

## CHAPTER 3: GENDER POLICY GOALS FOR THE PUBLIC HEALTH SECTOR

### 3.1. Gender mainstreaming

These gender policy guidelines seek to be inclusive, rather than suggesting a gender analysis separate from a 'race' analysis, or separate from an analysis of the impact of other forms of injustice or bases of discrimination. Underlying the guidelines is that the overall approach to policy development and implementation should incorporate an awareness of how social, economic and political relations in South Africa have impacted and continue to impact on health, health-seeking behaviour and health service quality. This approach will help the Department of Health in its ongoing endeavour to reorient both the content and the processes through which it offers health services.

However, whereas the issues of poverty and race discrimination have and continue to receive substantial theoretical and practical attention by the health services, identifying and addressing the causes and consequences of norms and practices which devalue and discriminate against women is a new and more difficult task. These guidelines provide steps through which the department's overall capacity to address gender inequality in the public health sector will be improved. They have been developed by drawing on a diverse range of processes already underway at national and provincial levels to identify and address gender inequalities as part of broader efforts to improve quality of care. They also draw on the World Health Organization's approach to mainstreaming gender in its own functions and its assessment of the role of guidelines for mainstreaming gender in health.

These experiences indicate that one cannot approach mainstreaming of gender as a once-off event. Every process of decision-making in the Department of Health and in the public health sector in general needs to include gender inequities as a matter for consideration. To do this requires building the commitment, confidence and capacity of both management and staff across the board. Thus, identifying and addressing gender-based issues will be a process rather than a once-off intervention.

This process of addressing gender-based issues will be underpinned by *two main goals*. These allow the addressing of gender inequities and inequalities, firstly in the Department of Health and the Public Health Institution's programming and, secondly, in its institutional functioning, both of which are the responsibility of senior management. They also provide alternatives for supporting senior management in various activities that will lead to the realisation of these goals.

The two main goals with related objectives and activities to support them are detailed below.

### **3.2. Goal 1: Incorporating gender analysis and gender equity into all public health sector policies and programmes**

Attention to gender inequity and inequality is uneven within the Public Health Sector. It is largely dependent on the interest and skills of specific managers. Yet, every directorate's work includes a gender dimension development, so that failure to identify and address gender inequities undermines the quality and effectiveness of the health system and health service provision.

Some of the gender-related issues can be easily identified through a simple gender analysis – the process of asking questions about whether men or women are equally vulnerable, access services equally, respond to treatment equally, and receive the same social response to their illnesses. However, some of these questions require information in order to answer them accurately. In some cases the information is available through existing routine data or surveys. In other cases, information will have to be generated. This can be undertaken relatively quickly if all that is required is to link sex as a variable with data, which is routinely collected. In some cases, however, more complex research may have to be commissioned. For this reason, the process of undertaking a gender analysis and using it to identify areas of intervention may take some time.

There is already a body of international research, which can support this endeavour, and give directorates and public health institutions ideas about the kinds of issues, which may emerge. For example, in health promotion in relation to malaria prevention, research in some countries shows that the strategy of providing bed-nets is not always effective because the nets are often used by the male head of household rather than by those most at risk – pregnant women and children. This tells programme managers that addressing this 'gender norm' is necessary for their malaria targets to be achieved. An example in relation to treatment, in this case of sexually transmitted diseases, is that some studies have shown that men are uncomfortable with seeking treatment for sexually transmitted diseases at clinics because these are marketed as 'women's places'. This suggests that the department needs to devise a strategy to market and make health services acceptable to men.

As another example, research indicates that women take for granted the discomfort of sexually transmitted diseases and lack the self-esteem to expect treatment, or lack the funds for transport to seek treatment at a clinic. This suggests that the department also needs to devise better outreach strategies for women.

In relation to developing interventions to address gender-related problems identified through gender analysis, research may be needed. For example, in health systems management much research has focused on the subjective dimensions of medical encounters where doctors and nurses speak about their patients without directly addressing them, or fail to take account of patients' need for privacy and confidentiality, or give patients, and particularly women patients, the impression that only the doctors' or nurses' opinion counts. Supervision of health care workers had not been utilised to address the mixture of frustration and lack of empathy that had resulted in disrespectful

orientation towards clients, nor are expectations of respectful behaviour incorporated into criteria of quality of care. Working out effective interventions to address these problems will require further research.

While internationally generated research findings may give direction to questions posed, variations due to economic, social and cultural patterns may necessitate the generation of local information in order to find locally appropriate solutions.

Nevertheless, a range of problems can be easily identified and relatively simple solutions found. The Gender Policy Guidelines establish mechanisms to move this process from an ad-hoc one dependent on individual advocacy to a system-wide, ‘mainstreamed’ approach.

