

Gender

AND

Health

CURRICULUM OUTLINES



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Prepared for publication by
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Commonwealth Secretariat
Marlborough House, Pall Mall
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Preface

Gender discrimination takes many forms and is present in varying degrees in all societies. In general, it is the females, at all stages in their life course, who experience greater difficulties in their access to information, education, services and care that impact adversely on their health.

Until recently the focus was almost entirely on women's health, and indeed an understanding of the reasons why women experience a greater burden of ill health than men is fundamental to the process of achieving equality for women in all spheres. Discrimination is rooted deeply in the cultural fabric of society and shapes the construction of the beliefs and attitudes that determine each society's gender divisions. The different ways in which women and men experience the world and the impact they have on each other are fundamental to health and health-care.

It is therefore necessary that health workers should be equipped with the training to carry out a gender-based analysis of health issues and to identify and eliminate the stereotypical attitudes, behaviour and approaches that lead to discrimination. Such an approach will lead to the identification of particular health problems that both men and women face and the recognition of ways in which the elimination of gender-based discrimination can improve men's health at the same time that it achieves equality for women.

As a contribution to the important goal of achieving equality for women in the field of health, the Commonwealth Secretariat has initiated a programme for the training of health workers in the gender-based analysis, planning and implementation of health interventions. These curriculum outlines define a comprehensive and fully gendered approach to major health areas which are relevant across the Commonwealth. We hope they will be widely adopted as the basis for training health workers, both through distance education and using face to face methodologies, and will be further extended and refined to meet local circumstances in order to ensure that women and men everywhere enjoy their human rights equally.

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February 1999

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We are especially indebted to our two principal consultants, Professor Lorraine Dennerstein of the University of Melbourne, Australia, and Professor Lesley Doyal of Bristol University, UK, for their major contributions to the design and development of this programme and to the refining of the finished product. Professor Dennerstein and Professor Doyal were joined on the Curriculum Co-ordinating committee, which reviewed each curriculum, by Professor Padmini Swaminathan, Dr James McIntyre and Dr David Zakus.

We also acknowledge the valuable contributions of COMNET-IT, the Commonwealth of Learning, Somaiya Naidu (Associate Professor, Multimedia Education Unit, University of Melbourne), CEDPA, and the Gender and Health Group, Liverpool School of Tropical Medicine.

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Section 1: Introduction

1. Addressing discrimination against women

Throughout the world, women suffer a greater burden of ill-health than men and are further disadvantaged by inequality of access to health care. During the last three decades, efforts to address this discrimination have formed part of the overall movement to achieve equality for women. Under the broad approach of 'Women in Development', programmes have successively emphasised women's rights to welfare, equity and the alleviation of poverty, the contributions that women can make to development and have called for their empowerment and the integration of their concerns into mainstream activities in all sectors.

The conceptualisation of the problem has been further extended by recognising that gender is not merely a question of biology. Whilst including the physiological aspects of sex, gender is also a social construction in which the roles and attitudes of men and women are conditioned by a multitude of cultural, religious and traditional factors in the society in which the individual develops and lives. This broader perspective not only provides an understanding of the context in which the fight to achieve equality for women must continue; it also encompasses the fact that men, too, are sometimes disadvantaged by the gender biases and stereotypes that prescribe and circumscribe their social behaviour.

The change of emphasis from 'Women in Development' to 'Gender and Development' acknowledges the different life courses and impacts of development policies on men and women. Responding to this broader understanding, it seeks to incorporate gender perspectives into mainstream policies and programmes, recognising that both women and men will ultimately gain from an approach that addresses their concerns in a comprehensive manner.

Accompanying this evolution of approaches to gender issues in general, there has been a developing appreciation of gender factors within

specific sectors, including health. There are many countries where the population, both men and women, suffer ill-health due to poverty, disease, and ignorance. Throughout much of the world, and despite substantial progress in some areas, it is generally true that women continue to have poorer health than men. Analysis suggests that, since many of women's health problems result from or are exacerbated by factors in society, women's health is most effectively promoted through changes in societal structures and societal attitudes towards women.

At the same time, there is evidence from many countries that men suffer ill-health in a number of specific areas such as those associated with reproduction, work and the environment as well as lifestyle-related diseases, which also need to be specifically addressed by alterations in systems and institutions.

Thus, the realisation has been growing that a comprehensive gender perspective is needed, which acknowledges the different health experiences and health care needs of women and men. This has been a prominent feature of a series of world conferences - notably the International Conference on Population and Development (Cairo, 1994) and the World Conference on Women and Development (Beijing, 1995) - and is reflected in the strategies advanced in the Commonwealth Plan of Action on Gender and Development (1995), the recommendations of the Women and Health programme advocated by the Eleventh Commonwealth Health Ministers Meeting (1995), and the 5th Women's Affairs Ministers Meeting of the Commonwealth (1996).

The general principles and broad policy statements on gender and health issued by these major international conferences have been endorsed by the overwhelming majority of governments. The challenge that must now be met is to translate these principles into practical activities. These must be aimed at significantly improving the health status of women and men, by fully recognising their different health

perspectives and needs and by instituting in health systems the mechanisms that will comprehensively and equitably address these differences.

1.2 The Need for Gender Training in the Health Sector

Efforts are now increasing to redress the imbalances that discriminate against women's health, through the development and application of gender-sensitive policies, programmes and services throughout the health sector and beyond. This mainstreaming of gender within the health sector has profound implications for the training of workers in all parts of the health sector, whether they are involved in policy formulation, administration, or as front-line health personnel delivering the services. All categories of health workers need to undergo training in how to analyse issues from a gender perspective and how to consult, plan and implement activities that take account of the different health needs and health experiences of women and men.

The task is a major one and requires that, ultimately, all pre-service programmes for the education of doctors, nurses, other health workers and auxiliaries, health promotion specialists, planners and administrators will be permeated by gender-based perspectives on every issue where gender is relevant. In the interim period until this goal is achieved, there is a need for in-service training to assist existing health workers at all levels, to develop the necessary gender perspectives in their fields of practice.

At the present time, there are few, if any, courses available that meet the requirements. A number of educational institutions around the world provide programmes, particularly at the postgraduate level, that address certain issues in women's health. However, such courses usually do not take the broader gender perspective, are accessible only as a part of full-time on-campus programmes and are mainly located in universities in developed countries. The need is for training programmes that are gender-based, cover the whole spectrum of topics in the health field and are accessible to health workers in both developed and developing countries who cannot undertake programmes of full-time study.

1.3 A Curriculum for Training in Gender and Health

The Commonwealth Secretariat has inaugurated a process designed to meet these requirements, by initiating the creation of a gender and health programme that will mainly be delivered by distance education methodologies and will become accessible throughout the Commonwealth.

A key stage in the development of the programme was widespread consultation, which included Commonwealth Ministries of Health, experts in teaching and research in women's health and gender issues, and NGOs active in the field. Opinions and ideas about priority subjects for inclusion were widely canvassed in order to ensure a broad perspective from a range of Commonwealth countries, both developed and developing.

As a result of this survey, a list of health topics was generated for which a gendered approach was seen as a high priority. Experts in the teaching of these topics were then identified and were brought together in a Commonwealth workshop, held in Malta in March 1998. The workshop was organised with the collaboration of COMNET-IT, a Commonwealth organisation that provides assistance to countries to develop their use of information and communication technologies; and the Commonwealth of Learning (COL), which assists countries in the use of open learning and distance education.

During the Malta workshop this coalition of experts in gender and health teaching and distance education technologies and methodologies brought its force to bear on the design and construction of a bold new curriculum, in which each priority topic that had been identified was scrutinised, deconstructed and subjected to a critical gender analysis.

The result was a draft of a set of curriculum outlines for teaching gender and health. Subsequently, the draft was further refined by a small curriculum co-ordination committee which carefully checked the material in each topic to ensure gender sensitivity and a balance of perspectives that reflect the diversity of the Commonwealth.

1.4 Nature and Content of the Curriculum Outlines

Fifteen curriculum outlines are presented in this publication. Each outline provides details of a complete course in the particular subject and is intended to be of sufficient length and weight that the accumulation of credits for 6-8 such courses would satisfy the requirements for a diploma or masters degree, depending on the level at which it is taught.

For each course, the outline states the overall aims and then defines the learning objectives for the learner. It is stressed that, in each case, the focus of the aims and objectives is not to provide a basic foundation course in the subject for someone who has never studied it before. Rather, the emphasis is on recognition and understanding of the gender dimensions of the topic and acquiring sensitivity and skills in the analysis of gender issues.

An indication of assessment methods and targets is given for each course. The assessment methods vary somewhat between courses and, to a degree, reflect the particular preferences of each of the outline authors. It is stressed, however, that a common principle underpins all the assessments and should be borne in mind if adaptations are made. This principle is that the subject of gender and health is not simply concerned with learning facts that can be memorised and regurgitated in a standard written examination. Rather, it is about acquiring a broad understanding of human relations and developing skills both in the analysis of situations and in the practical application of principles. These need to be assessed through a variety of methodologies that demonstrate each learner's capabilities. For these reasons, all the authors have placed an emphasis on continuous coursework assessment, essay writing and individual assignments in which the learner must collect, analyse and interpret information that is locally available.

