

**Chapter I**

**Background Information  
and  
the Importance of Gender Analysis**

# Introduction

## Redefining and Refocusing Male Participation Programs

Most SRH/FP efforts have in the past, focused on women because service providers assumed that women had the greatest stake and interest in protecting themselves from the risk and burdens of pregnancy and childbearing.

In recent years, however, the recognition has significantly grown that men, who are influential decision-makers in family and in communities, also must play a very important role in SRH programs. Most decisions affecting family life, politics, etc., are made by men who are not factored into SRH/FP programs. Therefore, many African men lack information about SRH and therefore view it in a negative light. In addition, the prevailing social and religious environment in some cultures does not encourage discussion of sexual matters in either formal or informal settings. Moreover, the risky behavior of some men has caused ill effects for women and children.

Pilot programs on male involvement have revealed the need to involve men in all the program stages, i.e., design, implementation, and evaluation. The momentum of the global conferences and field experiences from various development projects has made it even more imperative to redress the male perspectives in sustainable development.

## What is “Gender” ?

Gender factor is one of the imperatives to consider in redressing male participation. Gender is defined as a social construct of females and males. The different roles that women and men play in society and the benefits that come with the roles differ tremendously from culture to culture and have different values attached to them. Such constructs shape gender practices, symbols, representation norms and social values. Gender systems define attributes, ways of relating, hierarchies of decision-making, privileges, sanctions and space in which women and men are organized.

According to existing studies in this area, in most communities in Africa, women are dominated by men through patriarchal power, which has been a traditional and historical privilege for men. This also means that by perpetuating male-dominated society, women and men have a relationship which is unequal. Understanding gender is important particularly in how inequity between women and men affects SRH.

According to UNAIDS' understanding of gender issues, " Gender refers to widely shared ideas and expectations (norms) about women and men: ideas about typically feminine and masculine characteristics and abilities and expectations about how women and men should behave in various situations. These ideas and expectations are learned from families, friends, opinion leaders, religious and cultural institutions, schools, workplace and the media. They reflect and influence the different roles, social status, economic and political power of women and men in society."

## Gender Considerations in SRH Programs

Gender is a central concern in SRH programs. However, the gender-neutral concept is not well operationalized in the existing SRH programs. Male participation in SRH programs also has to be re-defined to consider gender as a central issue, especially in terms of gender roles and responsibilities, gender relations, and communications in the society. When this is done effectively, programs will address the real, practical, and strategic needs of women and men within existing social construct. Change will then no longer be threatening to either women or men. A common ground and understanding will be established for effective couple relations and meaningful family life. Women and men will develop a new mindset to enable the redistribution of their reproductive responsibilities, and remove the present gap in equalities.

# Global perspectives toward male participation in sexual and reproductive health programs

The International Conference on Population and Development (ICPD) Program of Action (PoA) and the Fourth World Conference on Women (FWCW) declared objectives and policy goals that provided a framework for examining equitable and sustainable development.

These conferences encouraged people-centered SRH care programs to move away from considering women and men as separate and to adopt a holistic approach that includes men and focuses on a women-men partnership. A focus on men only is as inadequate as a focus on women alone because it ignores the context in which people make important life decisions. It also lessens male responsibility by creating a distance between men and SRH issues, and decreases their accountability for change. The two conferences also reaffirmed the connection between population and development and the understanding of gender equality, and emphasized the importance of men's participation in SRH. The ICPD+5 Forum gave another opportunity to the world to further resolve and build on their commitments and build on the PoA.

In light of the perspectives presented at these conferences, many SRH agencies are searching for new ways to operationalize male participation, and are exploring its connection to emerging issues such as violence against women, harmful traditional practices and now HIV/AIDS. It is important to bear in mind that the concept of gender is difficult to understand, apply in a practical way and sustain. However, gender analysis is an essential first step in the male participation initiative.

Adopting new perspectives is crucial considering the fact that men play important and often dominant roles in decisions critical to women's SRH and related FP and family size issues. At the community level, the male

gender role and the rights and responsibilities it entails are a powerful force. Men are the patriarchs with social power and authority, and tend to dominate decision-making. This can pose a serious threat to women's RH.

Socially ingrained gender roles make it difficult for women and men even to discuss SRH issues. The existing poor gender relations at the community level affect the nature and effectiveness of meeting community needs and provision of SRH services. Involving men and enabling them to participate in community-based SRH activities could enhance the effectiveness and also make the community-based service (CBS) program sustainable.



# Major sexual and reproductive health issues and challenges in Africa

## Complications of Pregnancies

African women at the community level have a higher likelihood of dying from pregnancy complications compared with women in the western world. They die of such conditions as obstructed labor, hemorrhage, post-partum infection, etc., which are often caused or exacerbated by social practices and customs which threaten women's health and well-being.

This situation places a lot of demand on the resources of the woman, man and the family and sometimes causes unnecessary distress and death. Male support in safe motherhood and risk free childbirth is critical. Men in the community can clearly define their support and assistance for women to have access to safe antenatal and postnatal services, which are affordable, easily accessible, and community-based.

