

DOING BETTER

*Gender-Transformative
Public Health Messages*
Vol. 1 - Guidelines

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Australian Women's Health Network

Doing better ~ Gender-Transformative Public Health Message Guidelines

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Table of contents

What are gender-transformative public health message guidelines?	4
<i>Why does gender matter to public health?</i>	4
<i>Why does public health need a new, gender-transformative approach?</i>	4
<i>How to use these Guidelines</i>	5
Creating gender-transformative messages	7
<i>The Approach</i>	8
1. <i>Identify a place to start</i>	8
2. <i>Think generally</i>	8
3. <i>Use Principles</i>	8
4. <i>Follow a Process</i>	10
<i>The Process</i>	11
<i>Engage and review evidence</i>	11
<i>Analyse and reflect</i>	11
<i>Design and implement a gender-transformative approach</i>	12
<i>Evaluate and Report</i>	12
<i>Examples of doing gender-transformative public health</i>	13
<i>What to do and what not to do</i>	14
Why do gender-transformative public health messaging?	17
<i>How does gender relate to health?</i>	17
<i>What is the record on including gender in health promotion and public health?</i>	17
<i>Why create Gender-transformative Guidelines?</i>	18
<i>How can integrating gender improve girls' and women's health?</i>	19
<i>How can integrating gender improve boys' and men's health?</i>	20
<i>Why go further than integrating gender?</i>	20
<i>How will gender-transformative guidelines help make change?</i>	21
<i>Bring attention to a gendered health issue</i>	21
<i>Offer guidance to practitioners</i>	21
<i>Raise standards for everyone</i>	21
<i>Generate new ideas</i>	22
Onward!	23
Glossary	24
References and Appendices	25
Worksheets	i

What are gender-transformative public health message guidelines?

Public health messages benefit everyone. Integrating gender into public health messages is necessary, but not sufficient. Reducing gender inequities along with improving health is possible. Developing and using gender-transformative public health guidelines can help, by increasing empowerment, improving health and reducing health inequities.

This resource introduces guidelines for creating gender-transformative public health messages. Gender-transformative messages have a dual aim – to improve health and to improve gender equity at the same time. This resource describes guidelines for thinking about gender-transformative public health messages, guidance on how to create and use them, and background on why it is so important to public health.

Public health messages can benefit everyone. They help governments, advocacy groups and health services tackle public health issues such as tobacco and alcohol use, injury prevention, interpersonal violence or respiratory health. Making sure that public health messages reflect the sex- and gender-related aspects of human health is a crucial part of public health and health promotion, and reflects the realities of life for diverse groups of girls, boys, women and men.

Why does gender matter to public health?

Often specific health conditions, experiences or diseases can manifest in different ways for women and men. Sex-based factors (biologically based), as well as gender influences (socially and culturally based) work together to create distinct opportunities for health, as well as specific needs for information. One way to respond to these situations is to deliberately integrate gender-related evidence into messages and guidelines, so that governments, advocacy groups, health services, and Australian women and men will have more relevant information and guidance on health issues.

Women and men experience different health issues, higher risk for some illnesses or diseases, or even the same conditions differently. In addition, among women and among men, there are different opportunities for health and well-being, often affected by social, cultural and economic factors. Taking these factors into account will make sure that public health guidelines are effective and relevant to all Australians. For example, tailoring messages on smoking prevention to girls and boys, taking into account their particular circumstances is a sensible antidote to gendered tobacco marketing messages.

Why does public health need a new, gender-transformative approach?

There are many health and social inequities *among* women and *among* men, as well as between women and men. These inequities call for even more thought and consideration when developing health information and public health campaigns. Sometimes, inserting gender-related information is not enough. This is because there are many social, cultural and economic factors that affect health as well, such as poverty, violence, care-giving burdens, family roles and power sharing. And many of these factors are also gendered, meaning that women and men experience those factors differently.

This calls for ‘gender-transformative’ approaches to public health messages that not only recognise gender, but aim to strengthen, empower and equip women and men, girls and boys with more skills, information and opportunities to advance their overall social and economic health. It is crucial to make sure messages, campaigns and information are positive contributions to changing gender roles and to avoid reinforcing negative gender stereotypes in public health and health promotion. The principles and planning steps in this document will assist agencies, governments, public health and health promotion practitioners and policy makers in creating initiatives that make such a positive difference.

Thinking about gender-transformative public health helps us to understand how health systems and society are gendered; how processes such as sexism, racism and ageism contribute to health inequity, and identify how gender-blind, specific and transformative approaches compare. It is important not to ignore, exploit or merely accommodate gendered inequities when developing public health initiatives, but rather to transform and improve gender equity. Creating gender-transformative public health messages requires creativity, courage, evidence and a strategy. But it can be done, and there are emerging examples.



Gender-transformative approaches are fairly new. They go well beyond integrating gender concerns and factors into public health, by aiming to change negative gender stereotypes or relations or attitudes, at the same time. It is now thought that melding these two aims contributes to health and wellbeing, and, importantly, reduces the effects of health inequity (Greaves et al., 2014). Further, it appears that using transformative approaches that increase empowerment, especially among girls and women, also contribute to family, community and economic wellbeing (CARE International, 2012).

How to use these Guidelines

These guidelines name some steps, provide some key principles, and a process for (re)examining public health messages in a gender-transformative way. There are also examples in this document of what to do (and what not to do) when creating gender-transformative public health or health promotion initiatives. It is always important to avoid exploiting gender norms and inequities to advance health. It is also not enough to merely accommodate gender inequity when doing public health, as these approaches can ignore and perpetuate inequities. Rather, gender-transformative public health or health promotion aims high – and overtly intends to improve gender equity as well as improving health.



The essence of gender-transformative public health is its change making potential. Not only can it improve health and gender relations, but it can also help to raise awareness, generate guidance for health professionals, raise standards among health promoters and public health practitioners, generate new evidence about effective approaches, inspire creativity and new ideas, and underpin advocacy tools for policy changes.

It is important to think through how public health messages reflect gender (or not). Do they ride on old stereotypes about gender roles, responsibilities or norms to make their point? Do they even exploit these gendered presumptions about men and women, girls and boys to make a point about health? Or do they ignore gender altogether? It is possible and necessary to do better: to actively strive to improve gender equity along with creating public health messages.

For example, gender-transformative approaches are important in addressing domestic violence. When creating practice guidelines for doctors or nurses for responding to domestic violence, gender-transformative approaches help acknowledge the prevalence and sources of violence, its gendered patterns, the prevailing social attitudes that stigmatise disclosure, and safe non-judgmental ways to refer and advise (Wilchin and Levack, 2013, World Health Organisation, 2007)

When creating broad based awareness programs on any health issue, it is a prime opportunity for education and information sharing among the general public. When gender-transformative messages, programs or policies are introduced, standards are raised for everyone. New ideas will come from multi-lateral engagement, ongoing consultations and generating evidence to feed a cycle of research, evaluation, learning and training on gender-transformative public health.

Using these guidelines in advocacy, policy development and practice will require leadership, championship and change management in organisations. It may be less about new resources and more about using current resources more effectively and creatively. It may be about demanding better services and more sensitivity from advertising agencies and social marketers, and more social responsibility from public health practitioners and governments.

The need for more critical and deeper approaches to public health messaging is apparent in Australia. There are many public health issues, both long-term and emergent, that require more complex responses than we have typically given. Many of these issues reflect the influence of gendered expectations about roles, responsibilities, identity or power, often mixed with cultural or contextual factors that affect health.

