MARITIME CENTRE of EXCELLENCE for WOMEN'S HEALTH

Promoting social change through policy-based research in women's health

Gender Mainstreaming: Developing a Conceptual Framework for En-Gendering Healthy Public Policy

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Executive Summary

The focus of this paper is on the conceptualizing stage of the process of gender mainstreaming, explaining what gender mainstreaming is, what it means and where such initiatives may lead. This paper clarifies key concepts, providing some background and contextual analysis of debates. Parallel to the development of a conceptual framework is the need for a system to apply or operationalize the framework. A companion paper, *Gender Planning: Developing an Operational Framework for En-Gendering Healthy Public Policy* (Saulnier et al., 1999), focuses on organizational issues that arise when applying the conceptual framework. Both papers synthesize national and international lessons learned regarding gender mainstreaming and gender planning.

This paper explores the importance of understanding the differences between sex and gender, and how they interrelate. The implications of both the distinction and relationship between gender and sex have significant connotations for policy development.

A gender-analysis approach suggests a shift away from a women-centered approach. This shift fits with the move to mainstream gender concerns instead of integrating women's concerns. A gender approach broadens the analysis of the problems, and thus of the solutions. To focus only on women suggests that women need changing or integrating. The move to a gender approach does not mean that women are no longer the focus, but that they are not the only focus. Gender mainstreaming focuses on women because they are generally disadvantaged. Such a strategy works to redress the imbalances faced by women through changes that affect both men and women and their relationship. It is precisely because of this focus that some resistance to mainstreaming may be encountered. This emphasizes the importance of developing a clear conceptual framework and laying out clearly-defined goals.

This paper outlines key concepts related to gender mainstreaming goals and values, and specifically addresses concerns about unrealistic objectives and the need to empower women. There has been some debate about the objectives of gender mainstreaming and disagreements over what gender equality means for women and whether gender equity is a more appropriate objective of health related policies. The fourth section of this paper explores these concerns, discussing the evolution of the value of gender 'equality', the difference between formal equality and substantive equality, and equity. There has been some difference of opinion over what it is that women need and what needs a gender mainstreaming initiative should try to meet. The fifth section examines basic gender needs and strategic interests. The final section highlights the importance of ensuring that the end goals of gender mainstreaming policies and programs are transformatory and meet women's strategic gender interests as well as their basic needs.

This paper concludes that poor theoretical understanding of key concepts and terms, and inadequate conceptual development of the goals, can be barriers to effective gender mainstreaming and gender planning. Feedback and consultation on a conceptual framework are integral to its development because it guides the implementation of gender initiatives throughout the public policy process. Establishing a clear understanding of key concepts, and agreeing on a common set of definitions, vocabulary and agreed objectives, must be achieved before proceeding to the operational stage (Matlin, 1998).

1.0 INTRODUCTION AND BACKGROUND

This paper aids in the development of a conceptual framework for the Gender Equity Lens Project (GEL).[1] The paper clarifies key concepts, providing background and contextual analysis for debates about Gender Management Systems (GMS). A GMS, pioneered by the Commonwealth Secretariat, is "an integrated web of structures, mechanisms, procedures put in place within a given institutional framework for the purpose of guiding, managing and monitoring the process of gender integration into mainstream policies, plans and programmes in order to bring about gender equality and equity" (Matlin, 1998). In the health sector, a GMS should lead to developing policies based on gender equity, allowing for men and women's different roles in the health care system and their different health needs, constraints and priorities.

Conceptual and operational frameworks are both integral to a GMS. This paper focuses on the conceptualization stage of the process of gender mainstreaming, i.e., explaining what gender mainstreaming means and where such initiatives may lead. Thus, this paper focuses on the *idea* of incorporating "gender concerns into activities [policies and programs] to deal effectively with the obstacles faced by women in participating fully in and benefitting from these activities" (ILO, 1995, p. 5). Exactly what processes and structures are required to achieve realistic gender equity objectives are explored in a companion paper, *Gender Planning: Developing an Operational Framework for En-Gendering Healthy Public Policy* (Saulnier et al., 1999).

