



WABA Gender Assessment Practice Tool for International Board Certified Lactation Consultants (IBCLCs) Physicians and Health Care Professionals

WORKING DOCUMENT, APRIL 2014

*“Where after all do universal human rights begin?
In small places, close to home – so close and so small
that they can not be seen on any maps of the world...
such are the places where every man, woman and
child seeks equal justice, equal opportunity and
equal dignity without discrimination.”¹*

*“Principle of universality underlies human rights;
the duty to refrain from violence and discrimination,
and the duty to promote the highest enjoyment of
human rights for others.”²*

What is gender and why is it important to the health of a mother and her child?

Gender refers to the socially constructed differences and relations between men and women, which are learned, and not natural. These vary widely among societies and cultures, and change over time. The term is used to characterize the differing roles, responsibilities, constraints, opportunities, and needs of women and men in all areas and in any given social context.³ Gender norms and values of masculinity and femininity give rise to gender inequalities; differences that are used to systematically empower one group to the detriment of the other.

There is an increasing recognition in the field of international health and nutrition that gender inequities and dynamics are a major social determinant of health and nutrition outcomes.⁴ It has been shown to have a direct impact on maternal care practices as well as infant and maternal mortality rates.⁵ Additionally; gender inequality impacts women’s mental health outcomes during reproduction by increasing risk for prenatal and postpartum depression.⁶

ILCA and WABA have taken on this joint project to ensure that lactation consultants globally are more aware of gender bias⁷ and its implications to women’s experiences of gender inequities and its impact on breastfeeding. While effective lactation consulting practice is mother centered, a systematic look at the implications of gender can enhance the facilitative communication approach⁸ that LC’s use to help mothers to breastfeed optimally.

A gender sensitive perspective recognizes that the demands of mothering are mostly done as a private act, performed under collective isolation and set against impossible standards of perfection. This traditional role assignment comes with all of the responsibility and none of the power.⁹

It is founded on suppression or denial of the mother’s selfhood and in turn reproduces gender inequality. An LC can support women to recognize women’s needs,¹⁰ their resources and their strengths, engaging them in their capacity for agency, autonomy, authority and authenticity.¹¹ Using a strength-based approach an LC can help women recognize breastfeeding as a resource to their empowerment. For example, knowing about gender inequality and its impact on women as mothers, within the private space of their home, is critical to identifying the presence of violence and the supports that women need to live a full human life.

This booklet reviews gender specific constraints and opportunities in six areas in the private sphere:

1. Family Structure,
2. Breastfeeding Knowledge, Attitudes and Beliefs,
3. Mother’s Role Obligations and Opportunities,
4. Role and Expectations of the Mother’s Partner,
5. Maternal Access to and Control over Resources & Support,
6. Violence in the Family.

1. Roosevelt 1958
2. Hendra J., et al. (2013)
3. ILO 2007
4. UNICEF / Liverpool School of Medicine (2011)

5. UNICEF (2011)
6. Toronto Public Health (2003)
7. Eichler, M., & M. Burke, (2006)
8. Ekstrom et al 2005

9. O’Reilly 2007
10. Rosenberg 2003
11. O’Reilly 2007

FAMILY STRUCTURE

Childbirth and the immediate postpartum period are special events in the lives of families. A mother child dyad is nested within a family. From a family systems approach the dyad is influenced by the collective decision making of the household. There is a hierarchy of experience and authority with family systems that responds to the needs of first time mothers and their newborns. Age and experiences confer authority. Men and the senior women – grandmothers – are often influential in decisions about how an infant is fed and cared for. Cultural norms dictate that the roles of younger women and men are gender specific as are the roles of senior women and men – grandmothers and grandfathers. Research recommends health care providers view grandmothers and men as resources not obstacles.¹²

You want to know:

- ▶ The people who are involved with mother and baby; it is important to involve all those who are in the “circle” into your assessment and teaching. Who is making the decisions about the care for the baby and the responsibilities of the mother?
- ▶ It is important to understand whether her “circle” is supportive of the mother or if she is being displaced as primary caregiver. What kinship support is there for the mother; for the father? Is the marital relationship functioning? What are communications like between the partners?
- ▶ Is there an obvious health, age or education difference between the partners that might impact the mother’s capacity to make decisions about the care of the baby?