Whatever the context, these guidelines provide the basics on how to think about both gender and health equity at the same time, and how to translate that into actions. In any case, ongoing training will be required, to encourage more critical thinking, media literacy and advocacy skills. In time, it is intended that a more critical generation of health promoters and public health practitioners will assume the goal of gender transformation, and that the public will come to expect it.

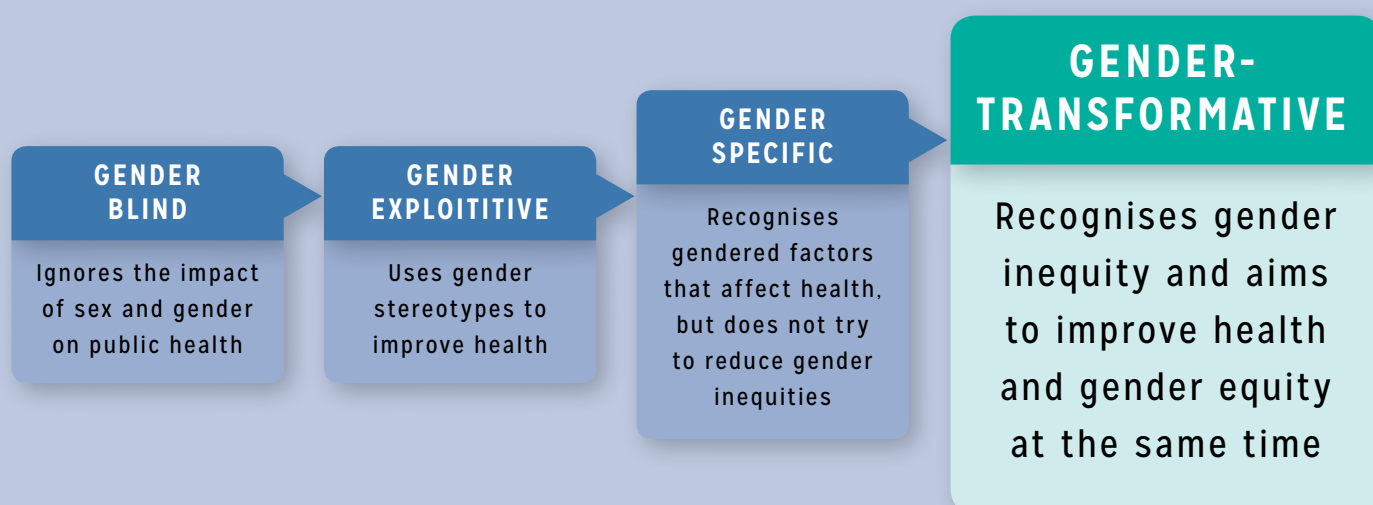
The next section of these Guidelines explains how you can develop your own gender-transformative messages. The Doing Better ~ Gender-Transformative Public Health Messages, Vol. 2 - Worksheets (on page i) have been developed to assist you work through this process.

Creating gender-transformative messages

Thinking about gender transformation through public health is an emerging field. Some public health practitioners have operated without considering the social determinants of health. However, reflecting on a social model of health, and in particular on the influence of gender is a critical, and in some cases a long overdue approach to generating better health for women and men. And incorporating gender in a positive manner, in a way that offers support for changing gender inequities is a new challenge. Learning how to create gender-transformative public health is important and timely. However, it requires some thought and knowledge, as well as critical thinking skills.

So how do we do this? Translating the dual goals of improving health and improving gender relations into practical assistance for health promoters or public health workers is a critical first step. Gender-transformation is also important for program designers, policy makers, advocates and advertising agencies creating public health messages. After all, improving overall health is not achieved by exploiting gender norms or relations, but by improving on them. This is a challenge, as it forces engagement with social and cultural norms and values. These guidelines will help in explaining how to get started.

There are various ways of thinking about gender and public health. These guidelines explicitly name these: from being gender-blind (not acknowledging gender at all) to gender-exploitive (using gender stereotypes and norms to improve health), to gender-specific (acknowledging the influence of gender but not trying to reduce gender inequity), to gender-transformative (aiming to improve health and gender equity at the same time). It is important to determine whether our current approaches to public health on particular topics, or with particular populations, are gender-blind (the most common), gender-exploitive (often used), gender-specific (less common) or gender-transformative (still emerging). Try and place your current approach among these options.



The Approach

The following steps remind us to enter into engagement processes with communities and experts, and together, to review and analyse all kinds of evidence. They also remind us to use this evidence and wisdom in developing the message, as well as to inform the evaluation of new, gender-transformative public health messages.

1 IDENTIFY A PLACE TO START

2 THINK GENERALLY

3 USE PRINCIPLES

4 FOLLOW A PROCESS

Is it girls in schools and drinking patterns? Is it men in workplaces and cancer screening? Is it Aboriginal communities, and responses to family violence? Is it statewide messages about reducing driving-related injury? Or is it launching a community process to see what members of a particular group think are the key health issues in their community?

For example, when women have difficulty getting elected to office, or have negative experiences as politicians, a male viewpoint on policy prevails and persists (O'Malley, June 26, 2010).

Or

Women and men with disabilities often don't receive adequate primary care as their disabilities cloud the delivery of care (Healthy People 2020, World Health Organisation, 2011).

1. Identify a place to start

The first step is to engage in some high level thinking about the issue, population or setting that you are interested in changing or affecting. Each of these entry points is valid and all are often used in health promotion or public health to reach a goal, launch an initiative, or measure success. They offer clear opportunities for clarifying the health issue (e.g. diabetes, or respiratory health), as well as the group of interest (e.g. pregnant women, or male smokers) and the context for the initiative (e.g. antenatal clinics, or outdoor workplaces). These decisions clarify your starting point, and provide an opportunity to think about the gendered and health inequities that affect the issue and tailored messaging that might be needed. *See worksheet page iv.*



2. Think generally

Once decided on an entry point, it is important to understand and assess the impact of gendered systems on our power structures, choice, and opportunities. By thinking generally we are reminded to address the system, social context, settings, issues and populations that might concern us. This involves identifying, through engagement with stakeholders, what the barriers and opportunities are for health, and how gendered norms, attitudes and values affect these pathways. This step can be hard, or taken-for-granted, as 'seeing' the effects of systemic practices such as sexism or racism can be difficult, when surrounded by these processes. *See worksheet page v.*



3. Use principles

Sorting out some principles is an important step in taking public health messages in this new direction. They can serve as a base for both creating and measuring gender-transformative public health guidelines. These principles can also be built into your practices over the long term and serve as a basis for action. Are your messages evidence-based, equity-oriented, culturally safe, action-oriented and trauma-informed? These are some examples of principles that matter in creating gender-transformative messages. *See worksheet page vi.*

i. Are the initiatives evidence informed?

Is there evidence, either in the academic or grey literatures, or based on community wisdom, that you can rely on in your design? This principle forces us to look elsewhere for ideas and examples instead of just relying on our own experiences and locally entrenched ways of doing things. It also ensures that we are contributing to the building of evidence as we design gender-transformative approaches. This can be challenging, however, as gender transformative approaches are new so there is not yet a lot of published evidence testing these. And, it is not enough to simply measure the health effects of an initiative or campaign or policy, but also to measure its effect on reducing gender inequities. This approach may call for different outcome measures in research and evaluation, as well as reading existing evidence with these dual issues in mind.

For example, asking women to take responsibility to prevent sexual assault by not going out by themselves at night may decrease risk, but it does not address the source of the problem, nor change attitudes of perpetrators or bystanders.

Or

Exhorting youth not to smoke because it will make them less attractive and limit their dating options may prevent smoking, but it does not offer positive reasons for not smoking, and reinforces gendered or sexist stereotypes. See for example, <http://www.health.qld.gov.au/news/stories/140529-youth-smoking.asp>

ii. Are the initiatives equity oriented?

