

Gender as a Determinant of Health in HIA

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Introduction

Gender is a major determinant of health and as such should be properly understood and thoroughly investigated in the Health Impact Assessment (HIA) process. Gender disparities (see Box 1 for key definitions) do not exclusively affect women. Although gender disparities are more damaging to the health of millions of girls and women around the world, they are also harmful to the health of boys and menⁱ. In general, gender inequality and inequity are among the main obstacles to national development and health indicators are among the main measures of gender inequalityⁱⁱ. Failure to recognize the different dimensions of gender and to address it explicitly through the HIA process (see Box 2) may result in an appraisal that fails to appropriately judge how the project will affect community health.

Box 1: Gender and sex definitions

*“Gender” is often confused with “sex”. In reality we should consider **gender** as a social construct, influenced by culturally bound roles, behaviors, values, attitudes, and social environmental factors; and **sex** a biological construct determined by biological, physical, and hormonal attributes^{iii,iv}. It is often difficult to address gender and sex in health research as they are clearly intertwined and both can influence exposure, health outcomes, and the association between exposure and outcomes^v. The feminization of HIV/AIDS is a clear example of this double dimension: women are twice more vulnerable to the virus than men: their body (sex-linked biology) put women at greater risk of contracting the virus, the socio economic context (gender relations) in which women live make them less powerful in the negotiation of safe sex practices.*

Box 2: Health Impact Assessment

Health Impact Assessment is a combination of procedures, methods and tools by which a project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. The HIA identifies appropriate actions to manage those effects^{vi}.

The challenges associated with gender awareness and gender attention are prominent in the extractive industry (EI), a sector which for a long time has been considered as an exclusively masculine environment. Evidence^{vii,viii} indicates that the EI sector is affected by a gender bias: negative impacts in the form of degradation of the natural environment, increased pressure on social services, and community disruption and violence affect women and children disproportionately; while men are more likely to benefit directly by projects through employment and compensation opportunities. However, women often play a key role in

facilitating the social and economic development of their communities and in providing a long lasting social license to operate to the project.

Engendering the EI however means more than the mere inclusion of “women”. The peril is to consider “women” and “men” as homogenous groups. Not all women are the same and in a given context they do not enjoy the same status and share the same concerns. Depending on their role, they might enjoy different economic status and social positions towards the project proponent and also in their communities. These aspects may in return expose them differently towards project hazards or benefits and could impact them in different ways.

The situation is slowly changing and private companies, international lenders, as well as researchers are devoting more attention to the gender dimensions of EI^{ix,x,xi} and have developed guidelines for mainstreaming gender in extractive industry projects^{xii}. This article recommends **four action points for including gender in the health appraisal of extractive industry projects**, mainly:

- *Community profiling with disaggregated data;*
- *Understanding the gendered aspects of the project context;*
- *Identifying changes introduced by the project and distinguishing changes for women and men;*
- *Recommendations that consider different gender needs.*

These four actions point have been adapted from the “Gender impact assessment framework for mining projects”^{xiii}, which have been integrated with other industry guidelines and finally refined by the author’s own experience. Lastly, these four action points are not exhaustive and they do not substitute a gender analysis, but improve the inclusion of gender in HIA.

Community profiling with disaggregated data

This task consists of the compilation of data that describe the community situation prior to project construction. Quantitative data should be disaggregated by sex and other categories that can influence the gender relations such as age, ethnicity, religion, sexual orientation, level of education and socio-economic status. Qualitative data is information on people’s beliefs, needs, perspectives, priorities and should be gathered using participatory research methods which involve as many stakeholders as possible.

Baseline information is also used to monitor the project and ensure that negative impacts are not occurring; therefore when new health data are generated they should be in the form of indicators that allow comparison with the national/regional situation and that can be easily or routinely collected. For example, refer to the details on anaemia as presented in Box 3.

Box 3: HIA of a gas project in rural Pakistan

A quantitative health survey about nutritional status of women and children under five was carried out in rural Pakistan. The survey tried to understand if differences in wealth and living locations among women had an impact on their health status (anaemia was chosen as the health outcome). The survey found in general very high anaemia rates in the local communities and there was a strong association between anaemia with low wealth quintile. The survey found also that town dwellers were significantly wealthier than the desert dwellers. This information was used to improve the rural outreach component of the health activities supported by the project. Anaemia is also an indicator routinely collected by both project sponsored health clinics and local health centres and therefore could be used by the project and the local health system to monitor any change of health status.

Understanding the gendered aspects of the project context

The location of extraction is pre-determined and this makes each project unique and very context specific. The appraisal should consider the local human environment to understand which groups might be more at risk, what their level of vulnerability is and how resilient they are to any change, as illustrated by the examples of mothers presented in box 4.

Box 4 HIA of a project in the Democratic Republic of Congo.