- ▶ Notice who does most of the talking to the care provider?
- ▶ Who does the mother turn to for advice and support?
- ▶ Notice and reinforce the positive family dynamics that empower the mother.
- ▶ Support the mother to voice her feelings and needs and her ability to exercise control over the care of the baby.
- ▶ Notice negative family dynamics that disempower the mother (i.e., take away her control and ability to make decisions and act for herself.
- ▶ Use non-directive communication strategies¹³ to facilitate communications within the family that brings the mother into the center of the discussion as an active decision maker and the father as a protector of the health of the mother and child.
- ▶ Ask the parents how decisions about their responsibilities, obligations and work are made.

What are the gender-related strengths of the culture and in the community? Evidence of valuing the primacy of maternal relationship with her child and the valuing of mothering capacity from a position of autonomy and authority.

- ▶ Look for female solidarity and mutual care, father’s interests and investment in the baby, reliance on the wisdom of grandmothers and their networks to support the mother. Recognize and make use of such resources as you plan care.

12. Aubel – (2012)
 13. Rosenberg, 2003

BREASTFEEDING KNOWLEDGE, ATTITUDES AND BELIEFS

What beliefs about breastfeeding are held by the mother and family members? Firsttime motherhood is a challenging period that requires support. Experienced senior women play a central role in advising and support younger women.

- ▶ Misinformation can lead to early breastfeeding problems and early weaning.
- ▶ The knowledge, beliefs and attitudes about infant feeding have an important effect on the mother's success and the quality of her breastfeeding experience.
- ▶ It is important to identify whose knowledge and opinions is valued by the mother and other decision-makers.
- ▶ Breastfeeding skills that empower the mother are hand expression, confidence in using the Lactation Amenorrhea Method (LAM) and how to manage breastfeeding problems. How does the family feel about the mother nursing in front of them? What is their comfort level with the mother nursing in public?

- ▶ Based on your assessment of the family structure, what information needs have been identified?
- ▶ Facilitate a conversation with the family about their breastfeeding beliefs: what sources of information do they find valid (i.e., personal experiences; clinical directives; scientific knowledge?)
- ▶ Across the family kinship, who has accurate information, who is misinformed, and who has the skills to help the mother problem-solve?
- ▶ Review information sources mother is using.
- ▶ Provide accurate information to the mother on how her lactating body works, how hand expression and LAM work and how frequently babies need to feed.
- ▶ Discuss with the mother her comfort levels to breastfeed in public. Is she aware of her rights? Is the family aware of comfort rooms or breastfeeding corners in the community where she can breastfeed comfortably in semi-private?

- ▶ Acceptance of maternal body changes is supportive of positive body image.
- ▶ **Does the baby's sex pose any problems? Does the family ascribe certain behaviors, roles or wishes to a baby based on whether it is a son or a daughter?**
- ▶ Will the birth of a female baby have any impact on the duration of breastfeeding? Preference for a son can mean shorter duration of exclusive or sustained breastfeeding for a female baby.

- ▶ Discuss ways to deal with milk leakage, hand expression, safe storage and handling of expressed milk and LAM as ways to help mothers be comfortable with her body.
- ▶ **Find sensitive ways to discuss the need for equal treatment for either a girl and boy child to ensure the child's utmost well-being.**

- ▶ **What are the family’s feelings about breast exposure, women’s dress, and modesty? How do the family and the mother in particular feel about breastfeeding in public?** Attitudes may affect your ability to conduct a consultation and/or to include male family members in teaching and follow-up support for the mother.

- ▶ Support the mother to articulate pressure she is feeling to wean. Help her to find ways to deal with this pressure in a positive non-defensive way. For example a way to respond to negative pressure to wean, include positive responses such as “Isn’t it wonderful that the baby is still nursing and s/he is so healthy!”
- ▶ Mother to mother support, peer–support is very helpful.