Increasing equity and the reduction of inequity are key goals in public health. The principle of being equity-oriented forces us to consider how power, resources and decision making are distributed in society, especially between and among the genders. Then we can ask, is the public health message or initiative directly contributing to reducing unjust social and cultural practices, as well as to improving health? It also prods us to think how public health initiatives might challenge the status quo, not reinforce, or benignly ignore it.

For example, is a de-infibulation clinic to improve the physical health of girls and women who have experienced genital mutilation accompanied by information about girls' human and legal rights, and advocacy about reducing the cultural acceptance of these practices?

Or

Does a smoke free initiative or policy reflect the realities of single parent caregivers, pregnant smokers, low income people with little access to private space, or homeless women and men, by offering extra assistance with cessation and overt de-stigmatisation messaging as well?

iii. Is cultural safety acknowledged?

This principle asks us to analyse and counter power imbalances, institutional discrimination, colonisation and relationships with colonisers, as we go about designing a message. It requires self-reflection on your part to determine how to advance public health in a way that fits with cultural values and norms that are perhaps different from the mainstream. Cultural safety asks us to recognise the effects of colonisation, discrimination and migration in building gender-transformative public health. Cultural safety and competency skills can be reflected in public health messages, especially by engaging affected communities in their design and implementation.

For example, tackling drinking during pregnancy among Aboriginal and Torres Strait Islander women must account for past trauma, racism, and clashes with child welfare authorities.

For example, improving homeless women's and men's mental health requires not only supportive housing, but also community building and advocacy skill building to improve social equity (Paradis et al., 2011).

For example, male refugees from conflict zones may have experienced torture or forced military engagement, while female refugees from the same countries may have experienced rapes, unwanted pregnancy or loss of children (The UN Refugee Agency Sub Committee on Administrative and Financial Matters, 1995). These experiences could be kept in mind as public health messages and initiatives are being designed, and care taken to not re-traumatise individuals or groups.

*iv. Is the initiative **action-oriented**?*

Is your message or initiative going to contribute to positive change for women or men? And is it going to assist others in advocating for change? The heart of seeking improvement on two dimensions – health and social equity – is that social, economic and gendered conditions will change for the better. This requires action, through advocacy, participatory research, or community engagement. These approaches will empower individuals, communities and agencies to make change. These are all important principles to keep in mind as we create public health messages.



*v. Is the initiative **trauma-informed**?*

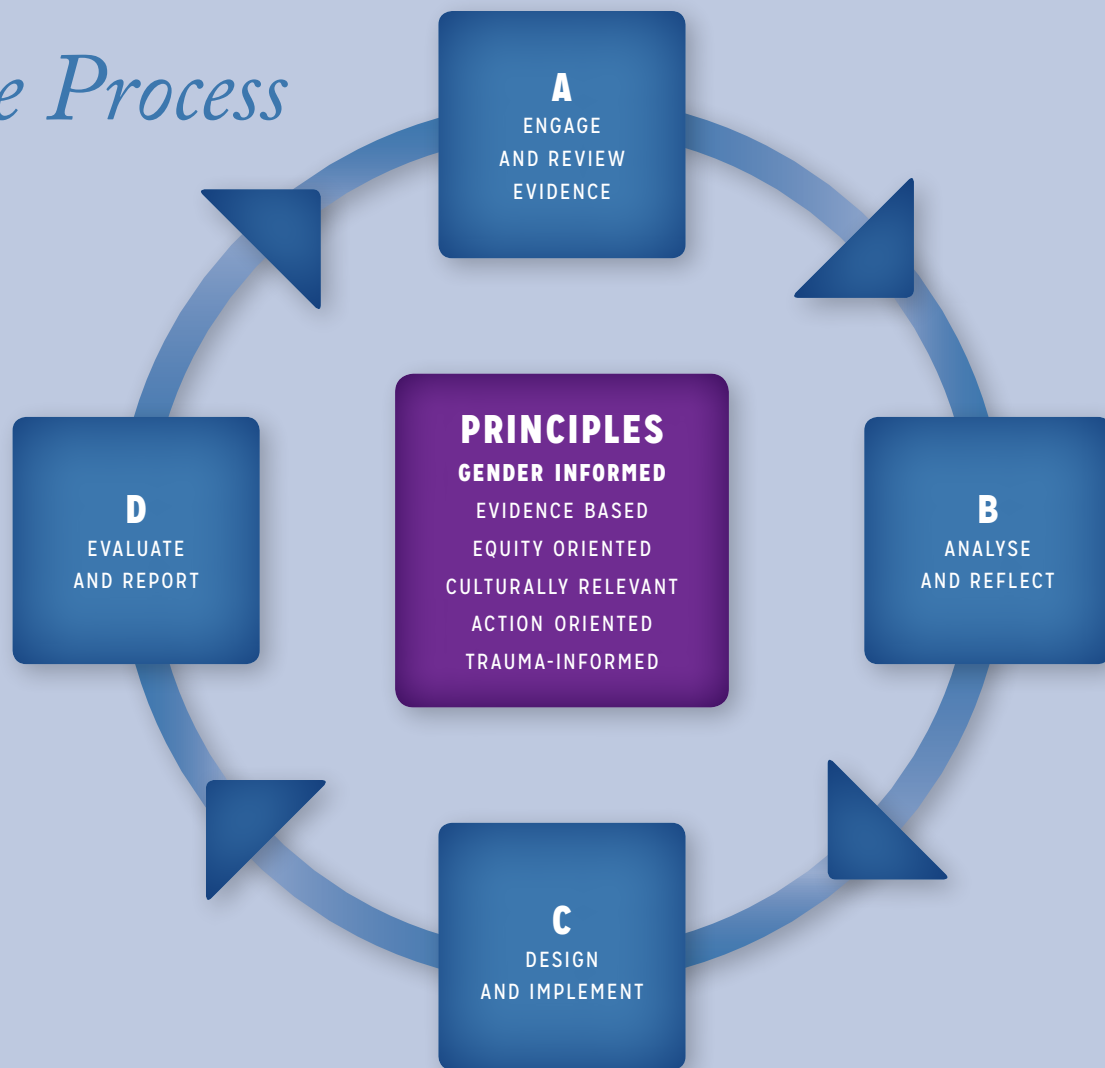
Many individuals and groups of people have also experienced trauma, interpersonal violence, sexual abuse and assault, torture, displacement, military combat, crime, accidents or other key events, sometimes on an ongoing basis. Public health and health promotion is not aimed at treating such issues, but, given their prevalence, must recognise that many in their audiences have had these experiences, and that these experiences are gendered. Making sure that the language, tone, imagery and approach in a public health message is not re-traumatising to anyone (not dependent on disclosure of trauma) is best done by making sure it is trauma-informed.



4. Follow a process

Using a clear process as guidance can help point you in the right direction and serve as a basis for team discussions or community consultation. The steps articulated below can assist in working through the challenges of designing gender-transformative public health and health promotion. A process encourages a systematic approach to defining needs, engaging with community, reviewing evidence, designing approaches and planning action steps. It can also identify needs for more research, training or social action to reduce gender inequity and improve health and empowerment. *See worksheet page vii.*

The Process



A. Engage and review evidence

Engagement with relevant communities and stakeholders is a key principle in health promotion and public health. Respectful engagement followed by mutual review and consideration of all kinds of evidence, both formal and informal, is an essential step in developing gender-transformative public health messages. Engagement with citizens (women and men), health providers, cultural leaders and/or community groups will provide input key to designing gender-transformative health promotion or public health.

