacts on health were understood as issues for women. This became an official NSW policy position in 1989, with Ministerial endorsement of the National Women's Health Policy. Since that time, gender has come to be seen as a health issue for men, too.

In response, NSW Health has undertaken a range of initiatives focusing on women's health and, again more recently, men's health. This has seen the development of both a women's health strategy and a men's health strategy.

An awareness of gender is important if we are to contribute to the vision contained in *Strategic Directions for Health: 'Better Health, Good Health Care'*.

What Is Gender?

Gender is a social construction of the female and male identity that goes beyond the biological differences between woman and man (known as 'sex'). Gender leads to different social, political and economic opportunities and expectations for men and women. These opportunities and expectations are not always equal. As gender is culturally determined, gender will change over time.

Gender is regarded as one of the social determinants of health.

What is Gender Equality?

Gender equality is defined as the absence of discrimination, on the basis of a person's sex, in opportunities and the allocation of resources or benefits or in access to services. The concept of gender equality has evolved over time: initially, gender equality was concerned with treating everyone the same. Treating everybody the same, however, perpetuates existing inequalities. By acknowledging and addressing different needs, interests and values, health services and professionals can work to overcome these inequalities and arrive at equitable outcomes.

What is Gender Equity?

Equity is generally regarded as a state of fairness and justness. It requires that the specific needs of particular groups are considered separately and acted upon accordingly. For instance, while all Australians are meant to be equal in regards to their rights and treatment by government and social institutions, their needs, interests and values will differ. Gender will often determine these differences.

The concept of gender equity recognises that men and women have different life experiences, different needs, different levels of power and access to decision-making levels in our society, differing expectations by others and different ways of expressing illness. Gender equity strategies recognise that gender leads to different social, economic and political opportunities for women and men.

The concept recognises that women and men have different needs and power structures and that these differences should be identified and addressed in a manner that rectifies imbalance between the sexes. Gender equity strategies seek to achieve fairness and justice in the distribution of benefits and responsibilities between women and men, and recognise that different approaches may be required to produce equitable outcomes.

Gender equity is not another name for sex differentials. Sex differentials do provide information on differences in health status between men and women, but they cloud the issues relating to gender. The impact of gender on health is generally not measured while sex differentials are. In this way, sex differentials are often used to provide an indication (although an imperfect one) of the impact of gender and the need for gender equity.

The significance of gender inequities for women's health, in particular, has been recognised at two conferences conducted by the United Nations: the 1994 International Conference on Population and Development in Cairo and, in 1995, the World Conference on Women in Beijing.

Equity policies give support to health service practices that ensure appropriate resources are allocated to groups according to their differing needs.

What Are The Underlying Principles Of Gender Equity?

Health policy, programs and legislation should aim to achieve better health and good health care for both women and men. Considering gender equity through gender analysis is one way of ensuring this goal is met.

In aiming for better health and good health care, NSW Health recognises that:

- Health policy, programs and practices affect women and men differently as a result of their differing roles, responsibilities and access to resources
- Inherent biases existing within the health system advantage some groups and disadvantage others. Health policy, programs and practices must acknowledge and address these systemic biases to maximise health for all groups
- Health care workers, service managers and policy makers all bring individual biases and perspectives to their work. Policies, programs and practices based on a gender analysis can help moderate the impacts of these biases and help deliver better health outcomes
- The diverse experiences of women and men give rise to different health needs. Different responses are required by the health system to address the diversity of these needs
- A consideration of the impact of gender as a factor influencing health should inform every stage of the health policy, program and legislation development process and should include consultation with women and/or men
- The influence of gender on health occurs within a social context where factors such as age, race, disability, socioeconomic status, geographical location, sexual and cultural identity influence health status and behaviours

How Do I Apply Gender Analysis In My Work?

A gender analysis is a methodology which incorporates differences in women's and men's opportunities, needs, incentives, circumstances, health status and quality of life. Gender analysis can be used to redress gender biases in policies, program design, management, implementation and review processes.