MOTHER’S ROLE OBLIGATIONS AND OPPORTUNITIES

What are the mother’s role obligations and to what extent is there role conflict or support? Women’s triple work load and multiple responsibilities for domestic tasks, child care and paid labour presents a heavy burden on women and has negative impact on child health and nutrition outcomes.¹⁴

- ▶ Women have many roles to fulfill. Each role brings with it a unique set of stressors and obligations. Alternatively each role provides unique opportunity for access to resources and support. Problems arise when there is stress or conflict between the roles and when women do not receive the support they need to fulfill their role obligations.
- ▶ It is important that the mother has support that helps her fulfill her role obligations and that helps her distribute her responsibilities.
- ▶ This type of support demonstrates how family is supportive of maternal-child relationship and helps the mother diffuse role conflict and strain.
- ▶ Ideally a mother’s workload is adjusted to accommodate her post-partum recovery, including breastfeeding initiation and continued breastfeeding.

- ▶ Consider a variety of roles including roles as mother, wife/partner, domestic (housekeeping; errands), family member (i.e., as daughter, niece, aunt), paid worker & community member.
- ▶ Ask the mother to consider her obligations to herself: does she have time for self-care and nurture?
- ▶ Who is deciding how the mother allocates her time and energy across these multiple roles?
- ▶ Do those around the mother make it possible for her to breastfeed and fulfill other important roles: i.e., do they support the mother and share in household responsibilities when she is at home as well as when she is away doing other things (i.e., return to work, return to school, include exercise time).
- ▶ Your care plan will be affected by the mother’s responsibilities. Example: mother-baby separation or overwork of mother can impede breastfeeding. The family may have money worries.
- ▶ Use your prior knowledge of common patterns/expectations in the family’s culture(s) to fine-tune your assessment and target your teaching.

ROLE AND EXPECTATIONS OF THE MOTHER'S PARTNER

What is the partner's role? How does the partner access resources? Men are often not expected to bear responsibility for domestic tasks or childcare. This can have negative impact on care options for children when mothers are over loaded.¹⁵

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| <ul style="list-style-type: none">▶ The mother's partner and father of the baby (perhaps the same person but may be different people) may play an important role in the care of the baby and the mother. It is important to identify the decision making power and authority of this person and the extent to which this person provides good support to the mother.▶ Partner's role may affect duration of breastfeeding.▶ This person may have expectations for the mother that interferes with her ability to breastfeed.▶ This person may also be the mother's main source of emotional, instrumental and financial support. | <ul style="list-style-type: none">▶ Is the partner waiting for the baby to wean before developing a relationship with the baby?▶ What are the mother's and her partner's expectations/experiences about sexual activity while she is breastfeeding? Is there a problem?▶ Discuss how the family is dealing with the child's need to breastfeed at night, the advantages of keeping the infant nearby to facilitate breastfeeding and whether this is causing problems.▶ Based on your assessment of the mother's multiple roles, identify how supportive the partner is of the mother's various roles.▶ Offer culturally-appropriate information, support, and suggestions for ways the partner can contribute to the mother's and baby's welfare. |
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MATERNAL ACCESS TO AND CONTROL OVER RESOURCES AND SUPPORT

How does the mother use Intra-household bargaining power to enable her to meet her own needs and those of her infant? Lack of access to resources and household supports can be a factor in postnatal depression among other problems.

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| <ul style="list-style-type: none">▶ The resources and support available to the mother are critical to her ability to fulfill her maternal role obligations and expectations. Resource and support are also important for her other roles as well.▶ You need to know the resources available for the mother, especially if a breastfeeding problem will require extra time and attention in the short or long term. The less support she has for other roles she must fulfill (i.e., as mother to older children; a paid worker; a student) the more conflict she will experience with her new maternal role and with breastfeeding. This could lead to early weaning. | <ul style="list-style-type: none">▶ Does she have access to means of supports outside the home?▶ Does she have a network of friends, access to telephone or radio (rural areas)?▶ Does she have control over how household money is used?▶ Does she have control over how she raises the children?▶ Does she have control over what others do with her children?▶ Does she have access to resources needed to fulfill her roles (i.e., transportation, money, child care, time?) |
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15. UNICEF / Liverpool School of Medicine (2011)

- ▶ Are there any indications that this mother is dealing with postpartum depression? Use the Edinburgh screen tool. <http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>
Have resources ready.
- ▶ Help connect the mother-to-mother support, community and/or social media resources.