Each course is divided into a number of segments, depending on the nature of the topic. A synopsis of the course segments is provided and it is hoped that there is sufficient detail to provide a solid basis on which the educator can build a sound and comprehensive teaching course at the appropriate level.

The list of references for each course is not intended to be exhaustive, but to be illustrative of texts that deal in a suitable way with the material and to provide immediate entry points both for the educator developing the course and for the learner who is taking it.

It is envisaged that, at one extreme, any one of the courses described could be taken on a stand-alone basis. This would provide a worker in the health sector, whether engaged in policy formulation, administration or service delivery, with an enhanced understanding of gender issues, a clear appreciation of the ways in which gender biases can be identified and tools that will be of value in working for their eradication. The award of a certificate of satisfactory achievement (not merely attendance) on the course will, it is hoped, become an important badge of attainment in gender training that will be increasingly recognised as an essential qualification for higher levels of responsibility.

At the other end of the spectrum, learners may accumulate sufficient credits for courses completed to satisfy the institutional requirements for an undergraduate or postgraduate diploma or masters degree.

Although, as indicated, the units may be taken individually, the experts responsible for the development of these curricula are firmly of the view that the first two - *Gender, Health and Society* and *Gender and Health Care* - are particularly crucial to the understanding of the whole field and should preferably be regarded as core courses to be taken first before any of the others are attempted.

The remainder of the courses may be taken in any combination, order and number to suit the interests of the learner and the requirements of the delivering institution. They are presented here in what is felt to be a logical thematic order, with the more general and cross-cutting topics first, followed by more specific and specialist ones. Wherever possible, topics which are considered to be related follow one another, as in the case of health promotion and health at work; mental health and violence; reproductive health and midlife and the menopause. The last course in this series focuses on how people might be helped to learn about gender and health and therefore has an education focus for teachers and trainers.

1.5 The Purpose of the Curriculum Outlines

We offer these curriculum outlines as a contribution to the teaching of gender and health. We hope that they will provide clear guidance to all those who are engaged in programme delivery and who are striving to produce courses that will increase awareness of gender issues in the health field and encourage practitioners to take a carefully balanced and sensitive approach to gender-dependent aspects of health.

The curriculum outlines presented can be used to develop courses either for conventional classroom delivery, or for distance education. We very strongly encourage institutions to adopt the latter approach wherever possible, in order to make the courses accessible to as many people as possible across the Commonwealth and beyond. It is especially important that these courses be available to workers in the health sector, in both developed and developing countries, who for a wide variety of reasons are not able to suspend their work in order to engage in full-time study. For these people, it is vital to provide an opportunity to study part-time whilst remaining in their employment. Distance education - whether restricted to a basic paper format, or with additional options for supplementing and extending the learning process through audio and video materials and broadcasts, computer diskettes, interactive CD roms and on-line Internet sessions - has enormous capabilities to satisfy this need.

Whilst the curriculum outlines are a product in themselves, they are also a beginning of a new venture. The Commonwealth Secretariat will continue to work with its network of collaborators in educational institutions, encouraging the development of full programmes of study based on the outlines and seeking to assist the collaborators to identify and mobilise resources for programme delivery.

With its partners in COL and COMNET-IT, the Secretariat will promote and facilitate the development and delivery of these programmes by distance education methodologies - in paper format as a baseline medium that is accessible to all, complemented by electronic formats, including broadcast and computer-based media and with CD-ROM and Internet options for

those who have access to the appropriate technologies.

At the present time, two of the programmes are already being taught and at least one collaborating centre in the network is investing in the development of a gender and health programme that will be largely delivered through the Internet.

We invite all those with an interest in the teaching of gender and health topics to examine these curriculum outlines and to see how they may be used to enhance the gender dimensions of their programmes. We will be delighted to obtain feedback on these outlines and to hear from any teachers or institutions that wish to adopt or adapt them.

The fifteen courses in this volume are not intended to be exclusive. There are other topics that would benefit from this approach, such as:

- Gender and Traditional Health Systems
- Gender and the Development and Expression of Sexuality
- Gender and Sex-specific Disease Management
- Gender Management Systems in the Health Sector
- The Critical Impact of Multi-sectoral Activities on Gender and Health
- Gender, Politics and Health
- Gender, Physical Activity, Sport and Health
- Gender, Health and the Environment
- Gender and Development

We would like to hear from academics who are teaching, or who are interested in teaching, other related courses which could become part of this programme and be included in subsequent publications. (Please use tear-out sheet at the end of the document.)

1.6 General Reading

For those who are new to this field or who would like to engage in some reading which provides an overview we suggest the following titles:

Doyal, L (1995) *What Makes Women Sick: Gender and the Political Economy of Health*, London: Macmillan.

An overview of the social causes of ill-health and illness in women in a range of different societies. This readable book provides an introduction to recent writings on women and health from a number of different disciplines.

Sabo, D and Gordon, G (1993) *Men's Health and Illness: Gender and the Body*, London: Sage.

One of the first attempts to explore the relationship between gender and the health of men. Although most of the discussion is about the United States of America, this book provides a valuable introduction to some of the key issues in thinking about men's health.

Sargent, C and Brettell, C (1996) *Gender and Health: an International Perspective*, Upper Saddle River, NJ: Prentice Hall.

An anthropological contribution to the debate about women and health. This collection of articles explores a number of dimensions of women's health across different societies and discusses their relationship to broader cultural concerns.

Sen, G, Germaine, A and Chen, L (1994). *Population Policies Reconsidered: Health, Empowerment, and Rights*. Boston: Harvard University Press.

A rigorous and comprehensive introduction to the gender aspects of reproduction. This collection offers a feminist perspective on a number of issues relating to sexuality and reproduction and places them in the broader

context of social control and reproductive rights.

WHO (1998) *Gender and Health: Technical Paper* WHO Geneva.

A succinct summary of a range of issues relating to gender and health. Though it focuses mainly on women this document also explores the relationship between gender and men's health and concludes with a discussion of gender-sensitive health planning and service delivery.

Also:

A web-site from BRIDGE (the UK-based gender and development information and analysis service)

<http://www.ids.ac.uk/bridge>

Take a look at and download Issue 7 "Gender, Health and Well-being"

Alternatively, contact:

Bridge Research and Information Officer

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Tel: 44 1273 678243

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e-mail bridge@ids.ac.uk

The Commonwealth Secretariat's Health Website will also carry these curriculum outlines and related materials:

www.health-at-commonwealth.org

SECTION 2

CURRICULUM OUTLINES

2.1 Gender, Health and Society

Introduction

This course will provide an introductory framework for understanding the influence of gender on mental and physical health across a range of different communities. It will provide an overview of gender differences in patterns of health and illness as well as a set of concepts for explaining them. The relationship between sex, gender and health will be explored as will their links with other social and economic factors such as race and class. These interconnections will then be illustrated through case studies of particular health problems. The course will conclude with a discussion of gendered strategies for health promotion.

Aims

The overall aims of this course are to help learners develop an understanding of:

- global patterns of health and illness from a gender perspective
- concepts used to explain these patterns
- relationships between sex, gender and other socio-economic variables
- the impact of daily life on mental and physical health
- the importance of incorporating gender issues into health promotion strategies

Objectives

At the end of the course learners should be able to:

- critically evaluate local, national or international health statistics from a gender perspective
- deploy a range of concepts to explain gender differences in patterns of morbidity and mortality in their own locality
- discuss the range of factors that interact with gender to determine patterns of health and illness in their own environment
- identify those aspects of daily life that either damage or promote the health of men and women in their own community

Assessment

Completion of worksheet on global statistics
Audit of health influences on a local household
3000 word essay

Synopsis of Course Segments

- 1. Empirical data on patterns of health and illness among women and men.**
What do we know about gender differences in morbidity and mortality in different social and economic circumstances?
What do the available statistics tell us and what do they not tell us?
- 2. Concepts used to explain these differences between male and female patterns of health and illness.**
What do we mean by “sex” and “gender” and how do they each influence health?
What health needs do all women and all men have in common?
Are these biological or social in origin?
- 3. The limitations of gender analysis.**
What are the major differences separating groups of women and groups of men and how do these affect their health?
How do factors such as race, class, age and ethnicity interact with sex and gender to influence well-being?
- 4. The relationship between gender and health in daily life.**
How do gender divisions in income, wealth, social support, domestic and waged work and community responsibilities affect morbidity and mortality?
What can we learn from case studies of tropical infectious diseases, maternal mortality and injuries and violence?
- 5. Gender issues in health promotion.**
What is meant by a “gendered” health promotion strategy?
Can the same strategies meet the needs of both women and men?
What changes are needed in the wider society to maximise gender equity in health?
This section will draw on examples from different Commonwealth countries to illustrate the potential for change.

