



Challenging Gender Stereotype Norms and Practices that Directly Harm All People's Health

How do gender stereotype norms and practices in households and communities affect women's and men's health?

Gender stereotype norms and practices manifest in households and communities on the basis of values and attitudes about the relative worth or importance of girls versus boys and men versus women, about who has responsibility for different household/community needs and roles, about who has the right to make different decisions, about who ensures that household /community order is maintained and deviance appropriately sanctioned or punished and about who has final authority in relation to the inner world of the family and its outer relations with society. In fact, theories of masculinity and femininity hold that health-related attitudes and behaviours are at the core of how gender identity is constructed.

For example, some men pursue risky lifestyles to demonstrate their masculinity and power. Further, the norms and practices around masculinity do not only affect boys' and men's health, they have consequences on health and other welfare components for girls and women as well; and vice versa. Since gender stereotypes, especially in the areas of sexuality and reproduction touch the most intimate personal relationships as well as one's sense of self and identity, challenging them is extremely difficult and requires multi-level strategies (EU-adapted from WGEKN, 2007).

What are Gender Stereotypes?

In all, gender stereotypes are simplistic generalizations about the gender attributes, differences, and roles of individuals and/or groups. The stereotypes can be positive or negative, but they rarely communicate accurate information about others. Stereotyping affects life experiences of women and men and is related to education, work, relationships, social standing, wellbeing and health (Popay et al., 1998).

Roots of Gender Stereotypes

The pre-conceptions that form the bedrock of much of gender stereotypes have emerged both from the continuation of traditional roles and responsibilities, but also have been the result of deliberate manufacturing of how boys and girls and men and women should live their lives (White and Richardson, 2011).

The differentiation of gender role within the household is recognizable from early infancy (Poulin-Dubois et al., 2002). Much of this stems from the visibility of parental tasks with studies on the use of time reinforcing the impression that domestic chores and management of food is undertaken by women and work coupled with more manual tasks are men's domain (Aliaga, 2006). Further, in schools, both boys and girls are affected by gender stereotyping, with girls having reduced expectations and boys being corralled into gender roles that can leave them bereft of life skills in managing challenges in their health and wellbeing.

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Existing EU-Level Policy

Men and Gender Equality

The Men and Gender Equality conference as part of the Finnish European Parliament in 2006 paved the way for the recognition of how men are affected by inequalities. This conference also stimulated the Council of the European Union to note that *“in order to improve the status of women and promote gender equality, more attention should be paid to how men are involved in the achievement of gender equality, as well as to the positive impact of gender equality for men and for the wellbeing of society as a whole”* Council of the European Union, ‘Conclusions on Men and Gender Equality.’

The conclusions included “There are gender-based differences in health risks in Member States, which are costly in both economic and human terms. Lifestyles, which have a significant impact on health, are influenced by gender-related norms and conceptions that may differ in respect of women and men (Ministry of Social Affairs and Health, 2006).

Roadmap on Equality Between Women and Men, 2006-2010

The European Commission committed to eliminate gender stereotypes in society in its *Roadmap on Equality Between Women and Men, 2006-2010*. The Commission noted the importance of the role of men in this process. It specifically states that *“men should be encouraged to take up responsibilities, in particular, through incentives to take parental and paternity leave and to share leave entitlements with women.”* Also, the priority of “eliminating gender stereotypes in society” presents the importance of encouraging and promoting men to be more present in non-traditional educational and working paths.

European Institute for Gender Equality

The Institute was created in 2006 by Regulation (EC) No 1922/2006 of the European Parliament and by the Council of 20 December 2006. The Institute helps European institutions and Member States “in the promotion of gender equality in all Community policies and resulting national policies and in the fight against discrimination based on sex” (Europa, 2007).

Gender Stereotyping and Men

Appropriate policies are needed to consider possible gender differences in learning and development in the context of the ‘under-achievement’ of boys in schools; the need for improved links between schools and homes/communities; the need to address the high dropout rate for boys.

There are problems that boys and men experience due to the expectations of their gender role, with, for example, the effects of failing to get a job or being made redundant, or other less obvious ones such as men choosing a career in a ‘female’ profession like nursing opening them up to almost disgrace in some cultures.

Gender Stereotyping and the Media

There are many ways that men and women are shaped in their thinking about how they should perform in everyday life is media, which plays a vital role in gender stereotyping (Aksu, 2005; Mac et al., 2010; Anderson and Hamilton, 2005; Children Now, 1999).

