



EQUALITY

Gender Equality Framework

SickKids[®]

**Centre for
Global Child Health**

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Introduction

Gender refers to the socially constructed characteristics and experiences of individuals, including their roles, behaviours, and attributes, along with the relationships that exist between them. In the past, most cultures defined gender as the characteristics related to or differentiating masculinity and femininity, but in the last 4-5 decades it has become more widely understood as a non-binary construct, expressed along a continuum. Nevertheless, even individuals who fully understand that gender is a non-binary construct, often, and perhaps unconsciously, gravitate towards binary categorizations of gender and may therefore express biased treatment of individuals usually due to pervasive gender stereotypes. There is a vast literature, including experimental studies documenting how gender-stereotypical expectations impact the perceptions and value of performance of individuals (Ellemers 2018).

Gender inequality is the inferior or substandard treatment and/or perceptions of individuals based on stereotypical reductionist views of their gender¹. It limits access to equal opportunities, conditions, and/or resources, preventing some individuals from achieving or realizing their full rights and potential. Gender inequality renders unfairness and disadvantage and because gender is a social determinant of health, it inherently impacts health and well-being in a negative manner over the life course (Weber et al., 2019).

In addition to one's gender, other elements of a person's social and political identities can result in different modes of discrimination and/or privilege. Intersectionality, a term coined by Kimberlé Crenshaw, describes the overlapping and interdependent systems of oppression that

individuals experience because of their identities (Crenshaw, 1989). An intersectional approach considers how an individual's multiple identities cannot be separated from each other, but rather it is essential to consider how these identities intersect, overlap, and reinforce the oppression experienced by an individual. An intersectional approach to gender thus necessitates addressing the multiple systems of power that enact on an individual. In other words, to address gender equity one must also consider the intersections of gender with race, sexuality, ability, class, age, citizenship, religion, and other considerations. This type of approach complements other frameworks including Critical Race Theory (CRT) which broadly speaks to structural barriers, institutional constraints, and acknowledges the inherent roles of power, privilege and hegemony that widely impact those with intersectional identities (Ford & Airhihenbuwa, 2010). In education and public health, CRT has contributed important concepts including critical consciousness and the development of praxis whereby theory, practice, and experience work hand-in-hand to inform a call to action to address widespread societal inequities. Such a call is operationalized by the praxis of anti-oppression work that is to be engaged in at a micro, meso and macro level, within institutions and societies, to further the cause of equity across all facets of global health research and practice (Conner, 2021).

Gender equality is key to the [2030 Agenda for Sustainable Development](#), as it cuts across all sectors and is important in all settings, whether high-, middle-, or low-income (Manandhar, 2018). To achieve the greatest impact of policies, initiatives, programmes, and interventions, whether for health and nutrition or in other sectors, a gendered

¹ The terms 'gender' and 'gender inequality' will be used in the remaining pages of this document for simplicity, but their use should be interpreted as encompassing the concept of 'gender-stereotypical' behaviour described above.

perspective should be employed during their development and implementation. In addition, the importance of striving for gender equality within the agencies that are working towards the achievement of the Sustainable Development Goals has recently been recognized (Global Health 50/50, 2020). Until organizations are accountable, we cannot expect gender transformative progress to be made in the countries where we work.

In recent years, the Canadian government has played a significant role in bringing about a local and global focus on gender equality and female empowerment. The government has committed to supporting and advancing these issues through multiple efforts ([see link](#)), including the development of a federal Department for Women and Gender Equality, the creation of a national committee on gender equality, and financial support and implementation of local and international development initiatives that advance gender equality. However, despite the important commitments made by Canada and the global health community at large to improve gender parity² and equity, imbalance still exists within our borders and worldwide (for example, in global health leadership). This trickles down to affect each person – those working in global health, along with those impacted by the work.

Despite increasing global recognition of the racial inequities, the intersection of gender with race and other identities has not been fully addressed in Canadian government policies and existing frameworks, and this subset of individuals – with potentially multiple and overlapping experiences of discrimination – is at risk of experiencing heightened inequalities.