Reading

- Berer, M and Ray, S (1993) *Women and HIV/AIDS: an International Resource Book*, London: Pandora.
- Dan, A (1996) *Reframing Women's Health: Multidisciplinary Research and Practice*, London: Sage.
- Dennerstein, L, Astbury, J and Morse, C (1993) *Psychosocial and Mental Health Aspects of Women's Health*, Geneva: WHO.
- Doyal, L (1995) *What Makes Women Sick: Gender and the Political Economy of Health*, London: Macmillan.
- Howson, C, Harrison, P, Hotra, D and Law, M (1996) *Lifetime: Female Morbidity and Mortality in Sub-Saharan Africa*, Washington DC: National Academy Press.
- Koblinsky, J, Timyan, N and Gay, J (1993) *The Health of Women: a Global Perspective*, Boulder CO, Westview Press.
- Sabo, D and Gordon, G (1993) *Men's Health and Illness: Gender and the Body*, London: Sage.
- Sargent, C and Brettell, C (1996) *Gender and Health: an International Perspective*, Upper Saddle River, NJ: Prentice Hall.

Stein, J (1997) *Empowerment and Women's Health*, London: Zed Press.

United Nations Development Programme (1995) *Human Development Report 1995*, Geneva: UNDP

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2.2 Gender and Health Care

Introduction

This course will examine a range of gender issues in the production of both formal and informal health care. It will examine the gendered nature of the health labour force and explore the concepts of sex and gender that shape the biomedical model. It will also document the health care experiences of both men and women in a range of social settings. The concluding sessions will discuss strategies to promote gender sensitivity and gender equity in the delivery of health care.

Aims

The overall aims of this course are to help learners develop an understanding of:

- gender issues underpinning health care across a range of different societies
- implications of the development of western scientific medicine for the gender division of labour in caring and for the experience of health care itself
- gender issues in medical research and in the production of medical knowledge
- patterns of gender inequality in access to preventive and curative services and in the quality of care provided
- philosophical and practical issues relating to the promotion of gender sensitivity and gender equity in the delivery of services

Objectives

At the end of the course learners should be able to:

- describe the different forms of healing used in their own communities and assess their relationship to wider gender divisions
- evaluate their own experiences of Western medicine from a gender perspective
- critically assess the underlying sex and gender assumptions in a medical research project
- evaluate the gender-awareness and gender-sensitivity of a health policy or health delivery system with which they are familiar
- outline the main obstacles facing any attempt to create gender equity in health

Assessment

Autobiographical account of medical history
Critical evaluation of a health research project
3000 word essay

Synopsis of Course Segments

- 1. The organisation of formal and informal health services**
Comparative and historical accounts in a range of different societies.
Who cares for whom under what circumstances, with what resources and to what effect?
What is the gender division of labour in these different settings?
The role of women as informal carers and their participation in traditional modes of healing.
- 2. Historical origins of the biomedical model and the institution of modern medicine**
What were the implications of these developments for men and for women both as users and as providers of health care?
The impact of modern medicine and the process of globalisation on wider gender divisions in society.
This section will include a brief case study of gender issues in psychiatry.
- 3. Gender issues in the production of medical knowledge**
What assumptions about “maleness” and “femaleness” have been built into medical research and what impact have these had on both preventive and curative strategies?
Can gender bias be identified in the determination of research priorities and in research design and methods?
These issues will be explored in more detail in the context of coronary heart disease and HIV/AIDS.
- 4. Gender inequalities in access to services and in quality of care**
How do the gender divisions in society influence the access of individuals to medical care?
Are there gender differences in the technical quality of care received and/or in the quality of therapeutic relationships?
Reproductive health care will provide the main arena for investigating these concerns.
- 5. Promotion of gender sensitivity and gender equity in health services**
What do we mean by “gender sensitivity” in health care and how can it be achieved?
What are the implications for women and for men of pursuing a strategy for gender equity in health care.
This section will use examples from Commonwealth countries to illustrate the challenges facing those attempting to build good practice on gender.

Reading

Commonwealth Secretariat (1996) *Models of Good Practice Relevant to Women's Health*, London.

Curtis, S and Taket, A (1996) *Health and Societies: Changing Perspectives*, London: Arnold.

Doyal L (Ed.) *Women and Health Services* (1998) London: Open University Press.

Gijsbers van Wijk, C, Van Vliet, K, and Kolk A-M, (1996) *Gender Perspectives and Quality of Care: Toward Appropriate and Adequate Health Care for Women*, *Social Science and Medicine* Vol 43 No 5, pp707-720.

Hamilton, J (1996) *Women and Health Policy: on the Inclusion of Females in Clinical Trials* in Sargent C and Bretell C (eds) *Gender and Health: an International Perspective*, Upper Saddle River, New Jersey: Prentice Hall.

Koblinsky, M, Timyan, J, and Gay, J (eds) (1993) *The Health of Women: a Global Perspective*, Boulder CO: Westview Press.

Kurth, A, (ed) (1993) *Until the Cure: Caring for Women with HIV*, London and New Haven, Yale University Press.

Lentin, R (1997) *Gender and Catastrophe*, London: Zed.

Mastroianni, A, Faden, R, Federman, D, (eds) (1994) *Women and Health Research: Ethical and Legal Issues of Including Women in Clinical Studies*, Vols 1 and 2, Washington DC: National Academy Press.

Pan American Health Organisation (1997) *Gender, Health and Development Facilitators Guide*, Washington: PAHO.

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2.3 Culture, Gender and Health

Introduction

This course will explore the complex linkages between culture, gender, and health, paying attention to the critical issues that have a bearing on health across the lifespan. It will focus, in particular, on traditional, patriarchal cultures in developing Commonwealth countries in Asia and Africa. Within this context the course will discuss the role of cultural and religious frameworks in shaping the concept of gender, and the impact of these processes on the health of individuals.

Aims

The course aims to:

- create an awareness and understanding of the complex interfaces among culture, gender and health
- illustrate the effects of these factors on the health of individuals in a society

Objectives

At the end of the course learners should be able to:

- identify and discuss specific cultural and religious values and principles in terms of their influence on gender-based socialisation
- analyse the prevailing cultural and religious beliefs and practices, and discuss their impact on the health of women and men

Assessment

Review and critical analysis of key readings
Mini field projects
Term papers / case studies

Synopsis of Course Segments

- 1. Gender: a sociocultural construction**
Clarification of concepts: culture, patriarchy, tradition, gender roles, gender equity
Then role of patriarchal culture and tradition in shaping differential gender attitudes, behaviours and gender identity
- 2. Culture, gender and health interplay**
Early gender role socialisation: laying the blueprint for health attitudes and behaviours
Gender relations within family and kin networks: mediators for women's and men's health
Psychosocial aspects of women's and men's health.
What is the meaning that women and men attach to health and illness?
How do they respond to illness?
The impact of gender differences on health-related behaviours such as smoking, drinking or strenuous work
- 3. Traditional cultural symbolism, religion and health**
The role of traditional cultural and religious prescriptions in defining women's and men's health and sexuality
Sexuality and violence: restrictions on and control over women's sexuality (e.g. emphasis on premarital chastity, early child marriages); forms of violence against women (e.g. dowry-related deaths in South Asia; female circumcision in Africa)
- 4. Culture, tradition and gender: the impact of women's and men's health**
Cultural beliefs and practices as dynamic phenomena amenable to change
Towards a redefinition of health and sexuality in women and men.

Reading

A J Dan (ed) *Reframing Women's Health: Multidisciplinary Research and Practice* (pp 56-66) Thousand Oaks, CA: Sage.

A'Haleem, A M (1992) *Claiming Our Bodies and Our rights: Exploring Female Circumcision as an Act of Violence in Africa*. In M Schuler (ed) *Freedom from Violence* (pp141-156), New York: UNIFEM United Nations Development Fund for Women.

Co-ordinators' Notebook (1997) *The Consultative Group on Early Childhood Care and Development Gender Issues* (No. 29), Haydenville, MA.

Das Gupta, M, Chen, L C and T N Krishnan (eds), *Health, Poverty and Development in India*, Bombay: Oxford University Press.

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Dube, L (1997) *Women and Kinship: Comparative Perspectives on Gender in South and South-East Asia*, New Delhi: Viustaar Publications.

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Koblinsky, J, Timyan, N, and Gay, J (1993) *The Health of Women: A Global Perspective*. Boulder, Co: Western Press.

Papanek, H (1990) *To Each Less Than She Needs, From Each More Than She Can Do: Allocations, Entitlements, and Value*. In I Tinker (ed), *Persistent Inequalities* (pp 162-181). New York: Oxford University Press.

Pleck, J H, Sonenstein, F L and Leighton C K V (1993) *Masculinity Ideology and its Correlates*. In Oskamp, S and Costanzo, M (ed) *Gender Issues in Contemporary Society* (pp 85-110). California: SAGE Publications, Inc.

Reproductive Health Matters (1996) *Issue on Fundamentalism, Women's Empowerment and Reproductive Rights* (No 8).

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Stewart, S (1992) *Working the System: Sensitising the Police to the Plight of Women Zimbabwe*. In Schuler, M (ed) *Freedom from Violence* (pp141-156), New York: UNIFEM United Nations Development Fund for Women.

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2.4 Community Participation

Introduction

This course is important for the implementation of community or institution based health services in that it offers opportunities to develop the knowledge and skills necessary to ensure adequate community and client participation which is essential for effective implementation.

The whole course is organised and developed around the central theme of applying gender analysis to community participation in health services. The methodology concentrates on problem-based learning and case study work on the premise that learners must be able to communicate their ideas and conclusions competently.

Aims

The aims of this course are to develop:

- understanding of the importance of community participation in the development and implementation of health services
- the ability to identify, analyse and understand the gender issues in the implementation of community participation in health services, including institutional care, primary health care, rehabilitation and health promotion
- an appreciation of the importance of organisation in the implementation of community participation.