Gender Stereotyping and Injustice

Deep-seated prejudices however are difficult to shift and, throughout society, injustice is done to both men and women as a result of misunderstandings, or at worse deliberate denegation of one sex or the other.

For example, domestic violence is perpetrated by men on women, women on men, and by men and women in same sex relationships. It affects the health and wellbeing of many people. Police are slow to respond to female victims, whilst male

both in reporting intimate partner violence and, if they do, few services exist for them (Ruxton, 2009). Another example comes from the female dominance of unpaid work in the household (Oakley, 1972).

Even today women are often the coordinators and controllers of food within the house. This greatly affects women who find themselves having to juggle work, home and family commitments (Charles and Kerr, 1986; Aliaga, 2006).

In addition, it can have a negative effect on boys and men who may end up being poor at managing their own nutritional requirements and physical wellbeing due to lack of preparation for the role. This causes major problems for men if they find themselves living alone, either through separation, divorce or widowhood (Gough and Connor, 2006).

International Efforts to Combat Gender Stereotyping

Though there is still a long way to go, there have been major steps forward in getting the European Union and National governments to act on the causes of gender stereotyping (UN, 1995; Commission of the European Communities, 2006). With discrimination based on sex now illegal in many countries and with the widening of educational and job opportunities, the financial support of families, coupled with the strong emancipatory activity in large sections of the workplace, the building blocks are in place for a more gender equal and fair society.

Reports on Gender and Health

The findings from the two new reports on men and women's health (EC, 2009; EC, 2011) reinforce the need to keep gender central to the health debate as without such an appreciation neither women nor men's needs will be met. The significant problem of men's premature mortality as a consequence of their lifestyles, the wider social determinants of health, and a lack of appreciation of men's needs urgent action (EMHF, 2011).

Conclusions from Analysis of Existing Practice

The results of this analysis show that empowerment initiatives are still the major strategy to challenge gender stereotypes across all sectors, especially empowering women. For instance, out of the 17 empowering initiatives, 10 target women and 4 target men. This unequal distribution of empowering efforts could eventually lead to relational trouble between men and women. For instance, it has been demonstrated that empowering initiatives directed only to women leaving men aside, can generate violence against women (Parker & Aggleton 2003). Therefore, intersectional research looking at the effects of empowering one group only (i.e.: women) in Europe is required in order to evaluate and monitor effects in health outcomes of men and women

The good practices (GPs) that challenge behaviour based on gender norms are predominantly addressing gender bias and gender-based violence. Both of these issues have an impact in health outcomes and remain important topics for research and action towards equity in health. However, emerging health issues resulting from behaviour based on gender stereotypes and social categories that often are connected with discrimination such as, for instance, ethnicity and sexual orientation need to be further addressed in the future. Discrimination based on the latter categories lead to

actions that have detrimental effects on health such as human trafficking, homophobia, discrimination against transgender citizens and ethnic groups.

In some European countries, for example in Lithuania, gender stereotypes are still ruling society to the extent that the division of labour is unequal between men and women (i.e. women are still more often employed in the service industry and less in industrial production). Consequently, in such countries, there is an urgent need for the elimination of gender stereotypes in all spheres of private and public life in which all public bodies and institutions shall be involved.

Research on femininity and masculinity is required to better understand gender as well the possible ways to eliminate gender stereotypes in society. The GPs collected in the Database do not include services that help victims of gender stereotyping. However, such services might be valuable in reaching gender equity.

For the in-depth analysis of good practice as well as more examples of good practice from the ENGENDER Project, please see the policy brief annexes, which are available online at: <http://engender.eurohealth.ie>.

Good Practice Example 1: MEND (Men Ending Domestic Abuse), Ireland
The MEND (Men Ending Domestic Abuse) programme provides a blueprint for a whole of Government response to underpin an effective and co-ordinated community response to address the issue of male perpetrators of domestic abuse/violence. The programme identifies a number of core themes that have been developed to effect positive change among programme participants.

Good Practice Example 2: Gender and Social Inequalities in Health, Sweden
Is a compilation of essays that highlight and explore the importance of understanding health inequalities and inequities from a gender perspective in public health. It contains evidence based examples addressing a number of gender imbalances at the workplace and in the healthcare systems in which women's socio-economic and social position in the society as well as race and ethnicity have an impact on women's health.