## Early Marriage and Early Motherhood

Many young women are vulnerable, entering early marriages and becoming mothers very early due to traditional and cultural practices that favor men and families. The need to have a new position on this practice has become a priority and global concern. Society has to pledge discontinuation of this practice and support the development of young girls by adopting policies to give them equal educational opportunities.

## Female Genital Mutilation (FGM)

FGM is a harmful practice that has a horrific effect on women and girls. FGM causes bruises to women's genital organs and brings about some serious complications during and after delivery. It is practiced in many African countries. With enormous pressure from international and national conferences this practice is being brought under scrutiny through debates, discourse, research and advocacy for its total elimination. The custom seems to show signs of male control and limited

female power. Such social constructs have further reinforced the gender roles of women and men in the practice of the custom. It should be noted that this harmful custom has also been practiced and continued by women themselves, such as traditional birth attendants (TBAs), mostly in their homes where the conditions are not hygienic.

## Gender Based Violence

Rape, wife beating, sexual abuse, assault and other violence against women contribute to the poor relationships between women and men in most communities. "Serial Killings" of women have also been cited as a serious problem to be addressed. One expert calls violence against women "the most pervasive yet least recognized human rights abuse in the world."

It has now become a priority area to monitor and develop interventions for eliminating this practice. Domestic violence is seen as male violence directed at female partners. The gender difference is a reflection of how boys are socialized and conditioned to conform to dominant ideas of being a man aggressive, powerful, high achievement, and develop "macho" behaviors.

## Malnutrition, Anemia

In many families, girls and women do not eat well; due to social norms, they have to eat last. In addition to the likelihood of malnutrition, girls and women are at risk for anemia, a consequence of malnutrition and the third leading cause of disease among women in African communities.

## STIs/HIV/AIDS

As of 1999 over 34.3 million people in the world were reported to be currently living with HIV/AIDS, and one-third of these are young people between the ages of 10 and 24. The region most affected has been Sub-Saharan Africa. At the end of 1999, 24.5 million people,

including one million children, were living with HIV/AIDS in the region, two-thirds of the worldwide total. Over 15,000 women, men and children are infected with HIV each day through heterosexual intercourse. In addition, various STIs increase the risk of HIV transmission by at least three or four times (UNAIDS (2000)). The common STDs, including syphilis, gonorrhea, chlamydia, and trichomoniasis, are easy to cure through anti-biotic treatment.

Women in Africa account for 55% of adults living with HIV compared with men at 45%. Girls aged 15-19 are five times more likely to have HIV than boys of their age. This scenario calls for a more serious look at conducting social analysis, knowledge, attitudes and practice (KAP) studies, especially regarding multiple partners, the use of male and female condoms, and types of marriage : polygamy,

older men marrying younger women, and early and child marriage.

### **Unsafe Abortion**

The need to reduce unsafe abortion cannot be overemphasized even at the community level. The impact of unsafe abortion and the trauma that the victims face need to be exposed in communities. Not only do these victims endure an extremely dangerous and painful procedure, but also they are put at high risk for damage to their reproductive organs. Therefore, they could also be subject to the social stigma of being childless women. Studies have shown that men's denial of responsibility for pregnancies and fear of family members finding out about them are a major cause for abortion. The role of men in affirming this position and making a change becomes crucial.

## Why community and gender analysis?

Community-based programs are extremely effective because of their ability to mobilize community members and encourage them to invest energy into organizing labor and resources for the benefit of their own health. As an initial step in the design of community-based SRH programs, it is crucial to consider community dynamics. These could include community structure and hierarchy, power structures and relations, decision-making patterns, and the differing roles of women and men.

Evidence increasingly indicates that, if well-structured, participatory community-based programs are inexpensive quick to implement and yield significant results.

Lessons from past experience have shown that successful participatory programs must be the responsibility of the community, and be handled by the local management structure.

Gender analysis is an important first step in any community analysis/diagnosis. Gender analysis can help women and men redefine their relationships in a mutually beneficial way. It establishes and clarifies the needs of women and men to better focus the SRH services and achieve the most appropriate results.

It is important to identify influential community members and resources for use in the project prior to developing specifics of the project. Also, various other socio-cultural factors must be considered. These factors include how people interact with each other, how they exchange information, how members of opposite sexes interact with each other, etc.

The difference between the gender roles of women and men, the resources available to them, and their developmental needs are new factors to be determined in the community. Assessing these makes it easier to determine

women's and men's constraints and opportunities within the areas of SRH. Gender analysis and profiling of women and men ensures provision of services that women and men want and that are appropriate for their circumstances. This demands understanding of women and men in terms of social, economic, legal constructs. Qualitative and quantitative analyses of their activities, resources, benefits and rewards are useful.

Unfortunately, many people mistakenly associate the concept of gender with women alone. This creates obstacles when addressing the role of partnership issues in RH. Gender mainstreaming begets change in mindset and facilitates the solving of community problems, which promotes harmony and partnership between women and men.