Objectives

At the end of the course learners should be able to:

- explain and discuss the various forms and expressions of community participation in all types of health care services
- identify the gender issues pertinent to the development and implementation of participatory activities in health care delivery
- identify the gender issues in community participation activities and programmes and ensure that gender analysis is used in such actions
- discuss the organisational issues related to community participation, including community definition, representation, mobilisation, politics, leadership, scale, barriers, information and communications
- develop and use tools of gender analysis in relation to community participation in health services

Assessment

Case study analyses and presentations
One major paper
Field visits
Maintenance of a reading and learning journal

Synopsis of Course Segments

The whole course is organised and developed around the central theme of applying gender analysis to community participation in health services.

1. Background on gender and health and community participation

Gender issues in the planning and delivery of health services

Gender issues in primary health care

- Women and men as community health workers
- The role of the nurse in primary health care

Gender issues in care giving (a household analysis)

Gender management systems

Concepts of, and issues related to, community development including community health

What is community participation in primary health care - a theoretical overview

Democratic (intrinsic) vs. resource (utilitarian) goals of community participation

2. Community participation in action

Identification of community

Community participation in family planning services

Research on community participation, focusing on gender issues

Gender issues in participatory and action research

Health professional viewpoints on community participation

3. Implementation of community participation

Methods of identification of community and issues related to community participation and community mobilisation

Organisation of community participation (the need for strong organisation structures)

The selection of community representation (and the involvement of women)

The role of politics, class and power structures in community participation

Planning community participation, including community assessment

Gender-related barriers to community participation

The development and importance of leadership roles in health

The role of the state and resource dependency in community participation

Accessing material and financial resources

The role of communications and the identification of information in community participation

Development of, and access to, support mechanisms

Measuring community participation and the gender components

Reading

Models of Good Practice Relevant to Women and Health, (1996) London: Commonwealth Secretariat Health Department, 1996).

Family Planning Manager, *Increasing Community Participation in Family Planning Programs*. Whole issue: March/April Vol 3(2), 1994.

Ontario Ministry of Health, *Community Health Promotion in Action* (1997) Toronto: Ontario Ministry of Health, Health Information Centre.

Ontario Prevention Clearinghouse, *Community Action Handbook and Video*. (Toronto: Ontario Prevention Clearinghouse, 1997).

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Washington, DC:PAHO Special Subcommittee on Women, Health, and Development.

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2.5 Gender and Health Promotion

Introduction

This course will examine gender issues in health promotion and health education in terms of theoretical and conceptual frameworks, practice, research, and evaluation. Specific themes will run through each of the three course segments: equity in health; evaluation and research; community involvement and participation; intersectoral collaboration and healthy alliances; international, cross-cultural, global, and gendered perspectives; economic, social and environmental perspectives; and critical and reflexive practice. Examples include health promotion and health education programmes and approaches developed in a range of Commonwealth countries. The course encourages critical analysis of health promotion and health education theories, models and frameworks.

Aims

The overall aim of this course is to help learners develop an understanding of the main concepts, models and values which underpin health education and health promotion programmes and the gender sensitivity of these approaches.

Objectives

At the end of the course learners should be able to:

- demonstrate a knowledge of the main theories and models developed in health education and health promotion and how these theories relate to gender and health
- understand the use and limitations of each theory and model in application to health education and health promotion programmes and develop an awareness of feminist and anti-oppressive critiques
- explain the factors affecting health and health behaviour, particularly gender, ethnicity and class, and the key determinants of health
- understand the main strategies that have been developed internationally to promote health and which influence present health promotion practice, including issues related to globalisation and structural adjustment policies

Assessment

Written assignments based upon health promotion programmes and strategies developed in the learner's own geographical location
A mini evaluation project

Synopsis of Course Segments

1. **Gender sensitivity of theoretical framework for health promotion**
 - Concepts, models and approaches: development, definitions and dilemmas
 - Ethical issues, values and social justice in health promotion
 - Social, economic and cultural factors influencing health status and health behaviour
 - Specific effects of gender, "race", ethnicity and poverty – inequalities in health
 - Gender differences in health behaviour and their impact on strategies that go beyond individual lifestyle approaches
 - Gender sensitivity and gender equity in health promotion
 - Feminist and anti-oppressive critiques of traditional health education theory
 - Impact of globalisation and structural adjustment policies
 - Policies of health promotion
 - National and international issues and strategies for health promotion
2. **Promoting gender sensitivity and equity in the practice of health promotion**
 - Key skills, knowledge and understanding for implementing effective health promotion
 - The importance of a gender-sensitive approach
 - Planning gender-sensitive health promotion programmes, policies and strategies in a range of settings
 - Choosing appropriate methodologies to develop a gendered approach to health promotion
 - Gender-sensitive healthy public policies
 - International development of health promotion programmes
 - Curriculum developments in Commonwealth countries
 - The role of health education in the school curriculum
 - The limits and success of programmes in schools and the wider population, some reasons
 - Developing partnerships and collaboration to develop culturally appropriate and gender-sensitive health information materials
 - Delivering gender-sensitive health promotion programmes
 - The training needs of male and female health promoters
3. **Gendered research and evaluation in health promotion**
 - Health information needed to examine the effectiveness of health promotion
 - Critical assessment of the range of methodologies with reference to gender sensitivity
 - Developing an evidence base for health promotion, sources of data, searching the literature
 - Assessing the health needs of women and men
 - Analysing the underlying gender assumptions in research studies
 - Gender equity in research
 - Principles and practice of evaluating health promotion in a gender-sensitive way
 - Disseminating health promotion research and translating it into policy and practice
 - Evaluating health promotion, process, impact and outcome: pitfalls and problems

Reading

Bunton R, and MacDonald (eds) (1995) *Health Promotion: Disciplines and Diversity*, London:Routledge.

Bunton, R, Nettleton, S and Burrows, R (1995) *The Sociology of Health Promotion*, London:Routledge.

Jones, L and Sidell, M (1997) *The Challenge of Promoting Health: Exploration and Action*, Basingstoke: Macmillan

Katz, J and Peberdy, A (1997) *Promoting Health: Knowledge and Practice*, London: OUP/Macmillan.

Kemm, J and Close, A (1995) *Health Promotion, Theory and Practice*, London:Macmillan.

Scriven, A (ed) (1998) *Alliances in Health Promotion: Theory and Practice*, Basingstoke:Macmillan.

Scriven, A and Orme, J (1996) *Health Promotion: Professional Perspectives*, London: OU/MacMillan.

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Sidell, M, Jones, I, Katz and Peberdy A, (1997) *Debates and Dilemmas in Promoting Health: A Reader*, London: OUP/Macmillan.

Smaje, C (1995) *Health, 'Race' and Ethnicity: Making Sense of the Evidence*, London:King's Fund Institute.

Tones, K, Tilford, S and Robinson, Y (1990) *Health Education: Effectiveness and Efficiency*, London: Chapman and Hall.

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2.6 Gender, Work and Health

Introduction

This course will explore the issues of work-related health outcomes in specific development contexts and from a gender perspective. It focuses on two key issues: the impact of gender on the organisation of work and the centrality of work for the social construction of gender. These, in turn, are shown to structure the relationship between gender, work and occupational health.

Conducting a field study to illustrate these issues is an important segment of the course.

Aims

The overall aims of this course are to:

- demonstrate the limitation of health services alone in promoting the health of the population
- demonstrate the causal relationship between “work”, gender, and particular health outcomes

Objectives

At the end of the course learners should be able to demonstrate:

- knowledge of the linkage between particular paths of economic development and the resulting structures of employment
- the ability to analytically distinguish between “occupation” and “work” in the specific context of the country being studied
- an understanding of the fact that this distinction between “occupation” and “work” is crucial from a gender perspective particularly for countries of the Third World
- knowledge of the methodologies developed thus far to study the phenomenon of work related health outcomes
- critically evaluate the relevance and appropriateness of these methodologies to specific contexts for women and men

Assessment

Performance at seminar
Paper based on literature review or field study

Synopsis of Course Segments

1. Overview of gender and work

The relationship between gender and the organisation of work and between work and the social construction of gender

Critical analysis of global/national/regional data systems for the collection of information on the work patterns of different segments of the population

2. Critical review of literature on work and health

Exploring the gender assumptions of the literature on work and health and developing an alternative perspective

3. Critical review of methodologies currently deployed to study health and work .

Using a gender perspective to explore the relationship between the economy, health policy and research institutions and the distinction between 'work' and 'occupation'.

4. Field-based project

Use of a variety of methods to elicit information on the relationship between work and health from diverse sources and segments of the population, depending on the specific topic chosen for field level study.

Reading

Archives of Environmental Health, 1984, May/June, Vol.39. No.3.

Chavkin, W (1979) *Occupational Hazards to Reproduction: A Review Essay and Annotated Bibliography*, Feminist Studies, Vol 5, No2, Summer.

Doyal, L (1995) *What Makes Women Sick: Gender and the Political Economy of Health*, London: Macmillan.

Economic and Political Weekly, 1997 Vol32, No43. October 25-31, Review of Women Studies. Special Issue on 'Women, Work and Health' Mumbai: India.

