

VI FORO: Desigualdades de salud en género y medioambiente
11-12 Noviembre 2009

Gender inequities in environment and health: WHO gender mainstreaming process

Prepared by Lourdes Cantarero-Arevalo, consultant
and Isabel Yordi Aguirre, WHO Regional Office for Europe

Gender, environment and health

- Gender **norms, roles and behaviours**, determine:
 - Men's and women's exposure to risk
 - the factors that will protect them
 - their access to services and the responses they will have from services
- Gender **inequalities** in access to resources and participation in decision making put women in a subordinated position
- Gender interacts with other socioeconomic determinants of health such as income, ethnicity and education

Opportunity for mainstreaming Gender in environment and health



Ministerial Conference on Environment and Health, Parma 2010

1. Creating awareness through preparatory meetings
 2. Review of evidence
 3. Technical meeting
 4. Ministerial conference on Environment and Health, Parma 10-12 march 2010:
 5. Policy brief on socioeconomic and gender inequities
 6. Recommendations
 7. Follow up on country action
-

WHO Gender Strategy, WHA 2007

- Build capacity
- Promote sex disaggregated data and gender analysis
- Integrate gender into management systems
- Ensure institutional accountability
- Provide specialist support



Leadership of the Spanish Ministry of Health and Social Policy

- Review of the evidence
 1. Identify which environmental risks most affect the health of European boys and girls and present the biggest disparities in relation to gender
 2. Identify those environmental risks in which gender interacts with other social determinants
 - Case studies: best practices
 - Technical meetings
-

Regional priorities of EEHC:

- Water Supply & Sanitation
- Injuries & physical activity
- Air pollution
- Chemical hazards
- Climate Change

1. Because of the **impact on girls' education** and the intergenerational effects on health, gender inequities in WS & S deserve special attention



Intrahousehold division of labour girls are the responsible for fetching drinking water

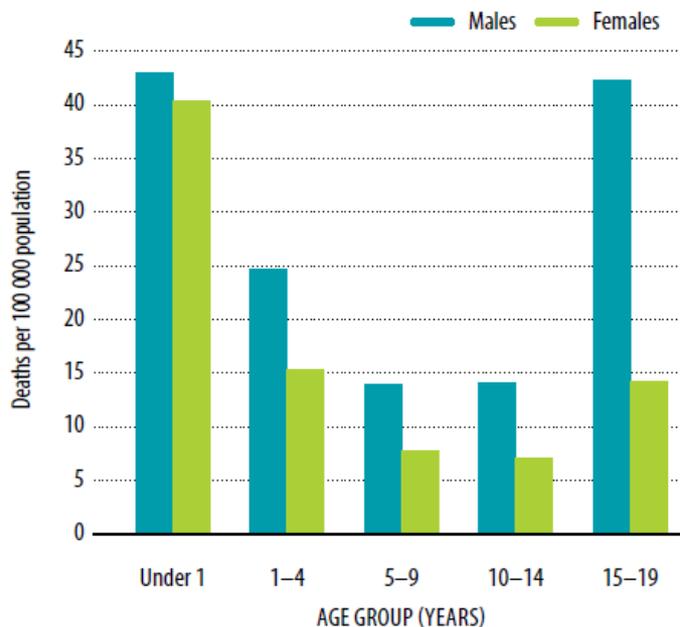
Inadequate school sanitation facilities

Young girls less likely to attend classes

Gap between boys and girls

2. Persistent gender inequities in exposure to injuries continue to affect boys' health

Child death rates for unintentional injuries - WHO EURO Region



Source: The global burden of disease: 2004 update (7).

Key studies:

European Report on Child injury prevention. 2008.

Currie C and et al. Inequalities in young people's health: HBSC inter. report from the 2005/2006 Survey. 2008.

- In the Netherlands, Germany and France boys from different ethnic backgrounds appear to be more at risk for domestic accidents.
- In Sweden, the proportion of male driving under the influence of cannabis far exceeded that of women (94 % vs. 6%)

2. Women continue to be less physical activity than men

Across all countries and regions and all age groups, girls are less active than boys, and the gender gap increases with age.

