Envisioning Gender Transformative Health Promotion for Women



Lorraine Greaves, BC Centre of Excellence for Women's Health Ann Pederson, BC Centre of Excellence for Women's Health Nancy Poole, BC Centre of Excellence for Women's Health Rose Durey, Women's Health Victoria

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Research Team

Lorraine Greaves, PhD, Co-Principal Investigator, BC Centre of Excellence for Women's Health

Jan Christilaw, MD, MSc, Co-Principal Investigator, BC Women's Hospital & Health Centre

Karin Humphries, PhD, Co-Principal Investigator, University of British Columbia

Wendy Frisby, PhD, Co-Investigator, University of British Columbia

Beth Jackson, PhD, Co-Investigator, Public Health Agency of Canada

Ann Pederson, MSc, Co-Investigator, BC Centre of Excellence for Women's Health

Nancy Poole, MA, Co-Investigator, BC Centre of Excellence for Women's Health

Lynne Young, RN, PhD, Co-Investigator, University of Victoria

Advisory Committee

Paola Ardiles, Project Manager, Education & Population Health, BC Mental Health & Addiction Services

Petra Begnell, Policy & Health Promotion Manager, Women's Health Victoria

Rose Durey, Policy & Health Promotion Manager, Women's Health Victoria

Joan Geber, Executive Director, Healthy Women, Children &Youth Secretariat, Population & Public Health, BC Ministry of Health

Irving Rootman, PhD, Adjunct Professor, Faculty of Human & Social Development, University of Victoria

Liz Whynot, MD, Former President, BC Women's Hospital

Bobbe Wood, CEO, Heart and Stroke Foundation

Project Staff and Trainees

Lauren Blalystok, PhD, Research Associate and Consultant

Marie Dussault, MPP, Knowledge Exchange Coordinator

> Mei Lan Fang, BSc(Hons), Research Assistant

Karen Gelb, MA, Research Coordinator

Julieta Gerbrandt, MSc, Research Assistant

Anna Liwander, MPH, Project Coordinator

Sue Mills, PhD, New Investigator

Pamela Ponic, PhD, Postdoctoral Researcher

Wendy Rice, MA, MPH, Research Coordinator



This presentation

- Will identify a new approach to health promotion for women
- Will describe a new framework and planning tool and our process of development
- Will challenge all of us to distinguish gender transformative initiatives from gender-specific and gender-sensitive initiatives in relation to a range of topics



Uncritical Health Promotion Campaigns



PROMOTING HEALTH IN WOMEN

Stereotypes Continue to be Exploited







Rethinking health promotion for women

- What would be an approach that improves women's health and women's status *at the same time?*
- What would it look like?
- How could we create a useful framework and tool for practitioners, women's groups, policy and program developers?



Raising the Bar



Gender Transformative Health Promotion

Gender-transformative approaches actively strive to examine, question, and change rigid gender norms and imbalance of power as a means of reaching health as well as gender equity objectives.

Source: Elisabeth Rottach, Sidney Ruth Schuler, and Karen Hardee for the IGWG, Gender Perspectives Improve Reproductive Health Outcomes: New Evidence (Washington, DC: PRB for the IGWG, 2009).



A continuum of approaches



Inspired by remarks by Geeta Rao Gupta, PhD, Director, International Center for Research on Women (ICRW) during her plenary address at the XIIIth International AIDS Conference, Durban, South Africa, July 12, 2000.

"To effectively address the intersection between HIV/AIDS and gender and sexuality requires that interactions should, at the very least, not reinforce damaging gender and sexual stereotypes". Geeta Rao Gupta, 2000, p. 8



"Make Death Wait" – Heart and Stroke Foundation of Canada



Go Red For Women [™] presents: "Just a Little Heart Attack" – American Heart Association



"Heart of the Matter" by Barbra Streisand for Cedar Sinai Streisand Women's Heart Centre



Gender-sensitivity is not enough

"Gender sensitivity is recognizing the differences, inequalities and specific needs of women and men and acting on this awareness."

Source: The Federation of Medical Women of Canada, 2002



Mainstreaming is not enough

"Mainstreaming gender equality is a

commitment to ensure that women's and men's concerns and experiences are integral to the work of an organization, incorporating all aspects of its activities, from employment issues, through to organizational governance, delivery and outcomes".

Source: Derbyshire H (2002). Gender Manual: A Practical Guide for Development Policy Makers and Practitioners. London: Department for International Development.



Gender-transformative approaches ...

- encourage critical awareness among men and women of gender roles and norms;
- promote the position of women; challenge the distribution of resources and allocation of duties between men and women;
- and/or address the power relationships between women and others in the community, such as service providers or traditional leaders.