See worksheet page vii.

B. Analyse and reflect

Analysing the evidence with a view to understanding the pros and cons of various messages, approaches and campaigns, and generating some critical reflection on the intended and unintended consequences of public health initiatives, is the next key step. Was gender taken into account, or not? Together, the evidence and knowledge (formal and informal) can be shared and reviewed. This leads to analysis of the context of the issue, the cultural, socioeconomic and gendered factors that can create, or prevent solutions. Then, collectively there can be an identification of ways to change, not only the health issue, but also the gendered factors that affect it. *See worksheet page viii.*

SOME EXAMPLES OF CRITICAL QUESTIONS TO ASK AS YOU DEVELOP YOUR INITIATIVE:

1. Could your initiative promote punitive or shaming approaches?

Example - campaigns to reduce drinking and smoking during pregnancy may make pregnant women targets of social censure.

2. Could your approach create or contribute to stigma?

Example - the targeting of overweight girls in a campaign may create more stress.

3. Could your initiative create unsafe conditions?

Example - a condom use campaign to prevent HIV and STI aimed at women may decrease safety for women being asked to insist on condom use.

4. Are there unintended consequences to your idea?

Example - publicity about preventing fetal alcohol syndrome disorder could cause women who drink alcohol during pregnancy to avoid seeking treatment or prenatal care

5. How would your initiative apply differently to different cultural groups?

Example - a skin cancer or vitamin D campaign affects cultural groups, and men and women unequally, because of clothing practices.

6. Would your initiative create trauma or trigger unwanted trauma in some populations?

Example - a history of colonisation and collective trauma will affect how Aboriginal and Torres Strait Islander women react to child welfare authorities, or efforts to reduce domestic violence.

C. Design and implement a gender-transformative approach

Creation of public health messages that address both gender and health equity, with a view to improving both, can then be brainstormed, designed and implemented. This is a creative and innovative step, and may require input from social marketers, health promoters, advertisers, policy makers, researchers and communities. On the basis of engagement, evidence, and mutual idea mongering, gender-transformative messages can be created, bearing the principles in mind. Test your ideas against these principles along the way. Search for support or evidence for your new ideas, and incorporate that into the design. Try to imagine the outcomes, and whether or not they will increase or decrease health inequity and gender inequity. It will be necessary to think through both the intended and unintended consequences of an idea, campaign, or initiative, and in particular, their gendered and cultural impacts. Finally, think about culture and trauma as you move forward in your thinking.

See worksheet page ix.



D. Evaluate and Report

Evaluation of each gender-transformative message or approach is essential. This will help to assess what works, and how, and whether or not the initiative reaches the dual goals of gender-transformative public health-increasing gender equity as well as improving health. Reporting completes the process by adding to the evidence about how to create effective gender-transformative public health.

Standard outcome measures may need some critical re-thinking. For example, standard outcome measures such as individual behavioural changes (losing weight, quitting smoking, drinking less on each occasion, exercising more) could be more nuanced. It may be just as relevant to measure gendered approaches to these health issues, such as changes in cooking and eating roles and patterns, gender-specific reasons for smoking for women and men, safety measures to prevent sexual violence connected to binge drinking for young women, or shifting to walking in groups to decrease social isolation among adults or to increase safety for children. *See worksheet page x.*

Examples of doing gender-transformative public health

What do gender-transformative messages actually look like? How could a campaign or message be successful at both improving gender and health equity? Only after discussion and speculation, informed by formal and informal knowledge, can new ideas be turned into actions and initiatives, evaluation schemes developed, and reporting created. In these ways, new evidence is created to contribute to future improvements in gender-transformative public health.

This new way of thinking about a richer response to gendered health inequities aims for gender-transformation along with improving health. This means that the gendered factors that produce negative outcomes or situations for women (or men) get addressed within public health messages, campaigns and interventions.



Creating gender transformation takes commitment and creativity. It requires a strategy, and often some courage. But it is the next challenge in public health and health promotion. After all, it takes courage to name, resist and change entrenched attitudes and practices that support gender inequity, let alone create and draw attention to new ways of doing things. But there are emerging examples of initiatives that strive to create gender-transformative public health or health promotion in a range of cultural contexts. While still few and far between, and sometimes not named 'gender-transformative' they can inspire us and offer some ideas for going forward.

Here are some examples:

- 1. Changing boys' and men's attitudes and behaviour on violence against women, reproductive responsibility, preventing the spread of HIV and parenting has been the focus of numerous gender-transformative initiatives in public health.**

Promundo-Brazil: <http://www.promundo.org.br/en>

MenEngage: Boys and men for Gender Equality: <http://menengage.org>

Men As Partners: <http://www.engenderhealth.org/our-work/gender/men-as-partners.php>

True Child: www.truechild.org

Coaching Boys to Men: Wise Guys: <http://www.coachescorner.org>

- 2. Encouraging male and female bystanders to prevent rape and sexual assault is a growing approach to reducing violence. It takes the emphasis off suggesting victims reduce their own risks, and asks others to assume collective responsibility for violent behaviours.**

Who are You? New Zealand: <http://www.youtube.com/watch?v=iUj2OHLA3w&feature=kp>

National Sexual Violence Resource Center: http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Booklets_Engaging-Bystanders-in-Sexual-Violence-Prevention.pdf

Women's Health Victoria: http://whv.org.au/static/files/assets/e58154fe/Everyones_Business_guide.pdf describing the - Take a Stand program.

For example, along with a tobacco use prevention message for teen girls, sending a message about empowerment, independent decision making and liberation can go a long way in challenging gendered assumptions about girls and smoking (Nathoo et al., 2013, Urquhart et al., 2012).

Or

Sending a clear message to women about looking after their heart health by focusing on themselves and their own health, before concentrating on looking after others, contributes to prevention of heart disease or earlier recognition of heart attacks (Pederson et al., 2014, Centers for Disease Control and Prevention, 2003).

3. *Resisting weight bigotry and developing positive body image and acceptance among overweight girls is an emerging response to campaigns about childhood obesity. These campaigns combine de-stigmatisation with healthy approaches to body image, and resist shaming.*

The IStand Campaign, <http://istandagainstweightbullying.tumblr.com/page/5>
 in Georgia, USA in response to state sponsored Strong4Life campaign that was shaming
<http://www.adiosbarbie.com/2012/02/size-activists-shed-light-on-fat-shaming-campaign/>

4. *Sharing responsibility for preventing alcohol use and supporting the health of women during pregnancy among Aboriginal community members.*

