Gender Equity in Programming

Glossary

February 2021
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Introduction

PATH’s mission is to advance health equity through innovation and partnerships. Central to this mission is gender equity, which requires fair treatment of all people regardless of sex, gender identity, or gender expression.

Language matters, and in addressing gender equity, consistent terminology is important. The definitions contained in this glossary can be used in describing PATH’s work in a variety of programmatic contexts, including proposals, implementation plans, and monitoring and evaluation activities.

In addition, many of the concepts and terminologies have relevance to PATH’s broader initiatives to strengthen diversity, equity, and inclusion both programmatically and institutionally. A working understanding of these terminologies can also help position PATH’s initiatives within global equity movements such as the Leave No One Behind principle of the 2030 Agenda for Sustainable Development.

While this resource aims to build a common understanding of gender-related terminologies, some of the underlying concepts, such as power, rights, violence, equality, and other key words and phrases may translate differently in different countries or languages. Expanded and/or modified definitions may be in use across different settings and should also be consulted. Staff working in various geographies are best positioned to apply these concepts to the local context.

The purpose of the document is to:

- Support staff in recognizing and understanding gender-related terms that are frequently used in health (and other sector) programs.
- Contribute to a common interpretation and use of gender-related terms within and across PATH teams.
- Promote an informed application of gender-related terms in program initiatives and proposal development.

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About the glossary

This document focuses on definitions related to gender equity that program staff may be most likely to use in their day-to-day technical work; it is not intended to be exhaustive. Definitions for additional terminologies may be found in the sources listed in the bibliography.

The definitions herein were drawn from a variety of sources. For some definitions, the wording came directly from existing sources. For others, the language has been merged or otherwise modified based on PATH staff experience and expertise.

National governments, donors, researchers, and practitioners use slightly different terminologies from one another. While the basic ideas are generally aligned across most stakeholders, it is advisable to consult specific national government and/or donor definitions when needed.

To aid in comprehension, the document is divided into the following thematic sections:

I. Conceptual terminologies.

II. Identity-related terminologies.

III. Sexual and gender-based violence terminologies.

IV. Programmatic terminologies.

For quick reference, an index is also included.

Language is dynamic, as is gender equity in programming and our understanding of many concepts associated with this terminology. It is anticipated that this document will be updated and revised as needed.

Where definitions include words that are defined elsewhere in the document, these are highlighted in red font and cross-linked for easy access (using the “Ctrl + Click” function).
I. Conceptual terminologies

Empowerment
A process through which individuals gain increased agency to freely act upon their rights, including full participation in society, voice, choice, access to opportunities, control over key decisions and resources, and actions that impact their lives. In most contexts, gender-related efforts to support the empowerment of specific populations or communities (e.g., women/girls, transgender individuals, non-binary individuals, and others) are driven by a recognition that social norms and power relations have historically disadvantaged them. Gender-related efforts thus strive to challenge existing power allocations. While empowerment often comes from within (i.e., individuals empower themselves), cultures, societies, institutions, and programs can create conditions that facilitate or undermine the possibilities for empowerment.

Gender
A social construct defined by power relations at the individual, family, community, institutional, and structural levels in relation to one’s perceived and/or personally experienced identity as a woman/girl (cis- or transgender), man/boy (cis- or transgender), or non-binary individual.

As a social construct, gender pertains to the social meanings prevalent in a given society about the economic, social, and political roles, as well as the responsibilities, rights, norms, and expectations, associated with those identities.

This can vary over time and according to cultural context and should also be considered in relation to racial identity, ethnic identity, age, and other factors. (See intersectionality.)

Gender programming is not the same as programming for “women and girls” in that all individuals can experience health inequities based on gender-related norms, expectations, and barriers to services. It is also distinct from both “Sex” and “gender identity.”

Gender equality
Exists when individuals of all sexes, gender identities, and gender expressions experience true and equal enjoyment of health and human rights, and fair access to resources and opportunities without explicit or hidden discrimination or political, social, or economic barriers based on their sex, gender identity, or gender expression.

Gender equity
Exists when all sexes, gender identities, and gender expressions receive fair treatment and access to opportunities according to their respective needs. This may include equal treatment or treatment that is different but considered equivalent in terms of rights, benefits, obligations, and opportunities in ways that will lead toward gender equality.