The basic elements of gender analysis with regard to health are:

- To assess differences in the **determinants** of health and ill-health
- To identify how and where different services are provided, and identify and explain differences in women and men's **choice and use** of services
- To consider the type and the way in which **information** is presented in the planning and delivery of health services
- To consider how **differences** identified above are borne by different groups of women and men in the community
- To identify and remove **barriers** to achieving gender equity.

Gender analysis recognises that the influence of gender on health occurs within a social context, and these social factors contribute to health status and behaviours.

For instance, the needs and responses to a person with diabetes may be different according to whether that person is, say, a young gay man in a well-paid job in the inner city or an older gay man of non-English speaking background living in rural NSW on a pension. Although there may be some commonality in their needs and desired services, it is likely that the differences will impact on how and what type of services are delivered.

Gender analysis, then, is a way of focusing on the impact of gender within the context of other social, age-related, cultural and economic influences on health.

Checklists to guide policy, program and service workers in NSW Health, through the process of gender-inclusive analysis, are included.

What Are The Implications For Implementing Gender Equity In Health?

Considering gender equity when developing policy, programs and practice should assist the Department of Health and Area Health Services meet the goals of 'healthier people and fairer access', as outlined in Strategic Directions for Health.

Specifically, this should produce better health outcomes for women and men by:

- Producing better-targeted programs
- Facilitating more effective use of resources
- Encouraging more sensitive practice
- Enabling people to use services effectively

This will require that gender analysis becomes part of the development and review process for all health policy, programs and practices. The attached checklists should assist with this.

The Department of Health will also work to include principles of gender equity and gender analysis into service agreements with Area Health Services.

Where Can I Read More About Gender?

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Gender Equity in Health Policy Development Checklist

The Policy Development Process and Gender

Policies that acknowledge gender as a factor impacting on the health of population groups will give support to health care practices that ensure appropriate resources are allocated to, and utilised effectively by, different groups according to their specific needs.

A consideration of the impact of gender as a factor influencing health should inform every stage of the health policy development process.

In addition to inherent biases within the health system, policy developers will bring individual biases and perspectives to their work.

Policies that include consideration of gender and how it impacts on health can help moderate the impacts of individual and systemic biases and help deliver better health and good health care to both women and men.

A Gender Equity Guide for The Development of NSW Health Policies

The following checklist provides a guide to a gender sensitive policy development process. The questions are categorised according to the stages of policy development described in the NSW Health Policy Development Guidelines.

Stage 1: Issue Identification and Policy Definition - Scoping Paper

- Do women and men differ in their views about the need for a policy? What are the issues and the basis of the difference?
- If there are distinctions between men and women's positions on the issues and the intended policy objectives, what are they?
- How will the major benefits, costs and risks going to impact on men and/or women? Which particular groups of men or women will benefit or be affected by this policy, for example, men and women of non-English speaking backgrounds, Aboriginal women and men, older women, young men?
- Which group is the primary target for the policy, women or men or both?
- How do the criteria for allocation of resources take into account the different roles and needs of women and men?
- What involvement have women and men had in the research phase of the policy, and is this appropriate given the target group?
- Who are the main stakeholders on this issue? Are they predominantly men or women? Are particular groups specified? Have any key groups been left out? Why?
- Are the gender roles and attitudes of the health care providers who are involved impacting on this issue? How is this influencing health system responses to this issue?

Stage 2: Clarify Policy Issues and Preferred Options

- Does the Project Team have representation that provides relevant information regarding the target group?
- If the policy is sex-specific, does it impact on the other sex? How have these impacts been assessed? What are the implications for gender equity?

• Consultation:

- How does the consultation process involve key groups of men and/or women? How does the consultation process reflect gender equity approaches?
- Will the consultation capture the diversity of interests and views of specific groups of men and women that are impacted by the policy?
- Have strategies to consult considered the availability of men and/or women to be involved in the consultation process?
- Are consultation processes gender-appropriate, and take into account other social factors such as socio-economic status, employment patterns, carer responsibilities, culture and other relevant factors?