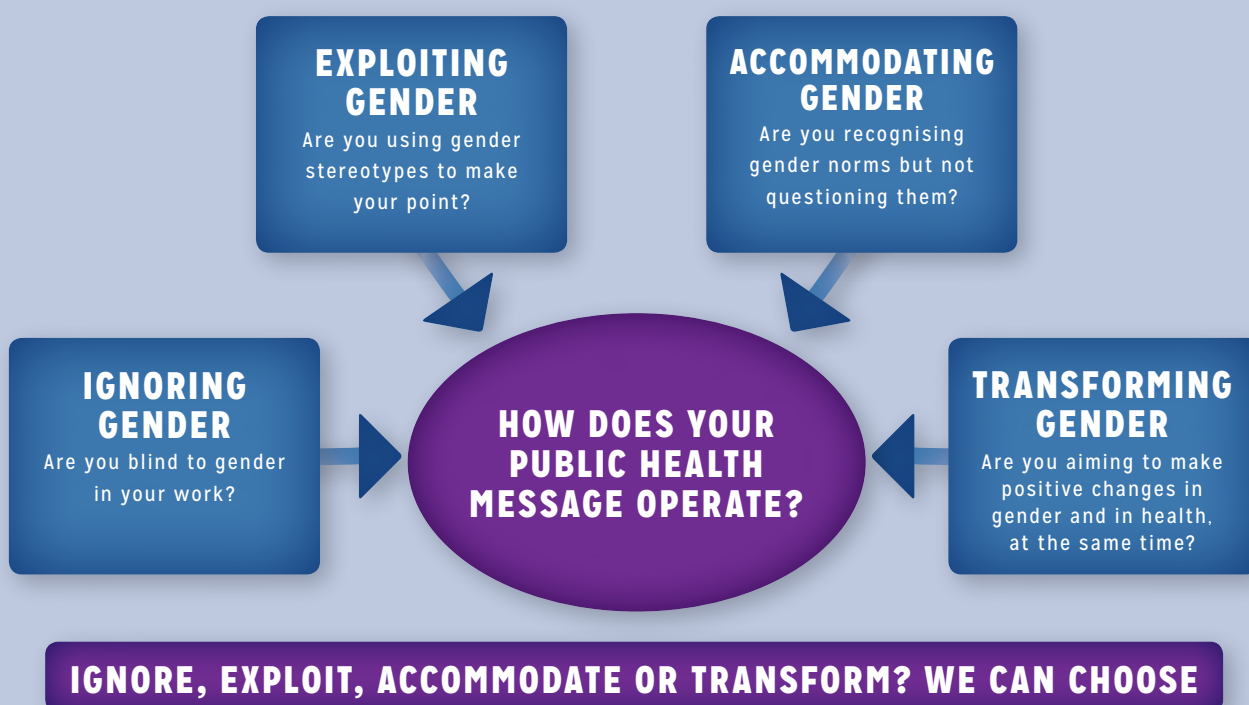
Aboriginal Disability Network, Canada: <http://www.coalescing-vc.org/virtualLearning/section5/other-documents.htm>
 Fitzroy Valley Women, Australia: <http://www.georgeinstitute.org/projects/fighting-for-a-future-the-story-of-the-women-of-fitzroy-crossing>

5. *Addressing harmful cultural practices such as genital mutilation of girls and sex trafficking.*

Future in Our Hands: http://www.fioh.org/?page_id=2
 The Girl Effect: <http://www.girleffect.org>
 Human Rights Watch: <http://www.hrw.org/en/reports/2010/06/16/they-took-me-and-told-me-nothing-0>

What to do and what not to do

There continue to be negative or neutral examples of gendered public health initiatives as well. These serve as ongoing reminders of the work to do in creating positive changes in health and gender equity, at the same time. It may be important to ask the following questions.



Examples of what not to do are just as important as what to do in some cases. Public health messaging is one of those cases.

Ignoring gender: Years of ignoring gender in health, health care and health promotion has taken its toll. So many missed opportunities and misplaced messages. So many assumptions that ‘one size fits all’. And worse, little attention to improving the social and economic drivers of gender inequity through improving health (Keleher, 2012).



Exploiting gender: Public health and health promotion initiatives and messages can easily exploit gender norms and relations, by appealing to stereotypes about gender, or by placing responsibility on either men or women to further their own, their family’s or their partners’ health, simply based on their gender.



These types of approaches rely on stereotypes of gender to make their point. For example, most boys and men are strong, or most girls and women are weak. Or girls are motivated by being sexually attractive to boys, above other considerations of self-worth. Many of these approaches have been all too common in public health and health promotion.

Sometimes these assumptions mix gender and other determinants, such as race. For example black girls and women in the US are often assumed to be strong, making it harder for them to reveal depression (Nicolaidis et al., 2010). Again, a stereotype operates to limit individual behaviours, the health system response and then the nature of public health messaging and programming.

Exploitation of gender norms to make public health points is still a fairly common approach. A recent poster on smoking and breastfeeding was released in India, picturing a woman’s nipple replaced on naked breast by a smoking cigarette. The tagline was “When you smoke, you are feeding more than milk to your baby”. This objectifies female bodies in a dramatic manner to make a point about breastfeeding, invoking guilt and shame as its method.

Ignoring women’s risk and sending messages about identifying the signs of a heart attack based on men’s symptoms in a male context, has been a common approach (National Heart Foundation of Australia, 2011).

Doing research on males only, human or animal, has been standard practice for testing drugs or treatments, or identifying disease patterns (National Research Council, 2001, Schiebinger, 2003)

Asking women to prevent sexual assault by changing their own behaviours is, unfortunately, a common approach to prevention.

Exhorting girls not to smoke because it might make them unattractive to boys to kiss fails to include non-heterosexual girls, as well as identifies sexual attractiveness as a key reason for not smoking.

Relying on men to curb their steroid use without acknowledging their social context and pressures regarding body image overlooks an opportunity to address gendered norms regarding masculinity.

Presuming that boys are too strong to experience or reveal anxiety or depression is reinforcing of masculine stereotypes regarding strength, as well as putting boys and young men’s mental health at risk.

For example, assuming that care-giving roles are always gendered, and making women guardians of men's health can lead to men's health information being directed at women for their uptake and action within the family. This can put women in charge of reducing smoke exposure, or improving men's health by changing diets.

Similarly, assuming that bread-winning roles are always male roles and making men responsible for family economic health can lead to stress and pressure and related health concerns among men. This can also ignore the potential of girls and women to earn money and support families.

By assuming women in some migrant groups cannot see doctors on their own, without male accompaniment, leads to a lack of privacy and choice, and a loss of autonomy for women. Accommodating this cultural practice without question does not contribute to gender-transformative practices, or increasing women's status.

Preventing smoking among women based on proscriptions against women's smoking in Islamic countries may keep smoking rates low, but at the expense of seeing women as autonomous beings.

Assisting overweight low-income women with stress reduction recognises the drivers of poor health, but if it does not try to change the underlying factors, it is supporting the status quo.

Accommodating gender: Less problematic, but clearly a missed opportunity, are those initiatives or message that simply accommodate gender norms. This means that prevailing gender stereotypes, norms and relations are just assumed to be there, and are not a focus of change or improvement along with the health issue. This approach is uninformed, as there is no reflection or analysis of how gender norms might be contributing to the health issue.



It is easy to see how these are missed opportunities for public health, and how leaving the status quo intact does nothing to increase gender equity, or indeed, perhaps health. Seeking to create gender-transformative public health is essential to social as well as health improvement for both women and men.

Why do gender-transformative public health messaging?

How does gender relate to health?

Gender, along with other social determinants, is a key factor in producing health. Gender is a powerful force. It influences people's roles, relations, identity and opportunities. Gender affects the social roles that women and men take on, or are encouraged to take on, and can consolidate women and men in particular jobs, or roles in the family. Gender norms often imply a particular way of being for girls and boys, women and men, and determine how they relate to each other in the family, at work, or in public. Gender determines opportunities, distribution of power and allocation of resources, so it is an important consideration in health and public health.

These social forces also help create gendered identities, where people 'feel' either male or female or neither, such as transgender or sex diverse. Gender often determines what kinds of power a person has at home, at work or in the wider society. This is reinforced with explicit rules about roles or implicit expectations about appropriate behaviour for women and men. In short, gender, in concert with other factors such as ethnicity, religion, culture and socioeconomic class, creates conditions for health, or ill-health, and is a key element of creating or improving public health. The good news is that gendered expectations are constantly being challenged so they can change over time and within cultures, often for the better.

What is the record on including gender in health promotion and public health?