Elson, Diane (ed) (1991) *Male Bias in the Development Process*, Manchester: Manchester University Press.

Game, Ann and Pringle, Rosemary, (1984) *Gender at Work*, UK: Pluto Press.

Hunt, and Vilma, R (1979) *Work and the Health of Women*, Boca Raton, Florida, USA: CRC Press, Inc.

Kalpagam, U, (1994) *Labour and Gender: Survival in Urban India*, Sage Publications: New Delhi. Occupational and Environmental Health, New Delhi, India.

Pearson, Ruth (1994) *Gender Relations, Capitalism and Third World Industrialisation*, Leslie Sklair (ed) Capitalism and Development, Routledge: London and New York.

Select issues of Socialist Health Review now called *Radical Journal of Health*, Mumbai: India

Work and Health, Women at Risk (1997) *Revealing the Hidden Health Burden of Women Workers* Women's Health Collection/2, Latin American and Caribbean Women's Health Network.

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2.7 Gender and Mental Health

Introduction

This course is fundamental to the understanding of gender issues in the context of health as a dynamic state of complete physical, mental, spiritual, and social well-being. It is centred around the critical analysis of the links between gender and a wide range of mental health outcomes and services, incorporating, but not exclusively focusing on, mental illness. There are eight segments which deal with issues related to individuals, families, communities, service provision and achieving change.

Aims

The overall aims of this course are to help learners develop an understanding of:

- the effects of gender on mental health, and mental health services.
- gender and mental health from a range of sources including: academic theory and research, practitioners, survivors and users of mental health services, local communities, and their own personal experience.

Objectives

At the end of the course learners should be able to:

- critically analyse different approaches to mental health problems from a gender perspective.
- understand the social functions of explanations for mental distress and disturbance, and their relationship to gender and other social inequalities.
- provide and develop mental health services from a gender perspective.

Assessment

Continuous assessment by three essays (15 credits), one assignment (10 credits) and active learning tasks

Synopsis of Course Segments

1. **Gender and the “naming” of distress.**
 - Dominant approaches to understanding and naming mental distress, and consideration of the interests served
 - Roots and limitations of work concerned with gender and mental distress
 - Resistance to acknowledging the mental health implications of gender, and other social inequalities
2. **Gender and mental health: exploring the links**
 - Critical analysis of theory and research linking gender and mental health
 - Appreciation of the biases and limitations in this work
 - How distress is embodied and expressed
 - Why many mental health workers and services experience difficulty in according gender a causal role in mental health problems
3. **Gender and mental health: abuse and trauma**
 - Gender related causes and consequences of abuse and trauma
 - Abuse by therapists and within health care provision
 - Difficulties encountered by service in working effectively with gender-related trauma
4. **Gender: effects on service provision**
 - Overview of gender critiques of mental health services, with reference to their evidence base.
 - Consideration of service limitations and problems encountered by gays, lesbians, black men, and older women, especially those using forensic psychiatric services.
5. **Taking gender into account: work with individuals, groups and families**
 - Read and discuss literature
 - Identify work that is relevant for own work and community
 - Present case studies of intervention.
6. **Taking gender into account: self-help and community development**
 - Self-help and community development approach to mental health problems
 - Good practice projects and initiatives from around the world
 - What can we learn from survivors’ stories?
 - The possibilities and difficulties of using this information to enhance our work from a gender perspective
 - Providing gender-sensitive support and advocacy.
7. **Taking gender into account: service development**
 - Defining characteristics of a gender-sensitive service
 - The development of gender-sensitive services that are safe and effective
 - Implications for physical and talking treatments of women and men
 - Inter-agency alliances and work around gender issues.
8. **Taking gender into account: achieving change and surviving as a worker**
 - Understanding and dealing with resistance and conflict
 - Achieving change through alliances; harnessing energy from social movements
 - Ways of looking after ourselves, and of protecting the quality and ethics of our work

Reading

- Brown, L S (1990) *Taking Account of Gender in the Clinical Assessment Interview*. Professional Psychology Research and Practice, 21(1), 12-17
- Busfield, J (1996) *Men, Women and Madness: Understanding Gender and Mental Disorder*, London: Macmillan.
- Crespi, T D (1995) *Gender-sensitive Supervision: Exploring Feminist Perspectives for Male and Female Supervisors*. Clinical Supervisor, 13(2), 19-29.
- Harris, M, and Landis, L L (1997) *Sexual Abuse in the Lives of Women Diagnosed with Serious Mental Illness*. London: Harwood Academic.
- Jenkins, R (1997) *Nations for Mental Health*. Social Psychiatry and Psychiatric Epidemiology, 32(6), 309-311.
- Krawitz, R., and Watson, C. (1997). *Gender, Race and Poverty: Bringing the Socio-Political into Psychotherapy*, Australian and New Zealand Journal of Psychiatry, 31 (4) 474-479.
- Miller, J, and Bell, C (1996) *Mapping Men's Mental Health*. Journal of Community and Applied Social Psychology, 6(5), 317-327.
- Payne, S (1996) *Psychiatric Care in the Community: Does It Fail Young Men?* Policy and Politics, 24(2), 193-205.
- Pearson, V (1995) *Goods on Which One Loses: Women and Mental Health in China*, Social Science and Medicine, 41(8), 1159-1173.
- Pilgrim, D, and Waldron, L (1998) *User Involvement in Mental Health Service Development: How Far Can it Go?* Journal of Mental Health, 7(1), 95-104.
- De la Rye, C, and Parekh, A (1996) *Community-based Peer Groups: An Intervention Programme for Teenage Mothers*. Journal of Community and Applied Social Psychology, 6(5), 373-381.
- Sayce, L (1996) *Campaigning for change*. In Abel, K, Busewicz, M, Davison, S, Johnson, S and Staples, E (eds), *Planning Community Mental Health Services for Women*, London: Routledge.
- Warner, L, and Ford, R (1998) *Conditions for Women in In-patient Psychiatric Units: the Mental Health Act Commission 1996 National Visit*, Mental Health Care, 11(7), 225-228.
- Weisaeth, L (1997) *War-related Psychopathology in Kuwait: An Assessment of War-related Mental Health Problems*. In C S Fullerton and R J Ursano (eds), *Post-traumatic Stress Disorder: Acute and Long-term Responses to Trauma and Disaster*, Washington, DC, USA: American Psychiatric Press, Inc.
- Williams, J, and Watson, G (1996) *Mental Health Services that Empower Women*. In T Heller, T, Reynold, J, Gomm, R, Muston, R and Pattison, S (eds), *Mental Health Matters: A Reader* (pp. 242-251). London: Macmillan/Open University.
- Williams, J (ed) (1996) *Social Inequalities and Mental Health: Implications for Service Provision*, Journal of Community and Applied Social Psychology, 6 (Special Issue).

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2.8 Gendered Violence and Health

Introduction

Gendered violence is widespread across different societies and in different sectors of the same society. This course explores the distribution of violence and its causes, the health consequences of violence and the different strategies available for managing it at individual, community and societal levels.

Aims

The overall aims of this course are to help learners develop an understanding of:

- the dynamics of gendered violence
- the cultural issues impacting on the relationship between gendered violence and health
- the local issues that need to be addressed concerning gender and violence
- the gender implications of policy and practice in relation to violence

Objectives

At the end of the course learners should be able to:

- understand how the experience of gendered violence impacts on physical, psychological and social well-being
- recognise the way domestic violence and sexual abuse presents in the health system
- explore the barriers that exist to health workers dealing with health issues concerning violence and the strategies that can be used to overcome these barriers
- compare and contrast different management strategies for dealing with victims of violence and the perpetrators of that violence
- explore different strategies to aid in the diagnosis of violence and measures that can be introduced at an individual, community and political level to prevent future gendered violence.
- critically appraise the literature in the area of gender and violence

Assessment

A quiz and assignment for each segment of 2500 words each

Synopsis of Course Segments

The course will explore health issues surrounding the experience of violence between men and women and will concern itself with child abuse, domestic violence and adult sexual assault.

1. Research on gendered violence

Examination of existing research on gendered violence and the difficulties in establishing accurate prevalence rates

Cultural differences in the expression of gendered violence and the prevalence of that violence will also be examined

Gendered violence: definitions and prevalence

Domestic violence: how does it present to health workers?

Perpetrators: why do they do it?

2. Health consequences of the experience of gendered violence.

Links between previous child abuse and the development of psychopathology will be explored as well as the way victims/survivors present to health workers with the effects of domestic violence and adult sexual assault

Barriers that exist for health workers in effectively dealing with issues surrounding such violence will be described

The recognition of child abuse

Long-term effects of child abuse

Gendered violence in war

The dynamics of domestic violence

Opening Pandora's box: barriers to dealing with victims of violence

3. Different management strategies currently in use for dealing with victims of violence

The development of these methods through the different health disciplines will be explored as well as their relative effectiveness

Preventative strategies that can be put in place in order to prevent or reduce gendered violence will also be examined

Mandatory reporting: does it work?

Models of response to adult sexual assault

Health care for victims of sexual assault

Treating victims of domestic violence

Perpetrators: should we use a criminal or a health care approach?

Preventing gendered violence: getting to the roots of the problem

Reading

Carrillo, R (1992) *Battered Dreams: Violence Against Women as an Obstacle to Development*, UNIFEM.

