Defining Gender and Gender Equality

This section provides an overview on the following topics:

- Distinguishing the concepts of sex and gender,
- Gender equality as a basic human rights principle, with a focus on the UN Women's Rights Convention CEDAW,
- Gender equality and the right to health, with a focus on the UN Women's Rights Convention CEDAW.

Depending on the background of training participants, the trainer might want to facilitate a discussion on the concepts of sex, gender and gender inequality, in order to enable a more in-depth understanding of the issue of gender-based violence. Given the fact that the participants might have different ideas about the roles of women and men, it might be good to lead the discussion to the positive influences of gender equality on the health and the future of the society.

Sex versus Gender

In order to be able to incorporate a gender perspective into health-care and its responses to gender-based violence, it is critical to understand the meaning of gender as opposed to sex.

- **Sex** refers to the biological and physiological characteristics that define men and women (WHO). At the same time, it may not always be possible to define sex along the dichotomous lines of male-female only, as is made evident by inter-sexed individuals (MWIA 2002).
- **Gender** refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women (WHO). While sex and its associated biological functions are programmed genetically, gender roles and power relations and the power relations they reflect are a social construct ? they vary across cultures and through time, and thus are amenable to change. (MWIA 2002)
- **Gender roles** are the particular economic, social roles and responsibilities considered appropriate for women and men in a given society. Gender roles and characteristics do not exist in isolation, but are defined in relation to one another and through the relationship between women and men, girls and boys (MWIA 2002).

Some examples of sex characteristics, as opposed to gender characteristics/roles:

*Examples of sex characteristics (WHO):*

- Women menstruate while men do not
- Men have testicles while women do not.
- Women have developed breasts that are usually capable of lactating, while men have not.
- Men generally have more massive bones than women.
Examples of gender characteristics (adapted from WHO):

- In most countries worldwide, women earn significantly less money than men for work of equal value.
- In most countries, women do more housework than men.
- In country X, many more men than women smoke as female smoking has not traditionally been considered appropriate.

Gender equality refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Gender equality implies that the interests, needs and priorities of both, women and men are taken into consideration, recognizing the diversity of different groups women and men (for example: women belonging to ethnic minorities, lesbian women or women with disabilities). Gender equality is both, a human rights principle and a precondition for sustainable, people-centered development (adapted from UN Women).

Sources:

Before continuing with the human rights context of the principle of gender equality, trainers may want to do a quiz exercise with participants.

Exercise: Quiz with participants on the concepts of gender and gender equality: 20 min.
Aim: Discussing concepts of gender and gender roles
Method: Read out statement by statement from the handout below, let the participants answer jointly by raising hands or verbally and ask them to give examples which prove the answer (or prove it wrong). For the handouts with questions and questions & answers, respectively, please scroll down to the bottom of the page.


Gender equality as a basic human rights principle [9]

General human rights treaties

The principle of equality of women and men and the corresponding prohibition of discrimination is a fundamental principle of international human rights law. The Universal Declaration of Human Rights (UDHR) [10] adopted by the United Nations General Assembly in 1948 proclaims that:

Article 1: All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2: Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. (?)

Similar anti-discrimination provisions can be found in the International Covenant on Civil and Political Rights [11].
(Articles 2 (1) and 3) and the **International Covenant on Economic, Social and Cultural Rights** [12] (Articles 2 (1) and 3), which were adopted in 1966 and, together with the UDHR, constitute the "International Bill of Human Rights".

At the time when these documents were adopted, the concepts of gender and gender-based discrimination were not yet on the international agenda therefore, reference is made to discrimination on basis of sex.

**The UN Women's Rights Convention CEDAW**

In 1979, the UN General Assembly adopted the **Convention on the Elimination of All Forms of Discrimination against Women** [13] (CEDAW). Adopting such a *women-specific treaty* was considered necessary because, notwithstanding the existence of general human rights treaties, the widespread and systematic discrimination of women in all spheres of life was still a global reality. All countries in Eastern Europe and Central Asia have ratified CEDAW and are therefore bound obliged to implement its provisions at country level. Click [here](#) for the dates of ratification by country.

CEDAW defines discrimination against as *any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.* (Article 1).

This definition covers both, intended/direct (?purpose?) as well as unintended/indirect (?effect?) discrimination. CEDAW obliges states parties not only to ensure equality of men and women before the law (*de jure*) but also in real life (*de facto*). It is also important to note that CEDAW covers not only an obligation of states to **refrain from discrimination through discriminatory laws or acts of state officials**, but also to take appropriate steps to protect women from discrimination by **private persons** (Article 2 (d), (e)).

For an overview of how CEDAW addresses GBV, please refer to the subsection on defining GBV. For further information on CEDAW, please refer to the handout at the bottom of this page.