• Qualitative and Quantitative Analysis:

- Does the environmental scan include baseline information that is disaggregated by sex?
- Are different groups of men and/or women presenting differing views on how to measure performance of the final policy?
- Are interviews or surveys planned with women and/or men?
- Does research on the issue involve men and/or women? Are gender biases evident in the existing research?
- Can the patterns in current service usage on this issue be analysed in terms of any gender patterns? For example, if men do not use a particular generalist health service, what explanation is given for this?

• Involvement and Input by Area Health Services:

- In identifying the implications of a range of policy options, has the Area Health Service considered the impact on men and/or women?
- In assessing the characteristics and health needs of the local population, has a diversity of needs been considered? For example, when planning a women-specific health service, have you considered the needs of disadvantaged women, women of non-English speaking background, of young women, of carers and other specific groups of women.
- If the policy concerns a service issue, how are differences between women and men in the use of existing services explained?
- Are there differences in the way women and men are treated? Do these differences promote a gender equity approach?
- Are women saying different things than men about the level of satisfaction with a generalist health service? Why?

• **Planning Implementation:**

- In identifying an implementation strategy for the policy, what will be necessary to include the interests of women and/or men?
- Will the staffing and human resource implications of the implementation strategy affect women and men differently? Are these impacts relevant?
- What specific groups of women and/or men will be advantaged by the staffing and human resource arrangements? Which groups will be disadvantaged? Do the arrangements promote gender equity?
- Do the criteria for the allocation of resources take into account the different roles and interests of women and men? Does resource allocation promote gender equity?

Stage 3: Release of Formal Discussion Paper

- Does consultation with all stakeholders involve a diverse range of women and/or men?
- Does the release of the discussion paper promote involvement and feedback from women and/or men?

Stage 4: Development of Final Policy Paper

- In assessing comments from the discussion paper, has a gendered analysis been applied to understand the responses? Can some of the responses be explained by the roles, responsibilities and attitudes associated with being male or being female?

Stage 5: Policy Implementation

- Have the mechanisms for implementing the policy taken into account the needs and interests of women and/or men?

Stage 6: Evaluation and Review

- Who was affected by the policy? Was one sex affected more than the other? Does this promote gender equity?
- Do monitoring and review processes incorporate a gendered approach?
- Have formal public review processes included strategies to consult with a diversity of women and/or men?
- Do evaluation and review processes allow for quantitative and qualitative monitoring mechanisms?

Gender Equity in Health Checklist for Service Providers

Managers' Checklist

The following checklist provides a guide to team leaders and unit managers who want to ensure their service is appropriate to different groups of men and/or women.

Planning

- Have you involved a diversity of women and/or men in any service planning consultations?
- Do women and/or men have different views on the need for, and satisfaction with, your service? How do you explain any differences? What is your service's response? Does your response promote gender equity?
- Have you integrated issues within The Strategic Framework to Advance the Health of Women and Moving Forward in Men's Health (the NSW Health policy documents for women's and men's health) in service planning?
- Are any differences in the way women and men are treated in your service due to gender? Is this appropriate?

Diversity

- Does the service acknowledge the diversity of interests and views of specific groups of men and/or women?

Access

- Are there any differences in the way women and/or men use your service? Is this appropriate and does it promote gender equity?
- What are the gender-based barriers to access by your target group/s? How have you addressed these barriers? For example, do factors such as availability of child care, sex of health worker, hours of operation or fees prevent access to your service by the target group?
- Is your service open at times suitable to your target group?
- Is your service located in areas accessible to your target group?
- Is it possible to conduct outreach services to better meet the needs of women and/or men in your target group?
- Does your staffing profile reflect the target population's preference for female or male workers? Do these preferences promote gender equity?
- How can your service collaborate with other services and agencies to improve services to your target group?

Image

- Is the physical environment of your service gender-appropriate? For example, is there reading material for women and/or men in your waiting areas. Do images of women and men displayed in your service reflect diversity?

Other Factors

- Have you considered that other factors such as employment status, employment type, disability, age, cultural background, sexual identity (including transgender issues) or social disadvantage, interact with gender to explain differences in health needs and health status?