The following objectives and strategic activities are required to incorporate gender analysis and gender equity into all public health sector policies and programmes:

<b>Objectives</b>	<b>Strategic activities</b>
<p>To gain senior management commitment and build its confidence and capacity to promote, implement and monitor gender mainstreaming</p>	<p>The Gender Focal Points will</p> <ul style="list-style-type: none"> <li>• Present these guidelines to senior management in all clusters and directorates within the national and provincial departments. Once GFPs are established at local level senior management at that level will also be presented with guidelines;</li> <li>• Orient senior management regarding key questions and processes to be utilised, as well as resources they can draw upon, to incorporate a gender analysis both in assessing existing policies and programmes and in undertaking new policy and programming processes.</li> </ul>
<p>To facilitate senior managers’ integrating of gender analysis into the strategic planning and business planning processes of their own directorates or institutions</p>	<p>Senior managers will</p> <ul style="list-style-type: none"> <li>• With appropriate staff, undertake a review of all departmental and institutional policy and planning, and develop indicators of progress towards achieving gender equity and equality;</li> <li>• Work with staff to identify the activities required to achieve these indicators, and integrate these activities into the ongoing strategic planning and business planning processes of all directorates and institutions accompanied by appropriate indicators;</li> <li>• Build achievement of these indicators into performance agreements;</li> <li>• Build these activities into their annual budgets;</li> <li>• After this initial process, incorporate attention to gender equity in all ongoing planning, implementation and monitoring;</li> </ul>

<b>Objectives</b>	<b>Strategic activities</b>
	<ul style="list-style-type: none"> <li>• Where routine data is not disaggregated by sex, institute changes in routine data collection at all levels of the health system to facilitate disaggregation by sex. Where necessary they will make provision for routine collection of additional information to answer questions regarding gender-specificity of a health or treatment problem;</li> <li>• Where the process of gender analysis raises questions for which there is no current local information, frame research questions and commission research itself, or collaborate with the health system research directorates and the Essential National Health Research Committee to put these questions on the research agenda of research institutions such as the Medical Research Council, Human Sciences Research Council and universities. Managers will establish mechanisms both to inform researchers about the questions and to be informed of research findings, so that it can take further action to address gender inequity based on these findings.</li> </ul>
<p>To build an understanding of and commitment throughout the health system to address the impact of gender-based discrimination on health and health services</p>	<p>Senior managers will</p> <ul style="list-style-type: none"> <li>• Integrate gender training into strategic planning processes so that it is directly relevant to each directorate or institution and not an ‘add on’;</li> <li>• Where staff have not been exposed to such training, managers will co-ordinate with Human Resources Directorates, to allocate time so that all departmental staff at national, provincial, district and local levels, including health workers, are given an opportunity to explore, through their own work and personal experience, how gender norms impact on health, health-seeking behaviour and health services and what steps they can take to address these problems;</li> </ul> <p>Human Resources Directorates will</p> <ul style="list-style-type: none"> <li>• Organise skills training in the areas of ‘gender and health’, and on ‘gender and organisational development’ for all staff at all levels directed towards their own experience and to provide opportunities to improve health service delivery.</li> </ul>
<p>To integrate gender concerns into the department’s overall plans, and to monitor them accordingly</p>	<ul style="list-style-type: none"> <li>• Senior management will review implementation of the indicators developed through goals 1 and 2.</li> <li>• The Director-General will assess achievement of these indicators built into the performance agreements.</li> </ul>
<p>To assess progress in implementing these gender policy guidelines on an annual basis</p>	<p>The Gender Focal Points will</p> <ul style="list-style-type: none"> <li>• Establish an information management system: <ul style="list-style-type: none"> <li>- Review the quarterly Minister’s Report and any other integrated departmental reports to Cabinet, Parliament or to SADC, the OAU,</li> </ul> </li> </ul>

Objectives	Strategic activities
	<p>NAM or United Nations;</p> <ul style="list-style-type: none"> <li>- Write an annual integrated report;</li> <li>- At national level report to the management team, the strategic management team, and the Training and Transformation Task Team on achievements and obstacles, and identify strategies to address these on an annual basis. Similarly at provincial and local levels, report to the appropriate senior management teams;</li> </ul> <ul style="list-style-type: none"> <li>• Conduct advocacy in relation to any constraints which undermine the ability of the department as a whole or specific directorates or institutions to implement these gender policy guidelines;</li> <li>• Conduct ongoing advocacy within the department and in relation to the department's international partners, such as the SADC, on the need to address gender inequality and inequity in order to promote social justice, and to improve the efficiency and quality of health services;</li> <li>• Establish mechanisms to engage with civil society and other departmental colleagues with an interest in mainstreaming gender in health and use these to: <ul style="list-style-type: none"> <li>- Inform them of progress;</li> <li>- Gain their input on the annual reports; as well as</li> <li>- Engage them in discussion about the process and content of international reporting, for example on CEDAW; and</li> </ul> </li> <li>• Liaise with the Office on the Status of Women to provide input from the Department of Health for purposes of monitoring the National Policy Framework for Women's Empowerment and Gender Equality.</li> </ul>

