

Community Conversations for Gender Role Transformation

Presentation during Global Health Exchange, Sept 12, 2019 Dublin, Ireland

Brynne Gilmore

gilmorb@tcd.ie

Trinity Centre for Global Health, Trinity College Dublin











This research is the result of a partnership between:

Trinity College Dublin (Trinity Centre for Global Health) and Concern Worldwide





Dr. Brynne Gilmore¹
Yacob Yishak²
Shamsa Sheikh Hassan²
Breda Gahan³
Marian Cadogan³
Dr. Frédérique Vallières¹

¹Centre for Global Health, School of Psychology, Trinity College Dublin, Ireland

²Concern Worldwide Kenya

³Concern Worldwide, Dublin Ireland



Programme Description – CCs

Community Conversation Approach

- Concern Worldwide Kenya's main vehicle for SBC is our Community Conversation approach
- Goals of the CCs are to promote social transformation and social behaviour change
- Within Marsabit County, CWK facilitates 188 CCs across all 4 sub-counties





CC Operations Research

Elicit & refine contextually relevant programme theories that explain 'how, why and for whom' the CC intervention works for gender transformation

For this research, we are following 2 CCs from the start to finish (all 6 phases).

- Gendered Division of Labour in the Household
- Male's participation in caring for child under-5







Completed

- Document and Literature Review
- Baseline with 210 people, including
 - Gender Role Attitude Survey
 - HH division of labour survey
 - Men's participation in childcare survey
- 6 FGDs, 23 SSIs
- Meeting minutes and observations over 10 months
- Participation in training events and stakeholder meetings

Contributes to theory development and refinement for each case study

Upcoming

- Endling survey to look for changes in behaviour across sites
- Final qualitative research for last phase refinement for Programme Theories for each case study

Synthesis across studies to answer "how why and for whom" the CCs work for gender transformation



Gender and Gender Analysis

Incorporating gender analysis tools within data collection.

- Gender analysis is a systematic methodology for examining the differences in roles and norms across genders¹
- Jpheigo's Gender Analysis for Health Systems¹ and RinGs' guide for Gender Analysis within Health Systems Research²

Exploring 5 main topics:

Jpheigo	RinGs		
Access to assets	Who has what?		
Practices and participation	Who does what?		
Beliefs and perceptions	How are values defined?		
Institutions, laws and policies	Who decides?		
How power influences across the system			





Gender Norms and Activities

Gender Role Survey	Agree	Agree	Neitner	Disagree	Disagree
Women should be involved in making decisions together with men in the family	26.3 / 10.4	31.7/ 32.1	1.0 / 2.8	25.9/ 47.2	14.4 / 7.6
The head of the household should be a man	44.2 / 32.1	48.1/51.9	1.9 / 1.9	2.8 / 11.3	2.8 / 2.8
A man should always have the final word about decisions in his home	15.4/ 8.5	64.4 / 71.1	7.7 / 4.7	8.5 / 13.2	3.8 / 1.9
					I
Men and women should participate equally in community decision-making	36.5 / 21.7	52.9 / 70.7	6.7 / 2.8	2.9 / 4.7	1.0 / 0.0
Men and women are equally qualified to make decisions concerning community affairs	42.3 / 21.7	49.0 / 72.6	6.7 / 3.7	1.0 / 1.9	1.0 / 0.0
Women should run for public office and take part in the government just as men do	28.8 / 34.0	45.2 / 57.5	8.6 / 3.8	14.4 / 3.8	2.9 / 1.0
In general, women can make just as good leaders as men	37.5 / 29.2	44.2 / 63.2	8.6 / 2.8	9.2 / 3.8	0.0 / 1.0
Men and women should make decisions together in community meetings	27.9 / 17.9	60.6 / 73.6	5.8 / 5.7	4.8 / 2.8	1.0 / 0.0

79% in both Sololo and Saku believe men should have final word in decision making in household

89% and 92% say men and women should participate equally in community decision making and that men and women should make decisions together in community meetings

- 18% of men sometimes participate in aspects of care giving for children 0-5
- Women are doing 65% of common HH activities



Findings to date

Contribution of CCs

Arising themes

Access to knowledge

- Knowledge and awareness biggest driver for SBC
- Access determined by location & community involvement and pastoralist lifestyle
- Action on knowledge still dependent on power hierarchies
- CCs support trainings and educational platforms

Exposure to different ways

- Exposure to other ways and to more urbanised areas eases specific behaviour change
 - CCs allow for space
- Women in rural areas less exposure due to limited travel
- Urbanisation, changing political landscape and support for equality

Changing roles

 Resistance to complete role changing from both men and women, but more sharing of roles when necessary

Hierarchies of Power

- HH decisions still largely kept by men, but more inclusion of women in discussions
- Traditional structures (i.e. Yaa and Gada) very important for society, but less influence on decisions within HH (may be more important for wider social change)

Ethics



Ethics for this research has been granted by:

Kenya Medical Research Institute (KEMRI/RES/7/3/); National Commission for Science, Technology and Innovation (NACOSTI/P/18/48962/23729) & Trinity College Dublin's School of Psychology Research Ethics Committee





Funding for this research has been provided by the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 713279.







Reference



- 1. JHPIEGO. Gender Analysis Toolkit for Health Systems. 2018. Available from: https://gender.jhpiego.org/analysistoolkit/
- 2. Research in Gender and Ethics (RinGs): How do to gender analysis in health system research. 2017. Available from: https://ringsgenderresearch.org



Thank you! Questions?