In contrast to gender integrating, gender mainstreaming recognizes the need not just to 'add-in' gender, but to challenge the status quo so that these issues are not marginalized and/or ignored (Schalkwyk et al., 1996). A mainstreaming approach assumes that virtually *all* policies and programs have the potential for differential impacts on men and women, not just 'women's issues'. Moreover, a mainstreaming approach assumes that gender analysis is *central* to the policy and program processes and results in changes that 'add value' to these processes. A mainstreaming approach should not marginalize differential gender impacts. Rather, core policy decisions, institutional structures, and resource allocations should incorporate women's views and priorities. Similarly, a mainstreaming approach insists that *central* agencies (e.g., finance), and not just those dedicated to the status of women, incorporate an understanding of issues and implications from a gender perspective because these agencies are where the dominant ideas and directions about resource allocation (e.g., who gets what and why) originate.

To mainstream gender in health policies means that *all* health issues should be analyzed to determine the benefits and risks to women (Hoffman, 1997, p. 14). Since the objective of the GEL is to influence health-related policy, this will be a particular focus of this paper. The paper will clarify the following key concepts, and provide background and contextual analysis of debates on:

- gender as a concept, gender in relation to sex, and gender as a key social determinant of health, and a broad meaning of health,
- the shift from a woman-centred to gender-centred policies and programs,
- the differences between gender equality (formal vs. substantive) and gender equity, as goals or objectives of gender mainstreaming, and
- the potential of a GMS to empower women and to meet their strategic interests versus their basic needs.

2.0 GENDER, SEX, AND THE DETERMINANTS OF HEALTH APPROACH

The assumption underlying the GEL project and similar initiatives is that by identifying and understanding the impact of policy and program options on gender as they are developed, inadequate planning and design is avoided and implementation is improved. This is significant because, as stated by the Women's Health Bureau in Health Canada, "gender is not usually emphasized in the development of health policy and programs for women. This lack of acceptance of the importance of gender has a significant negative impact on women's health, on health services, on research and on the education of health professionals" (Hoffman, 1995). Not considering the impact of gender can be costly in both economic and human terms; these costs include lost opportunities, ill health, suffering, violence, abuse, poverty and overall societal loss (Carriere, 1995). The results may be unintended, but the undesirable outcomes of gender biases amount to the perpetuation of societal inequities.

Gender biases and the lack of gender analysis manifest themselves in particular ways when it comes to women's health. The Women's Health Bureau summarizes these as:

- a preoccupation with women's reproductive system and maternal health concerns (to the exclusion of other pressing health concerns),
- ignoring or circumventing women, resulting in reduced access to resources, under-representation or absence from governance, research and educational materials
- treating men and women the same when it is inappropriate to do so, and
- treating women and men differently when it is inappropriate (Health Canada, 1998, p. 12).

Health is understood to encompass physical, physiological, biological health and well-being generally. Thus, mainstreaming gender into health-related policies and programs is best accomplished when a determinants of health approach is taken. This approach does not diminish the importance of the health care system, human biology, or individual behavior but considers them to be multiple factors that influence health status. These factors include an individual's social and physical environment and socio-economic conditions. The key determinants of population health as outlined by Health Canada (1997) include income and social status, social support networks, biology, gender and culture.

Accordingly, to understand gender as a determinant of health is to recognize that problems result from faults in the system that are beyond an individual's control and that women are significantly affected by their social environment and by their social roles; they have less power and influence than men because they are women (Hoffman, 1997, p. 11). The disparity between men and women varies depending on factors other than gender. Thus, we need a relational perspective that addresses gender and cultural diversity as crosscutting the other determinants. Culture, as defined by Kirson (1995), means more than ethnicity, it includes physical and social environments and the interaction of factors such as race, geography, ability, sexuality, family type, age, socio-economic status, and religion. For many women, complexities of their culture are as critical as their gender, and definitely more critical than their sex, as a determinant of their health.

Many researchers and bureaucrats argue that there must be a clear distinction between gender and sex. Confusing these two concepts becomes an impediment to doing gender analysis (Carriere, 1995, p. 2; Hoffman, 1997, p. 11). Using the concepts gender and sex

interchangeably suggests a lack of understanding of their distinction. Sex is defined as the biological characteristics that define male and female, while gender is defined an "array of norms, values, behaviors, expectations and assumptions differentially ascribed to males and females" (Love et al., 1997, p. 1). In other words, gender "refers to socially constructed sex-based roles ascribed to males and females, roles that are learned, change over time, and can vary widely within and across cultures" (SWC, 1996, p. 6).

