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Intersectionality and gender mainstreaming in international health: Using a feminist participatory action research process to analyse voices and debates from the global south and north

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ABSTRACT

Critiques of gender mainstreaming (GM) as the officially agreed strategy to promote gender equity in health internationally have reached a critical mass. There has been a notable lack of dialogue between gender advocates in the global north and south, from policy and practice, governments and non-governmental organisations (NGOs). This paper contributes to the debate on the shape of future action for gender equity in health, by uniquely bringing together the voices of disparate actors, first heard in a series of four seminars held during 2008 and 2009, involving almost 200 participants from 15 different country contexts. The series used (Feminist) Participatory Action Research (FPAR) methodology to create a productive dialogue on the developing theory around GM and the at times disconnected empirical experience of policy and practice. We analyse the debates and experiences shared at the seminar series using concrete, context specific examples from research, advocacy, policy and programme development perspectives, as presented by participants from southern and northern settings, including Kenya, Mozambique, India, the Democratic Republic of Congo, Canada and Australia.

Focussing on key discussions around sexualities and (dis)ability and their interactions with gender, we explore issues around intersectionality across the five key themes for research and action identified by participants: 1) Addressing the disconnect between gender mainstreaming praxis and contemporary feminist theory; 2) Developing appropriate analysis methodologies; 3) Developing a coherent theory of change; 4) Seeking resolution to the dilemmas and uncertainties around the 'place' of men and boys in GM as a feminist project; and 5) Developing a politics of intersectionality. We conclude that there needs to be a coherent and inclusive strategic direction to improve policy and practice for promoting gender equity in health which requires the full and equal participation of practitioners and policy makers working alongside their academic partners.

Introduction

Gender mainstreaming (GM) has been the officially agreed strategy to promote gender equity in health internationally for the last fifteen years, after being adopted at the Fourth World

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Conference on Women in 1995 and ratified by the UN in 1997. Broadly speaking, GM can be understood as "a deliberate and systematic approach to integrating a gender perspective into analysis, procedures and policies" (OECD, 2000, cited in Hankivsky, 2005, p.980). It has always been an "essentially contested form of feminist politics and policy" (Walby, 2005a, p.463), but critiques have gathered pace as learning from implementation has emerged. To date a critical mass of evaluation and comment has reached the verdict that GM has had a limited impact, at least in part because of critical flaws in its conception (Hankivsky, 2005; Daly, 2005; Aasen, 2006; Sundari Ravindran & Kelkar-Khambete, 2007; Walby, 2005b; Zalewski, 2010). This paper aims to contribute to the debate on the implications of this failure for future action for gender equity in health, drawing on experiences shared at a seminar series that aimed to review GM in international health.

Critiques of gender mainstreaming

GM has been interpreted in a range of ways in its implementation in both the north and south, reflecting different interpretations of gender equality as well as the different 'mainstreams' – varying social, political and economic contexts (Walby, 2005a). For example, the requirement within EU member states to implement gender mainstreaming within economic and social policies is interpreted rather differently by its member states, resulting in variations in implementation and outcomes (Lewis, 2006; Walby, 2004). Critics of GM have argued that the radical and 'transformational' intent of GM has been watered down by the 'integrationist' and 'technocratic' approach adopted by neo-liberal state bureaucracies and international policy making organisations in the north and south (Baden & Goetz, 1998; Jahan, 1995). Others have gone further, seeing GM as the reinventing or 're-branding' of feminism, which effectively neutralises the power of feminist discourses by creating an 'acceptable' and depoliticised alternative to discussing female subordination (Mc Robbie, 2008); in some situations the vocabulary of gender has been used "to deny the very existence of women specific disadvantage and hence the need for specific measures which might address this disadvantage" (Kabeer, 1994, p.12). The problem of lack of implementation of gender mainstreaming policy, or 'policy evaporation' has also been highlighted (Sundari Ravindran & Kelkar-Khambete, 2007), with some critics drawing attention to the lack of a clear methodology for change (Guijt & Shah, 1998), particularly with regard to the strategic issue of engagement with the state (Hankivsky, 2005).