What is the Intent of the Gender Equality Framework?

The issue of gender equality is of relevance to the teams and work conducted at SickKids Centre for Global Child Health (C-GCH). In line with C-GCH's role as an active member of the Canadian and global health community and SickKids' commitment to promote equity, diversity, and inclusion, we have developed a Gender Equality Framework that will be incorporated within our Centre and be of value as we work with external partners. The Framework includes a set of commitments, actions and measures that will be used to set targets and monitor progress. Some of the actions and measures can be immediately acted upon, while others are long-term goals. Through an intersectional lens, our Framework also acknowledges the multiple systems of oppression³ that affect the lives of cis-women, transgender people, non-binary people and gender-nonconforming people and considers these in our strategies and measures. While intersectionality is introduced within this document, C-GCH has newly established a Justice, Equity, Diversity, and Inclusion committee that will work to create a concrete strategy that outlines practical approaches to this issue in particular. Using this Framework as a guide, we hope that C-GCH's support for and advancement of gender equality and equity is evident both within and outside of our organization. In addition, our Implementation Framework will serve to identify responsibilities of those within C-GCH, for broad and specific action items.

² Gender parity is a statistical measure that compares indicators/outcomes among women and men; Global Health 50/50 defines gender parity as 45-55% women represented.

³ Throughout the Framework, we use the phrase 'people who experience systemic oppression' to refer to individuals who experience discrimination and oppression due their identity including but not limited to their gender, race, ability, religion, citizenship, and sexuality.

Internal Commitments

1. Promote the representation of women in senior leadership positions

Commitments

To further gender equality in global health leadership, we will identify and address gender-related barriers, as well as their intersection with other grounds of identity, faced by C-GCH staff in building a successful career path in global health. To mitigate such barriers, we will develop strategies that recognize and promote leadership and are conducive to equity of opportunity across all career levels within the C-GCH. When higher-level structures in the Research Institute or the Hospital act as barriers to equity in advancement, the C-GCH should advocate for change.

Actions

- a. Identify and address gender biases within the C-GCH's leadership teams and structure.
- b. Form a Gender Equality and Equity, Diversity, and Inclusion Sub-Committees, as part of the Advocacy & Outreach Committee.
- c. Appoint a representative from the Senior Management Team to champion gender equality among leadership (i.e., gender equality champion) and join the newly formed Gender Equality Sub-Committee.
- d. Associate with and actively participate in movements that align with the C-GCH gender equality framework (e.g., [Women in Global Health](#), calls for scholarly works in special issues of scientific journals). Participation may take the form of forming local chapters of movements; participating

in webinars; hosting journal clubs of special issues of scientific journals; or inviting guest speakers from systematically oppressed groups to speak on gender equality in global health.

- e. Develop gender-relevant career planning initiatives, including mentoring programs and leadership training for C-GCH staff.
- f. Develop a gender-inclusive recruitment and retention strategy to be applied across all positions.
- g. Develop a career progression framework, including an organizational chart, job descriptions, competencies, training needs, and pay bands to support C-GCH staff to better understand and navigate the possible roles and titles across the Centre and what is needed to progress to each role and/or band.

Measures

- Participation of the gender equality champion (who sits within the Senior Management Team) in the Gender Equality Sub-Committee.
- Number of leadership and junior roles across the C-GCH (i.e., principal investigators, senior management, research associates) that have achieved gender parity in terms of i) number and ii) compensation⁴.
- Proportion of staff who have received Professional Development Funding (e.g., SCPDF, C-GCH funds) in the last 2 years, reported by gender.
- Difference in the average hourly wage by gender for all full-time workers in the CGCH⁵.

⁴ Equal pay ensures that people of all genders are paid the same for performing the same (or similar) work.

⁵ Gender pay ratio = women's average or median earnings / men's average or median earnings. This is interpreted as the number of cents that women earn for every dollar earned by men. The gender pay gap = $(1 - \text{gender pay ratio}) * 100$. This is interpreted as how much less women earn than men, as a percentage.

