

Why a Series on gender equality, norms, and health, and why now?

When this Series on gender equality, norms, and health was first conceptualised in 2015, we were surprised by how little targeted effort had been achieved at this intersection, despite compelling evidence that gender equality improves health and wellbeing.^{1,2} The 2030 Agenda for Sustainable Development and universal health coverage goals demand greater attention to the social determinants of health, including gender, and more integrated, multisectoral programming to enable all people to reach their full human potential. Yet potential advances in health and development are thwarted by systemic neglect of gender norms and inequalities in programme design, implementation, monitoring, and evaluation, despite the adoption of gender mainstreaming³ [A: ref added here] by global health institutions. However, the same systems that perpetuate these injustices against women and girls also harm men and boys and gender and sexual minorities, and affect a broad array of health outcomes for all people. We aim for this Series⁴⁻⁸ to provide new understanding of the impact of gender inequalities and norms on health, and the opportunities that exist within health systems, programmes, policies, and research to transform gender norms and inequalities.

Our contention is that the global community's commitment to achieving the Sustainable Development Goals (SDGs)—including SDG 3 on health and SDG 5 on gender equality, among others—will not be realised unless we address both gender inequalities and the restrictive gender norms that underlie and maintain them. Gender inequalities are borne of structured power inequalities that reinforce disadvantage and discrimination for women and girls. By contrast, restrictive definitions of what it means to be a so-called acceptable woman or man undermine the health and wellbeing of women and girls, men and boys, and gender minorities.

Making our argument is complicated, however, by the shifting use and varying interpretations of the term gender (panel 1, panel 2). [A: we have broken into 2 panels because too large as one if you want to mention panel 2 in another place that's fine indicate where] Sometimes gender and sex are used interchangeably, obscuring distinctions between sex differences in health based on biology and gender disparities in health caused by social inequalities, which require different actions. In many policy-making circles, gender is usually synonymous with women and girls and the focus remains on redressing gender inequalities without embracing opportunities to transform restrictive gender norms and improve health and wellbeing for all people. Finally, there is growing recognition of the concept of gender as identity—ie, a deeply held personal sense of one's self as male, female, transgender, non-binary, fluid, genderqueer, or any of many other gender identities. Where gender is about identity, it is not structurally imposed [A: any qualification needed here any structural issues at play?] but individually felt or embraced. Many, however, understand gender as externally ascribed, whereby a sociostructural system apports power, resources, roles, and social status on the basis of whether

one is perceived as male/masculine or female/feminine. Gender as a social determinant of health, as treated in this Series, falls within this last definition, and gender systems are held in place by norms that prescribe acceptable gender-related expression and behaviour. Gender norms thus act on individuals and shape their standing and options in the world, and the way they are treated by others in their communities and the institutions where they live.

With these assumptions and definitions in mind, we hope to inform the global health community of effective actions to recognise and transform restrictive gender norms and gender inequalities, and their intersections with other social inequalities—including those related to age, race/ethnicity, religion, and socioeconomic status—in all they do. Our ultimate goal is to catalyse actions to enable all people to live to their full human potential by upholding human rights and improving health and wellbeing for all.

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Panel 1: Definitions as used in *The Lancet Series on gender equality, norms and health*

Sex

A person's biological status as male, female, or intersex (a person who is born with sexual anatomy or chromosomes that do not conform to what typically distinguishes male from female). There are a number of indicators of biological sex, including sex chromosomes, hormones, internal reproductive organs, and external genitalia.

Gender

The culturally defined roles, responsibilities, attributes, and entitlements associated with being male or female in a given setting, along with the power relations between and among women and men, and boys and girls. The definition and expectations of what it means to be a woman/girl or man/boy, and sanctions for not adhering to those expectations, vary across cultures and over time, and often intersect with other factors such as race, class, age, and sexual orientation. Individuals who identify as transgender can also experience discrimination and sanctioning for failure to conform to prevailing gender norms.