Good Practice Example 3: Women and Men in Data, Czech Republic
This publication provides statistical data on the status of women and men in the Czech Republic. This publication is a tool that contributes to the governmental resolution of the promotion of equal opportunities between men and women.

Good Practice Example 4: Women's Health Centre, Austria
This Centre aims at influencing policy and promotes action on the social factors that affect women's health and well-being throughout their entire life. It supports a woman-centred approach that respects women's perspectives and experiences, listening to the voices of women not typically heard.

Good Practice Example 5: Advocacy of Sexual and Reproductive Rights, Slovenia
It is a concise booklet compiled by NGOs. It is dedicated to different aspects of sexual and reproductive health issues and focuses on the clarification of the most problematic points with suggestions on how to improve the situation. The booklet is meant to inform decision makers and the general public.

“Sugar and spice and all things nice, that’s what little girls are made of. Slugs and snails and puppydog tails, that’s what little boys are made of. ”

Traditional children’s rhyme

“For the most part public policies have yet to adequately engage men and boys in overcoming gender inequality or addressing their own gender-related vulnerabilities”

Barker et al. (2010)

Steps for Policy Action

1) Encourage and finance intersectional research that looks and monitors the effects of empowering one population group only (i.e. women)

A stereotype is a complex problem that has emerged over years, therefore 'quick-fix' solutions are rare. Their origins need identifying, as do their wide-ranging effects, before we can get to the possibility of action. In addition, removing a stereotype will lead to unknown consequences that need exploring. Programmes of work are required, that have a broadened scope of inclusion, to ensure both current and forthcoming challenges are efficiently named, their effects and consequences are known and possible solutions trialled.

2) Encourage and finance actions that empower equally both men and women in their efforts to obtain a better health

The changing demographic picture of the EU (see for example EC, 2011) and the new health challenges that are emerging will create a different world than we have today. Healthy ageing is a life-long process with efforts needed from pre-conception (in both the mothers and fathers) onwards. Having a gender equal society where care provision is considered from the perspective of both men and women is a key start. Enabling and skilling girls and boys in school in healthy living, being creative in service delivery such that both men and women are able to benefit, with workplace health and wellbeing initiatives being an obvious example, provision for the ageing population to ensure active and productive older age must be seen as important starting points.

3) Encourage and finance research and actions that challenge behaviour based on gender stereotypes as well as on social categories such as such ethnicity and sexual orientation in order to ban actions that have detrimental effects on health (i.e. human trafficking, homophobia, discrimination against transgender citizens and other minorities)

There are many policy statements that have made infinitely sensible suggestions to tackling stereotypes, for instance the call to advocate for the use of appropriate complaints procedures to challenge negative stereotypes of men in advertising, public broadcasting and the popular press (Action 6.1.3 of Ireland's National Men's Health Policy 2010). Success or failure, however laudable the intention, requires as close an examination on the associated bodies i.e. the media, those in marketing and on other stakeholder groups as on the affected individuals. Some studies can be powered to show effect, as in trials, others need to be much more exploratory to allow new insights to emerge. Research funders need to be willing to embrace the wider possibilities that exist across the research spectrum with a willingness to broaden their perspectives.

4) Encourage involvement of all public bodies and institutions in the elimination of gender stereotypes in all spheres of private and public life

International pressure, through the promotion of gender mainstreaming, national policy through the enforcing of gender equality legislation and local initiatives that give hope to those affected are all imperatives. The population is made up of men, women and transgender, it is not some amorphous mass, if we serve the population without recognising that 'one-size-does-not-fit-all' then inherent failures will emerge in the system.

5) Encourage and finance research on femininity and masculinity and on strategies to eliminate gender stereotyping

As society grows and develops such does our need to continually deepen and refresh our understanding of the effects of male and female socialisation. How men and women come to perform in the world is influenced greatly by their and others expectations. We need to pave the way for new scholars to travel and share ideas with others such that the international perspective can also emerge.

6) Encourage the development of services to help victims of gender stereotyping

Gender equality legislation should include, as part of its focus, appropriate support services for those who are victims of gender stereotyping. These could include, for example, awareness campaigns that clarify what constitutes gender stereotyping and what can be done about it; the provision of complaints procedures in the workplace; and the provision of help-lines and websites that offer confidential information and support. It is equally important that appropriate complaints procedures are in place to challenge negative stereotypes of men and women in advertising, public broadcasting and the popular press

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