Counts, D A, Brown, J K, and Campbell, J C (1991) *Sanctions and Sanctuary: Cultural Perspectives on the Beating of Wives* Boulder, CO: Westview Press.

Das, V (ed) (1990) *The Mirrors of Violence*, Delhi: Oxford University Press.

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Ford Foundation, NY (1992) *Violence Against Women: Addressing a Global Problem*.

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Patel, V. (1987). *In Search of Our Bodies: A Feminist Look at Women, Health and Reproduction in India*. Bombay: Shakti

Stark, E and Flitcraft, A (1996) *Women at Risk: Domestic Violence and Women's Health*. Sage Publications: California.

Taylor, J and Stewart, S (1991) *Sexual and Domestic Violence: Help, Recovery, and Action in Zimbabwe*, Harare, Zimbabwe: A. von Glehn and J Taylor

United Nations (1992) *Domestic Violence Against Women in Latin America and the Caribbean: Proposals for Discussion*, Santiago: WID Unit, United Nations.

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2.9 Gender and Reproductive Health

Introduction

The gender dimensions of sexuality and reproduction will be examined in the context of social, economic, cultural and biological factors. Good reproductive health care practice from around the Commonwealth will be addressed as will the changing patterns of fertility and access to contraception.

Aims

The overall aims of this course are to:

- offer an introductory analysis of the gender dimensions of sexuality and reproduction across a range of societies
- critically examine current patterns of reproductive and sexual health around the world
- explore the social and economic and cultural influences on access to fertility control and on reproductive decision-making
- discuss the relationship between biological and social factors in determining the health outcomes of pregnancy and child bearing
- assess the implications of a gender analysis for the development of good practice in sexual and reproductive health care

Objectives

At the end of the course, learners should be able to:

- apply a range of gender-related concepts in the context of sexuality and reproduction
- place the patterns of reproductive health in their own societies in a global context
- identify the main factors influencing access to abortion and contraception in their own communities
- describe the social factors underlying patterns of maternal morbidity and mortality in their own societies
- critically assess the provision of care in a local reproductive health service and develop an agenda for reform

Assessment

3000 word essay

Synopsis of Course Segments

- 1. Introduction to gender, sexuality and reproduction.**
What do we mean by the cultural construction of heterosex?
How are the biological aspects of reproduction influenced by wider social and economic factors?
What impact do gender inequalities have on the sexual and reproductive health of women and men?
- 2. Changing patterns of reproductive health.**
What do we know (and not know) about the global distribution of sexual and reproductive health and well-being?
How can we explain the observed patterns?
- 3. The impact of gender on women's capacity to control their fertility.**
What are the key social, economic and cultural influences on demographic decision-making?
How is access to contraception and abortion shaped by partners, families, governments and other social institutions?
What are the health outcomes of these patterns for women and for men?
- 4. The broader social determinants of maternal morbidity and mortality.**
How do gender divisions intersect with wider social inequalities to put some women at risk during the "normal" processes of pregnancy and childbirth?
What role can medicine play in making childbearing safer?
- 5. Delivering effective and appropriate reproductive health care.**
What are the criteria for the delivery of gender-sensitive services?
How can men be integrated into the reproductive health care arena?
What are the best examples of good practice from around the Commonwealth?

Reading

Germain, A, Holmes, K, Piot, P and Waserheit, J (1992) *Reproductive Tract Infections: Global Impact and Priorities for Women's Reproductive Health*, New York: Plenum Press.

Greene, M and Biddlecom, A (1997) *Absent and Problematic Men: Demographic Accounts of Male Reproductive Roles*, Population Council, Policy Research Division, No 103.

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2.10 Midlife and Menopause: Gender and Health Issues

Introduction

This course maximises the link between research and teaching. It will focus on the differential experience of midlife for men and women. The seven course segments will address the meaning of midlife and menopause to men and women and the associated developmental tasks with their resultant impacts, as well as the different endocrinological changes and their health outcomes and risks. The combination of biological, psychological and social factors will be reflected alongside the relative roles of various interventions including lifestyle, hormonal, and local remedies. A critical analysis of the growing, yet often conflicting, literature is central to the ongoing professional development of learners.

Aims

The overall aims of this course are to help learners develop

- a social and gendered model of health during the midlife / menopausal transition, which is appropriate for each unique cultural setting
- the learning skills needed to be able to continue to critically appraise and acquire new knowledge in this field

Objectives

At the end of the course learners should be able to:

- develop appropriate perspectives on the experiences of women and men at midlife
- understand the impact of menopausal transition on women and men
- understand the relative roles and interaction of socio-cultural, biological, psychological and lifestyle factors on health outcomes related to the midlife transitions
- acquire knowledge of the effectiveness and side effects of different types of therapies in ameliorating adverse health outcomes
- critically analyse the literature in this complex field

Assessment

Continuous assessment based on the contribution to the learning process and a critical assessment record

Synopsis of Course Segments

1. **Introduction**
Biological, psychological and social differences in the ways men and women experience midlife
2. **Meanings of midlife and menopause**
An appreciation of cultural and gender differences
3. **Endocrinology of the transition**
Differential hormonal changes in men and women
Relationship of hormonal change to differential symptom experience and changing patterns of risk of illness
4. **Cognitive functioning, mood and sexuality in midlife**
Gender differences in these experiences
Relationship of changes in experience to biological, psychosocial and lifestyle factors
5. **Developmental, socio-cultural and psychological aspects of midlife**
Gender differences in developmental goals of midlife, cultural variations
6. **Lifestyle, nutrition and health outcomes**
Effects of diet, physical activity, alcohol, smoking
Gender differences in lifestyles
Cultural variations
7. **Treatments**
The roles of HRT versus other approaches
Applied to mid-life and later health problems related to menopause: symptoms, osteoporosis and fractures, cardiovascular disease, dementia
Critical understanding of information from observational studies and clinical trials
Balancing risks and benefits

Reading

Dennerstein, L and Shelley, J (eds), (1998) *A Woman's Guide to Menopause and Hormone Replacement Therapy*, Washington: American Psychiatric Press.

Gray, A, Feldman, H A, McKinlay, J B, and Longcope, C (1991) *Age, Disease and Changing Sex Hormone Levels in Middle-aged Men: Results of the Massachusetts Male Ageing Study*, *Journal of Clinical Endocrinology and Metabolism*, 73(4):1016-1025.

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2.11 Gender-specific Aspects of Ageing

Introduction

Older men and women have different health problems and variations in the need for health care. The gendered nature of their earlier lives and of social responses to ageing have a significant affect on their well-being and on the resources available to them to meet their needs. This course explores these issues in a range of social contexts, drawing out the implications for health and social care and for health promotion policies for older people.

Aims

The overall aims of this course are to help learners develop an understanding of:

- how gender influences health and disability in later life
- to what extent does health care provision for older people take into account gender differences in later life
- how health and the life situation of older women and men is influenced by gender differences in earlier roles in reproduction and in paid work
- cross-cultural differences and similarities in the health and health needs of older women and men

Objectives

At the end of the course learners should be able to:

- critically appraise how gender influences the experience of ageing and to describe how and why this varies cross-culturally
- describe gender differences in health and disability and assess their implications in terms of the need for health care provision
- assess to what extent state health and welfare policies have different implications for older women and men
- identify the perspectives of older people in terms of their preferred types of care in later life
- investigate cultural attitudes towards older people and how these differ between older men and women, and to be able to assess their implications

Assessment

Brief analysis of information about the health and socio-economic position of older women and men in the learner's own country

Interviews with an older widow and a widower on their health, provision of care and life course. A gender-informed analysis of these interviews (30% of marks)

End of semester essay (2000-3000 words). Critical analysis of the gender implications of health policies for older women and men in the learner's country (40% of marks)

Tutor's assessment of the learner's participation in the course (10% of marks)

Synopsis of Course Segments

1. Demographic aspects of ageing

Cross-national demographic trends - projections of the growth of the older population by gender

The meaning of "retirement" cross-culturally and trends in retirement age by gender

The meaning and implications of demographic "dependency ratios"

The feminisation of later life - increasing proportions of older women as age advances, and of widows compared to widowers

Migration of adult children from rural to urban areas and to other countries

Critique of the adequacy of official statistics in different countries - on mortality, health and disability

2. Gender and health in later life

Gender differences in health status in later life, focusing on: acute illness; accidents; chronic illness; disability; dementia, mental illness and suicide

Health policy implications of gender differences in health and cross-national comparisons

3. Caring for older people

Who provides care for frail, older people, focusing on gender and cross-cultural differences?

The role of spouses; care provided by other co-resident family members; care provided by family members living elsewhere; the role of friends and neighbours; the role of the state in providing domestic and personal care for frail, older people living in the community.

Comparisons between countries

Implications of migration for the care, financial and emotional support of older people

To what extent is "dependency" a gendered concept?

