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Viewing Healthcare Locally Through a "Gender Lens"


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URC Uganda staff in the gender integration training, Taroub Faramand April 2013

"You're breaking a 'gender rule' right now by eating chicken," said one of the male participants during the lunch break at our Gender Integration training in the URC Uganda office. In a murmur of laughter and banter, the Ugandan staff members explained that for some, it is taboo for a Ugandan woman to eat chicken. For the most part, Ugandans no longer practice the rule, though some say older relatives and a few tribes still observe the gender-related chicken restriction.

The roles, expectations, behaviors and interactions between men, women, boys and girls are intimately tied to local people and change with time. "Gender" is a social construct shaped by these customs and perceptions. In the previously mentioned example, the male-exclusive entitlement to eat chicken as a sign of reverence interacts with other customs to shape sex disparities of power and capabilities in the society. If the women at our training abided by this restriction, our catering would have been gender-blind and, in effect, we would have only been serving lunch to men. Women, men, boys and girls also differ in their healthcare needs and the ways they access, utilize and benefit from care.

The first component of our gender integration framework for the ASSIST project [3] is building the local capacity and fostering local partnerships. How do men, women, boys and girls interact with each other and with the healthcare system? How do healthcare providers interact with male and female patients and with co-workers of the opposite sex? These questions come up both in planning for health system improvements and in addressing gaps in access and outcomes between the sexes. While some gender integration needs and responses can be seen from far away through a telescopic lens, the majority of social practices and factors that lay behind these gaps are best identified from those with a close-up and personal view of the culture and people. To determine the factors that lead to gender gaps in services and outcomes and to leverage gender roles to improve care, we encourage our local partners to wear their "gender lens," throughout all stages of improvement. This means looking at health care access, utilization and quality from the perspectives of men, women, boys and girls. To those in the field and health care providers, these "lens" are like a pair of reading glasses and allowing for the detailed and 'fine print' reading of the gender-related culture of health.

During the training in Uganda, we facilitated interactive sessions where we posed questions about what was acceptable or defining for men and women and how men and women would react or be treated in various health care-related scenarios. This sparked lively debates and exchanges of various gendered, tribal, religious and socio-economic perspectives and anecdotes. After one such activity, returning to a guided presentation, I saw a folded note card being passed across the room. When the intended recipient unfolded the note, he began to laugh and held it up. One of his female colleagues who had clearly disagreed with his stance in the previous debate had sketched him a picture of glasses and wrowriting under it, "put on your gender lens."

At the end of our visit and training, Humphrey Megere, Chief of Party, Uganda remarked that he had always seen male circumcision as a "men's only" issue. In our time there, speaking with members of the community and service providers of male circumcision, we found that including women in education and counseling about the procedure may encourage more men to come for services, improve post-operative care and can help counter some of the myths and misconceptions that have lead to intimate partner conflicts or risky-sexual behaviors after the procedure. Jude Ssemba, Quality Improvement Officer in the Safe Male Circumcision program dons his gender lens on his facility and field visits and in doing so builds local capacity and identifies issues that are easily missed by policy makers and program planners in national and international programs. (See Jude's blog)

Getting our local partners to put on their gender lens to design improvement activities is essential to integrating gender in ASSIST. Without raising questions about the interactions of men and women in relationship to health services and in a local context, we would miss opportunities like this one, to improve SMC utilization and prevent negative consequences. I also would never consider the honorary status of the chicken.

Topic(s): Gender [4]
HIV and AIDS [5]
Related Countries: Uganda [6]

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