

Addressing Gender issues in One Health and Infectious Disease preparedness

Setting the scene

Brigitte Bagnol
bagnolbrigitte@gmail.com

Research Associate, Department of Anthropology, The Witwatersrand University, Johannesburg,
South Africa ;

Research Assistant Professor, Department of Environmental and Population Health, Cummings
School of Veterinary Medicine at Tufts University, USA;

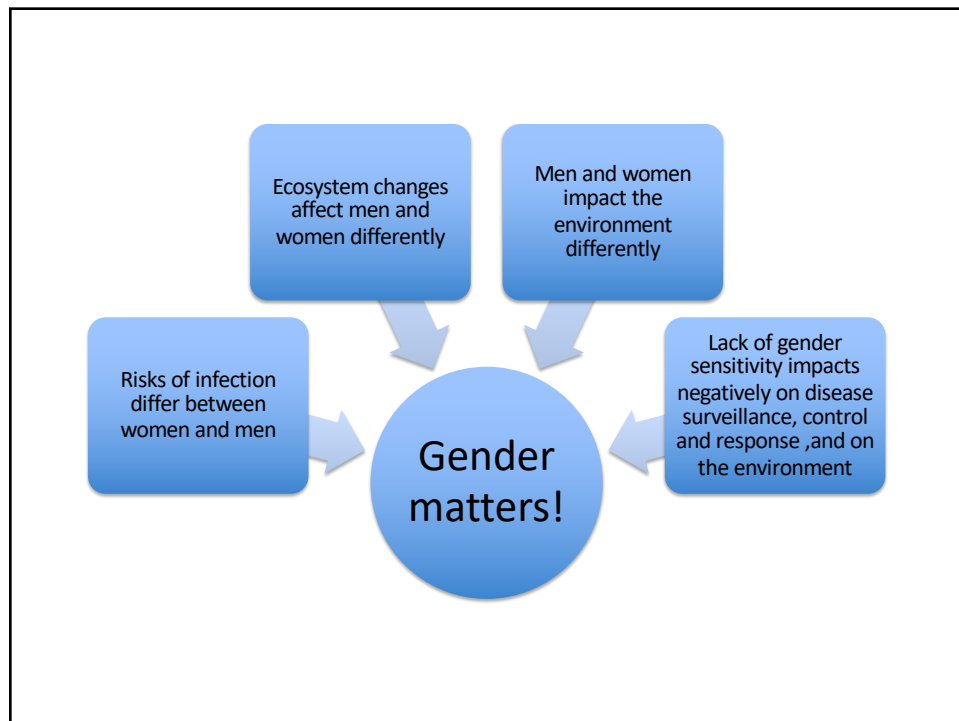
Researcher, International Rural Poultry Centre, KYEEMA Foundation.

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The conceptual framework to engender One Health

- I. Social, economic, legal, cultural and political factors influences how men and women impact the environment
- II. Men and women experience different health risks which are interconnected with gender inequality
- III. Human, animal and plant diseases impact men and women differently
- IV. Biological differences between men and women influence differences in exposure, infection rates and mortality rates of men and women during their life cycle

Depending on the local contexts, these four factors contribute in a variety of ways to defining different risks for men and women

1. Social, economic, legal, cultural and political factors influences how men and women impact the environment

The relations of men and women with nature, are not based on biological characteristics, but on social and ideological construction (Leach, 2007: 70; Gagné, 2010: 41) that needs to be understood to provide information on the way men and women impact the environment and vice versa.

Even the most obvious elements which seem a “given” and a “natural” sexual characteristic of individuals, are shaped by social practices.



Men and women's participation in decision making differs

UN Framework Convention on Climate Change (UNFCCC) Bureau of the COP - National and EU Delegations to the Conference of the Parties (COP) – All States that are Parties to the Convention are represented at the COP, the highest political decision-making body of the Convention

	Men	Women
Bureau of the COP	92%	8%

https://unfccc.int/sites/default/files/resource/Bureau%20members_cop_cmp_cma.pdf

Men and women's participation in decision making differs

- Most interventions are designed without the participation or even consultation of women
- Women's knowledge and problems are not taken into consideration
- Interventions impact nature in ways that women are not always conscious of and that do not provide solutions to women's constraints and needs
- Interventions are thus more likely to employ men, give them more access to resources, power and knowledge and reinforce power inequities

2. Men and women experience different health risks which are interconnected with gender inequality

Differences in the levels of risk between men and women, are interconnected with the inequality in access to information, education and economic activities that limits women's earning capacity and contributes to unequal income distribution between men and women. It also affects the opportunities women have to access relevant information relating to disease prevention and treatment.

