



Women's empowerment leads to healthier people, animals and environments

Human health is improved when decisions include all perspectives. Investing in gender-responsive interventions increases the potential for success and leaves no one behind.

Key Messages

Inequalities between women and men stem from both formal and informal norms and rules that make gender distinctions. Such distinctions affect, for example, women and men's roles, work, and control over assets.

Understanding—and sometimes harnessing—gender differences help to tackle problems arising at the interfaces of animal, human and environment health. Women and men (across age, ethnicity, etc.) are involved in or are excluded from different segments of food value chains, exposing them differently to zoonotic and foodborne risks.

It is important to specifically target women because they are often excluded from policies and programs aiming to enhance human, animal and environment health.

Facts

- Women comprise almost two-thirds of the world's 600 million poor livestock keepers.
- But they receive only 5% of the agricultural extension services and less than 10% of total aid to agriculture, forestry and fisheries. Only 15% of extension workers are female.
- Most women who raise livestock lack equal access to essential resources like land, labour, feed, veterinary services, financing, technical advice and breeding support.
- Men often own more animals than women, and more valuable animals as well—cows and camels rather than sheep, goats or chickens.
- Yet women dominate when it comes to doing work related to animal health. They handle most of the feeding, milking and tending to sick animals.



COVID-19, a zoonosis, has shown how different groups of people are subject to different risks depending on their gendered roles. Women as care workers or workers in meat processing plants have been most exposed to the disease. It remains to be seen whether gender-based constraints to mobility, access to information and health support will limit women's access to COVID-19 vaccines when these are made available in low- and middle-income countries.



Bizunesh Ayele and her husband Hibebo Ayele outside a new house built for Hibebo's brother, Doyogena District, Ethiopia. Photo credit: ILRI/Georgina Smith.

Animal health and care

Women and men in lower income countries tend to have complementary, but distinct, roles in animal health and care. Overlooking a major group of people risks leaving them behind. It also overlooks their potential as actors for change, uniquely positioned to address cross-cutting health issues.

The distinct roles of women and men in livestock keeping can be critical for household food security. For example, chicken meat and eggs are important contributors to household income and protein and the loss of birds through poultry diseases can be devastating. Yet women's access to animal vaccines (including those for Newcastle disease and other common diseases of chickens) is scant in many low- and middle-income countries where men have easier access to animal drugs and advice. One Health approaches that recognize the differences and disaggregate effects and impacts by gender can better target, for example, interventions from agriculture and health ministries.

Sometimes there is a direct, gendered link in strategies to control disease. Government-mandated culling during avian influenza outbreaks has at times killed more birds than died of the disease. Compensation for the culled birds has been directed to the heads of households, which may not be the person who owns or manages the poultry. In Turkey, avian influenza broke out in households where women managed chickens because men in those households had left the carcasses of infected wild ducks that they had hunted strewn about the poultry yards.

Gender norms in animal production affect who is best placed to participate in, adopt and benefit from animal health interventions and technologies, to ensure good animal health and care, as well as to prevent the spread of antimicrobial resistance, a growing threat to global health (see brief on Antimicrobial resistance).

Diseases from animals

Gendered roles in animal production are a factor in determining who is most exposed to—and so most at risk from—diseases that can pass from animals to people (zoonoses). Consequently, gender dynamics also determine who is most likely to pass these diseases on to others. Studies show these differences in risk are attributable to gender norms rather than to the biological differences of the sexes.

Other gendered divisions of labour affect zoonotic disease risk too. For example, men have often been the first infected in Ebola outbreaks as a result of their contact with primates, sometimes from hunting. Infections in women come later, resulting from their gendered roles as care givers and informal and formal health workers and midwives, and because they prepare bodies for burial.

Food safety

There is a marked difference between women and men in their risk exposure to foodborne diseases that is attributable to differences in their gendered roles in food production, selling, handling and consuming (see brief on Food safety). For example, where men mainly work in slaughterhouses, they are at greater risk than women of brucellosis or anthrax infection as a result of their direct contact with the flesh and body fluids of infected carcasses.

Women are more at risk than men from bacteria such as *Campylobacter*, which causes diarrhoeal disease, as a result of handling contaminated raw products during food preparation. Women in some cultures are also more likely to eat organ meats than men, who tend to consume more of the desired muscle meats, again placing women at higher risk of diarrhoeal disease due to harmful bacteria that can contaminate offal.

The environment

Environments, resource use and environmental interventions are shaped by gendered practices (see brief on Environment). Poor populations and especially women living in remote rural areas can face greater exposure to disease. For example, landless women and men may encroach upon formerly pristine habitats to source food or wood, putting them at further risk of new zoonotic disease as they can be exposed to wildlife infected with pathogens.

Women can be overlooked in schemes implementing environmental interventions, yet they often have specialist knowledge of indigenous plants, have key roles in biodiversity conservation and take care of domestic and community hygiene and environment health along with men.

What can be done

1. Acknowledge gender inequity

Listen to women as well as to men. When preparing and designing interventions, leaving no voices unheard helps to deliver gender-responsive interventions that also consider trade-offs and synergies across animal, human and environment health. One Health is about everyone's health.

2. Integrate gender into project planning

Build understanding of gender considerations into projects from start to end, including in budgets, surveys, personnel, capacity building, risk assessments and monitoring. Every project document should include qualitative and quantitative indicators to measure the gendered impacts of the project and explain the gender norms and dynamics affecting desired changes. Gender expertise should be part of One Health efforts. Environmental impact assessments should measure the gendered effects of environmental changes and interventions on people in addition to the gendered effects of environmental outcomes.

3. Research gender and other inequalities

Understand how gender-based disadvantage cause a chain of spiralling impacts across the three One Health domains. Work closely with communities to find out how gender norms work in those particular local communities. Collect a full range of data disaggregated by sex and study the gender dynamics and norms behind gender-based disadvantages. Gender analyses will help to inform gender-responsive interventions and policies across the sectors.

4. Implement gender-responsive interventions, solutions and policies

Gender-responsive interventions will better target animal health activities, address gendered constraints and leverage opportunities to prevent or treat diseases, and reach and benefit women and men, and girls and boys, equitably. They will help improve the targeting of environmental interventions. Policies to protect environments and control zoonotic diseases must be shaped by an understanding of gender norms and dynamics.

References

To view all the references for this brief visit whylivestockmatter.org

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