Gender norms

The often unspoken social rules that govern the attributes and behaviours that are valued and considered acceptable for males and females within a given culture or social group. Norms are learned and reinforced from childhood to adulthood through observation, instruction, positive and negative sanctioning, the media, religion, and other social institutions. At times, norms can be so pervasive that individuals mistakenly assume that they are “natural” or “ordained” and thus immutable.

Gender system/order

The structures, social relations, and processes that define males and females as different in socially significant ways and justify inequality on the basis of that difference. Each society creates and maintains a system where women and men are assigned different tasks, roles, and social positions. Most existing gender systems consider things deemed male/masculine superior to those deemed female/feminine.

Gender equality

The concept that all human beings, irrespective of their sex or gender identity, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles, or discrimination. Gender equality means that the different behaviour, aspirations, and needs of males, females, and people of other gender identities are considered, valued, and favoured equally. It does not mean that women and men become “the same”, but that the rights, responsibilities, and opportunities of individuals will not depend on whether they were born male or female.

Gender equity

The process of being fair to women and men, boys and girls. To ensure fairness, measures must be taken to compensate for cumulative economic, social, and political disadvantages that prevent women and men, boys and girls from operating on a level playing field.

Gender identity

A person’s internal psychological sense of being male or female or a blend of both. One’s gender identity can be the same or different from one’s sex assigned at birth.

Gender expression

How an individual expresses a sense of being masculine, feminine, neither, or both through clothing, mannerisms, haircut, voice, and behaviour. Gender expression is not an indicator of sexual orientation.

Sexual orientation

Sexual orientation refers to an enduring pattern of emotional, romantic and/or sexual attraction to men, women, or both sexes. It is separate from gender identity or how a person chooses to display gender through their appearance, dress, and actions.

Transgender

An umbrella term for persons whose gender identity, gender expression, or behaviour does not conform to that typically associated with the sex to which they were assigned at birth.

Panel 2: Definitions of gender in programme planning as used in *The Lancet Series on gender equality, norms and health* [A: title ok?]

Gender *analysis*

A systematic methodology for examining the differences in roles and norms for women, men, girls, and boys; the different levels of power they hold; their differing needs, constraints, and opportunities; and the impact of these differences on their lives. It is a planning tool used to anticipate the impact of policies and programmes in light of these realities to help ensure that programmes achieve their stated goals and do not exacerbate gender inequalities.

Intersectional *analysis*

The recognition that an individual's lived experience and position in society is simultaneously defined by intersecting hierarchies of power based on race, class, ethnicity, sexual orientation, gender, (dis)ability, and other form of social inequality.

The *gender integration continuum*

A tool to help practitioners assess the degree to which a programme or policy is likely to reinforce, maintain, or help transform existing norms and inequalities between and among women and men. It categorises programmes as either gender blind (totally unattuned to gender) or gender aware. Aware programmes can be exploitative, accommodating, or transformative.

- **Gender exploitative:** policies and programmes that intentionally or unintentionally reinforce or take advantage of gender inequalities and stereotypes in pursuit of project outcomes, or whose approach exacerbates inequalities—eg, a social marketing campaign in Latin America that appeals to male virility, sexual conquest, and “uncontrollable” sexual urges to sell condoms
- **Gender accommodating:** policies and programmes that acknowledge but work around gender differences and inequalities to achieve project goals.
- **Gender transformative:** policies and programmes that seek to challenge rigid gender norms and promote gender equality as part of achieving programme objectives. Transformative approaches can productively address hierarchies of advantage and disadvantage among differently positioned

men and women (based on their class, race, gender identity etc.) in addition to difference between men and women.

- **Gender mainstreaming³**: the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring, and evaluation of policies and programmes so that women and men benefit equally and inequality is not perpetuated. It was endorsed at the Fourth World Conference on Women (1995) as the strategy to be adopted by institutions to address gender inequality.