Mothers are the gate keepers of children and family well-being however “nurturance” is paid and acknowledged significantly less than other jobs. Furthermore women are still the exclusive target of health education campaigns. The consultation activities found that the local women were economically dependent on men, they were in a weak position regarding the decision making process for health treatment, and they could lose their livelihoods due to the project construction. Therefore the HIA recommended delivering health education also to the men in order to improve their health seeking behaviors. It also recommended supporting women livelihoods and business skills, which could lead to improved self-esteem, larger social networks, and wider control over household decision-making.

Information can be drawn from literature about the country background and from experience of other projects in the area. However attention should always be given to the specificities and distinctiveness of each project, as shown in the experience with waria/transgender in Indonesia and described in box 5.

Box 5 HIA of a mining project in a remote island of Indonesia

Groups found at high risk for HIV were young men from the local town and surrounding villages who were indirect male sex workers. They sold sex to transgenders (waria). Waria in Indonesia usually work as commercial sex workers but in the island they worked in salons as hair stylists and

beauticians and bought sex from the local men. The HIA considered both waria and the local men at high risk of contracting HIV and STIs, because none of them was mindful of practicing unprotected sex with high risk partners.

Identifying changes introduced by the project and distinguishing changes for women and men

Each extractive industry project transforms the local environmental and social context in fundamental ways and the essence of an HIA is to identify these changes and how they affect community health and wellbeing. A project usually creates a mix of positive and negative impacts and can alter community health directly (for e.g. increased injuries from increased traffic) and indirectly as in the case of young girls presented in Box 6.

Box 6 HIA of a mining project in Madagascar

According to some key informants, prostitution in a mining town of Madagascar increased since the project started. A contributing factor was inflation in the area which led to the inability of the family unit to afford basic necessities and school fees. Many young girls dropped out from school and exchanged sex for goods as a way to support themselves and their families. Young girls did not consider themselves as commercial sex workers, they were a hard to reach group (especially when they dropped out from school), and often did not know how they could protect themselves.

An important aspect to consider is that projects have differential distributions of impacts on the local population groups and certain groups are more vulnerable to any form of change, as illustrated by the petit orpailleurs described in Box 7.

Box 7 ESHIA of a mining project in Ivory Coast.

A detailed survey of artisanal and small miners (orpailleurs) found that two main types existed: grand and petit exploitants. Petit exploitants were mainly women who were seeking to supplement family income i.e. widows, young girls, pupils during their school holidays, unemployed youth. The petit exploitants were considered vulnerable as their livelihood was highly dependent on this activity and they could not easily relocate in another area. The report recommended liaising directly with them as they had diverse interests from the main orpailleurs and providing direct assistance for all of their livelihoods to re-establish themselves.

Recommendations consider different gender needs

The recommendations about the management of the potential impacts identified should avoid or otherwise mitigate negative impacts where possible. They should be evidence based, culturally acceptable, socially relevant, and cost effective. Recommendations should also look at the different needs of the community groups and assure that these differences are addressed.

Project proponents should not substitute the government in the provision of services but should always work within the framework of existing national policy and programs. Furthermore EI projects are often in very remote locations and they could be the main employer and “development” factor present in the area. This makes the local communities more resilient to the residual negative impacts of projects and better able to benefit from the positive impacts, see box 8.

Box 8: HIA of a mining project located in a rural part of Pakistan

The HIA identified several barriers to utilization of health care services. However, the most crucial factor influencing health seeking behaviour in the district was the general condition of the women. There was no female doctor working in the district. Because of local cultural and social norms, women were not allowed to be visited by a male doctor and only the management of common general illnesses was permitted. Furthermore, women usually were not allowed to travel alone to a health facility or to take the decision to spend money on health care. The national Lady Health Workers (LHW) program, devised to cover women health needs, was not equipped for reaching rural areas meaning that most women and children were simply unable to access health care. The HIA concluded that the demand for medical services would increase and recommended supporting the local health system. The HIA proposed the company to formalize an agreement with the district health system and to support the recruitment of a female doctor for the local Rural Health centre as well as the LHW program.

Conclusions

A gender sensitive HIA ensures that the gender bias of the extractive industry sector is properly addressed and therefore projects should avoid or adequately manage residual negative impacts on community members. Gender should be considered in each step of the HIA process; however, this paper has focused on the four action points necessary for including gender in the health appraisal step.

The experiences presented in the paper show how conducting a gender sensitive appraisal can:

- Assist in targeting appropriately the most vulnerable groups (e.g.: girls and female headed household, young boys, petit orpailluers);
- Improve the effectiveness of the recommendations (e.g.: focusing on rural areas or adapting education messages to the local context);
- Facilitate the tracking of potential impacts (e.g.: baseline with disaggregated data which are also routinely collected by health system);
- Address existing inequality and make the community more resilient to negative impacts and better able to benefit from the project (e.g.: women’s empowerment);
- Improve the health status of the local community (all examples);
- Increase the social license to operate (all examples).

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