According to experts, in most communities in Africa, men dominate women in a system of patriarchy. Patriarchy has a long tradition in Africa of providing more diverse privileges and opportunities for men only.

Therefore, the way services are organized in the community for women and men also needs to be well analyzed. The notion of "gender as a performance" offers new ways of exploring the context in which women and men interact and the different impacts they have on community development. Gender as performance improves project achievements and makes interventions relevant and sustainable. Gender-sensitive analyses of communities can also strengthen specific program subsystems, and guide and evaluate policies and intervention projects.

# Gender analysis indicators

The following are possible gender analysis indicators for measurement at the community level.

## Female vs. male involvement in economic activities

- Percentage of female/male labor force in agriculture, industry, and services (ages 15 and over)
- Percentage of female/male labor force in managerial and professional occupations
- Percentage of female/male labor force who are unpaid family workers or are working in the informal economy (ages 15 and over)
- Employment/unemployment rate of women and men
- Salary/wage differences of women vs. men by class of workers

## Female vs. male involvement in selected household activities

- Child rearing
- Controlling household economy
- Gathering firewood
- Cooking
- Fetching water
- Cleaning
- Building a house
- Laundry
- Buying fuel
- Buying food
- Buying daily necessities

## Female vs. male involvement in selected productive activities

- Agriculture
- Tending to livestock
- Manual industry
- Selling handmade or agricultural products
- Hunting and fishing

## Female vs. male access to and control of resources

- Percentage of property owned by or accessible to women and men (land, houses, livestock), across income groups or classes
- Percentage of women vs. men who have access to credit
- Percentage of household income managed by women vs. men
- Percentage of households where female/male head is principal household earner
- Average household expenditure of female/male headed households on education/health

## Female vs. male involvement in the decision making of the following household matters

- Property
- Expenditures
- Means of revenue
- Family planning
- Healthcare
- Household responsibilities

- Child education
- Child marriage
- Participation in community activities
- Religious and cultural practices

### **Female vs. male level of education**

- Literate women and men as a percentage of the adult population
- Mean years of schooling for women vs. men
- Net primary school enrollment ratio for girls/boys
- Net secondary school enrollment ratio for girls/boys
- Enrollment rate of women and men in tertiary education and university
- Female/male dropout rates at primary, secondary, and tertiary levels

### **Female vs. male quality of health**

- Percentage of government expenditure devoted to women's health needs
- Amount of access to/visits to primary health care centers
- Maternal mortality rate (per 100,000 live births)
- Infant mortality rate and female/male ratio of infant mortality rate
- Under-five mortality rate and female/male ratio of under-five mortality rate
- Immunization status of girls and boys
- Percentage of births attended by trained personnel
- Percentage of women/men using contraception
- Incidence of AIDS for women/men

### **Level of nutrition**

- Percentage of women who have a body mass index of under 18.5%
- Percentage of households which use iodized salt
- Availability of vitamin A rich foods and local access to vitamin A capsules
- Calorie consumption
- Percentage of women's / men's incomes that are spent on food
- Percentage of girls/boys under age five who suffer from malnutrition

### **Level of gender equality in community governance**

- Percentage of women in senior/junior decision-making positions within community organizations

(Based on ideas drawn from JICA Forestry and Fishery Development and Research Division, and "Gender-sensitive Indicators for Planning in Asia Pacific Countries" (Chapter 3) in *Capacity Support on Project Cycle (Draft)*.)

# Checklist to assess the gender sensitivity of your sexual and reproductive health program

By answering the following questions, please check to see how gender-sensitive your SRH program is.

## Planning Stage

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| • Are both women and men involved in identifying program needs?               | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are your goals, objectives and activities beneficial to both women and men? | <input type="checkbox"/> | <input type="checkbox"/> |

## Management

### Personnel:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| • Are both women and men involved in management of the program?     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are both women and men involved in implementation of the program? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are both women and men involved in service provision?             | <input type="checkbox"/> | <input type="checkbox"/> |

### Services:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| • Are both women and men considered service beneficiaries? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

## Information, Education and Communication (IEC) Materials

- |  |                          |                          |
|--|--------------------------|--------------------------|
| • Do your IEC materials address both women's and men's issues? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are both women and men involved in developing IEC materials? | <input type="checkbox"/> | <input type="checkbox"/> |

## Training

### Curriculum:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| • Does your curriculum address both women's and men's issues?    | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are both women and men involved in developing your curriculum? | <input type="checkbox"/> | <input type="checkbox"/> |

### Participants:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| • Is there equal participation of both women and men? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

## Monitoring and Evaluation

- |   |                          |                          |
|---|--------------------------|--------------------------|
| • Are both women and men involved in monitoring and evaluation? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is access to information available to both women and men?     | <input type="checkbox"/> | <input type="checkbox"/> |

(Based on ideas drawn from JICA Forestry and Fishery Development and Research Division, and ESCAP, UNESCO/PROAP and ASPBAE)