Source: Elisabeth Rottach, Sidney Ruth Schuler, and Karen Hardee for the IGWG, Gender Perspectives Improve Reproductive Health Outcomes: New Evidence (Washington, DC: PRB for the IGWG, 2009).



So what did we do?

Theoretical foundations: Gender theory

- Intersectionality Intersectionality "is not the intersection itself, but what the intersection reveals about power." (Dhamoon, 2009:9; Crenshaw; Hancock)
- Historical / patriarchal (Tuhiwai-Smith, 1999, Decolonizing Methodologies - Research and Indigenous Peoples, Chapter 1, Imperialism, History, Writing and Theory – pg. 29)
- **3. Colonialist assumptions -** (suggestions: Young, 2001; Rutherford, 2010; McConaghy, 1998)
- **4. Gender norms and roles -** (suggestion: Butler, 2004, Undoing Gender)

Core Principles of the Framework

- Women-centred
- Gender analysed
- Equity-oriented
- Culturally-safe/relevant/sensitive
- Evidence-based
- Action-oriented
- Strengths-based
- Harm reduction
- Trauma-informed

Framework Development Consultation Process



Melbourne Feedback

- Gender as a social determinant of health
- How do other determinants intersect with gender?
- Gender transformation is a major strength
- It needs outcomes and a planning component



Gender as a **SDOH**



Note: The dashed lines represent feedback effects Source: Sen and Östlin (2010)

Lessons Learned

- Integrating gender into health promotion is supported and required
- Gender transformative health promotion approaches are appreciated
- Linking the Framework to existing health promotion paradigms is important
- Feasibility and usability were highlighted
- Consultations led to change in content
- Methods were enhanced by a variety of media
- Examples are important for understanding



A Framework for Gender Transformative Health Promotion for Women

Gender transformative health promotion strives to improve the health and status of women



Gender and health equity transform relationships of power, social structures and the health care system.

Framework

- Core of the framework is the continuum of action on gender
- DOH include social, environmental and biological and produce a gendered social world
- Gendered social structures include health research, policy and practice

- Health promotion interventions either reinforce and maintain gender and health inequities or challenge them
- Outcomes include both improved health and improvements in gender equity and can reinforce more change

Following more than leading? Illustrations from alcohol





Girls and alcohol - Gender exploitative

American Medical Association



hiwomen

PROMOTING HEALTH IN WOMEN

Physicians dedicated to the boalth of America

www.AkufulFullevMD.com

Girls and alcohol - Gender Accommodating

Brain

It's not fair, but it's a fact: Alcohol's harmful effects hit girls harder than guys. Girls who drink can softer memory proble brain damage, and even reduced brain size. Drinking alcohol might depress you. It can affect your brain cells, which help you think and move normally. This could make you do all sorts of things that are not like you. On top of all this, it can give you a fierce headache that seems to last forever.

Heart

Alcohol can stress your heart. You may have an irregular heartbest, high blood pressure, a stroke, even heart failure. Yikes.

Lungs

Large quantities of alcohol can make it hand for you to breathe. You can pass out. If you throw up, you may not be able to clear you airway easily and you might choke.

Liver

www.grltlk.org

Alcohol can cause fat to build up in your liver. That becomes scar tissue, which can load to a liver disease that can eventually kill you. Girls may develop liver damage faster than puys - even if a pay drinks more alco hid over a longer period of time. Not fair, right?" As if that wasn't enough, girls may continue to suffer further damage to the liver even after they stop drinking?

Small Intestines/Pancreas

Alcohol can damage the lining of your intestines. Your pancreat can become irritated.

Logs Alcohol makes you clumow. You can't welk straight and you can trip, even over nothing. It's hard enough to walk in heets. Now imagine walking in heels while trying to impress your crush and tripping because you drank too much! Embarransing!



Eyes Alcohol can make it hard to stay awake, but then it disturbs your sleep. When you wake up, you will still be tired and maybe grouchy as well.

Mouth

Alcohol can make you mumble your words. You may speak too loudly. You may say rude things that offend people. You may say things you'd never say if you hads't drunk alcohol. Your breath may even stink! Gross.

Breast Cancer

I know what you're thinking "Okay, alcohol causes everything. How about cancer?" Well, as a matter of fact, it can. Teen girls who drink display higher levels of estradici (an estragen) and testosterone than do girls who don't drink. And, high levels of estrogen are linked to diseases like breast cancer, while high levels of testosterone may be connected to an increased risk of substance abuse.