One of the cornerstones of addressing gender inequity and inequality is listening to the experiences of those who are disadvantaged or oppressed. In a democracy, national policies should reflect the interests of the people. Therefore, the Department of Health believes that it is essential that its work at all tiers of government and on all aspects of health should be open to scrutiny by those it serves. In addition, it believes that input from civil society can strengthen its understanding of the problems and its awareness of possible solutions. For these reasons, the gender guidelines aim to strengthen existing efforts to engage with civil society. Thus the following objective and strategic activities, in addition to those above:

Objective	Strategic activities
To draw input from civil society, and particularly from beneficiaries of health services	Senior management will: <ul style="list-style-type: none"> <li>• Identify civil society organisations in their specific areas of work that support gender equality;</li> <li>• Establish opportunities to engage in discussion with such organisations so that they can give input regarding how to address gender-related causes or consequences of a specific health issue or service.</li> </ul>

This process will also build trust and increase the capacity of civil society organisations to support and monitor government efforts in mainstreaming gender.

### **3.2. Goal 2: Promoting gender analysis and gender equity in organisational development**

Many considerations of gender in relation to health focus only on the policy and programming dimensions covered in goal 1. Thus, while health programmes may be improved to take account of gender norms, health institutions may stay the same, thus preventing the achievement of social justice.

Addressing gender inequality within institutions requires a similar and simultaneous process to addressing other inequalities such as those based on race. It requires assessing whether there is discrimination against women in organisational culture, processes of decision-making, distribution of resources and working conditions. Based on this assessment, mainstreaming gender means changing those rules, policies and procedures while working to change the overall workplace culture so that it is supportive of equity, equality and social justice.

The total staff composition of the National Department of Health as of February 2001 comprised of 758 women and 542 men. The Department of Health across the three tiers of government has made substantial strides towards recruiting women into decision-making positions, just as it has in relation to ‘race’. In terms of positions at the level of director or above, by February 2001, women were holding 34% of the positions while men held 66%. The topmost position, that of Minister of Health, is occupied by a woman. But below the level of director, women are greater in number.

The picture in provincial Departments of Health, that is the ratio of men to women in senior management positions, is much the same as in the national Department of Health (see Table 3.1). Only Mpumalanga is closest to achieving parity – 58% men as against 42% women in positions at the level of director and above.

Table 3.1: Breakdown of sex and race of senior management from director level upwards in provinces as at February 2001

Province	Gender	
	(%) Men	(%) Women
National Office	66%	34%
Eastern Cape	<b>67%</b>	33%
Free State	68%	32%
Gauteng	81%	19%
KwaZulu/Natal	82%	18%
Limpopo	80%	20%
Mpumalanga	58%	42%
Northern Cape	86%	14%
North West	80%	20%
Western Cape	62%	38%

Quite clearly, more needs to be done to increase the proportion of women in management positions in the Department of Health, at national and provincial levels. However, the most difficult tasks lie in building an enabling environment for women in leadership and for women staff in general by ensuring that there is no discrimination in any form against women, so that they can develop and perform to their full potential.

The institutional culture remains tied to the style of the apartheid era. The civil service was organised around the assumptions of apartheid and patriarchy, thus aiming to meet the needs of the white men who established it and were employed within it. As a result, despite the steadily increasing numbers of women, in particular black women, employed in Departments of Health, such basic issues as women's double shifts, the distance between work and home, and the mechanisms for identifying and resolving problems, are designed to exclude women and black people, thus particularly disadvantaging black women.

### **3.2.1. Practical needs**

On a practical level, this means addressing the current social reality in which women carry a disproportionate responsibility for domestic work. Failure to recognise this leads to daily discrimination against women. For example, a current practice within the civil service is that the working day begins at 7.30am or 8.00am. However, most schools only start at 8.00am. Without cutting down the hours of work per day, the scheduling of the working day could be changed to take account of this.

As another example, instead of excluding women by default from meetings which are scheduled outside of working hours, or which simply run late, place intolerable stress on women who are expected to attend such meetings and in the process leave children unattended, therefore meetings should be held during working hours. These steps would also facilitate men's ability to take on childcare responsibilities. Another example is the ongoing request of nurses to have security guards at clinics during night duty.

These are very practical needs which, based on an assessment of barriers to women's effective participation in the workplace, could be addressed.

### 3.2.2. Cultural environment

There is a wide range of less tangible or tacitly accepted impediments to women performing to their full potential. These include a cultural environment that condones jokes at women's expense, assumptions that men's opinions carry greater weight, and consistent relegation of issues pertaining to gender equality to junior staff or to the bottom of the list of institutional priorities. Linked to this is lack of self-esteem amongst some women who have not been brought up in the expectation of playing leadership roles, and thus they lack forthrightness and confidence to assert their skills and expectations.

