Applying the gender dimension to the One Health approach

A factsheet by the GIZ Selva Maya programme

What is One Health?

The term One Health came into formal academic usage following the 2003–2004 outbreak of SARS, a health crisis that prompted the creation of the 12 Manhattan Principles and the development of a "One World, One Health" framework. As a result, institutions from the Global North tend to assume that One Health is a relatively modern concept. It's worth noting; however, that the approach has been embodied in land usage by Indigenous communities for centuries.[1]

According to the definition developed 2021 by the One Health High Level Expert Panel, an advisory panel to the One Health Quadripartite made up of the FAO, WHO, WOAH, and UNEP:

One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent.

The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate changes and contributing to sustainable development.[2]

What is the gender dimension?

Gender as a category of analysis addresses the different roles and power relations between members of a society. Unjust social norms underpin unequal power relations that disadvantage women, girls and people with non-binary gender identity and diverse sexual orientation. Socially constructed attitudes and beliefs cause members of society to conform to stereotypes assigned to them, resulting in vulnerabilities, fragility and serious health risks for both men[3] and women and non-binary people.

One of the main objectives of a gender approach is to be *transformative* and to support attitudinal and social change. That is, to recognise the power relations and inequalities that perpetuate gender inequality and aim to address these structural barriers and move towards new, more egalitarian and participatory paradigms.[4]

To achieve this goal, it is essential to apply an *intersectional* perspective: People with a particular gender identity are not a homogenous group. Rather, each person is defined and integrated according to social

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[1] Hillier et al., Examining the concept of One Health for indigenous communities: A systematic review: Examining the concept of One Health for indigenous communities: A systematic review - ScienceDirect

[2] What is One Health? - One Health Commission

[3] For example, the consequences of boys conforming to the stereotypes assigned to them include:
- Engaging in physical violence to a greater extent than girls
- Dying more often from accidental injuries
- Being more prone to substance abuse and suicide
- Having a shorter life expectancy than women.
Blum, Mmari, et al., It Begins at 10: How Gender Expectations Shape Early Adolescence Around the World: It_Begins_at_10_How_Gender_Expectations_Shape_Earl.pdf, 2017

[4] Friesen & Wisskirschen, Three Cornerstones for Germany's Feminist Development Policy: Three cornerstones for Germany's Feminist Development Policy (die-gdi.de), 2022
"[Gender transformative approaches] promote changes in gender relations, opportunities and resources by women and men, and girls and boys by challenging the root causes of gender discrimination, including the constraining gender norms, discriminatory attitudes and behaviours, unequal power relations and social, economic and political structures (laws, policies and rules) that create and reinforce gender inequalities. They also work with boys, young men and men to embrace positive masculinities." Gender transformative approaches (fao.org)

categories or other identity characteristics, such as age, origin, disability, social status, ethnic and religious affiliation or attribution, refugee or migrant status, urban or rural population, and thus may be subject to multiple discriminations that may interact and reinforce each other.

Taking an example of intersectionality from the Selva Maya region in the state of Yucatan, Mexico, indigenous populations have half as many health centres as the national average.[5] Consequences include a maternal mortality rate three times higher in indigenous municipalities than in non-indigenous ones.[6]

These multiple discriminations may contribute to particular vulnerability and should be carefully analysed.[7]

Why is the gender dimension important for the realisation of the One Health approach?

The gender dimension and its impact on environmental health, habitats, livelihoods have been marginalized in debates that treat One Health as an approach requiring political and scientific solutions without substantially transforming societies and economies of inequality and exploitation.

However, applying the gender dimension helps to understand constructed masculine and feminine behaviours that influence human attitudes and practices towards their own wellbeing, animal welfare and environmental health – for instance by unmasking the gendered character of overconsumption of meat.

Meat eating has traditionally been a masculine practice in many cultures from past to present and is associated with a number of characteristics attributed to masculinity such as hunting, aggression, strength, and domination over nature. Vegetables, fruits, and grains, on the other hand, have been engendered as feminine by referring to the characteristics of gathering, submission, and sensuality that patriarchal societies attribute to women.[8] Globally, veal and beef are the main consumer goods driving deforestation and thus biodiversity loss with clear impacts on wildlife and their habitats and can lead to the extinction of species.[9] Looking at the production side of the issue, statistics show that male cattle ranchers refuse to execute environmentally friendly climate change adaptation activities because they want to preserve practices that maintain local hegemonic[10] masculinities, despite the fact that these practices are environmentally destructive.[11]

Applying the gender dimension to the realm of animal health helps us also to understand stereotypical masculine behavior that can lead to animal abuse practices such as dogfighting and wildlife crime. Statistics show that perpetrators are predominately males, using animal harm practices as a means through which to express and reassert their masculinity in challenging social situations.[12] Thus, animal harm, predicated on the influence of notions of masculinities, can be linked both to aspects of control and to those situations where a perceived loss of power, such as the inability to feed ones family, needs to be addressed.

Critical gender theory concludes that people instrumentally use their stance towards the environment as a signaling device to convey a masculine identity and to influence their social status. It argues that in mainly industrialized countries masculine performances endorse the idea that technological solutions will solve all environmental problems, without the need for systems change or without questioning the patriarchal norms and values that produce the neoliberal capitalist system and the devastating impact they have on the planet.

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[5] Presentación por Irma A. Velásquez N., Género y sus Desafíos, fuente: Indígenas y salud: cuando 8 millones de personas no importan (animalpolitico.com)

[6] Idem.

[7] Langenkamp, Feministische Entwicklungs- und Außenpolitik in der 20. Deutschen Legislaturperiode, GIZ internal document, 2022
8 Mehmet Can Carpar, Nutrition, Identity and Masculinity: The Sociology of Meat Eating, 2019. AD6961BDB8424DF2A00374C4F6328D99 (istanbul.edu.tr)

[9] World Resources Institute: Global Forest Review: Deforestation Linked to Agriculture | Global Forest Review (wri.org)

[10] Hegemonic masculinity: "In Western and Westernized societies the ideal hegemonic masculinity is treated as synonymous with an identity that is broadly considered to be "macho," ie, being (to at least some extent) assertive and aggressive, courageous, almost invulnerable to threats and problems, and stoic in the face of adversity.", McVittie, Goodall, in The Psychology of Gender and Health, 2017

[11] MacGregor & Seymour, Men and Nature, Hegemonic Masculinities and Environmental Change, 2017, 69.

[12] Nurse, Masculinities and Animal Harm: Masculinities and Animal Harm - Angus Nurse, 2020 (sagepub.com)

Implementing the One Health approach in a gender transformative manner

At the most fundamental level, the One Health approach can be used to challenge reductionist views of health just as gender transformative thought challenges binary notions of gender, sex, and constructed feminine and masculine behaviour. The gender transformative lens applied to the One Health approach allows for a systemic transformation of how we see the place of men and women in the environment, by changing men's dominant position and placing them squarely within the complex web of life forms on planet Earth.

Gender transformative approaches:

- seek to remove structural barriers to gender equality and challenge the distribution of resources and allocation of duties between men and women;

- help understand, reflect on, challenge and change rigid gender norms and roles, unequal power dynamics and discriminatory social structures;

- aim to foster more equitable gender relations within households, communities and organizations and promote the relative position of women and girls in society;

- facilitate dialogue, trust and behavioural change at multiple levels (individual, household, community and systems/institutions);

- use participatory and experiential learning methodologies;

- recognize that women often experience multiple and intersecting forms of discrimination; and

- explicitly engage with men and boys as allies for change and advocates for gender equality.