Internal Commitments

2. Promote flexibility and safety within our work environment

Commitments

To perform their best and optimally contribute to C-GCH's portfolio, its employees irrespective of their gender, ethnicity, or beliefs, should work in conditions that are respectful, safe, flexible, stimulating, and promote positive work-life balance.

We will provide the necessary resources to support and enable staff to make positive informed decisions for their career paths and develop infrastructure that promotes a respectful and safe work environment and healthy work-life balance to all genders and intersections. Furthermore, consistent with hospital policies, the C-GCH will ensure a workplace that is free from all and any forms of bullying or harassment which include but may not be limited to threatening, humiliating, or intimidating behaviours, work interference/sabotage that prevents work from getting done and/or verbal abuse. Given that intersectionality may place individuals from systematically oppressed groups at increased risk, the C-GCH will work to ensure a respectful and safe work environment for all members of the organization.

Actions

a. Develop gender- and intersectionality-related C-GCH guidelines to support the SickKids Workplace Flexibility policy and address challenges arising from family planning, management of family obligations, C-GCH-related travel, and international safety.

Travel and Workplace Safety

b. Provide opportunities for training on unconscious bias, microaggressions, allyship and anti-oppression to members of the Centre and ensure a fair grievance redressal process.

- c. Develop a centralized hub for easy and transparent access to policies and resources that are relevant to the healthy work-life balance and safety of C-GCH staff.
- d. Train and hold managers accountable for implementing and supporting these guidelines and policies within their teams.
- e. Develop and implement standardized training for any staff members who are travelling to a new country, including considerations for the safety and security of vulnerable populations.
- f. Train managers to specifically enquire and report on the health and safety concerns of their staff pre- and post-travel, and to offer additional support, where needed.

Workplace Flexibility

- g. Develop physical infrastructure within RI and PGCRL to provide safe spaces, such as adequately equipped nursing rooms, and meditation and multi-faith prayer rooms.
- h. Accommodate employees' religious beliefs and obligations (e.g., flexibility for taking leave for religious celebrations and rituals, including fasting).
- i. Continue flexible work hours, telecommuting and work-from-home options post-COVID-19 pandemic.
- j. Introduce HR Partner to the C-GCH as a resource for all HR-related questions.

Internal Commitments

2 (continued). Promote flexibility and safety within our work environment

Measures

- Introduction and explanation of the role of the designated HR manager at an All-Centre Meeting at least once per year.
- Proportion of staff who are aware of the centralized policy and resource hub.
- Proportion of staff who have met with our dedicated HR partner in the past 2 years.
- Awareness and availability of SickKids' "Prevention of workplace violence and harassment" policy.
- Awareness and availability of SickKids' "Maternity, Parental and Adoption Leave of Absence" policy.
- Awareness and availability of SickKids' "Workplace Flexibility" policy.

Internal Commitments

3. Build an equitable, diverse, and inclusive organizational structure

Commitments

We commit to building an organizational culture which encourages, promotes, supports, and protects an individual's opportunity to contribute to the C-GCH in a meaningful way. Building an equitable and inclusive organizational culture will contribute to the success of our other gender equality commitments and to the work and achievements of the C-GCH overall.

Actions

- a. Review and align with SickKids' Equity, Diversity, and Inclusion initiatives.
- b. Implement policies and processes to promote, support and enable inclusion.
- c. Build awareness of the importance and benefits of gender equality, equity, diversity, and inclusion using an intersectional lens through professional development and staff engagement initiatives.
- d. Establish clear expectations around C-GCH values and behaviours that promote equity, diversity and inclusion and support these with transparent policies and processes.
- e. Ensure representation of systemically oppressed groups on committees, at trainings and in other organizational activities.
- f. Encourage mentorship of cis-women, transgender people, non-binary people and gender-nonconforming people, paying special attention to groups who face systemic oppression, in the C-GCH by all colleagues in senior positions, irrespective of gender. Where practical, support mentoring opportunities by leaders at SickKids or other organizations, who self-identify as cis-women, transgender, non-binary and gender-nonconforming and those representing other systemically oppressed communities.

g. Provide C-GCH staff with the opportunity to raise gender equity concerns through surveys/focus groups and with the gender equality champion (or secondary contact point); investigate and address these issues.

