

Teaching gender mainstreaming in public health

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In her editorial in the special issue on gender and health (SPM 2001), Petra Kolip reflects on the development from “women’s health” to “gender health” as a research and health promotion topic. After a short historical introduction, she observes that men’s health issues increasingly complement those of women. She relates this development to the political discourse on gender mainstreaming that underlines the fact that gender issues refer to being male as well as female, so that policies on gender equity should consider both women and men (Kolip 2001).

The concept of gender mainstreaming can be defined as “the consideration of differential life conditions and interests in both women and men in a structured and consistent manner with regard to all actions in society, because all reality consists of gender issues” (www.gender-mainstreaming.net, 2003, translation by authors). It seems clear that mainstreaming is about a radical change of perspective with gender turning out to be a central element of thinking and acting (Vlassov & Garcia Moreno 2002).

In a public health context, “all actions in society” would be too broad a definition of the mainstream as we limit ourselves to those aspects of society that are related to health. The breadth of topics worked on and methods used in the area of public health however, add up to a sizeable river. The intention to implement gender consistently as a central argument in all decision-making in this dynamic work field is a very ambitious one. Gender mainstreaming demands to be considered at all stages of the public health action cycle: assessment, policy formulation, assurance and evaluation. Accordingly, “doing gender” does not refer to one single step in a public health project, but ideally makes part of the every day work routine as a matter of course.

If this is to be demanded from all actors in public health, the topics of gender and gender mainstreaming should be addressed regularly in the scientific discourse, as in the present

issue of this journal. Furthermore, post-graduate educational programmes are needed for those actors who are willing to do gender mainstreaming, but neither have the necessary theoretical background nor the methodological tools to do so. Recently, we have offered a course as part of the joined MPH programme of the universities of Basel, Bern, and Zürich which was designed to enable this target group to learn about the basic theories and methods in the field of gender mainstreaming.

The title of this introductory course, “Gender and public health” refers to these two broad fields of action; the central issue being the intersection of both fields. We aim to address the topic according to the principle of mainstreaming. Consequently, gender is not conceptualised as a scientific discipline, but rather as a central theme within a range of established health-related disciplines. Besides teaching the theoretical and epidemiological basics on gender, we analyse a small selection of public health topics with regard to their gender aspects. This year, we chose to focus on childhood and adolescence, body images, and gender in developmental cooperation programmes. We also examined gender aspects in the working areas of course participants at various points during the course to illustrate the implications of the course’s contents to everyday practice at an individual level. The participants gladly made use of this opportunity.

In his editorial on the 10th birthday of the Swiss-German MPH programme, Nino Künzli emphasized the need for better coordination between course modules (2002). As gender mainstreaming is taught to many students at an early stage of the MPH programme, mainstreaming can contribute to the coherence of the MPH programme by serving as a scientific tool and as a unifying theme at a didactic level. Our course, “Gender and public health” complements the established module “Frauen, Geschlecht und Gesundheit” (Women, gender, and health) on the epidemiological aspects

of gender by Elisabeth Zemp and her team, enabling participants to observe and judge the health state of the population and population subgroups.

A post-graduate course on gender and public health, which teaches mainstreaming as a central issue, should also use didactic methods that consider gender issues. There is little in the literature, however, about didactics or teaching methods in gender-specific teaching. Although there are pedagogic contributions addressing the topic of co-education, it is not clear which criteria gender-sensitive teaching should meet (Stevens & Van Lamoen 2001). We have ensured that our mixed team of teachers involves gender mainstreaming both

as a teaching goal and as an aspect of didactics. We also use a combination of teaching methods, including lectures and small group exercises, to suit differential individual learning strategies, which partly are associated with gender.

The new course module, "Gender and public health" has room for improvement and could be embedded even more coherently in the MPH programme. Teaching gender mainstreaming in MPH has, however, been an exciting and rewarding enterprise so far.

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