The extent and implications of taboos about cross-gender caring

Gender differences in the perspective of the person being cared for

Gender differences in the role of the carer and societal evaluation of that role

Ethical issues relating to caring

4. Institutional care for older people

Cross-national differences in the extent and nature of provision of institutional (or residential) care for older people

Historical changes relating to institutional care

Gender and marital status differences in entry to residential care

Older people's attitudes to entering the residential area

What influences state policies about residential care for older people

Gender differences in relationships between older people and professional providers/carers

5. **Cultural attitudes towards ageing**
 - Cross-cultural comparison of attitudes towards older women and men and changes historically
 - The extent of ageism in the media and “moral panics” about the growth of the older population
 - The concept of gendered ageism and its implications
 - Attitudes towards widowhood and the role of widows cross-culturally
 - Religious attitudes about ageing and the role of older women and men
 - Attitudes towards older people held by professional providers, particularly medical doctors, and their implications
 - The degree of gender-sensitivity of health providers in different countries
6. **Gender inequalities in material resources in later life**
 - The economic position of older women and men cross-culturally and historically
 - The role of pensions and state/family support for older women and men
 - Reasons for the poverty of older women and variations cross-culturally
 - The need for a life course approach - to show how older people’s health and well-being is influenced by their reproductive lives and earlier role in production
 - The interlinkage between class/income and health in different countries
 - Class and ethnic differences in material resources among older men and women
7. **Gender differences in social roles in later life**
 - The continuing productive roles of older women in agriculture, self-provisioning, caring for other older people, caring for grandchildren, and in voluntary, community and political activities
 - Gender differences in the role of friends and neighbours and social support networks
 - Widowhood, and the extent to which older women and men live with their adult children
8. **Elder abuse**
 - The nature of elder abuse - as physical, psychological or sexual abuse, neglect, and financial abuse.
 - Gender differences in elder abuse.
 - Cross-cultural and historical differences in elder abuse.
 - Reasons for the lack of state concern about elder abuse.
9. **Promoting the health of older women and men**
 - To what extent older people are omitted from health education and health promotion programmes in different countries
 - Ways of promoting the health of older women and men - cross-cultural differences
10. **Seeing older people in a holistic way**
 - The need for a holistic approach to understanding the health and well-being of older people - the interrelationship between health, family structure, availability of carers, social support networks and the economic position of older men and women
 - The implications for health and health service provision of gender differences in widowhood and remarriage rates
 - Researching the health and life circumstances of older men and women
 - Ethical issues relating to researching older people

Reading

Arber S and Ginn J (1991) *Gender and Later Life: A Sociological Analysis of Resources and Constraints*, London: Sage.

Bernard, M and Meade, K (eds) (1993) *Women Come of Age: Perspectives on the Lives of Older Women*, London: Edward Arnold.

Brown, W and Doran, F (1996) *Women's Health: Consumer Views for Planning Local Health Promotion and Health Care Priorities*, Australian and New Zealand Journal of Public Health, 20(2):149-154.

Cole, T R, Achenbaum, W A , Jakobi, P L and Kastenbaum, R (1993) *Voices and Visions of Ageing: Towards a Critical Gerontology*, New York: Springer.

Ginn, J Arber, S and Cooper H (1997) *Researching Older People's Health Needs and Health Promotion Issues*, London: Health Education Authority.

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2.12 Understanding HIV and AIDS: a Global, National and Gender Perspective

Introduction

The course begins with an overview of the epidemiology of HIV/AIDS and an exploration of the gendered risk factors that can cause the disease. It then goes on to explore both the biology of HIV/AIDS and the social, economic and cultural factors involved in its transmission, treatment and prevention.

Aims

The overall aim of this course is to:

- provide an understanding of the aetiology, prevention, treatment and management of HIV/AIDS at both global and national levels
- demonstrate how the gender perspective informs and influences these

Objectives

At the end of the course learners should be able to:

- explain the history and global patterns of the HIV/AIDS epidemic
- describe the pattern of HIV/AIDS in the learner's region and nation
- explain the HIV/AIDS epidemic from both the biomedical and cultural and social points of view
- identify and discuss the methods and efficacy of the various strategies available for the prevention and control of the epidemic
- develop a short project which either (a) investigates a local problem in HIV/AIDS, or (b) evaluates an appropriate intervention in HIV/AIDS prevention or treatment in their local area

Assessment

Assessment is through the segment assignments and an assessment of the field project

Marks are assigned as follows:

5 assignments @ 10 marks = 50

Field project = 50, making a total of 100%

Synopsis of Course Segments

- 1. Overview of reproductive health, STDs and HIV/AIDS**
Global prevalence and patterns of reproductive ill-health and HIV infection
Key issues related to gender-related factors that put women at risk for HIV infection
Key gender related factors that put men at risk for HIV infection
The broad epidemiology of HIV in countries of high risk behaviour
- 2. The basic biology of HIV and AIDS**
Virology and basic biological aspects of the virus and its course
Issues related to the blood bank and recognition of the virus
- 3. Social, cultural and gender issues in HIV**
Gender-related factors of men and women at risk of HIV infection
STDs and broad issues related to sexuality pertinent to infection
Traditional practice which facilitates or protects against HIV
Special issues of HIV in women including HIV in pregnancy, and other aspects of reproductive health
- 4. High risk behaviours in sexuality**
Human rights, ethical and legal issues associated with reducing individual and community exposure to the virus
Concerns for infected persons
Critical issues in relation to HIV/AIDS prevention, policy and therapeutic programmes
Drug use, prison populations and perinatal transmission
- 5. Responses to HIV prevention**
Elements essential to the success of HIV prevention
Complex issues associated with short and long term behaviour change
Key issues of gender, poverty, sexual and human rights issues associated with HIV prevention
- 6. Responses to HIV treatment and care**
Medical, social and welfare needs of those infected with, and infected by HIV/AIDS
Issues associated with infection control in the provision of care and treatment of people with HIV/AIDS

Reading

Asthana S, and Oostvogels R *Community Participation in HIV Prevention: Problems and Prospects for Community-based Strategies Among Female Sex Workers in Madras*. *Social Science and Medicine* 1996; 43(2): 133-148.

Berer, M and Ray, S (1996) *Women and HIV/AIDS: An International Resource Book*, London: Pandora

Berenger, S, Dowling, J and Sorrell T (1994) *Infection Control for HIV in The AIDS Manual: A Comprehensive Reference on the Human Immunodeficiency Virus*, (Eds.) Albion Street (AIDS) Center, 3rd edn. Sydney: MacLennan and Petty, Ch 13: 120-128.

Carael M and Sato P (1996) *New Trends in Global HIV/AIDS Epidemiology*. *International AIDS Society Newsletter*, 4: 6-7.

Chan R (1996) *The Interaction of STD and HIV Transmission - Lessons for Asia*. *International AIDS Society Newsletter* 4: 13-14.

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Neaigus A, Friedman SR, Curtis R, Des Jarlais DC, Furst RT, Jose B, Mota P, Stepherson B, Sufian M, Ward T and Wright JW. (1994) *The Relevance of Drug Injectors' Social and Risk Networks for Understanding and Preventing HIV Infection*. Social Science and Medicine, 38(1): 67-78.

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2.13 Gender and Health: Bioethics

Introduction

Ethical principles are central to equity in health and health care. This course addresses a number of topics with particular reference to gender differences in both the delivery and the utilisation of health services.

Independent study and self-directed learning are central to this course. It relies upon professional experience to provide case studies and anticipates sophisticated reasoning skills allied with independent thought. Learners will be expected to provide triggers for discussion through local case studies relevant to the topic under consideration.

Aims

The aims of this course are to:

- facilitate clarification of the participant's value system
- provide basic understanding of universal and particular ethical theories and principles
- further develop skills in moral reasoning with specific reference to gender and health

Objectives

At the end of the course learners should be able to demonstrate through debate and in practice:

- a knowledge of bioethical principles
- an understanding of and commitment to culturally relevant ethical practice
- a knowledge of international protocols for the ethical conduct of research
- an ability to develop a logical argument based on ethical principles
- an ability to debate ethical issues related to gender and health
- an appreciation of the meaning and consequences of ethical dilemmas
- a commitment to professional ethics.

Assessment

Continuous assessment and tutorial discussions

Five tutorials = 20% + Two major assignments: 1 = 30%; 2 = 50%

Synopsis of Course Segments

1. **Introduction to ethics and bioethics**
The United Nations Bill of Rights and Supporting Covenants
Moral reasoning and ethical theories
The Ethical Reasoning Model[®] and the four principles
2. **Culture and ethics**
Relativism, culture and gender
Buddhist, Christian, Classical Chinese, Indian, Jewish, and Islamic ethics
Feminist ethics; gender differences
Moral reasoning
3. **The professional as a moral agent**
Truth, confidentiality, justice and the professional contract
Absolute rights and wrongs
Killing and allowing to die
4. **Ethical issues in gender and health**
Reproductive and sexual health issues
Men's diseases, women's diseases, perceptions and values
Research populations, particularities and generalisations
Allocation of scarce resources and utility theory
Male practitioners/female practitioners
Ethical issues in gender appropriate behaviours and differential treatment
5. **Research and the profession**
Applied research ethics
Professional ethics and the law

Reading

Banks, S (1995) *Ethics and Values in Social Work*, London: Macmillan.

Beauchamp, T and Childress, J (1989) *Principles of Biomedical Ethics* 3rd edition London: Oxford University Press.

Coates, R, (1993) *Teaching Ethical Reasoning in Sexology Programs*. Proceedings of the XI World Congress of Sexology, Rio de Janeiro, Brazil.