Gender norms
A subset of social norms. The term “gender-related social norm” is also often used. As a type of social norm, gender norms (or gender-related social norms) include expectations about the ways in which individuals with a specific gender identity or gender expression should think, behave, and/or interact with
others. There are both female gender norms (i.e., norms in a given society that promote ideas about how individuals with a female identity are expected to think and act) and male gender norms (i.e., norms governing how individuals with a male identity are expected to think and act). These socially enforced expectations can be either helpful or harmful to achieving gender-equitable health outcomes depending on the nature of the norm.

Gender norms influence many health-related behaviors and decisions across the life span, including risky health behaviors (e.g., smoking and alcohol use), health-seeking decisions, household allocation of food and other resources, age at marriage, and use of violence, among others.

Individuals whose beliefs and actions do not conform with the prevailing gender norms of the societies in which they live may face social disapproval, discrimination, exclusion, and social, economic, political, or legal punishment or even violence. Inequitable gender norms reflect and reinforce unequal gender-based power dynamics. Inequitable gender norms often intersect with norms related to ethnicity, socioeconomic class, disability, age, sexual orientation, and other factors that are used to disadvantage or disempower groups and individuals.

**Intersectionality**

Refers to the overlapping layers of identity (e.g., gender identity, sexual orientation, racial identity, ethnic identity, class identity, geographic origin, living with a disability or health condition, etc.) within which individuals, families, and communities live, and that often generate multiple, simultaneous levels of inequity, discrimination, and/or oppression.

**Gender-equitable programming** (as well as theory-driven research in public health) may also address the concept of intersectionality in that it recognizes and accounts for the different disease burdens, barriers to services, and health outcomes that may be driven by multi-layered, overlapping social, economic, and political inequality.

The term intersectionality was coined by a US-based race theory scholar, Kimberlé Crenshaw, in 1991 (see bibliography).

**Masculinities**

Refers to conceptualizations that individuals and societies hold about male identities. These conceptualizations often differ across cultures, can change over time, and usually exist in multiple, sometimes contradictory forms within societies. Masculinities are often thought of in relation to men and boys but can also be associated more broadly with individuals having a male identity and/or expression.

Harmful masculinities are rooted in patriarchy (i.e., a social, political, and economic system in which cis-gender men are favored over others and hold disproportionate power, privilege, and control) and emphasize and elevate expressions of masculinity that convey dominance, power, and privilege of male identities over female identities. These conceptualizations can translate into harmful behaviors and are, for example, associated with men's use of violence against women. Harmful masculinities emphasizing physical strength, control, and invulnerability can also negatively impact men's physical and mental health outcomes and behaviors (e.g., excess alcohol use, sexual risk-taking, and poor health-seeking).

Positive and healthy masculinities emphasize attitudes and behaviors that reflect the positive and healthy dimensions of male identities. Positive and healthy masculinities can be associated with healthy behaviors for individuals with male identities and others in their lives.
Activities that challenge harmful masculinities are often part of programmatic efforts to promote gender equity. Programs that support healthy masculinities, such as, for example, emphasizing the positive role of a father as a nurturing caregiver, may contribute to a positive self-image for a man and good health outcomes for his children.

**Sexism**

Refers to any public or private act, visual or written articulation, or practice or behavior based on the idea that an individual or group is inferior to others based on sex, gender identity, or gender expression.

A sexist individual, group, institution, or other entity uses sex- or gender-based prejudice or discrimination to reinforce and maintain status, privilege, and power differences between groups within society.

**Social norms**

Expectations and behaviors based on collective ideas and beliefs about what is acceptable in a given social context. Individuals often act in certain ways based on what they think others in their social environment think is acceptable (i.e., the dominant social norms).

II. **Identity-related terminologies**

**Cis-gender**

A gender identity and gender expression that corresponds with the sex the person was assigned at birth. For example, an individual who was assigned female (sex) at birth and whose gender identity is that of a woman can be described as a cis-gender woman.

**Gender expression**

The way in which an individual outwardly presents themselves as either a woman/girl, man/boy, or non-binary individual. It is not the same as gender identity in that one’s outward presentation (gender expression) and internal identification (gender identity) may not be the same.

**Gender identity**

Each person’s deeply felt internal and individual experience of gender that may or may not correspond with the sex assigned at birth. Gender identity exists on a spectrum and is not necessarily completely male or female, and may change over time.

