# WOMEN & PHYSICAL ACTIVITY Integrating Gender into Health Promotion Exercise

British Columbia Centre of Excellence for Women's Health

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http://promotinghealthinwomen.ca

#### **OVERVIEW**

- Introduction to the Gender Integration Continuum
- Gender Integration Small Group Exercise
- 3. Large Group Discussion

#### LEARNING OBJECTIVES

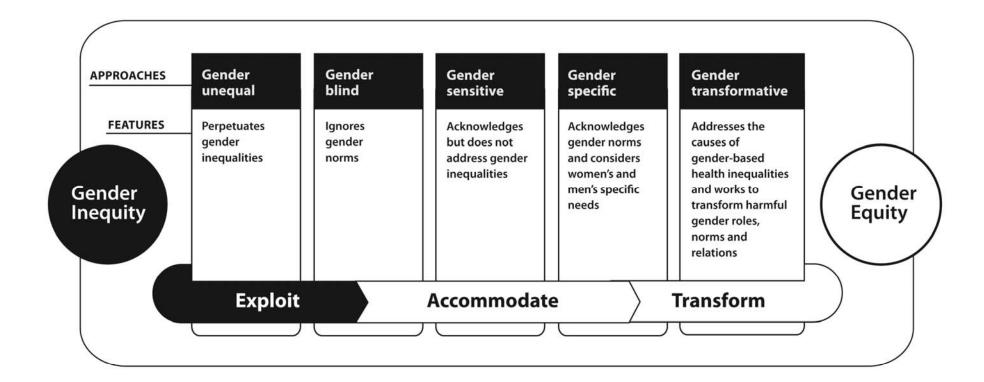
- 1. Increased knowledge about different approaches to gender integration in health promotion
- 2. Experience with using the Gender Integration Continuum as a tool to assess the current level of gender integration in programs and policies
- 3. Increased confidence in applying principles of gender transformative health promotion to your own work

## **Gender Integration**

- \* Gender integration refers to strategies that take gender norms into account and compensate for gender-based inequalities.
- \* By assessing our current level of gender integration, we can ask "How can we improve health as well as move towards improving gender equity?"

## Continuum of Approaches to Action on Gender and Health

A Continuum of Approaches to Action on Gender and Health



### 1. Gender-unequal

- \* Gender unequal initiatives perpetuate gender inequalities by reinforcing unbalanced gender norms, roles and relations.
- \* These approaches may consider sex and gender differences but may sustain traditional stereotypes and inequities.
- \* Example: A program may encourage women to quit smoking or reduce alcohol use due to concerns about their appearance.

#### 2. Gender-blind

- \* Gender-blind programs ignore gender norms, roles and relations and may therefore reinforce gender-based discrimination, biases and stereotypes.
- \* The most common argument for gender blind initiatives is that they are 'fair' because they treat everyone the same, but by ignoring structured barriers faced by some program participants, the program may contribute to inequities.
- \* Example: Many teen pregnancy/STI prevention programs do not acknowledge how gender may influence behaviour change; while these programs may "do no harm", they may unintentionally support current inequities and miss an important opportunity to address a determinant of health that would increase the impact of the program.

### 3. Gender-sensitive

- \* Gender sensitive programs acknowledge but do not address gender inequalities.
- \* While sex differences and gender norms and roles are considered, they do not necessarily involve action to address them.
- \* Example: A program to reduce maternal-child transmission of HIV would likely acknowledge that women may not have the status, rights nor decision-making authority to practice safer sex, insist upon the use of condoms, or adopt safer child-feeding strategies, though they would be encouraged to do so nonetheless.

## 4. Gender-specific

- \* Gender-specific programs acknowledge gender norms and considers women's and men's specific needs.
- \* Recognize that gender norms, roles and relations exist and have an impact on access to or control over resources. This may mean targeting a program specifically at women or men, and accommodating gender norms but not working to address or change them.
- \* While obviously an important approach, gender specific programs do not necessarily address the root causes of gender imbalances in power, resources or opportunities.
- \* Example: Programs that provide child-minding and offer women-only spaces can be gender-specific but not necessarily gender-transformative because they do not challenge why women are responsible for children when they need their own health care or why mixed spaces are unsafe or deemed unsuitable for women.