For over forty years, health promotion has been urged, through global and national charters and directives, to take gender into account in creating programs and messages. But largely this has not occurred and despite decades of advocacy to include gender considerations in public health, health promotion and clinical treatment regimes, these efforts have had mixed results (Gelb et al., 2011).

There have been some positive changes, such as raising the profile of violence against women as a public health issue, or the development of sex-specific alcohol drinking guidelines in some jurisdictions. But there are many examples where gender is still ignored, such as activity in injury prevention and limiting exposure to secondhand smoke; and yet others where gender has been recognised, but not always in productive ways such as in some tobacco prevention campaigns, some heart health promotions messaging, and many sexual assault risk reduction campaigns.

Emerging evidence and advocacy efforts continue to make gender a critical part of developing and guiding new approaches, new research and programming in public health. So reconsidering how to include gender is overdue. What approaches might work

There is ample (and constantly growing) evidence that gender and sex are key elements in understanding health and responses to treatment and health promotion initiatives. But including gender in public health or health promotion has often been ignored or not taken up very well, despite important proclamations and charters that insist on its significance.

For example, women influenced by unrealistic Western ideals of beauty may engage in unnecessary plastic surgery such as labioplasty to change their bodies (Malone, 2013); practices that can be countered in public health campaigns that stress the risks and question the drivers.

Or

For example, female genital mutilation or child marriage may be framed as a 'cultural' practice in some communities, but it is illegal in Australia and detrimental to girls and women's health and human rights.

For example, exhorting low-income single mothers not to smoke around their children is best done with a deep understanding of their social context (Action on Women's Addictions - Research & Education (AWARE), 2007). Perhaps they are smoking and unable to quit because of the stress of their situations. Perhaps they are smoking as an adaptive, coping mechanism to mediate their situation. Perhaps they cannot leave their children unattended to go elsewhere to smoke. Possibly an approach that takes a harm reduction, motivational stance is required, instead of directives to simply quit for the sake of their children. In a situation such as this, motivation can be built over the long term by focusing on women's own health, her long range goals for herself and her children, building on her strengths, and offering free and non-judgmental supports.

to both advance women's and men's health in the context of a social model of health? How can integrating gender considerations and knowledge not only improve women's health, but inequities such as the status of women and girls as it does so? This is the challenge of new thinking about public health and gender.

Why create Gender-transformative Guidelines?

A gender-transformative approach can help reach the goals of public health and health promotion.

These guidelines make sure that several aims are addressed. First, that health is improved. Second, that gender relations are improved upon, not just taken into account. And third, that cultural factors are reflected, and in some cases, countered in public health guidelines.



Gender-transformative messaging goes beyond inserting gender into a public health message. It is always important to improve public health, but not at any cost. In the past, general approaches to public health and health promotion have often relied upon changing individual behaviours. For example, encouraging people to eat more vegetables, drink less alcohol, quit smoking or walk more. Some approaches have not worried about whether a public health campaign or program is improving gender relations, roles, and attitudes, or reducing health inequity.

For example, some attempts to reduce second hand smoke in the home have relied upon non-smoking women to police their smoking partners. Not only is this placing responsibility on the wrong family member, itself a problem, but it also puts women at risk of negative feedback and potentially even abuse (Robinson et al., 2010, Greaves et al., 2007). Similarly, some HIV prevention campaigns have relied on women to insist on condom use, or to resist coercive sex, ignoring the gendered power dynamics in their situations that make this responsibility hard to assume (Harvey et al., 2002). It is now apparent that tackling the underlying social and cultural factors affecting health is just as important as trying to get individuals to change (Commission on Social Determinants of Health, 2013).

We must engage with the principles of a social model of health. A social model acknowledges the important impact of the many powerful influences on health such as income, education, culture and gender, and consistently recognises that women and men live in a social context (Keleher, 2012). This is important to take into account as public health advice and health promotion are constructed.



Similar principles hold true for men. Recently there has been increased attention to expectant and new fathers who smoke, in order to improve health and reduce exposure to second-hand smoke for pregnant women, infants and children.



Some public health issues emerge as a result of a mix of cultural and gendered factors. These issues require similar critical thinking, in order to shape useful, culturally relevant responses that improve health and reduce gender inequity. For example, addressing long-established practices such as genital mutilation requires community engagement along with designing gender-transformative public health. This requires champions to lead change and confront gendered power relationships, as well as explicitly naming human and legal rights and responsibilities. In confronting genital mutilation, forced marriage or “honour killings”, providing information about health effects, remedies such as de-infibulation or shelters, as well as legal information, are all critical and supportive elements of gender-transformative public health.

How can integrating gender improve girls’ and women’s health?

There are many sex specific factors that affect women’s health, such as pregnancy, contraception and menopause, hormones, metabolism and propensity to certain diseases such as auto immune diseases, reproductive cancers and post-partum depression. There are also many gendered factors affecting women’s health such as poverty and low income, pressures and stress from care giving, and vulnerability to violence, sexual assault and abuse and body image idealisation. These social and economic factors also contribute to health conditions and behaviours such as depression, posttraumatic stress, obesity, eating disorders and tobacco and alcohol use (Bird and Rieker, 1999, Denton and Walters, 1999, McDonough and Walters, 2001).

Rather than just accepting these issues as given, and not changeable, integrating gender into health research, information, treatment and intervention can offer real benefits. In research, taking sex and gender into account in designing and carrying out studies is now seen as a critical component of creating better science (Johnson et al., 2009). For women, this has meant some specific research on issues like lung cancer trajectories and chronic obstructive pulmonary disease (COPD), that has led to greater understanding, and more effective, diagnosis and treatment (Rena et al., 2012, de Torres et al., 2011, Aryal et al., 2013, Miller et al., 2011). It has also meant some overlooked issues have had more attention such as post-partum depression and the effects of domestic violence on health. Even some familiar issues have had a more refined approach by taking women and girls’ bodies and experiences into account, such as cardiovascular disease, smoking cessation and alcohol use patterns such as binge drinking.

The reasons for smoking and barriers to reducing for fathers and men are also wrapped up in roles, assumptions about identity, social and economic pressures and social context (Olliffe et al., 2010, Bottorff et al., 2010). Expectant and new fathers who smoke can be targeted using approaches that rely on their goals as fathers, address the pressures in their lives, identify alternatives to the pressures to smoke, and engage them in gender-transformed roles that increase care giving and caring work. In addition to smoking and exposure to smoke, these factors also need attention in public health messages.

How can integrating gender improve boys' and men's health?

Similarly, there are sex specific issues that affect men's health, such as andropause, hormones, and propensity to certain diseases like prostate cancer and cardiovascular disease. There are also many gendered factors affecting men's health such as occupational hazards, risk-taking, combat roles, and exposure to criminal violence (Bird and Rieker, 1999, Byrnes et al., 1999). These social and economic factors contribute to risk factors such as drug and alcohol abuse, and can result in accidental injury and trauma.

Again, rather than just accepting these patterns and issues, integrating sex and gender into men's health research also leads to better science, and ultimately better health for men. While men have historically benefitted from more research attention than women, including drug testing that has focused on male bodies and even standard use of male rodents in laboratory research, there are still gains to be made in men's health by integrating gender (Ravindran and Kelkar-Khambete, 2008). Through a gendered analysis, some overlooked issues for men have gained attention, such as post-partum depression and eating disorders (Paulson and Bazemore, 2010, Strother et al., 2012). Likewise, some male specific issues have benefitted from a wider look at causes and treatments like prostate cancer and steroid use (Parent and Moradi, 2011, Mróz et al., 2011). Even on some familiar issues, a sharpened focus on gender has led the way to a better understanding of men's health in areas like tobacco cessation, risky drinking and violent behaviour.