Older women remain among the least active of all groups



A change from inactivity to activity would translate into a gain in life expectancy of between 2.8 and 7.8 years for men and between 4.6 and 7.3 years for women

3. Differences in vulnerability interact with gender inequalities impacting female respiratory function

Figure 8. Self-reported allergies
Percentage of women and men, age



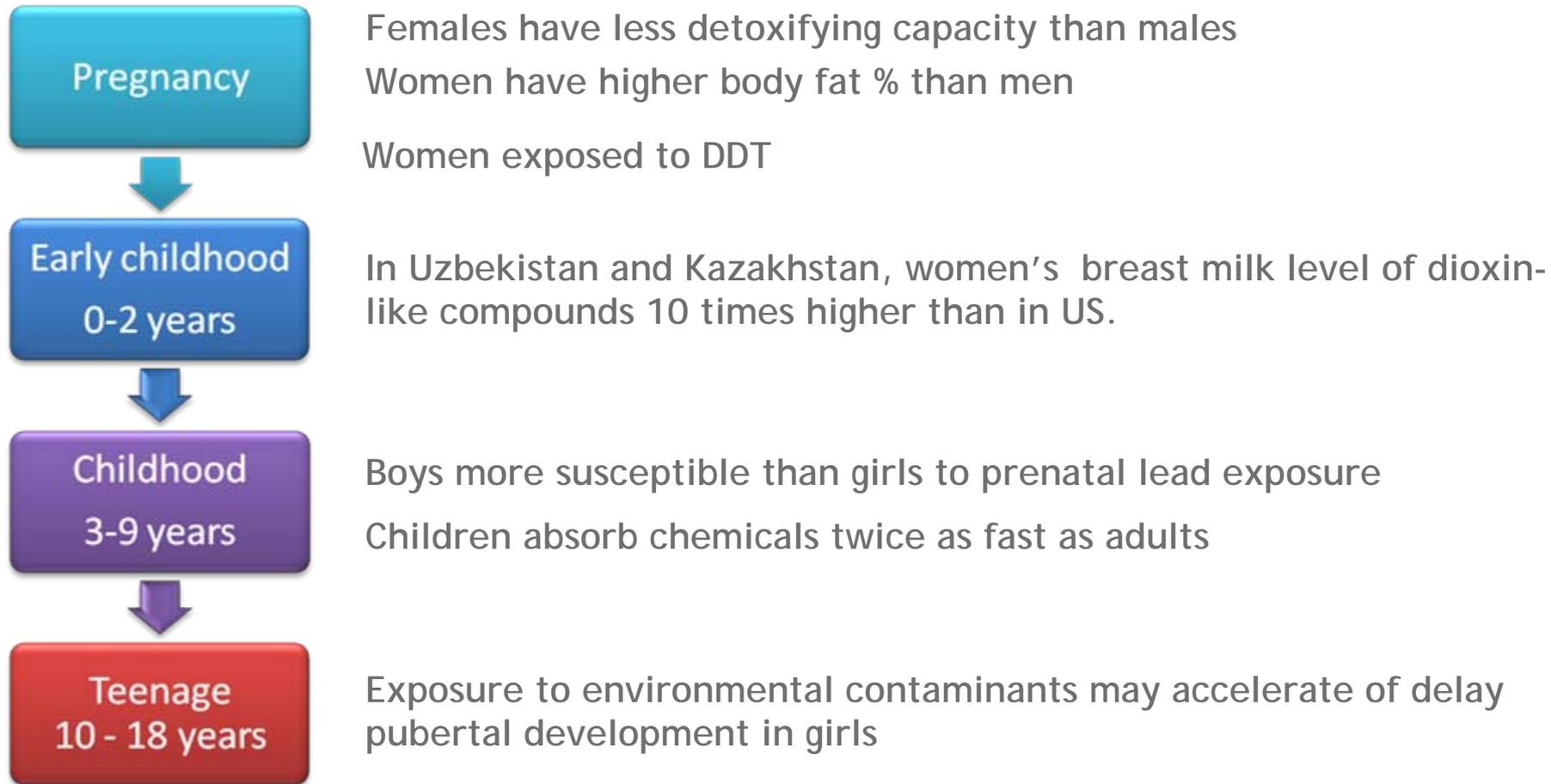
- In Sweden, women more often report ailments, in the form of allergies and respiratory or skin hypersensitivity.
- In Armenia, women were exposed to dioxin-like substances and heavy metals due to prolonged fuel scarcity

Key studies:

Filleul L, et al. Risk factors among elderly for short term deaths related to high levels of air pollution. 2003

Holmen TL. Gender differences in the impact of adolescent smoking on lung function and respiratory symptoms. 2002

4. Prenatal and childhood exposure to chemicals remains of greatest concern.



5. Gender bias in research needs to be addressed with special attention to occupational health

1. Not enough research regarding women's occupational health:
 - Underrepresentation of women in research concerning chemical risks.
2. Selection bias in social epidemiology: assumed equality between men and women
3. Not enough attention to how household influences on health.