Measures

- Proportion of staff who have attended at least one gender/gender equality seminar or training in the past two years
- Proportion of staff who participate in any SickKids Equity, Diversity, and Inclusion initiatives (i.e., participation in e-learning courses with certification) .
- Dedicated budget line allocated to C-GCH-wide gender equality initiatives which utilize an intersectional lens (e.g., hiring a gender specialist, providing gender training, undertaking advocacy).
- Total amount of budget allocated to gender equality initiatives.

Internal Commitments

4. Represent diversity and equality in all C-GCH communications

Commitments

The C-GCH will strive to ensure that there is equality and diversity in all the communications and messaging that we share with both our internal and external audiences.

Actions

- a. Ensure equality in gender and intersectionality for panels, keynote speakers and facilitators, including for the Global Leadership Series.
- b. Showcase leadership of cis-women, transgender people, non-binary people and gender-nonconforming people considering intersectionality at the C-GCH and in global child health broadly.
- c. Include perspectives and interests of all genders and its intersections within our communications, and promote the importance of diversity spanning multiple facets including race, ability, religious beliefs, citizenship, sexual orientation etc.
- d. Publicize C-GCH's commitment to gender parity and equal representation by mainstreaming gender equality in our work.
- e. Disseminate the Gender Equality Framework, both in internal, hospital-wide (i.e C-GCH annual reports) and external communications.
- f. Ensure language and images in all C-GCH communications are inclusive.
- g. Highlight leadership of cis-women, transgender people, non-binary people and gender-nonconforming people in C-GCH public communications pieces.

Measures

- Proportion of speakers, panelists and facilitators at C-GCH-organized presentations, panels, events, and seminars, disaggregated by gender where available.
- Publishing the Gender Equality Framework on SickKids external website and shared in e-Updates.

External Commitments

1. Advocate for and build safe partnerships that value and promote gender equality

Commitments

Partnerships are integral to the work done by the C-GCH. C-GCH will prioritize partnerships with organizations whose values align with those of the C-GCH with respect to the promotion of gender equality. We commit to engaging in discourse and reciprocal learning with our partners to come to a common understanding of concepts of gender equality in the context of the partnership. We will advocate for our partners to integrate gender equality in the work we do collaboratively and beyond. We will also be mindful of the different contexts in which we work and protect our, our partners', and our study populations' safety.

Actions

- a. Develop and maintain an updated gender equality and intersectionality resource toolbox for advocacy and use within partnerships, including standardized gender equality clauses to be added to new partnership agreements or Terms of Reference.
- b. Incorporate gender equality clauses into discourse regarding collaboration (intentional conversation), two-way learning, and knowledge sharing throughout the stages of the relationship.
- c. Advocate for gender parity that encompasses intersectionality in team make-up and leadership.
- d. Be mindful of power imbalances between us, our partners, and our study populations; prevent financial/other forms of exploitation from power imbalances.

- e. Consider the Hospital for Sick Children code of conduct applicable, including in settings external to and partners outside of the hospital, when conducting activities on behalf of the Hospital for Sick Children and the Centre for Global Child Health.
- f. Respect protocols/practices of partnering institutions, including ethics review procedures.
- g. Provide support and resources for undue burden on study partners, including chaperoning and interpretation/translation, as they pertain to site visits.

Measures

- Review of the gender equality toolbox every 2 years.
- Proportion of current partner organizations that have completed the Gender Equality Partner Assessment⁶.
- Proportion of current partnerships that have a gender equality clause in the partnership agreement or Terms of Reference.
- Proportion of staff travelling internationally that completed pre-departure training.
- Proportion of staff that defined purpose/specific objectives of site visit in conjunction with local partners prior to departure.

⁶ ACOQI Partner Assessment Tool

External Commitments

2. Mainstream the gender and diversity perspective within each research portfolio

Commitments

C-GCH will actively promote sex- and gender-specific health research (focusing on gender as a subject matter) and commit to conducting gender-sensitive research (considering the influence of gender on each stage of research) in all research portfolios.