**Intersex**

Refers to people who naturally have biological traits that do not match what is typically identified as male or female. There are many different intersex variations. Some intersex people have XXY chromosomes, some have ambiguous genitalia or internal sex organs, and some have internal sex organs or hormones released during puberty that do not match their genitalia. Being intersex is a naturally occurring variation in humans; it is not pathological. Being intersex is not linked to sexual orientation, gender identity, or gender expression; intersex people can have different sexual orientations, gender identities, and gender expressions.
Non-binary

An umbrella term referring to individuals whose gender identity or gender expression does not conform to traditional ideas (i.e., social constructs) of male/man or female/woman. It is not the same as intersex, which is a biological category. It is also not the same as transgender, although some transgender individuals may identify as non-binary.

Sex

A biological distinction between male, female, and intersex individuals. At birth, infants are assigned a sex based on a combination of bodily characteristics, including chromosomes, hormones, internal reproductive organs, and genitalia.

In general, sex does not change over time or according to culture or geography, although at a later point in life, some individuals may choose to affirm their gender expression with surgery or hormones to better reflect their gender identity.

Sexual orientation

Refers to a person’s physical, romantic, and/or emotional attraction toward other people. Sexual orientation comprises sexual attraction, sexual behavior, and sexual identity. Heterosexuality, homosexuality, bisexuality, asexuality, and pansexuality are examples of sexual orientation. Sexual attraction, behavior, and identity do not always align in expected ways. For example, men who have sex with men (behavior) do not always identify as gay (identity).

Transgender

A gender identity and gender expression that does not match the sex the person was assigned at birth. A transgender individual typically has a gender identity and gender expression that is predominantly either male or female (e.g., an individual assigned male at birth who has a female gender identity). However, a transgender individual may also have a gender identity and gender expression that is neither male nor female, or that incorporates both male and female identities.

III. Sexual and gender-based violence terminologies

Gender-based violence

Violence that is directed at an individual based on sex, gender identity, gender expression, or failure to adhere to socially defined norms of masculinity and femininity. It includes physical, sexual, psychological, and emotional abuse; threats and coercions; arbitrary deprivation of liberty (including limitations on physical mobility and access to family, friends, and other social contacts, as well as health care and other services); and economic abuse and/or deprivation, whether occurring in public or private life.

Gender-based violence is driven in part by inequitable gender norms and the unjustifiable social acceptability of using violence to punish individuals who do not conform to certain gender norms.

Additional forms of gender-based violence include, but are not limited to, female infanticide, child sexual abuse, sexual coercion and abuse, neglect, domestic violence, elder abuse, and harmful traditional practices such as child, early, and forced marriage, “honor” killings, and female genital mutilation/cutting.
Intimate partner violence
Behavior by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, such as physical aggression (including rape), sexual coercion, psychological abuse, and controlling behaviors. It can occur among heterosexual or same-sex couples and does not require sexual intimacy in that, for example, threats and psychological harm can be perpetrated even when the partners are geographically distant from each other.

Sexual abuse
Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. All sexual activity with a child is considered as sexual abuse. Sexual abuse is a broad term that includes a number of acts, including rape, sexual assault, sex with a minor, and sexual activity with a minor.

Sexual exploitation
Any actual or attempted abuse of position, vulnerability, differential power, or trust for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another person.

Sexual violence
Any sexual act, attempt to obtain a sexual act, or unwanted sexual comments or advances using coercion, physical force, and/or threat of force against a person, by any other person(s) regardless of their relationship in any setting. Three types of sexual violence are commonly distinguished: sexual violence involving intercourse (i.e., rape), contact sexual violence (e.g., unwanted touching, but excluding intercourse), and non-contact sexual violence (e.g., threatened sexual violence, exhibitionism, and verbal sexual harassment). Sexual violence within a couple is called intimate partner violence.

IV. Programmatic terminologies

Gender analysis
A systematic examination of the gender landscape in which a project or program is planned and implemented. It focuses on gender-related factors in certain topic areas that can influence health burdens, relationships, opportunities, and outcomes as experienced by women/girls, men/boys, and intersex individuals, inclusive of all gender identities and gender expressions in a given setting and project context.