**Gender equality and the right to health** [9]

**How does gender inequality impact women?s access to health care?**

As the Medical Women?s International Association (MWIA) puts it in a nutshell: "The emphasis on women?s health in looking at gender is not meant to minimize the impact of gender on men?s health, but to correct historical imbalances based on the fact that until the present men have been considered the norm in education, research and health services."

(*Source: MWIA: Training Manual for Gender Mainstreaming in Health, 2002*[5][14], p 18)*

In the context of access to health care, MWIA identifies the following gender-specific factors that often disadvantage women:

- Women?s lower status and social value in the households
- Cultural factors such as lack of a female health provider
- Being excluded from decision making on health actions and expenditure
- Lower literacy rates and reduced access to information
- The high opportunity costs of women?s labour time - for instance, facilities may be distant and waiting times a deterrent for women having to manage other household responsibilities.

(*Source: MWIA, Training Manual for Gender Mainstreaming in Health, 2002*[5][6], pp 10, 19.*)
International state obligations to end discrimination of women in health care

The Universal Declaration of Human Rights (Article 25) and the International Covenant on Economic, Social and Cultural Rights (Article 12) guarantee every person's right to health. As explained above, states are obliged to implement these rights without discrimination, including on the basis of gender.

The **UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)** specifically focuses on women's access to health care and obliges states parties to eliminate discrimination of women in this regard. Its Article 12 reads as follows:

1. States parties shall take all appropriate measures to eliminate discrimination against women in the field of health care, in order to ensure, on the basis of equality of men and women, access to health care services, including those related to family planning.

2. Notwithstanding the provisions of paragraph 1 of this article, States parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

In 1999, the CEDAW Committee, which is the UN body responsible for monitoring the implementation of CEDAW by states parties, has adopted **General Recommendation (GR) no. 24 on Article 12 (women and health)** [15]. This document analyses the context of women's equal access to health care and specifies the obligations of state parties to CEDAW:

**CEDAW General Recommendation no. 24 (1999) ? women and health**

GR 24 identifies factors that affect women's access to health care differently as compared to men and that states should address in their regular reports to the Committee (paragraph 12):

*) biological factors, such as women's menstrual cycle, their reproductive function or the higher risk of exposure to sexually transmitted diseases;

*) socio-economic factors, such as unequal power relationships between women and men in the home and workplace or women's exposure to different forms of violence that can impact their health;

*) psychosocial factors, such as depression in general or post-partum depression in particular, or psychological conditions that lead to eating disorders.

GR 24 also points to the importance of the principle of confidentiality in health care, as the lack of confidentiality may deter women from seeking medical care, for example for diseases of the genital tract or in cases where they have suffered sexual or physical violence.

The GR links gender inequality to the risk of contracting HIV and other sexually transmitted diseases: It explains that unequal power relations based on gender may prevent women and adolescent girls from refusing sex or from insisting on safe or responsible sex practices, and specifically points to female genital mutilation, polygamy and marital rape as factors exposing women and girls to a risk of contraction. It also identifies sex workers as a group of women at particular risk of contraction (paragraph 18).

**Recommendations to states parties:**

*) States parties should assess the impact of health policies, procedures, laws and protocols on women when compared with men (paragraph 19).
Further, they should **eliminate barriers** in order to ensure that women have timely and affordable access to health services. Such barriers include high fees for services, the requirement of prior authorization by a spouse or parent, distance from health facilities or the absence of convenient and affordable public transport (paragraph 21).

**Services** should be made **acceptable** to women: they should be based on a woman’s fully informed consent, respect her dignity, guarantee confidentiality and be sensitive to her needs and perspectives. Non-consensual sterilization, mandatory testing for sexually transmitted diseases or mandatory pregnancy testing as condition for employment should be prohibited (paragraph 22).

*) The GR also calls for particular emphasis on the access of **older women** and **women with disabilities** to health care (paragraphs 24, 25).

CEDAW GR 24 also the role of the health care system in addressing GBV - please refer to the section on **international obligations of states to eliminate GBV**. [16]

**Tips for trainers:**

- For the Russian version of GR 24, please go to www2.ohchr.org/English/bodies/cedaw/comments.htm and access the UN document HRI/GEN/1/Rev.9 (Vol.II) at the bottom of the page.
- For country-specific information on the implementation of CEDAW in general, and as regards women’s equal access to health care in particular, please to the official website of the CEDAW Committee for government reports, supplementary NGO reports and the recommendations of the CEDAW Committee (?Concluding Observations?). The documents are available in English and partly in Russian.

Downloads:

- [Gender Equality Quiz](#) [17]
- [Gender Equality Quiz Answers](#) [18]
- [Handout CEDAW Convention](#) [19]
- [Training Programme for Health Care Providers](#) [20]


**Links:**

[9] http://wave.1a-8142.antagus.de/node/19/edit#