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Holmes, H B and Purdy, L M (eds) (1992) *Feminist Perspectives in Medical Ethics* Indiana, USA: Indiana University Press.

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Johnstone, M J (1989) *Bioethics: A Nursing Perspective* WB Saunders/Balliere Tindall.

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2.14 Preparing A Research Project

Introduction

This course guides the learner in the development of a research proposal. Learners are prepared not only to do their own research project but also to understand and critique the research of others. Skills related to both qualitative and quantitative methodologies are introduced. The theme of gender permeates throughout the course in two distinct ways: as the focus of research and in the process of conducting or evaluating research focusing on other topics.

Aims

The overall aim of this course is to develop a research proposal that is methodologically sound, relevant and useful, and that has immediate application to the concerns of the learner's own country.

Objectives

At the end of the course, learners should be able to:

- identify broad areas of research relevant to their profession and the community
- identify and write specific research question(s) and translate these into objectives/hypotheses
- recognise the significance of different research methodologies and study designs
- establish appropriate methods of data analysis
- establish the theoretical underpinning of their study
- articulate their study's contribution to the community
- establish appropriate and accurate methods for recording the data
- submit required documentation to the appropriate ethics committee
- produce a research proposal / protocol appropriate for submission to funding bodies
- incorporate gender sensitivity into all their research activities

Assessment

Continuous assessment comprising 4 assignments (40%); 1 exam (20%) and 1 major assignment (40%)

Synopsis of Course Segments

- 1. Identifying a research topic**
Identification of a broad research topic that is relevant and culturally appropriate to the learner's own country and community
Ensuring gender relevance and sensitivity
The writing of research questions, objectives and hypotheses
- 2. Conducting a literature review**
The mechanics of literature reviews on a national and international basis will be explored and selected reviews will be conducted and summarised in order to focus on one specific research topic with associated research questions and objectives
- 3. Research methodology and study designs**
The meaning and significance of research methodology and study design, with particular reference to equality of gender
The impact of gender on research and research on gender
Sampling and the processes and methods associated with data gathering and data analysis
- 4. Establishing the value of the research study**
Exploring the theory and rationale of the chosen research, in terms of its theoretical underpinning and relevance to the community
- 5. Drafting the research protocol / proposal**
Completion of draft of the research protocol /proposal including budget, title, study site, summarised review of the literature, refined research question(s) and objectives/hypothesis, and description of sampling techniques, data gathering, and appropriate methods of analyses (qualitative and/or quantitative)
- 6. Development of research instruments**
Choosing research instruments for study
Establishing accurate recording methods.
- 7. Ethical and legal considerations in research activities**
Application of ethical principles to research
Establishing subject consent requirements. Awareness of cultural sensitivity, diversity and gender in theory and practice
Submitting documentation to the research ethics committee
- 8. Timetabling and budgeting for research**
Administration of the research process, particularly timetabling and budgeting
- 9. Finalising the research proposal**
Appropriate research proposal for submission to funding bodies

Reading

Abou Zahr C and Royston E, (1991) *Maternal Mortality: A Global Fact Book*, Geneva: World Health Organisation, pp 35-593.

Abramson J (1990) *Constructing a Questionnaire*, in: *Survey Methods in Community Medicine*, Churchill Livingstone, pp 177-185.

- Bernard, R, (1994) *Choosing Research Problems, Sites and Methods*, in: *Research Methods in Anthropology*, London: Sage Publications, pp 102-117.
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- Eichler M, (1989) *Androcentricity and Gender Insensitivity in: Guidelines for Nonsexist Research Methods*, Sydney: Allen and Unwin, Sydney, pp 19-85.
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- Germov J (ed) (1998) *Second Opinion*, Oxford: Oxford University Press.
- Grbich C, (1998) *Qualitative Research in Health*, Singapore: Allen and Unwin.
- King, J, Lyons, M and Fitz-Gibbon, C (1990) *How to Assess Programme Implementation*, New Delhi, Sage Press pp 27-40.
- Kumar, R (1996) *Research: Reviewing the Literature: Research Methodology*, Melbourne: Longman, pp 26-33.
- Orna, E and Stevens, G (1996) *Transforming Knowledge into Written Information - Designing Your Writing in: Managing Information for Research*, Milton Keynes: Open University Press, pp 162-184.
- Schutt R (1996) *The Research Proposal in: Investigating the Social World, Country/City*: Pine Forge Press.

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2.15 Facilitating Learning about Gender and Health

Introduction

This course is targeted at educators, teachers and trainers in a range of settings from schools and colleges to health and social services. During the course learners will be expected to reflect on their practice from a gender perspective and develop their skills in enabling other learners to learn about gender and health and/or applying the principles in other fields.

The critical analysis of professional and personal development, relating theory to practice, plays a central role in the assessment process which overarches the six course segments.

Aims

The aim of this course is to help learners review and develop their capacities for enabling people to learn about gender and health

Objectives

At the end of the course learners should be able to:

Reflect on their practice from a gender perspective by:

- identifying potential gender bias in their personal practice
- recognising ways that group dynamics are influenced by gender
- discussing how gender might affect learning styles
- planning content and the process of teaching with gender sensitivity
- comparing and contrasting the impact of gender and education about health in two different regions
- discussing how various health issues are gender-related
- reviewing the principles and practice of health education using a gender framework
- choosing an appropriate model of health education taking into account gender issues in their personal context

Facilitate learning on gender and health in effective and appropriate ways by:

- triggering discussion around gender issues appropriately
- using the gender experience of learners in a constructive /non-threatening way
- assessing the needs of learners in relation to gender issues
- enabling learners to consider gender as a social construct
- enabling learners to identify, plan and choose action that could redress gender imbalances
- enabling learners to relate health issues to gender
- identifying methods which will enable mixed gender and single gender groups to appreciate the impact they have on each others health
- preparing resources that are gender-sensitive
- evaluating in a way that identifies differences that might be attributed to gender
- applying the principles in different modes of learning and teaching

Assessment

Short assignments, preferably no formal examinations, for each segment
Keep a learning diary analysing professional development
3000-4000 word assignment

Synopsis of Course Segments

- 1. Education, gender and culture**
How do educational opportunities impact on the health of both men and women?
Power differentials and the impact on access to health and education
The process of change
The interface between health workers and educators
Education: oppression or liberation - the implications for developing Commonwealth countries
- 2. The management of educational opportunities**
The health-promoting educational setting underpinned by gender equality
Implementing the technical task of engendering policy, programmes, projects and the day-to-day running of training opportunities
Creating an enabling environment for gender mainstreaming in educational enterprises which commit all the involved stakeholders to effective implementation
- 3. Gender differences in educational needs assessment**
How and why men and women have different opportunities for health related training for
 - Employment opportunities
 - Health promotion and health education
 - Health care
- 4. Course and session planning taking into account gender differences**
Gender differences in negotiating curricula
Teaching methods, learning styles and gender responses to different patterns of learning
The value of problem-based learning and the need to engage at an emotional level
Case-based analysis and reasoning
Working with groups: the impact of mixed and single gender learning groups
Identification and preparation of gender-sensitive resources
- 5. How gender stereotyping affects professional / educational judgements**
Gender and assessment, including self-assessment and peer-assessment
The reflective and reflexive practitioner
Keeping a learning diary analysing development
- 6. Evaluating learning about gender and health in a gender-sensitive way**
How to ensure that the views of both men and women count equally
Keeping disaggregated data

Reading

ARROW (1996) *Women-centred and Gender-sensitive Experiences: Changing Our Perspectives, Policies and Programmes on Women's Health in Asia and the Pacific*. Health Resource Kit.

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APPENDIX

Appendix

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We Welcome Feedback

We would like you to tell us what you thought of this gender and health programme. Please would you take a little time to answer some or all of the questions below:

What was your initial reaction after reading this book?

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Have you studied/would like to study or taught/intend to teach a course that appears similar to:
(Please tick appropriate boxes)

	Studied	Would like to study	Taught	Intend to teach
Gender, Health and Society				
Gender and Health Care				
Culture, Gender and Health				
Community Participation				
Gender and Health Promotion				
Gender, Work and Health				
Gender and Mental Health				
Gendered Violence and Health				
Gender and Reproductive Health				
Midlife and Menopause: Gender and Health Issues				
Gender Specific Aspects of Ageing				
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Preparing A Research Project				
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Gender AND Health

CURRICULUM OUTLINES

Women and men experience health differently and have different health care needs. Therefore all those working in the health sector, whether as decision makers, administrators or practitioners, require training to develop a gender perspective in their work.

The curriculum outlines presented in this volume are wide ranging, covering fifteen courses associated with health. Each course focuses on a specific topic and includes the aims, objectives, a synopsis, assessment and a reading list.

These courses offer health workers, at all levels, an opportunity to develop their knowledge and skills to carry out gender based analyses of health issues. This aims to identify and eliminate the stereotypical attitudes, behaviour and approaches that lead to discrimination, thus moving towards equality and improving the health of both women and men.

The subject of gender and health is not simply concerned with learning facts, it is about acquiring a broad understanding of human relations and developing skills in the analysis of situations and the practical application of principles. This programme offers a unique opportunity for such learning. We hope that you may be enticed to study, or indeed teach, one or more of these courses.



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