The topics examined often include a range of social, economic, and political factors, and include a critical understanding of power structures that either advantage or disadvantage individuals based on sex, gender identity, or gender expression, also taking into consideration factors such as age, racial identity, rural or urban location, education level, and more.

A gender analysis typically uses both primary and secondary data sources. Methodologies vary but often include using both qualitative and quantitative information, including sex-disaggregated data. It may include documentation and understanding of gender-related social norms, beliefs, behaviors, roles, responsibilities, decision-making, power, legal rights, time use, economic activities, access to health care


and other resources and information, and policies and institutional practices—and the ways in which these factors differentially impact health service access and utilization.

A gender analysis is normally undertaken early in the project or program cycle as part of the planning or design phase. It also guides implementation and can be used to contextualize programmatic results and the differential gender-related effects that programs may have on groups and individuals depending on their sex and/or gender identity and/or gender expression.

**Gender audit**

Within the programmatic context, a form of assessment carried out at the project, program, or institutional (i.e., cross-programmatic) level that identifies the extent to which gender inequities are identified and gender-related programmatic barriers and opportunities are recognized and acted upon throughout the project cycle.

Given that a gender audit may be carried out at different levels, different tools and approaches may be used to collect and synthesize information. These tools include gender markers (e.g., scorecards and checklists), focus group discussion guides, document review guides, workshop plans, and so on, depending on needs, to help assess the extent to which a program plan or budget is gender-blind, gender-sensitive (gender-responsive), or gender-transformative.

A gender audit can be conducted by a person or a group outside of the project, program, or cross-programmatic entity and/or it can be done as a project or program self-assessment. It can also be done as a participatory exercise led by both internal and external stakeholders.

Gender audit tools and approaches focus on program management and practical accountability for gender equity in programming. In contrast to a gender analysis, a gender audit often uses predefined standards and indicators against which to assess the project’s or program’s success in integrating gender. The results and recommendations of a gender audit are used to strengthen program quality and ensure that activities promote gender equity rather than exacerbate any existing gender-related power imbalances.

**Gender-blind programming and/or policy**

Programming and/or policy that fails to recognize the gendered social context in which individuals live and interact with each other. Gender-blind programming and/or policy perpetuates, and can even exacerbate, gender inequities by ignoring the gender-based differences in disease risk and burden, power dynamics, decision-making, access to resources and services, and more in the communities where they are implemented. Projects that are gender-blind risk violating “Do No Harm” programming principles since inattention to gender dynamics in a specific context can unintentionally exacerbate inequities through, for example, reinforcing existing unequal power relationships and inequitable gender norms.

**Gender data**

An umbrella term referring to quantitative and qualitative data that yield information about issues related to gender equity and/or gender equality that are used to make decisions about policies and programs. Gender data are based on concepts and definitions that reflect the lived realities of groups and individuals of all sexes, gender identities, and gender expressions in a variety of areas that impact their health and well-being at the individual, relationship, family, community, and structural levels.
Gender data can be collected during formative research, used in program monitoring, and/or collected and analyzed through various evaluation methods.

In quantitative form, gender data include but are not the same as and are not limited to sex-disaggregated data.

Gender data include gender-sensitive indicators and indicators measuring empowerment and gender equality; for example, levels of support for gender-related attitudes and norms in a community, or differential health service access and use as experienced by individuals of various sexes, gender identities, or gender expressions.

The term gender data also encompasses but goes beyond “gender statistics,” which refers to quantitative data only. Qualitative gender data focuses on the social aspects of the health risks and health outcomes influenced by gender norms, roles, responsibilities, relationships, policies, institutional practices, differences in access to resources, and other factors. As with qualitative data in general, qualitative gender data can be used to understand the “how” and “why” of health challenges and processes of change.

Gender data are best examined and applied in relation to other factors that impact health outcomes (e.g., age, racial identity, socioeconomic status, location, education level, and so on).

**Gender-equitable programming**

Programming that purposefully addresses inequities that are strongly influenced by cultural and socially defined expectations, roles, responsibilities, norms, and power relations based on sex, gender identity, or gender expression. In doing so, gender-equitable programming ensures that individuals’ access to health and other opportunities are not constrained by gender-related power imbalances. Gender-equitable programming focuses on ways to build, strengthen, and make progress toward a state of gender equality through tangible, equitable access to resources and opportunities—regardless of sex, gender identity, or gender expression.