Temagers don't really get breast cancer, right? Not usually, but health problems caused by drivking may haunt you later. The death rate from breast cancer is 30% higher among middle-aged and elderly females reporting at least one drink daily, compared to non-drinkers.

Stomach Alrebol can initate upor stomach and make it produce more acid More acid in your stomach can cause you to throw up or feel sick Later.

Handbag of Facts Here's the thing: Pound for pound, a girl's body has less water than a guy's does. Water helps dilute alcohol and the trains it leaves behind in your body. So, even after your body has processed most of the alcohol you drink, there's still a higher concentration of alcohol and toxins flowing through your blood stream. That means there are also more toxins reaching your brain and other major organs, including the heart, Uver, pancreas, and kidneys.

Reproductive System-

Drinking also causes some nasty side effects elsewhere. The more you drink, the more likely you are to suffer reproductive problem like menstrual pain, heavy flow, and irregular or absent periods - even spontaneous abortion or mincarriages.

Everyone wants to be a healthy adult, and most girls hope to be a more eventually. But heavy drinking can put both of these hopes at risk. Alcohol. can harm sexual function and prevent (or interfere with) pregnancy. If you do become pregnant land give birthil, your drinking can severely harm your unborn baby. Alcohol can damage your baby's prowth and mental abilities.



Girls, women and alcohol – Gender transformative

Feminist tradition of evoking critical thinking and social resistance around alcohol



http://jeankilbourne.com



Girls, women and alcohol –

Gender transformative



women

PROMOTING HEALTH IN WOMEN

Girls and alcohol

"Becky's not drinking tonight"



http://www.youtube.com/watch?v=hle9KGAJeko







When promoting low risk drinking guidelines



Canada's Low Risk Drinking Guidelines suggest a limit of 2 drinks at a time for women (10/week) and 3 drinks at a time for men (15/week)

IT'S NOT SEXIST. IT'S SCIENCE.

The research is unequivocal: women should limit their alcohol intake to 2 drinks a day and 10 a week. For men, the limit is 3 drinks a day and 15 a week. When it comes down to it, moderation is good for everyone.



<u>Eductaicool</u> Moderation is always in good taste. Sex differences in drinking limits reflected in this campaign.....this is good....



.... But men described as stronger than women....





The research is unequivocal: women should limit their alcohol intake to 2 drinks a day and 10 a week. For men, the limit is 3 drinks a day and 15 a week. And as we all know, moderation goes down pretty easily.



Find out more at www.educalcool.gc.ca/2340

Moderation is always in good taste.









From the alcohol industry -Gender exploitative

N Killan

Emphasis on weight and calories reflected in recent alcohol advertising....

SHAPE Healthy Recipes Meal Ideas Healthy Drinks Dist Tipe Home ; Healthy Esting ; Healthy Orins - 15 (Second sends) Beau E Fini M Passe 18. W.Tassat 154 BUint non U at 3 1 15 Bikini-Friendly Beers The best low-cal brews to still feel (and look) amazing in your two-piece By Alipoti Gammon eter re THE SELECT SELECT CONNECT SELECT HOME STORY **ON SCREEN** WITH SELECT LOCATOR interio THE LIGHTEST BEER IN TH INTRODUCING A LIGHT GOLDEN LAGER THAT DELIVERS CRISP REFRESHMENT WITHOUT THE GUILT. SELECT 55 WAYS TO BURN 55 CALORIES CALORIE COMPARISON DRINK. CALORIES? · Bargain Shopping: 20 minutes Select 55 55 . Dancing with Friends: 11 minutes 102 . Mowing the Lawn: 9 minutes 96 · Watching Reality TV: 49 minutes GET DRUNK N 64 . Napping on the Couch: 54 minutes 113 · Painting a Roomt 17 minutes . Surfing the Web: 33 minutes 153 LEARN IT, KNOW IT, LIVE IT, BECAUSE YOU WANT TO GET DRUNK, NOT FAT 135 Source: calorissperhoor.com/based on a weight of 1500s.)

Weight loss and improved appearance (e.g., less wrinkles) seen in health promotion materials


"How alcohol affects your appearance (and how to improve it)"



Pregnancy and alcohol-Gender exploitative



MAMMA BIMBO BEVE BEVE

Pregnancy and alcohol - Gender exploitative







Pregnancy and alcohol - Gender accommodating?



Pregnancy and Alcohol - Gender

Transformative

Shares the weight of change between young men and women

Links the outcome to broader community health.