Actions

- a. Make the following Canadian Institutes of Health Research modules ([Integrating Sex & Gender in Health Research: Courses 2 & 3](#)) on iLearn mandatory for all research staff.
- b. Incorporate gender-, race-, class-, sexuality-, and disability-related measures into research objectives, aims, and/or questions.
- c. Conduct a gender-based analysis⁷ prior to initializing data collection (or assess a prior analysis, if one exists within the study context), and ensure that this analysis considers other factors such as race, sexuality, ability, class, age, citizenship, religion, and how they intersect with gender. This will help inform research methodologies, data collection techniques and conclusions drawn from the data.
- d. Advocate for gender equality that encompasses intersectionality throughout the research process (e.g., research team gender balance), where possible.
- e. Create gender-sensitive data collection tools, informed by the gender-based analysis.
- f. Analyze and report on gender-, race-, class-, sexuality-, and disability-related measures, beyond

only disaggregating data by sex.

g. Incorporate gender and intersectionality into research & policy recommendations and dissemination of results.

Measures

- Proportion of staff who have completed modules 2 and 3, as above.
- Proportion of research projects directly or indirectly examining gender and/or gender equality by year of project inception.
- Proportion of research projects that have incorporated (or assessed) a gender-based analysis by year of project inception and proportion of analyses that have included dimensions of gender such as race, class, disability, religion, etc.
- Proportion of research projects that have an equitable (including gender and its dimensions) distribution of staff at C-GCH and externally, where this is feasible⁸, by year of project inception.
- Proportion of research projects that have disaggregated results by sex and, where feasible, gender and other equity dimensions by year of project inception.
- Proportion of research projects that have incorporated gender and intersectionality into recommendations.

⁷ Gender-based analysis: understanding if, how, and why issues affect genders differently and unequally within a particular context or development sector and what options exist to address them (UN Women, 2014). It may include an assessment of related policies, the political climate, institutional structures, and the availability of resources.

⁸ Gender-nonconforming data collectors may be required to obtain sensitive data from other cis-women, transgender people, non-binary people and gender-nonconforming people.

External Commitments

3. Mainstream the gender and diversity perspective throughout all stages of capacity building projects

Commitments

Capacity building projects will take steps to plan and implement gender-accommodating or gender-transformative and equity, diversity, and inclusion initiatives, where possible, to ensure the intended results are equitable for all genders and intersections. Capacity building projects will be developed under the assumption that policies and programmes do not have uniform effect on all genders.

Actions

- a. Conduct a gender-based analysis (or assess a prior analysis if one exists within the study context) at the onset of project implementation to identify gender barriers and their potential effect on programming.
- b. Provide gender equality, equity, diversity and inclusion training to Canadian and international educators ([see online trainings](#)).
- c. Include context-adapted gender transformative and diversity inclusive content in curricula.
- d. Portray a fair and dignified representation for all genders through gender-sensitive and diversity-inclusive language and images.
- e. Advocate for gender equality and representation of intersectionality throughout the capacity building process (e.g., creating equal opportunities for people of all genders and intersections on capacity building project teams).
- f. Advocate for equal access to education and professional development opportunities for staff and participants of all genders and considering intersectionality.
- g. Report on each project's gender equality and diversity strategy and related activities, as well as retrospective lessons learned.

Measures

- Proportion of capacity building projects that have incorporated (or assessed) a gender-based and/or diversity analysis prior to implementation by year of project inception.
- Proportion of capacity building projects that have provided gender equality, equity diversity and inclusion training to educators.
- Proportion of capacity building projects that deliver content related to gender and/or gender equality and intersectionality by year of project inception.
- Proportion of capacity building projects that have a gender-balanced distribution of staff at C-GCH and externally, where this is feasible⁸, by year of project inception.
- Proportion of capacity building projects that have reported on their gender equality and diversity strategy/activities.

Glossary

As language evolves and our understanding of gender continues to expand, we recognize the language used in this document has and will change. We commit to updating this document to be consistent with current gender discourse.

