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# Adopting, manipulating, transforming: Tactics used by gender practitioners in South African NGOs to translate international gender policies into local practice

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## ABSTRACT

This paper looks at what is lost and gained through the process of translating international policy from a global to a local space. It does this by sharing results from a multisite ethnographic study of gender practices in foreign-funded South African health organisations. This study identifies a number of tactics used by practitioners to deal with the funding constraints and unique knowledge systems that characterise local spaces, including: using policy to appeal to donors; merging gender with better resourced programmes; and redirecting funding allocations. These tactics point to how practitioners are adopting, manipulating and transforming international policies in order to suit their everyday working realities.

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## 1. Introduction

This paper explores the role of local health organisations in translating international gender policy into local practice, and what is lost and gained in this process of translation. It does this through a study of practitioners tasked with implementing gender policy in foreign-funded non-governmental health organisations (health NGOs) in South Africa. In global health, scholars have long recognised the need to address the way in which gender inequality contributes to poor health outcomes, including a higher prevalence of HIV/AIDS, intimate partner violence, maternal mortality, stress, help-seeking behaviour, and the burden of care on women (Baum and Grunberg, 1991; Connell, 2012; Dowsett, 2003; Doyal, 2001; Dunkle and Jewkes, 2007; Jewkes, 2002). This has led to a plethora of gender policies aimed at addressing health objectives by international NGOs and multilateral donors. Local health NGOs are frequently tasked with implementing these international policies, as donor organisations have come to recognise the role local NGOs play in increasing the reach and impact of health programmes (The Global Fund, 2010). The starting point for this

paper, however, is that international gender policy belongs to a global space shaped by the priorities of these international donors, which is vastly different from the local space in which practitioners carry out their work. Practitioners in local health NGOs operate within a space that is defined by the funding constraints of the NGO sector, historical and political power structures, and local knowledge systems, which require them to translate international gender policy into locally relevant, and often quite different, tasks and activities.

Gender is a particularly interesting area for exploring the translation of policy from global to local spaces because of the challenges for translation that arise from different understandings of gender in different social contexts. Gender refers to attributes of masculinity and femininity that have been defined by a particular social, cultural and historical context. As a social category, gender is historically influenced, context-specific and changeable. The challenge for NGOs of translating ideas about gender from the world of international donors into multiple diverse social contexts is well recognised, including the difficulties of translating the word 'gender' itself (Braidotti, 2002; Haraway, 1991). In global health, urgent calls are now being made for research on pathways linking gender to health in specific contexts following evidence of differences in the social, political and economic contexts in which global health programmes are implemented (Ogden et al., 2011). The complexities of translating gender into local NGO practice

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provides a rich case study not offered by other policy issues, for example healthcare provision or wealth distribution where objects of policy are more easily defined.

This study of how practitioners translate international ideas about gender into local practice sits between two bodies of literature, and seeks to bring them together. On the one hand, feminist scholars working in international development have been trying to establish a coherent discourse about the importance of gender for health and development outcomes. In support of this effort, these feminist scholars have focused on identifying organisational factors that can improve the consideration of gender by local NGOs, including the support of management, the 'sensitisation' of staff to gender inequalities, human resources policies, gender sensitive budgets, the surrounding social and political environment, and gender norms both internal and external to organisations (Fonjong, 2001; Howard, 2002; Jahan, 1995; Kardam, 1991; Moser and Moser, 2005; Razavi and Miller, 1995; Tiessen, 2007; Wendoh and Wallace, 2005). This has positioned many local NGOs as 'failing' to meet the gender criteria established at a global level. For instance, studies on the gendered nature of organisations focus on the role NGOs play in perpetuating rather than addressing gender inequalities in their programmes and interventions (Ely et al., 2003; Tiessen, 2007). Others attribute the failure by organisations to adopt gender policy to a lack of politics in the approach taken by organisations, and highlight a need to address power relations (Baden and Goetz, 1997; Porter and Sweetman, 2005; Smyth, 2007). The focus of these scholars on the failure of organisations to implement international gender policy recommendations draws on a feminist interest in bringing to the surface the ways in which patriarchal social structures continue to reproduce poor outcomes for women. While patriarchal social structures require attention, this focus on patriarchy as the problem can also essentialise local spaces as static and 'traditional' (Aveling, 2012), and ignore broader challenges that arise during the process of translating 'universal' global policy into local context-specific practices. It also leaves these feminist scholars open to post-colonial feminist critiques that unequal relations of power between former colonisers and post-colonial settings have produced different notions of gender while maintaining Western notions as the norm (Mohanty, 1984; Oyewumi, 1997, 2004; Spivak, 1990).