**Gender integration**

The process of deliberately assessing and addressing the aspects of a program, project, or set of activities that can impact, or be impacted by, gender inequities. A project gender integration strategy typically includes a gender analysis, the identification of ways to address gender inequities within specific activities through gender-sensitive and/or gender-transformative approaches, the use of gender-sensitive indicators, and reporting on activities and outcomes in ways that emphasize progress toward gender equity and gender equality. Gender integration is relevant at all phases of a project life cycle and is fundamental to program quality and the equal health rights of all individuals regardless of sex, gender identity, or gender expression. Gender mainstreaming is another terminology that refers to the same concept as gender integration. The two terminologies are often used interchangeably.

**Gender-responsive budgeting**

The process of planning and implementing budget allocations in a way that accounts for the gender equity impact of financial choices on stakeholders of all sexes, gender identities, and gender expressions. Gender-responsive budgeting does not necessarily mean that all budgets are dedicated 50%-50% for men/boys and women/girls. It means that budgeting is done in ways that are consistent with gender-equitable resource distribution and that contribute to equal opportunities. The examination of budget
gender-responsiveness is often done in reference to national public resource allocation, but project budgets can also be reviewed and adjusted to improve gender-responsiveness by looking at how investments might advantage or disadvantage stakeholder groups based on sex, gender identity, or gender expression.

**Gender-sensitive indicators**

Measures that examine any number of gender equity and/or gender equality dimensions in areas such as gender-related social norms, health risks, and health burdens; gender-equitable health service delivery, access, and utilization; differential health outcomes; gender-related dimensions of health data systems; and capacity-strengthening and empowerment opportunities within health programs.

Gender-sensitive indicators go beyond sex-disaggregated indicators, although these may be included in a set of gender-sensitive indicators for a specific activity or project, including indicators based on gender identity or gender expression. Tracking gender-sensitive indicators over a project life cycle can demonstrate in what ways project activities might contribute to advancing gender equity. Data generated from gender-sensitive indicators can also inform policy and program decisions at regional and national levels.

**Gender-sensitive programming and/or policy**

Programming and/or policy that takes gender inequities into account at all stages of program design, implementation, and evaluation by explicitly avoiding the exacerbation of existing gender inequalities while also promoting gender-equitable access to program benefits. **Gender-responsive programming and/or policy** is another terminology that refers to program design, implementation, and evaluation with these characteristics. Sometimes the two terminologies are used interchangeably. Less commonly, some stakeholders use “gender-responsive programming and/or policy” to refer to concepts associated with gender-transformative programming and/or policy.

**Gender-transformative programming and/or policy**

Programming and/or policy that actively strives to examine, question, and change rigid gender norms and power imbalances as a means of reaching health and gender-equity objectives. It involves meaningful and sustainable social change.

Gender-transformative approaches encourage critical awareness among men/boys and women/girls of gender roles and norms, promote the position of women/girls where increased equity is needed, challenge the distribution of resources and allocation of duties between men/boys and women/girls, and/or address imbalances in the power relationships between women and others in the community, such as service providers or traditional leaders.

**Sex-disaggregated data**

Data (typically quantitative) on any topic that are separated by sex in order to allow comparisons between sex categories. Typically, sex categories in sex-disaggregated data are conceptualized as binary: male; female. One challenge with a binary perspective of sex, especially when collecting sex-disaggregated data, is that it reinforces the idea of there being two sexes only, leading to the exclusion of intersex individuals.
Sexual orientation and gender identity data

Data (typically quantitative) collected from individuals through survey interviews (self-administered or interviewer-administered), or as part of patient intake in the health care setting, about the individual’s sexual orientation and/or gender identity. This information helps clarify health status, access to care, and preferences for service delivery among individuals across the full range of sexual orientations and gender identities, without which it is impossible to adequately address the health needs of all. Qualitative data regarding the experiences of individuals of all sexual orientations and gender identities regarding health outcomes, risks, and resilience, and access to services can also provide important information to ensure adequate program design, implementation, and evaluation.

Sexual orientation and gender identity data, while not the same as sex-disaggregated data, may also be sex-disaggregated (i.e., data on sexual orientation collected from both men/boys and women/girls and disaggregated by sex during analysis).
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