Key study:

Rohlfs et al. The incorporation of gender perspective into Spanish Health surveys. 2007

Ruiz-Cantero MT et al. A framework to analyse gender bias in epidemiological research. 2007

In inequitable societies, women are more vulnerable to disasters

Women and children are 14 times more likely to die than men during a disaster



The household workload increases after a disaster, which forces many girls to drop out of school

Social prejudice keeps girls and women from learning to swim, which severely reduces their chances of survival in flooding disasters

Risk and vulnerability: who is most affected? **how and why** does it occur?

Girls and women of rural areas of Eastern Europe, the Caucasus and Central Asia

• Sanitation

Women and girls exposed to indoor pollution, tobacco smoke, black smoke

• Injuries

• Air pollution

Pregnant women - (life course approach)

• Chemical hazards

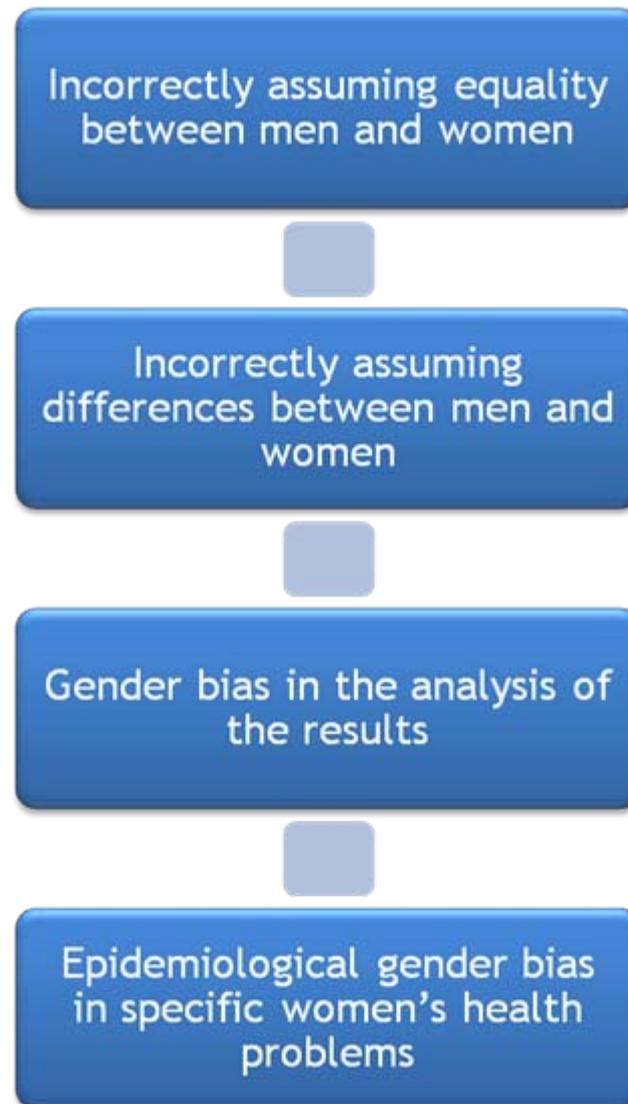
Boys across Europe, boys from ethnic minority groups

Jobs related to traffic (men)

Male fetuses exposed to low levels of lead

Differences in exposure and sensitivity between men and women have biological, cultural and behavioural causes

Gaps in the evidence: an insight into gender bias in epidemiological research



Conclusions

- Gender interacts with sex and this interaction determines the impact of health of environmental factors
- Gender norms and behaviours determine risk and protective factors and the response from the health system
- Gender inequalities and inequities in society determine the impact of environmental risks on the health of men and women
- Gender interact with socioeconomic position, ethnicity migrant status reinforcing inequalities in environment and health

Moving forward

- Strengthen information systems: collect and analyse sex disaggregated data systematically
- Incorporate gender analysis into national health surveys
- Study of interactions between sex - gender - other socioeconomic determinants of health
- Identify and specifically address gender inequities in health policies and programmes
- Develop gender sensitive indicators
- Promote the use of already-available gender tools developed by the WHO, and others, such as the gender tool for child and adolescent health and development



Women's health report

- DGs commitment to women's health
- Launch 9th November 2009
- Follow up: European focus
- Impact of socioeconomic determinants on the health of women and the response from the health system
- Policy dialogues

Next step:

Fifth Ministerial Conference on Environment and Health, Parma, 10-12 March 2010

Policy brief, recommendations and plan of action