Cisgender

A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth (Human Rights Campaign).

Critical Race Theory

Originating from legal studies and is grounded in social justice, Critical Race Theory is an iterative transdisciplinary methodology that draws on theory, experiential knowledge, and critical consciousness to illuminate and combat root causes of structural racism. It urges scholars to work to elucidate contemporary racial phenomena, expand the vocabulary with which to discuss complex racial concepts, and transform racial hierarchies they identify through research, scholarship and practice (Ford and Airhihenbuwa, 2010).

Gender

Refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society. Gender identity is not confined to a binary (girl/woman, boy/man) nor is it static; it exists along a continuum and can change over time. There is considerable diversity in how individuals and groups understand, experience and express gender through the roles they take on, the expectations placed on them, relations with others and the complex ways that gender is

institutionalized in society (Canadian Institutes of Health Research).

Gender Equality

This refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women's issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centered development (UN Women).

Gender Equity

Gender equity is the process of being fair to women and men. To ensure fairness, strategies and measures must often be available to compensate for women's historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Gender equity leads to gender equality (UNFPA).

Gender Gap

The term gender gap refers to any disparity between women and men's condition or position in society. It is often used to refer to a difference in average earnings between women and men, e.g. "gender pay gap." However, gender gaps can be found in many areas, such as the four pillars that the World Economic Forum uses to calculate its Gender Gap Index, namely: economic participation

Glossary

and opportunity, educational attainment, health and survival and political empowerment (UN Women).

Gender Mainstreaming

Gender mainstreaming is the chosen approach of the United Nations system and international community toward realizing progress on women's and girl's rights, as a sub-set of human rights to which the United Nations dedicates itself. It is not a goal or objective on its own. It is a strategy for implementing greater equality for women and girls in relation to men and boys (UN Women). Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in all areas and at all levels. It is a way to make women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal is to achieve gender equality (UNICEF, UNFPA, UNDP, UN Women, 1997).

Gender Non-Conforming

Gender-nonconforming is an umbrella term referring to people who do not identify in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category. Some gender-nonconforming people identify as non-binary, genderqueer, trans masculine, trans feminine, agender, bigender or other identities that reflect their personal experience (Human Rights Campaign).

Gender Parity

This is another term for equal representation of women and men in a given area, for example, gender parity in organizational leadership or higher education. Working toward gender parity (equal representation) is a key part of achieving gender equality, and one of the twin strategies, alongside gender mainstreaming (UN Women).

Gender Stereotypes

Gender stereotypes are simplistic generalizations about the gender attributes, differences and roles of women and men. Stereotypical characteristics about men are that they are competitive, acquisitive, autonomous, independent, confrontational, concerned about private goods. Parallel stereotypes of women hold that they are cooperative, nurturing, caring, connecting, group-oriented, concerned about public goods. Stereotypes are often used to justify gender discrimination more broadly and can be reflected and reinforced by traditional and modern theories, laws and institutional practices. Messages reinforcing gender stereotypes and the idea that women are inferior come in a variety of "packages" – from songs and advertising to traditional proverbs (UN Women).

Glossary

Intersectionality

A term developed by Kimberlé Crenshaw as a framework to understand the multiple oppressions experienced by Black Women that could not be explained by only racism or gender discrimination. It has since been adapted to cover a range of different individual factors such as biology, socioeconomic status, sex, gender, and race. The term emphasizes the importance of the relationships and interactions between such factors, and across multiple levels of society, to determine how health is shaped across population groups and geographical contexts (Crenshaw, 1989).

Non-Binary

Non-binary is an identity embraced by some people who do not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between or as falling completely outside of these categories. While many also identify as transgender, not all non-binary people do. Non-binary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer or gender fluid (Human Rights Campaign).

Sex

Refers to a set of biological attributes in humans and animals. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy. Sex is usually categorized as female or male but there is variation in the biological attributes that comprise sex and how those attributes are expressed (Canadian Institutes of Health Research).