### 5. Gender-transformative

- \* Gender transformative health promotion focuses on the dual goals of improving health as well as gender equity.
- \* Acknowledges different norms and roles for women and men and their impact on access to and control over resources
- \* Considers women's and men's specific needs
- Includes ways to transform harmful gender norms, roles and relations
- \* Example: Programs to promote sexual and reproductive health that engage men and women in identifying and challenging harmful notions of masculinity and femininity

## SUMMARY: Gender-responsive Continuum for Assessing Programs and Policies

1. GENDER UNEQUAL	*Perpetuates gender inequality by reinforcing unbalanced gender norms, roles and relations  * Privileges men over women or women over men  * Leads to one sex enjoying more rights, privileges and opportunities than the other
2. GENDER BLIND	<ul> <li>* Ignores gender norms, roles and relations</li> <li>* May reinforce gender-based discrimination</li> <li>* Ignores differences in opportunities and resource allocations between women and men</li> <li>* Often constructed on the principle of being 'fair' by treating everyone the same</li> </ul>
3. GENDER SENSITIVE	<ul> <li>Considers gender norms, roles and relations but offers no remedial action to address them</li> <li>Does not address inequality arising from unequal gender norms, roles or relations</li> </ul>
4. GENDER SPECIFIC	*Acknowledges different norms and roles for women and men and their impact on access to and control over resources  *Considers women's and men's specific needs  *May intentionally target a specific group of women or men to achieve policy or program goals or to meet their needs  *May make it easier for women and men to fulfill duties assigned to them based on their gender roles  *Does not address underlying causes of gender differences
5. GENDER TRANSFORMATIVE	* Acknowledges different norms and roles for women and men and their impact on access to and control over resources  * Considers women's and men's specific needs  * Addresses the causes of gender-based health inequity  * Includes ways to transform harmful gender norms, roles and relations  * Promotes gender equality  * Fosters changes in power relationships between women and men

## Reflection/Group Discussion

- \* In your work related to physical activity, what sex and gender issues do you see?
- \* How, if at all, has gender influenced the development of interventions to promote physical activity in women or in specific populations (e.g., minority women, Indigenous women, girls)?
- \* Do you believe that these approaches have been successful in addressing differences between men and women in participation, outcomes, etc?

#### SMALL GROUP EXERCISE

#### ~ Facilitator Instructions ~

- Divide the audience into small groups of approximately 3-5 people.
- 2. Assign two program examples to each group.
- 3. Ask the group members to:
  - (i) Determine where on the gender integration continuum they would place each example (i.e., gender-unequal, gender-blind, gender-sensitive, gender-specific, gender-transformative)
  - (ii) Explain their reasoning
  - (iii) Suggest ways that the program could move further along the continuum, i.e., "How could this program become more transformative?"

## PROGRAM EXAMPLES WOMEN & PHYSICAL ACTIVITY

#### **EXAMPLE #1: ParticipACTION (Canada)**

ParticipACTION (<u>www.participaction.com</u>) is a national not-for-profit organization dedicated to inspiring and supporting healthy and active living for Canadians. ParticipACTION envisions a nation where physical activity is a vital part of everyday life for all Canadians. Current programs include:

- \* ParticipACTION Teen Challenge, a national program that challenges Canadian teens aged 13-19 to get active
- \* Learn to Play Project which helps children and youth develop the confidence and skills to enable them to play
- \* Bring Back Play campaign to get our kids off the couch, get outside and play
- \* Sneak It In Week to encourage people to wear sneakers to work and incorporate walking into their life

#### **EXAMPLE #2: Women Win (International)**

Women Win (<a href="http://womenwin.org">http://womenwin.org</a>) is the first international organization with a sole focus of providing support for innovative sport and physical activity programmes for empowerment and creating a social movement around sport for the advancement of women's rights. The organization has three priority theme areas: addressing gender-based violence, accessing sexual and reproductive health and achieving economic empowerment. It also works to develop sustainable organisations and to strengthen the monitoring, evaluation and impact-assessment capacities of organisations and supports economic empowerment through a social entrepeneurship model. The primary target group in grant-giving is to programmes that invest in adolescent girls and young women (ages 10-22) who lack access to social equality, economic opportunities, health information and knowledge of their rights. One program example is Box Girls Nairobi, Nairobi Eastlands, Kenya (<u>www.boxgirls.org/nairobi</u>) which was founded by girls in 2007 who wanted to fight for a better future for their community, and use a traditionally male dominated sport, boxing to do so. Boxing and running provide useful structured activities to teach the girls selfconfidence, discipline, teamwork and self defense skills. In 2008 there were 20 young women training 3-5 times per week and 15 younger girls. Aside from offering regular training sessions in boxing, they also offer the women and girls the chance to participate in coaching workshops in order to obtain their licenses to be a trainers or referees.