In the Status of Women Canada (SWC) (1996) gender analysis guide, there is an understanding that a small proportion of the difference in the roles assigned to men and women can be attributed to physical and biological differences based on sex. Thus the focus is primarily on gender and the masculine and feminine roles that have been socially constructed and ascribed to males and females. However, Grace (1998) cautions focusing only on the gender of individuals can render them "disembodied and featureless, concealing the sex-specific characteristics" (p. 586). Accordingly, "since women's sex and sexuality are obscured, issues related to the distinctiveness of women, such as reproduction and fertility ... are analyzed outside of these structured social relations" (Grace, 1998, p. 586).

While it is important to understand how these concepts are distinct, it is equally as important to not isolate gender from sex because they interrelate. Indeed, it is very difficult to distinguish the relative influence of biology over societal factors (Love et al., 1997). Moreover, "(d)ue to the interrelatedness of women's gender and their sex, using both terms in tandem opens the conceptual terrain and provides a more realistic portrait of women's lives" (Grace, 1998, p. 591).

It is important that policy makers and others not only understand the differences between sex and gender, but also recognize how they interrelate. The implications of both the distinction and relationship between gender and sex have significant connotations for policy development. However, according to Kirson, "the distinction between women and gender is as critical as the more obvious distinction between sex and gender" (1995, p. 6). Certainly, "working for 'women's health' is not the same as addressing gender issues in health" (Oxfam, 1995, p. 26). The health determinants approach that includes gender allows for a more complex and comprehensive understanding of women's health. That a gender-analysis approach suggests a shift away from a women-centered approach raises some concerns that are addressed below.

3.0 THE SHIFT FROM WOMEN TO GENDER

The core of any gender mainstreaming strategy is collecting and analyzing information regarding the different needs and concerns of women and addressing the barriers that disadvantage women. Gender analysis is an analytical framework used to identify gender roles and the systematic study of the different conditions and positions of women and girls as compared to men and boys. Gender analysis is used to apply this contextual information when developing, implementing and evaluating policies and programs.

Some, however, find the move from women-centered to gender-centered policies and analysis troublesome because a gender approach is less threatening to government than a woman-centered approach. Consequently, focusing on gender may be a way to avoid a focus on women and to avoid funding women-specific issues (Neis, 1998). The move to a focus on gender is seen by others as a move away from the essentialist traps of woman-centered analysis, wherein women are associated too narrowly with their sex or biological

differences. Employing the gender concept is a way of questioning nature as unchangeable and showing how it too is socially constructed. To escape thinking about women as being trapped and disadvantaged by their sex means recognizing that women's positions could be changed because power relations and societal assumptions and attitudes are easier to change than biology. Thus, the shift from women-centered to gender-centered approaches fits with the move to mainstream gender concerns instead of integrating women's concerns. Gender broadens the analysis of problems, and thus solutions, because to focus only on women suggests that women need changing or integrating. As Kirson asks, "What are we trying to integrate women into?" (1995, p. 6). The move to a gender-centered approach does not mean that women are no longer the focus, rather that they are not the only focus of the analysis.

The evolution in approaches, in broad policy terms, from women to gender and from integrationist to mainstreaming approaches, is illustrated by the example of Women in Development (WID) being replaced by Women and Development (WAD) and eventually by Gender and Development (GAD).[2] The lessons learned from efforts to integrate and mainstream gender in developmental programs offer many useful, critical reflections and insights. The final shift to GAD was in response to the segregation and marginalization of women's issues under the earlier approaches. With GAD, developers sought a more relational approach to understanding women's inequality. GAD calls for a more comprehensive strategy that recognizes root causes such as gender inequities. As a result of GAD, women no longer have to try to adapt to a specific program because gender is mainstreamed in these programs to take into account the different social and economic conditions and opportunities of men and women.