### 3.2.3. Management style

In addition, the top-down decision-making style of the civil service does not favour women in junior positions taking initiatives or engaging in problem solving. Decisions come from above, thus supporting the traditional assumption of male leadership given the preponderance of men in senior management positions. Despite the fact that more women are moving into senior positions, this system continues, thus stifling initiative and creativity and leading to frustration and a sense of disempowerment amongst staff, both women and men.

These are global problems without easy solutions. The following objectives and strategic activities will support the Department of Health and Public Health Institutions in both identifying and addressing the problems of promoting gender equity in their functions:

Objectives	Strategic activities
To eliminate gender-based discrimination in human resource procedures such as appointments, promotions, pay, conditions of employment and disciplinary procedures.	<p>Human Resources Directorates will</p> <ul style="list-style-type: none"> <li>• Create an opportunity for all those responsible for recruitment, performance appraisals, promotions, and disciplinary procedures to understand the requirements of the Employment Equity Act in relation to gender and utilise appropriate interview schedules, promotion criteria and other such templates.</li> </ul>
To create an equal balance between the sexes in decision-making positions.	<p>Human Resources Directorates will</p> <ul style="list-style-type: none"> <li>• Identify changes in the proportion of women employed in management as part of their annual Equity Review Process for the Department of Labour; and</li> <li>• Senior management will identify and address obstacles to achievement of the targets of the Equity Review.</li> </ul>

Objectives	Strategic activities
<p>To ensure that institutional rules and culture promote participative decision-making and an environment that is supportive of gender equity and equality.</p>	<p>Human Resources Directorates will</p> <ul style="list-style-type: none"> <li>• Utilise confidential questionnaires, focus groups or other means of data gathering to identify barriers to women’s development and measures of progress within the Department of Health/Public Health Institutions on a three-yearly basis; and</li> </ul> <p>Senior management will</p> <ul style="list-style-type: none"> <li>• Utilise these findings to take steps to address barriers identified. These may include establishment of mentoring systems, establishment of formal mechanisms to consult with women employees, creation of opportunities for skills development in line with the Skills Development Act, or alteration of any procedures or culture of work that discriminate against women or serve as a barrier to women’s performance. They will also consider decision-making systems and alter procedures for identifying problems and coming to solutions to enable fuller participation by junior staff.</li> </ul>
<p>To build understanding of the purpose of the Gender Policy Guidelines and commitment to implement them by political leadership and senior management.</p>	<p>The Gender Focal Points will</p> <ul style="list-style-type: none"> <li>• Formally launch the Gender Policy Guidelines for the Public Health Sector;</li> <li>• Develop a strategic plan for policy implementation in consultation with senior management;</li> <li>• Establish mechanisms for, and use these to conduct, ongoing advocacy with all directorates and institutions on the implementation of the Gender Policy Guidelines, including in internal publications, strategic management team meetings and regular management meetings; and</li> <li>• Organise awareness workshops and seminars for senior management about the purpose of the policy guidelines and the steps required and institutional responsibility for implementation.</li> </ul> <p>Senior management will:</p> <ul style="list-style-type: none"> <li>• Appoint Gender Focal Points into full-time posts at provincial level and, as appropriate at local level.</li> </ul>
<p>To sustain gains made in building commitment and capacity for addressing gender inequity as new people are recruited to the department.</p>	<p>The Human Resources Directorates will</p> <ul style="list-style-type: none"> <li>• Incorporate into recruitment policies, gender analysis skills as an employment criterion for all senior management posts, failing which new recruits will be required to undergo training in gender analysis upon employment.</li> </ul>

Objectives	Strategic activities
<p>To build the capacity of managers and other appropriate personnel to conduct a gender analysis of their policies and programmes and to use the findings to improve the quality of health policies and services.</p>	<p>The Gender Focal Points will</p> <ul style="list-style-type: none"> <li>• Develop network of gender training and research experts from government departments and civil society in all provinces that government can draw upon to support them;</li> <li>• Develop a uniform tool to form the basis for gender analyses in directorates and institutions; and</li> <li>• In consultation with each directorate, contract in experts to support the directorates in developing skills to conduct gender analyses and to develop an action agenda for strengthening the gender awareness of their policies and programmes.</li> </ul>
<p>To build the capacity of Human Resources Directorates to offer gender training at all levels so that all staff understand and are committed to addressing gender inequity in their area of work.</p>	<p>The Gender Focal Points will</p> <ul style="list-style-type: none"> <li>• Develop materials for the Human Resources Directorates, including a uniform tool for training plus necessary information on the impact of gender norms on health, health systems and health-seeking behaviour.</li> </ul>