Pregnancy and alcohol - Gender transformative



Couples and Smoking

What You Need to Know When You are Pregnant



Helps couples identify and address tobacco related interaction patterns *Gender Transformative*

Do you recognize yourself and your partner in any of the following three descriptions?

Vignette 1 Accommodating

The accommodating TR IP describes couples who treat smoking as acceptable and find ways to create opportunities to smoke.

Even though Dave doe sn't smoke, he acceptsthat Eve enjoys smoking and that it helps Eve relax. He doesn't mind stopping at the corner store to buy her cigarettes on their morning commute to work. Smoking is her chance to unwind, relieve stress and be social. Eve's favourite cigarette is the after dinner cigarette. She usually cooks and after dinner Dave does the dishes so she can sit down, put her feet up, and forget about the day by reading a book and enjoying a smoke.

Vignette 2 Disengaged

The disengaged TRIP describes couples who treat smoking as an individual choice and usually smoke separately from each other.

Michelle rarely speaks to Tom about smoking or cigarettes. Both feel smoking is no one else's business, so there is no reason for them to talk about it. They both smoke as a break from work, with co-workers or when they are hanging out with their friends. Michelle has her favourite brand and she buys her own cigarettes. She and Tom both smoke in the evening, but usually not together.

Vignette 3 Conflictual

The conflictual TRIP describes couples for whom smoking creates tension in their relationship and sometimes arguments.

Jen's partner Mitch doesn't smoke and constantly complains about her smoking. She doesn't like it when Mitch tells her that she 'stinks.' Sometimeshe refuses to kiss her until after she brushes her teeth. She feels his behaviour is insulting and feels hurt by it. Whenever possible, she does her smoking with her own friends, away from Mitch, so she can smoke in peace.

Bottorff, J., Carey, J., Urquhart, C., Poole, N., & Greaves, L. (2008). Couples and Smoking: What you need to know when you are pregnant. Vancouver, BC: British Columbia Centre of Excellence for Women's Health, Centre for Healthy Living and Chronic Disease Prevention, UBC Okanagan. Gender Transformation and the Objectification of Women

 Objectification is when a woman's entire being is identified with her body, and her body or body parts are presented as sexual objects



Examples from advertising



Examples from advertising





Impact of Objectification on Women

- Impairs cognitive and physical activities
- Shame, anxiety, self-disgust
- Eating disorders, low self-esteem, depression
- Poorer sexual health

From studies analysed in the American Psychological Association Task Force on the Sexualisation of Girls (2010)



Impact of Objectification on Women

- More likely to be smokers
- More likely to have poor motor performance
- Less likely to participate in physical activity



Impact of Objectification on Women



National Organization For Women (2007)



Take a Gender Transformative Approach to Health Promotion

- Challenge social norms and attitudes that perpetrate gender inequality
- Engage in structural advocacy
- Aim for gender and health equity



Gender transformative advocacy

• Changes to Australian National Advertisers Association Code of Ethics:

2.2 Advertising or marketing communications should not employ sexual appeal in a manner which is exploitative and degrading of any individual or group of people.



Take a Gender Transformative Approach to Health Promotion



The Australian, 17 July 2012



Putting the Framework into Practice



Creating Gender Transformative Health Promotion Interventions for Women

Report

gender and health outcomes and disseminate the findings.

Evaluate

processes and outcomes against the goals of promoting gender and health equity.

Populations

1 Which populations of women are important? Why?

2 What is the social status of the population?

3 What are the gender and health issues experienced by these women?

Issues

1 How has the field addressed gender, to date, in relation to the issue?

2 What are the intersecting determinants experienced by women in relation to the issue?

3 How does gender, sex and diversity inform the issue?

Implement

an intervention that improves women's health and encourages equitable roles for women, and access to and control over resources.

Engage

stakeholders including practitioners, women, decision-makers, researchers and community leaders in various sectors.

Settings

1 What are some essential features of the setting that impact the design and implementation of an intervention for women?

2 How do gendered features of the setting impact women's health outcomes?

3 How are women positioned within the setting?

Analyze

all forms of evidence for the population, setting and issue through a gender, sex and diversity lens.

Review

existing health promotion practice by critically examining gendered beliefs and discriminatory practices.

Identify

ways to improve women's health and change harmful gender norms, roles and relations in the intervention.

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Questions for Discussion

- How do we switch our thinking from gender sensitive to gender transformative?
- What are the challenges in translating this concept for health promoters, women, policymakers?
- What is the role of men in gendertransformative health promotion?





www.promotinghealthinwomen.ca

www.bccewh.bc.ca

Our upcoming book: "Making it Better: Gender transformative health promotion for women" Release date, January, 2014



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