Women are not lost in gender mainstreaming unless the mainstreaming process becomes the goal instead of the strategy to achieve gender equity and equality. The focus of gender mainstreaming is on women because they are generally disadvantaged. Such a strategy works to redress the imbalances faced by women through changes that affect both men and women and their relationship. It is precisely because of this focus that some resistance to mainstreaming may be encountered. This highlights the importance of developing a clear conceptual framework and laying out clearly defined goals.

The following sections outline some key concepts related to gender mainstreaming goals and values and specifically address concerns about the ability to achieve transformatory change, and what that means for empowering women.

4.0 GENDER EQUITY VERSUS GENDER EQUALITY

There has been some debate about the objectives of gender mainstreaming; disagreements over what gender equality means for women and whether gender equity is a more appropriate objective of health-related policies. This section explores these concerns, discussing the evolution of the value of 'equality', the difference between formal legal equality and substantive equality and equity.

Equality is considered to mean that everyone receives the same benefit, share or treatment regardless of their situation and circumstances. However, formal (legal) equality originated as the principle of offering everyone equal opportunities and treatment before the law. While being treated the same as men might be what some women want and need, this only works if both are identically situated and face the same life conditions to take advantage of these opportunities. However, most of the time men

and women are not identically situated. Policies and actions must go far beyond ensuring equal access since failure to do so does nothing to address underlying social relations that reproduce the unequal distribution. While very important, focusing on input issues like equalizing access and providing more choices only corrects overt discrimination. The formal equality model often perpetuates discrimination because it approaches discrimination as an individual problem, not a systemic problem that results from someone's unfounded intentional differential treatment of another (Day and Brodsky, 1998).

Equality has evolved from narrow, formal and legal equality to embrace notions of substantive equality. However, a gender equity approach may be needed to orient the mainstreaming initiative because, as Day and Brodsky (1998) suggest, equality has not focused on the differences as a matter of dominance, subordination, and material disparities between groups, as does gender equity. Indeed, gender equality works toward ending discrimination by providing equal opportunities or ensuring equality of conditions, for men and women, whereas gender equity focuses on the differences between men and women and ensures that men and women benefit equitably from the results.

Mainstreaming gender equity requires that the design of policies and programs fully account for women's different roles, priorities, needs, and constraints across all sectors (Williams, 1997). However, unlike substantive equality, it does not assume that women want the same thing as men. Equity is not about ensuring that women can achieve what men have. It is not about achieving what the other gender has and merely reversing gender roles as could be the result of gender equality. Neither is an equity orientation about equal treatment or even attaining equal conditions because these are based on a measure of sameness. Rather, equity is about fairness. Indeed, gender equity analysis recognizes that different approaches may be needed for equitable outcomes. Men and women should be treated the same when appropriate and treated differently when required. A policy that promotes gender equity ensures fairness and compensates for historical and social disadvantages. The goal of achieving gender equity is for women to get what they need, whether or not they require the same opportunity or condition as men. Achieving gender equity means that women's gender needs are met for women in a particular context (Kirson, 1995).

There has been some difference of opinion over what it is that women need and what needs a gender mainstreaming initiative should try to meet. The following section examines gender needs and interests.

5.0 GENDER NEEDS AND INTERESTS: PRACTICAL AND STRATEGIC

According to Razavi and Miller, the key to achieving equity is meeting practical gender needs and strategic gender interests (1995, p. 5). Programs and policies designed to meet women's practical needs meet their everyday needs, while maintaining women in subordinate positions. Meeting practical needs includes the provision of daily inputs such as clean water, food, and shelter. Strategic interests include self-confidence, education, and resources related to women's disadvantaged position. Strategic interests such as the existence of strong women's organizations or women's ability to be politically mobilized are not always readily identified by women as needs (Gurr et al., 1996).

Solutions should be about "equipping women to meet their practical needs strategically" (Oxfam, 1995, p. 24). Strategic solutions are more complex than practical ones because they attempt to transform gender relations and recognize that many problems are rooted in the

unequal power status of women compared to men. Practical solutions see women as benefitting from improvements to their immediate conditions; strategic solutions improve women's position by empowering women as agents of change.

To work towards providing women access to adequate health care is about meeting their practical needs. Addressing gender issues in health is about empowering women by addressing gender-based inequalities and strategic interests. By meeting women's basic needs only, a policy or program may help women to remain in their gender roles. For example, home care should be seen as a service required by the disabled and chronically ill, not as something that women do and thus need help in doing. While some women might want to provide home care, others might not. Since this is a gendered role, their practical needs for home care provision cannot be separated from their strategic interests.