Systemic Oppression

Has historical antecedents and manifests in economic, social, political and cultural systems; it is the intentional disadvantaging of groups of people based on their identity while advantaging members of the dominant group (gender, race, class, sexual orientation, language, etc.). Systemic oppression exists at the level of institutions (harmful policies and practices) and across structures (education, health, transportation, economy, etc) that are interconnected and reinforcing over time (National Equity Project).

Transgender

An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc (Human Rights Campaign).

References

- Canadian Institutes of Health Research. What is Gender? What is sex? [Internet]. Canadian Institutes of Health Research. [cited 2021 Dec 9]. Available from: <https://cihr-irsc.gc.ca/e/48642.html>
- Clow B, Pederson A, Haworth-Brockman M, Bernier J. Rising to the challenge: Sex- and gender-based analysis for health planning, policy and research in Canada [Internet]. 2009. Available from: <http://pwhce.ca/pdf/RisingToTheChallenge.pdf>
- Conner JO. Critical race theory sparks activism in students [Internet]. The Conversation. 2021. Available from: <https://theconversation.com/critical-race-theory-sparks-activism-in-students-162649>
- Crenshaw K. Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. University of Chicago Legal Forum [Internet]. 1989;1989(8). Available from: <https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8/>
- Downs JA, Mathad JS, Reif LK, McNairy ML, Celum C, Boutin-Foster C, et al. The ripple effect: why promoting female leadership in global health matters. Public Health Action. 2016;6(4):210–1.
- Ellemers N. Gender Stereotypes. Annual Review of Psychology. 2018;69(275–298).
- Equal Measures 2030. Harnessing the Power of Data for Gender Equality: Introducing the 2019 EM2030 SDG Gender Index [Internet]. 2019. Available from: https://data.em2030.org/wp-content/uploads/2019/05/EM2030_2019_Global_Report_ENG.pdf
- Ewerling F, Lynch JW, Victora CG, van Eerdewijk A, Tyszler M, and Barros AJD. The SWPER index for women’s empowerment in Africa: development and validation of an index based on survey data. Lancet Globa Health. 2017;9(916–923).
- Ford CL & ACO. Critical race theory, race equity, and public health: Towards antiracism praxis. American Journal of Public Health. 2010;30–35(30–35).
- Global Health 50/50. The Global Health 50/50 Report 2020: Power, Privilege and Priorities. 2020.
- Human Rights Campaign. Glossary of Terms [Internet]. Available from: <https://www.hrc.org/resources/glossary-of-terms>
- Manandhar M, Hawkes S, Buse K, Nosrati E, Magar V. Gender, health and the 2030 agenda for sustainable development. Bulletin of the World Health Organization. 2018;96(9)(644).
- Mizrahi S and Fraser-Moleketi G. Empowering African Women: An Agenda for Action. Africa Gender Equality Index 2015 [Internet]. 2019. Available from: https://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/African_Gender_Equality_Index_2015-EN.pdf

References

- National Equity Project. Lens of systemic oppression [Internet]. Available from: <https://www.nationalequityproject.org/frameworks/lens-of-systemic-oppression>
- Economic Commission for Africa. The African Gender and Development Index [Internet]. 2004. Available from: https://www.uneca.org/sites/default/files/PublicationFiles/agdi_book_2004.pdf
- Women UN. Guidance Note: Gender Mainstreaming in Development Programming [Internet]. 2021. Available from: <https://www.unwomen.org/en/digital-library/publications/2015/02/gender-mainstreaming-issues>
- United Nations Development Programme Human Development Report Office. Gender Equality in Human Development – Measurement Revisited [Internet]. 2015. Available from: http://hdr.undp.org/sites/default/files/hdro_issue_paper_on_gender_indices_with_cover.pdf
- United Nations Population Fund (UNFPA). Frequently asked questions about gender equality [Internet]. 2005. Available from: <https://www.unfpa.org/resources/frequently-asked-questions-about-gender-equality>
- Weber AM, Cislighi B, Meausoone V, Abdalla S, Mejía-Guevara I, Loftus P, et al. Gender norms and health: Insights from global survey data. *The Lancet*. 2019;393(10189):2455–68.

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