Better research leads to better information. Better information leads to more specific treatments, interventions, campaigns and messages that are sex and gender specific or sensitive. The inclusion of sex and gender in health research and evaluation is the bedrock for better public health guidelines (Johnson et al., 2009).

For example, women with disabilities experience much more sexual violence than other women, or men with disabilities (Ferres et al., 2013, Plummer and Findley, 2012). Indeed, gendered health inequities also emerge as differences among women. For example, Aboriginal women have more gestational diabetes than non-Aboriginal women (Porter et al., 2012). Tackling these complex patterns means that it is crucial to think through how gender and other factors conspire to create health or ill health.

Why go further than integrating gender?

Health inequity is a widespread problem. It can mean that some groups of people have worse health than others such as those on low incomes, people with disabilities, Aboriginal and Torres Strait Islander people, same sex attracted people and sex diverse people. People on low incomes, for example, experience more chronic diseases (Marmot et al., 2013, Ahnquist et al., 2012). Alone, these factors are linked directly to poorer health. But when these factors mix with gender, they create gendered health inequities (Keleher, 2012).

How will gender-transformative guidelines help make change?

These guidelines have included some definitions, some key principles, a process for creating gender-transformative public health messages, and some examples of what not to do. But the essence of gender-transformative public health is its change making potential. Not only can it improve health and gender relations, but it can also raise awareness, generate guidance for health professionals, raise standards among health promoters and public health practitioners, generate new evidence about effective approaches, inspire creativity and new ideas, and serve as advocacy tools for policy changes. These guidelines can improve the public's health by offering support and suggestions for constructing messages, campaigns, policies or programs and can offer guidance to government, advocacy groups and health services for improving their efforts.

Bring attention to a gendered health issue

When creating broad based awareness programs on any health issue, it is a prime opportunity for education and information sharing. Often ideas about shifting responsibility can be integrated in subtle ways to get men and women to address a health issue and gender relations at the same time. For example, the Australian Pregnant Pause campaign suggests alcohol free pregnancies for both women and men, which shifts responsibility to both genders, and may create support for women at the same time (Pregnant Pause, 2014).

Offer guidance to practitioners

When creating practice guidelines, such as those for doctors or nurses for addressing domestic violence in their patients, gender-transformative guidelines help to identify the prevalence and sources of violence, the social attitudes that stigmatise disclosure, and name helpful and safe ways to refer and advise. Without an understanding of these issues, doctors may be inclined to only diagnose, instead of treat domestic violence (Sugg et al., 1999, Rittmayer and Roux, 1999). But fully understanding domestic violence requires information about gender, power and the possibilities of gender transformation.

Raise standards for everyone

When gender-transformative messages, programs or policies are introduced, standards are raised for everyone. Standards of parenting are raised for boys and men when campaigns ask them to take responsibility for reproductive health, contraception, and pregnancy planning and parenting (White et al., 2003). Standards of citizenship are raised for all when bystander campaigns encourage interventions in dangerous situations such as alcohol-enhanced sexual assault (Casey and Lindhorst, 2009, Banyard et al., 2004). Standards of skill and creativity may be raised when advertising agencies are asked to create gender-transformative copy, and are not allowed to resort to exploiting or merely accommodating existing gender inequities in creating campaigns.

A program at www.DVeducation.ca offers guidance to physicians in addressing domestic violence among their patients. They assert that "if 'periorbital hematoma' is your diagnosis, you've only done half your job".

Generate new ideas

New ideas for gender-transformative messages will come from multi-lateral engagement, ongoing consultation and generating evidence to feed the cycle of research, evaluation, learning and training on gender-transformative public health. Sometimes these new ideas are in resistance to negative messages such as shaming overweight people or mothers who smoke. Sometimes they emerge in pressured and dangerous situations, such as confronting violence that prevents girls from going to school, or confronting traditional cultural practices that abuse and undermine the health of children such as child marriage or so-called “honour” killings. At other times new ideas about gender transformation emerge gradually from cultural shifts that produce policies such as male parental leave. Whatever the source, the impetus or the context, moving toward more equitable approaches is clearly the way of the future.

Onward!

Using these guidelines in advocacy, policy development and practice will require leadership, championship and change management in organisations. It may be less about new resources and more about using current resources more effectively and creatively. It may be about demanding better services from advertising agencies and social marketers, and more social responsibility from public health practitioners and governments.

Whatever the context, these guidelines provide the basics on how to think about both gender and health equity at the same time, and how to translate that into actions. In any case, ongoing training will be required, and generating more critical thinking, media literacy and advocacy skills. In time, a more critical generation of health promoters and public health practitioners will assume gender transformation, and the public will expect it.

Glossary

Cultural safety is a state of comfort – emotionally and physically – and respectful safe settings, messages and environments for people.

Gender refers to the social, economic and cultural factors that impact women's, girls', boys' and men's health, often differentially.

Gender-blind refers to public health and health promotion initiatives that ignore sex and gender-related factors.

Gender-specific refers to initiatives that recognise sex and gender related factors affect health but don't try to affect them.

Gender-transformative initiatives explicitly aim to improve health and gender inequity at the same time.

Sex refers to the biological factors that affect women's and men's health, often differently.

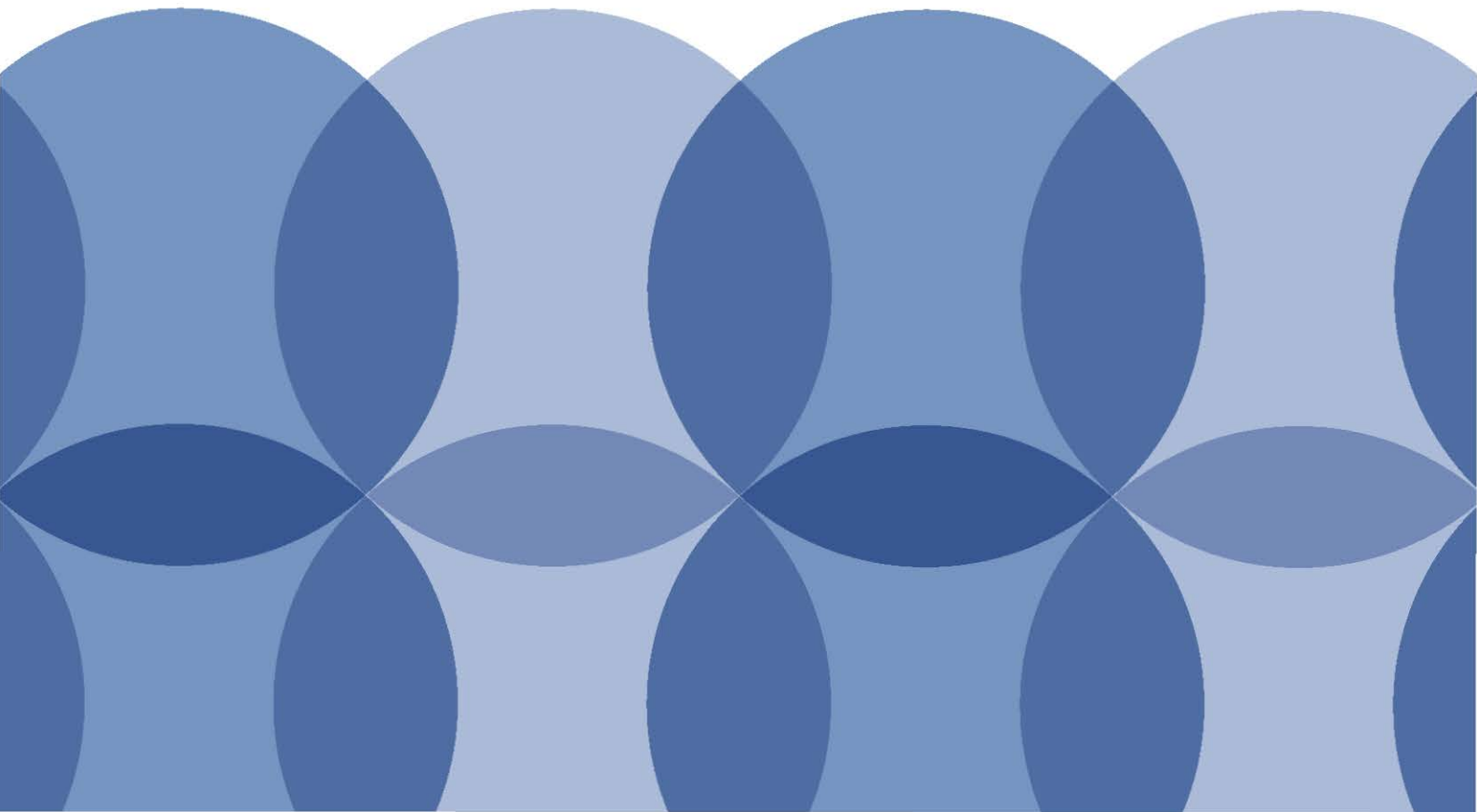
Social determinants of health are those factors that affect opportunities for health, such as housing, education, income, culture and gender.