Nutritional practices

- In some population groups and regions of the world, as is the case in India, (Sivakumar, 2008) or South Africa (Oxfam, 2014) girls and women are disadvantaged in relation to boys in terms of food intake ... more health problems ... malnourished adolescents and mothers.
- Women are usually more affected by anaemia (De Benoist, McLean, Egli & Cogswell, 2008) and obesity than men (Kanter & Caballero, 2012).



Nutritional practices

- Nutrition deprivation among women perpetuates an inter-generational cycle of nutrition deprivation in children
- Chronically malnourished mothers are at increased risk of delivering undernourished babies
- Undernutrition negatively influences intellectual and physical capacities, affects labour productivity and the ability of the undernourished to make a living, thus establishing a poverty and undernutrition cycle
- Gender inequalities are a cause and a consequence of malnutrition

Gender inequalities

- ❑ Women are benefiting from only 5% of extension services. Women have less access to inputs such as improved seeds, fertilizers and equipment as a result their yield is lower than those of men.

<http://www.fao.org/gender/infographic/en/>

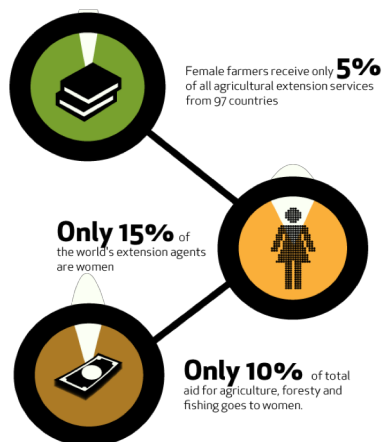
- ❑ Only 15% of the world's extension agents are women.

<http://www.fao.org/gender/infographic/en/>

- ❑ It is considered that only 10% of the aid goes to women.

<http://www.fao.org/gender/infographic/en/>

- ❑ Women have also less possibility to have access to markets (Njuki, 2012).



<http://www.fao.org/gender/infographic/en/>



3. Human, animal and plant diseases impact men and women differently

- 1- Men and women have **distinguishable exposure** as a result of patterns of activities resulting from socially defined gender roles that influence the timing and location of the contact with the infectious agent within the cycle of the outbreak
- 2- Men and women are **affected differently** by human, animal and plant diseases

Differences in exposure to the Ebola hemorrhagic fever virus by men and women

Transmission route	Gender role	Human group affected
From infected primate	Hunting	Adult male
From infected persons	Caring for sick people	Female youth, adult and elder women
From infected persons	Caring for sick people	Health care staff usually mainly female
From infected persons	Caring for sick people	Traditional healers and midwives
From infected persons	No specific gender role	Sick patients in hospital
From infected persons	Preparing the body of the death	Usually women, influenced by gender and cultural norms

Source: WHO, 2007 and
<http://www.cdc.gov/ncidod/dvrd/spb/mnpages/dispages/ebola/ebolatable.htm>

Gender based violence and intimate partner violence

- Globally, one in three women have experienced intimate partner violence and/or non-partner sexual violence in their lifetime.
- Exposure to intimate partner violence is associated with a 1.5 fold increase in the risk of STI and HIV transmission.



Gender and Newcastle disease

- Newcastle disease causes heavy mortalities in chickens and tends to specifically bear upon women in village settings
- Chickens are often under the control of women
- As women use 90% of their revenue in support of their household and community, with men only reinvesting between 30 and 40% (OECD, 2009), the loss of women's revenue greatly alters the level of household poverty and food security.

Caring for the sick

- Women assume most of the **emotional weight** of caring for the sick, often without any psychological support.
- Girls and women carry most of the weight of the **economic impact** of poor health in the household, sacrificing their education, their careers or their income activities to care for the sick as this is often considered their responsibility. This has been well-reported in relation to HIV/AIDS (Esplen, 2009a, 2009b).



4. Biological differences between men and women influence differences in exposure, infection rates and mortality rates of men and women during their life cycle

- For example, immunity levels are lower in childhood and among the elderly.
- Pregnancy and breastfeeding are conditions that are rarely taken into adequate consideration but, they impact susceptibility, exposure, symptoms and treatment leading to different morbimortality in relation to other groups (WHO, 2007).



- Disaggregate data by sex
- Disaggregate data by age
- Understanding of the multiplicity of factor connected to gender inequality
- Developing interventions that take into consideration gender issues
- Political willingness to transform gender relations



- Gender inequalities fuel diseases and poverty and affect ability of individual, households and communities to adapt, react, resist creatively to challenges.
- Limiting opportunities for women is unfair. Life chances should not be pre-determined at birth by the sex of the person or any other reason. Thus addressing gender issues is both a human right and a development issue.

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Thank you