Barriers to dialogue on ways forward

We have reached a decisive point at which the apparent failures of GM demand a new strategic approach (Hankivsky, 2005). However, there has been a notable lack of dialogue between gender advocates in the UK and European Union and their Southern counterparts, resulting in disparate voices from north and south, policy and practice, governments and non-governmental organisations (NGOs). The opportunities for meaningful debate around gender mainstreaming issues are further hindered by geographical, structural, organisational and financial issues, resulting in a lack of interdisciplinary and inclusive fora where actors with disparate positionalities can be brought together to discuss key issues and create the necessary networks to promote an open dialogue on key issues in GM.

Methods

Creating a forum for debate

To create such a space in which other voices could be heard, colleagues at the Liverpool School of Tropical Medicine and the University of Liverpool in the UK hosted an international seminar series entitled: *'Gender Health Equity: Embracing local and global challenges to mainstreaming'* (https://vocal-external.liv.ac.uk/sites/genderandhealth_esrcseminars/_layouts/viewlsts.aspx). The series of four seminars held during 2008 and 2009 was funded by the UK Economic and Social Research Council (ESRC), which enabled wider calls for participants and the attendance of international contributors. Despite encountering structural barriers to participation, including difficulties in getting visas, and family commitments, there were almost 200 participants, including advocates, researchers and practitioners working on gender and health in diverse roles and contexts across 15 different countries in the global south and north. All seminar participants (see https://vocal-external.liv.ac.uk/sites/genderandhealth_esrcseminars/Shared%20Documents/Forms/AllItems.aspx) were sent a full draft of the paper and asked to respond within 2 weeks if they had any concerns about the paper or wanted to suggest any changes.

The purpose of the seminars was to engender critical reflections on theoretical approaches and pragmatic experiences in GM internationally in order to contextualise the concept of GM in international health within several ongoing feminist debates and to further define and refine the strategic options available to gender advocates in the South and North.

Methodology of the seminars

The planning of the programme was informed by the democratic principles of (feminist) participatory action research (FPAR), to promote the engagement of participants in an inclusive debate on issues relevant to them. FPAR explicitly develops the links between feminist theory, PAR's use of participatory methods to achieve social change, and critical engagement with issues of power and structural inequalities (Fine, 2007; Krumer-Nevo, 2009). While the seminar organisers introduced events and chaired sessions, overall there was a 'flat' and democratic structure, privileging no particular voices. In Seminars 3 and 4, we eschewed the traditional format of presenting papers and instead created panels and small groups for discussion and included dialogues and 'conversation' (for example between activists and researchers) as a form of presentation of issues and dilemmas. Although there are limitations to applying the principles of FPAR to the seminar series, there are a number of ways in which FPAR informed our involvement in, and analysis of, the material produced by the seminars. By seeing the seminars as forums where practice (and ideology) can be unpicked and remade, we aimed to create the opportunity to contribute more meaningfully to the GM debates:

> '… participatory action research offers an opportunity to create forums in which people can join one another as co-participants in the struggle to remake the practices in which they interact' (Kemmis & McTaggart: 227).

Despite the variation in the ways in which FPAR is practised, there are recurring elements to PAR inquiry: (i) questioning an issue; (ii) critical reflection; (iii) the development of an action plan; and (iv) implementation (McIntyre, 2008). While we can be rightly criticised as having stopped short of the implementation stage, we ascribed a different theme and purpose relating to the FPAR model to each seminar. In Seminar 1 we elicited the challenges for GM in the changing context of international health; in Seminars 2 and 3 we encouraged critical reflection on debates, dilemmas and good practice in GM and addressed the intersections between gender, sexuality, disability, and ethnicity in relation to health. Based on these, in Seminar 4, we developed a research and action agenda to take forward strategic directions for gender mainstreaming in health internationally. The analysis of the key themes emerging