#### **EXAMPLE #3: Community Action Zone (United Kingdom)**

The Sport Action Zone initiative (now called Community Action Zone) was developed to help combat low levels of participation in sport in communities that suffer the effects of poverty and deprivation (12 zones throughout England were identified). The aim is to help local communities to help themselves by getting local people to play a role in identifying what was needed in each zone and then involving them in the planning and delivery process. The key themes are: Health, Nutrition, Sport, Physical Activity, Social Inclusion, Community Safety, Education, Training, and Girls and Women's Focus. Programs in each area varies, but programming has been developed that are girls-only, boys-only, and mixed group. One project was the development of a community dance programs for girls with instructors from the community they live in. The project aimed to empower young teenage girls from disadvantaged backgrounds in London to be active and express themselves through hip-hop and break-dance -challenging the male-dominated break-dance world, improving their self-esteem and body image.

(http://www.younglambeth.org/organisation/community-action-zone-caz.html)

## EXAMPLE #4: Vancouver Street Soccer (Canada, International)

Vancouver Street Soccer League (http://vancouverstreetsoccer.com ) is a nonprofit organisation which uses soccer to inspire and empower. The Léague is made up of teams that provide friendship for the homeless, physical fitness for the ill and addicted, direction for at-risk youth, and cultural focus for unique communities. The League is part of Street Soccer Canada (http://www.streetsoccercanada.org) which promotes sport as social inclusion. Through international tournaments and city leagues, Street Soccer Canada has been working on including those, who may otherwise be excluded, through physical activity and sport. Some of the players in these local programs have gone on to the some Homeless World Cup. The Homeless World Cup counts more than 70 international partners around the world. More than 40 also engage with women and use the power of "football" to help empower them. To date, 41 countries engage with women and 27 provide women-only football sessions. During the Homeless World Cup annual tournament, teams are mixed so women can take part too or they can compete in the women-only competition: the Women's Homeless World Cup. Programmes are different and the women they help through football can be in very different situations or come from different backgrounds. (http://www.homelessworldcup.org/news/street-soccer-for-women-around-theworld)

## EXAMPLE #5: Female Apprentice Coach Program (FACP) Canadian Collegiate Athletic Association (Canada)

The Coaching Association of Canada indicates that in 2012, only 19 of 93 Olympic coaches (20%) and two of 17 Paralympics coaches (8.5%) were female. The CCAA Female Apprentice Coach Program (<a href="www.ccaa.ca">www.ccaa.ca</a>) targets female graduating student-athletes to participate in collegiate sport as apprentice coaches. The program pairs mentor coaches with female student-athletes pursuing professional coaching careers and provides grants for professional development opportunities and operational costs while the apprentice coaches aid in player scouting, team communications, training exercises, skill development and administrative duties throughout the season. Since 2005, the FACP has supported more than 130 apprentices. A recent study was found that approximately 63% of the apprentices have continued to coach in either paid or volunteer positions following their apprenticeships.

## EXAMPLE #6: Everyone Wins Program, Victorian Health Promotion Foundation (Australia)

VicHealth aims to improve health and wellbeing by reducing health inequities. The Everyone Wins program (one of a dozen programs to promote physical activity) aims to increase participation in sport in people with a disability, Indigenous Australians, people from culturally and linguistically diverse communities, and women and girls. The program helps to build healthier sporting environments that are safe, accessible, inclusive and equitable by offering a framework of actions and practical tools and resources on how to welcome, involve and value everyone. The program focuses primarily on working with state sporting associations and community sporting clubs. It recognizes that several factors influence people's involvement in sport, including a lack of knowledge about how to get involved, difficulties with accessibility, a lack of confidence, practical barriers such as time, cost and transport, and a sense of feeling 'out of place' and being unable to identify with the sporting environment. For example, the program recognizes that many sporting environments have been male-dominated or reflect an "Anglo-Australian" heritage which means that certain groups may not identify with the sport or feel they belong to it.