On the other hand, anthropological studies of development policy have focused on everyday activities in cultural contexts where policy is developed and implemented, which pays less attention to patriarchy and more to challenges NGOs face when implementing gender policy in different cultural contexts. For example, through detailed case studies of how gender programmes are implemented, scholars have pointed to the role of personal relationships, local politics, and social obligations in practitioners' uptake of gender policy (Rossi, 2006), as well as the role gender training sessions play in shaping 'good' health and development subjects (Shrestha, 2006). Others have convincingly argued that the gender policy of international donors is inappropriate for addressing the specifics of local contexts, including African identity politics and the complexities of femininities (Oinas and Arnfred, 2009; Woodford-Berger, 2004).

This paper draws on this anthropological literature by taking an actor-oriented approach (Long, 2001) to the process of translating gender policy into daily tasks and activities, referred to throughout this paper as practices. An actor-oriented approach is interested in the perspective of the actor, in this case, the gender practitioners themselves. Gender practitioners in health NGOs are therefore seen as agents capable of making decisions about how gender policy is best utilised for their specific context rather than 'unsensitised' individuals that are ignorant of gendered relations of power. Previously, feminist scholars have used actor-oriented

approaches to analyse the patriarchal nature of NGO culture and the implications this has for practice in specific organisations (Jackson, 1997). This paper builds on the insights gained from this actor-oriented approach by exploring gender-related practices across multiple organisations in a shared policy environment, without a specific focus on patriarchy. This contributes to conceptual understandings of policy 'failures' by examining what gender policy means to a diverse group of practitioners that share a particular context; in other words, by examining what one community of practitioners say they are *doing* when they translate international gender policy into practice.

## 2. Translating international gender policy into local practice

A useful framework for exploring the translation of international gender policy from a global to a local space is the distinction between 'strategies' and 'tactics' delineated by Michel De Certeau in work on practices of everyday life. De Certeau was interested in shifting the focus in cultural studies away from the act of production and product (i.e. policy-making and policy documents), and towards *how* these products are used by social actors in their everyday lives. In light of this project, De Certeau (1984) makes a distinction between 'strategies' as the tools used by institutions, enterprises and governments to enforce their will over a particular social space, and tactics as opportunistic acts that take place within a social space dominated by the strategies of an Other.

De Certeau's understanding of strategies can be usefully applied to policy as a mechanism for defining a space for intervention. Policies provide frames of reference that 'define and bound what forms of knowledge count, and whose versions, claims and interests are legitimated' (Brock et al., 2001). These policy frames often come in the form of structured narratives, weaving a story about what the problem is and how it needs to be solved (Roe, 1991). The terms policy frame and strategy are used interchangeably throughout this paper. This points to the specific ways that gender policy is not an apolitical process of telling the 'truth' about how gender inequalities or norms contribute to a particular health issue. Policy strategies are involved in validating the need for particular interventions through defining the health problem to be solved and those responsible for addressing it. In global health, policy strategies are the tools of northern donors and international policy-makers 'who overwhelmingly shape what issues are considered important...and who steer and fund programmes' (Campbell et al., 2012).

Strategies in this sense are clearly evident in the gender policies of international donors. As I outline elsewhere (Mannell, 2014), at the time of this study international donors to South Africa were using three overarching policy narratives to frame the strategies needed to address gender inequalities, namely: *instrumentalism*, *women's empowerment* and *social transformation* (Table 1).

Instrumentalism defines gender as relevant to both women and men, and strives to rectify the loss of economic potential that results from gender inequalities through strategies such as gender mainstreaming, the equal participation of girls in education, and a better representation of women in leadership. Women's empowerment defines gender as women's lack of power and therefore pushes women-focused strategies such as economic empowerment, and the implementation of legal frameworks to support women's specific needs and rights. Social transformation defines gender as a form of power relations that manifest in attributes of masculinity and femininity and seeks to transform these attributes through working directly with both men and women. The particular strategy each international donor chooses to use in their

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