It is crucial that interventions do not keep women in a subordinate position but work toward transforming existing power relations. Moreover, if strategic interests are not addressed, women will not be empowered and transformatory change will not occur. Programs and policies that have empowerment as their objective go far beyond increasing access to resources and enhance women's control of resources, foster women's leadership abilities and heighten their role in decision making.

6.0 CONCLUSION

Feedback and consultation on a conceptual framework for gender mainstreaming are integral to its development because they guide the implementation of gender initiatives throughout the public policy process.

Establishing a clear understanding of key concepts, and agreeing on a common set of definitions, vocabulary and agreed objectives, must be achieved before proceeding to the operational stage (Matlin, 1998). This includes establishing a clear understanding of the distinction and relationship between gender and sex, as well as between women/femininity/female and men/masculinity/male, and the distinction between gender equity and gender equality.

As this paper has discussed, it can be concluded that it is important that a focus on women be retained to ensure that they are no longer disadvantaged or negatively impacted by policies and programs that are male biased. Gender analysis offers a broader analysis of power relations and forms part of a coherent strategy for achieving these goals. This paper has highlighted the importance of ensuring that the goals of gender mainstreaming policies and programs are transformatory and empower women by meeting their strategic interests and meet their basic needs.

Poor understanding of key theoretical concepts and terms, as well as inadequate conceptual development of goals, can be barriers to effective gender mainstreaming and gender planning. It is hoped that the GEL, through this paper, contributes to the development of this conceptual framework.

Glossary

Formal gender equality requires that the law treat all like persons alike; thus the goal is for gender neutral laws and for their application wherein men and women are not treated differently.

Gender is a sociocultural variable that refers to the comparative, relational, or differential roles, responsibilities, and activities assigned to females and males. Gender is relational in that it identifies the relationship between men and women. Gender refers to the social characteristics and culturally prescribed roles of men and women, but are not bound to either men or women. These roles vary among societies and over time. **Gender roles** are what a society or culture constructs and prescribes as proper roles, behavior and personal identities, wherein that which is associated with women is femininity, and against men is masculinity, with the latter given more hierarchical value.

Gender analysis is a method to collect and analyze information regarding the different needs and concerns of women, and to address the barriers that have disadvantaged them. As an analytical framework, it is used to identify gender roles and to systematically study the different conditions and positions of women and girls versus men and boys.

Gender and Development (GAD) refers to efforts to mainstream gender into development programs so that they can account for men's and women's different social and economic conditions and opportunities by applying a more relational approach to understanding women's inequality.

Gender bias refers to providing differential treatment when it is ill-founded or unjustified; it has come to refer to favoring men as a gender.

Gender equity refers to treating men and women differently, or the same when appropriate, to achieve outcomes that satisfy the needs of both.

Gender mainstreaming is an approach that considers why gender analysis is *integral* to the policy and program process and incorporates women's views and priorities into the *core* of policy decisions, institutional structures, and resource allocations. It is the conceptualizing stage of a gender management system.

Gender Management System (GMS) is an integrated web of structures, mechanisms and procedures put in place within a given institutional framework for the purpose of guiding, managing and monitoring the process of gender integration into mainstream policies, plans and programs in order to bring about gender equality and equity.

Gender neutral refers to ignoring or not taking into account sex composition and/or gender characteristics.

Gender planning is the development of a plan of action and operational framework for applying the conceptual framework. It facilitates the process of institutional change from gender-neutral to gender-sensitive policies and programs by developing and implementing specific measures and organizational arrangements for the promotion of gender equality.

Practical gender needs refers to meeting women's everyday basic requirements such as water and sanitation and other needs that assist women as beneficiaries to carry out the roles they currently have.

Sex is an analytical category that distinguishes males and females based on biological characteristics; the categories are mutually exclusive and exhaustive and the sexes are not interchangeable. Sex roles are universal; they do not change over time, nor do they change depending on their context.

Strategic gender interests refers to meeting the needs of women by transforming gender relations, that is, recognizing that many problems are rooted in the unequal power status of women compared to men, and by including women in planning processes as agents of change.