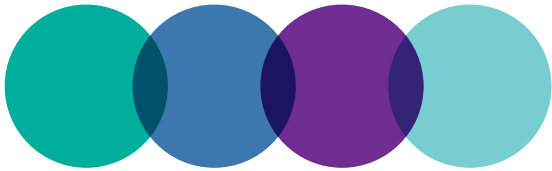
Trauma-informed practice takes into account trauma histories, whether disclosed or not, by providing a non-threatening and non-triggering service and system approach for all.

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DOING BETTER

*Gender-Transformative
Public Health Messages*
Vol. 2 - Worksheets

2014



*These worksheets have been designed to assist you in working through the process of developing gender transformative messages for public health campaigns and projects as described in the **Gender-Transformative Public Health Messages, Vol. 1 - Guidelines.***

The Approach

There are various ways of thinking about gender and public health. The guidelines provided in volume 1 of this resource explicitly name these: from being gender-blind (not acknowledging gender at all) to gender-exploitive (using gender stereotypes and norms to improve health), to gender-specific (acknowledging the influence of gender but not trying to reduce gender inequity), to gender-transformative (aiming to improve health and gender equity at the same time).

It is important to determine whether our current approaches to public health on particular topics, or with particular populations, are gender-blind (the most common), gender-exploitive (often used), gender-specific (less common) or gender-transformative (still emerging). Refer to page 7 of the Guidelines for more detailed information.

Before using these Worksheets try and place your current approach on the gender continuum by asking the question below. Then review your answer once you have completed this workbook.

How does your public health message operate?

- GENDER BLIND:**
Are you blind to gender in your work?
- EXPLOITING GENDER:**
Are you using gender stereotypes to make your point?
- ACCOMMODATING GENDER:**
Are you recognising gender norms but not questioning them?
- TRANSFORMING GENDER:**
Are you aiming to make positive changes in gender and in health, at the same time?

IGNORE, EXPLOIT, ACCOMMODATE OR TRANSFORM? WE CAN CHOOSE

The Approach:

1. Identify a place to start

Engage in some high level thinking about the issue, population or setting that you are interested in changing or affecting. Each of these entry points is valid and all are often used in health promotion or public health to reach a goal, launch an initiative, or measure success. Refer to page 8 of the Guidelines for more detailed information.

What is the health issue? (e.g. diabetes, or respiratory health)

What is the the group of interest? (e.g. pregnant women, or male smokers)

What is the context for the initiative? (e.g. antenatal clinics, or outdoor workplaces)

These decisions clarify your starting point, and provide an opportunity to think about the gendered and health inequities that affect the issue and tailored messaging that might be needed.

The Approach:

2. Think generally

Once decided on an entry point, it is important to understand and assess the impact of gendered systems on our power structures, choice, and opportunities. By thinking generally we are reminded to address the system, social context, settings, issues and populations that might concern us. Refer to page 8 of the Guidelines for more detailed information.

What are the barriers for health? (engage with stakeholders to identify)

What are the opportunities for health? (engage with stakeholders to identify)

How do gendered norms affect these barriers and opportunities?

How do attitudes affect these barriers and opportunities?

How do values affect these barriers and opportunities?

This step can be hard, or taken-for-granted, as 'seeing' the effects of systemic practices such as sexism or racism can be difficult, when surrounded by these processes.

IGNORE, EXPLOIT, ACCOMMODATE OR TRANSFORM? WE CAN CHOOSE

The Approach:

3. Use principles

Sorting out some principles is an important step in taking public health messages in this new direction. They can serve as a base for both creating and measuring gender-transformative public health guidelines. These principles can also be built into your practices over the long term and serve as a basis for action. Refer to page 8 of the Guidelines for more detailed information.

i. Are the initiatives **evidence informed**? What is the evidence?

ii. Are the initiatives **equity oriented**? How?

iii. Is **cultural safety** acknowledged? How?

iv. Is the initiative **action-oriented**? In what way?

v. Is the initiative **trauma-informed**? How?

The Approach:

4. Follow a process

Using a clear process as guidance can help point you in the right direction and serve as a basis for team discussions or community consultation. The steps articulated below can assist in working through the challenges of designing gender-transformative public health and health promotion. Refer to page 10 of the Guidelines for more detailed information.

A. Engage and review evidence

Who are the relevant communities and stakeholders to engage (including women and men, health providers and/or community groups)?

What are the key outtakes from engaging with these communities and stakeholders? (consider both formal and informal evidence)

IGNORE, EXPLOIT, ACCOMMODATE OR TRANSFORM? WE CAN CHOOSE

The Approach:
4. Follow a process (cont.)

B. Analyse and reflect. Refer to page 11 of the Guidelines for more detailed information.

What are some potential messages, approaches or campaigns?

What are the the pros and cons of each, including their possible intended and unintended consequences?

Was gender taken into account?

Who can we share this evidence and knowledge with for review, input and improvement?

What is the context of the issue? What are the cultural, socioeconomic and gendered factors that can create or prevent solutions?

How can the health issue be changed? How can the gendered issues that affect it be changed?

The Approach:

4. Follow a process (cont.)

C. Design and implement a gender-transformative approach. Refer to page 12 of the Guidelines for more detailed information. Some examples of critical questions to ask as you develop your initiative:

Could your initiative promote punitive or shaming approaches? If so, what might they be?

Could your approach create or contribute to stigma? If so, like what?

Could your initiative create unsafe conditions? If so, what might they be?

Are there unintended consequences to your idea? If so, what might they be?

How would your initiative apply differently to different cultural groups?

Would your initiative create trauma or trigger unwanted trauma in some populations? If so, like what and for who?

The Approach:

4. Follow a process (cont.)

D. Evaluate and report

To evaluate the effects of gender-transformative messages, we can also think about outcomes that transcend changing individual health behaviours. It is important to measure gender and other social determinants and how changing them can change health, such as improving mental health by providing safe and stable housing for women and men. It also challenges us to develop and measure new indicators of gender and health, such as household decision-making power, or freedom of movement or personal autonomy. *Refer to page 12 of the Guidelines for more detailed information.*

Does your public health initiative contribute to these, especially for women and girls? How?