## EXAMPLE #7: Woman Alive / Femme Active Program Physical Activity Program for Low Income Women (Canada)

Sponsored by Ottawa Public Health, the Woman Alive project began in 1999. The Woman Alive Program provides affordable physical activity programs to women on limited income in order to increase their capacity to care for their own health. Participants learn about healthy lifestyle choices that will enhance their health and the health of their family. Physical activity programs include fitness classes and a health education component. As well, a modified version of Women Alive was created for women who experience mental illness. Barriers to participation in physical activity for women on limited incomes include: childcare, transportation, equipment needs and program costs. These barriers are reduced or removed in the Woman Alive program. The program has spread when women have initiated a project in their community.

(http://lin.ca/success-stories/woman-alive-femme-active-program-physical-activity-program-low-income-women)

## EXAMPLE #8: GoGirlGo! Program, Women's Sports Foundation (United States)

Founded in 1974 by tennis legend, Billie Jean King, the Women's Sports Foundation is dedicated to advancing the lives of girls and women through sports and physical activity. GoGirlGo!, the organization's landmark educational program, was launched in 2001 for elementary, middle and high school girls and works across the country to keep girls involved in physical activity and to improve the health of sedentary girls. The program features four GoGirl characters and champion athletes to educate girls about being physically active and avoiding health-risk behaviors. It is designed to be presented by adult leaders in a sport environment. The program features true-life stories and life lessons from champion athletes like Julie Foudy, Sanya Richards and Diana Taurasi. The basic GoGirls! Guide to Life includes eight sessions, each featuring the athlete's story and accompanying educational information and activities. The topics covered in the Guide are alcohol and drugs, body image, diversity, smoking, emotions, nutrition, bullies and family issues. Additional stories on sleep, anger, dating, harassment and environmentalism are also available.

(http://www.womenssportsfoundation.org/sitecore/content/home/programs/gogirlgo/about-gogirlgo.aspx)

#### **Summary – Gender Integration Continuum**

- \* There may be differences in how various programs are classified on the continuum remember, this is simply a tool to help us further our thinking
- \* At a minimum, health promotion activities should strive to "do no harm" in terms of gender norms and relations. (There is no viable rationale for designing a project that deliberately exploits gender inequality).
- Sometimes, programs will have unintended outcomes (good or bad); gender blind programs are more likely to cause unintentional harm or to miss opportunities to enhance program outcomes because they have not considered gender at all
- \* Programs may opt to conform to existing gender norms in order to enhance outcomes or as an interim step to 'buy time' until a better solution can be reached, but the goal is to move towards more transformative programming
- \* Transformative elements can be integrated into ongoing programs without having to start over again

## Summary – Gender Transformative Health Promotion

- \* There is no 'how-to' manual for doing gender transformative health promotion. Gender transformative health promotion may include challenging traditional gender norms, promoting critical thinking, supporting women's economic empowerment, engaging men in women's health issues, advocacy, addressing power imbalances between health care providers and patients, etc.
- \* Gender transformative health promotion requires strategy, creativity, critical thinking, and use of the available evidence base

## Reflection/Group Discussion

- \* What existing projects and activities are you currently involved with?
  - \* How would you classify them along the gender continuum?
  - \* How can they be further developed to become more "gender transformative"?
- \* Considering the examples discussed today, which approaches might be transferable to your own work? What else might be considered?

#### Notes for Facilitators

- \* You may want to create a handout from the example slides to distribute to each group. Ideally, each group will have program examples from more than one category of "gender blind," "gender specific," etc.
- \* Alternately, you might consider giving common examples to two or more groups some groups may classify the examples differently and this may result in interesting discussion.
- \* Remember that in some cases that there is no "correct" answer for the examples. Participants will have alternate contexts or scenarios that influence their interpretation of the project's intention and design and will make assumptions based on limited information. Provide space for diverse answers and encourage participants to explain their assumptions and decision-making process.

## Acknowledgements

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