Substantive gender equality refers to efforts to attain equal conditions for women to be able to contribute and to benefit politically, economically, socially and culturally; women are thus empowered as agents of change.

Women in Development (WID) refers to the efforts made to ensure that women as well as men participate in and benefit from development projects.

References

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2. For a thorough account of the shift from WID to WAD to GAD, see Rathergaber, 1990.

Works Cited

Carriere, E. (1995). *Seeing is believing: Educating through a gender lens*. Vancouver: University of British Columbia.

Day, S. and Brodsky, G. (1998, March). *Women and the equality deficit: The impact of restructuring Canada's social programs*. Ottawa: Status of Women Canada, Government of Canada.

Grace, J. (1998). "Sending mixed messages: Gender-based analysis and the 'status of women'." *Canadian Public Administration (Special Issue and Gender and Public Administration), 40 (4)*, 582-598.

Gurr, J., Gillies, A. and Mailloux, L. (1996, August). *CIIP2 gender equity thematic study and evaluation: Final report*. Prepared for the Canadian Public Health Association. Ottawa: CPHA.

Health Canada. (1998). *Women's health strategy*. Ottawa: Minister of Public Works and Government Services Canada.

Health Canada. (1997). *Sustaining our health: Health Canada's sustainable development strategy.* Ottawa: Minister of Public Works and Government Services Canada.

Hoffman, A. (1997, July 4-5). *Gender as a determinant of health: Implications for health policy*. Key note address presented at the Fifth National Health Promotion Research Conference, From Research to Policy: Gender and Health, Dalhousie University, Halifax, NS.

Hoffman, A. (1995, September 4-15). *Women's health and the Fourth World Conference on Women, Beijing, Attachment 3: Part of Memorandum to Beijing Conference/Forum Participants (August 18)*. Ottawa: Women's Health Bureau, Health Canada.

International Labour Organization (ILO). (1995, January). *Guidelines for the integration of gender issues into the design, monitoring, and evaluation of ILO programmes and projects*. Geneva: Evaluation Unit, Bureau of Programming and Management, ILO.

Kirson, F. L. (1995, June). *Diversity sensitive gender planning*. Vancouver: Centre for Human Settlements, School of Community and Regional Planning, University of British Columbia.

Love, R., Jackson, L., Edwards, R. and Pederson, A. (1997, July 4-5). *Gender and its relationship to other determinants of health.* Paper presented at the Fifth National Health Promotion Research Conference, Gender and Health: From Research to Policy, Dalhousie University, Halifax, NS.

Matlin, Stephen, A. (1998). *Gender management systems in the health sector*. Prepared for Commonwealth Secretariat, London, England.

Neis, B. (1998, May 1-2). Key note address. Public Policy Strategy Forum, Standing Up and Speaking Out (SUSO) Proceedings, Halifax, NS.

Oxfam. (1995). *Gender issues in health projects and programmes: Report from AGRA East Meeting, 15-19 November 1993, The Philippines.* UK and Ireland: Oxfam.

Rathergaber, Eva M. (1990, July). "WID, WAD, GAD: Trends in research and practice," *The Journal of Developing Areas, 24*: 489-502.

Razavi, S. and Miller, C. (1995, August). *Gender mainstreaming. A study of the efforts by the UNDP, the World Bank, and the ILO to institutionalize gender issues.* Geneva: United Nations Research Institute for Social Development.

Saulnier, C., Bentley, S., McGregor, F., MacNeil, G., Rathwell, T. and Skinner, E. (1999). *Gender planning: Developing an operational framework for en-gendering healthy public policy*. Halifax: Maritime Centre of Excellence for Women's Health.

Schalkwyk, J., Thomas, H., and Woroniuk, B. (1996, July). *Mainstreaming: A strategy for achieving equality between men and women, A think piece.* Stockholm: Sida.

Status of Women Canada (SWC). (1996, March). *Gender-based analysis: A guide for policy-making*. Ottawa: SWC, Government of Canada.

Williams, L. (Ed.). (1997, October). *Gender equity and the World Bank Group: A post-Beijing assessment*. Washington: Women's Eyes on the World Bank-U.S.