VIOLENCE IN THE FAMILY

“Each culture has its saying and songs about the importance of home and the comforts and security to be found there. Yet for many women home is a place of pain and humiliation... Violence against women by their male partners is common, wide spread, and far reaching in its impact... Violence is both a consequence and a cause of gender inequality... The health sector has a unique potential to deal with violence particularly through reproductive health services which most women access at some point in their lives”.¹⁶

- ▶ Birth is a stressor for the family, while breastfeeding is something her partner can't control.
- ▶ Many women have experienced child sexual or physical abuse and/or are currently being abused by their partner or other extended family members.
- ▶ Abuse also can extend to other children in the family
- ▶ The evidence on the relationship between violence and breastfeeding is limited though observations have shown a co-relation.
- ▶ Having experienced past violence as a child and/or experiencing current violence as an adult may make it more difficult or complicated for women to breastfeed.
- ▶ Violence is extremely harmful and leads to a host of physical and psychological health problems, reduced control over fertility and reduced access to resources and personal power.
- ▶ Women should not have to breastfeed because they are forced to do so or in a violent environment!

- ▶ **Are there any signs of postnatal depression? Use the Edinburgh screen tool.¹⁷**
- ▶ **Are there any signs that the mother has been or is being subjected to domestic violence? Violence can be overt or covert.**
- ▶ **Is there reason to believe that the mother has dealt with sexual abuse earlier in her life?**
- ▶ If you suspect abuse, arrange to talk with the mother alone. Have referral resources ready.
- ▶ It may be more important to attend to the mother's situation of violence and abuse first even before breastfeeding problems are discussed and resolved.
- ▶ Finding ways to empower a mother will go a long way to her increasing her confidence to make the right decision to feed her child and act on that decision with inner strength and conviction

16. WHO 2005

17. Cox, J.L., Holden, J.M., and Sagovsky, R. (1987)

Useful Definitions on Gender

Gender division of labour, refers to the way work is organized to be defined as men's work and women's work according to their social and cultural context. This division of labour generates inequalities in the home as women assume triple workloads – work outside the home, childcare and domestic work within the home, and physical reproductive work of pregnancy and lactation. Men are never faced with this triple workload as they do not become pregnant or breastfeed. Gender is a central organizing principle of societies, and as such it impacts the processes of production and reproduction, consumption and distribution.¹⁸

Gender roles and relations refer to the way boys and girls are taught to behave as it relates to their biological sex and how to relate to the opposite sex. Gender roles and relations are reinforced through educational, medical, economic, social services, legal and religious systems. Laws and institutional policies which are based on patriarchy (male control) thereby produce systematic disadvantages for women.

Substantive gender equality according to Convention on the Elimination of Discrimination Against Women,¹⁹ is based on providing women with the same human rights as men. This convention has been ratified by 187 out of 193 countries. Only six countries have not ratified, including the United States, Sudan, Somalia, Iran, and two small Pacific Island nations (Palau and Tonga). It strives to move governments, societies and families to provide women and girls with the same protections, the same access to social, educational and economic opportunities, resources and rewards as men while taking in to account their different needs. Substantive gender equality does not mean that women and men become the same, but that their opportunities, life chances and outcomes are equal.²⁰

Women's autonomy is related to women's social and economic status and refers to the relative decision-making power women have within their wider society and within their households.

Intra-household bargaining refers to the ways in which women and men participate in and have control over decisions about household resources.

Women's' intra-household bargaining power is influential to the health of the family in two main areas:

1. The extent to which women are able to influence decision making within households influences how resources are provided to children in terms of nutrition practices and health inputs.
2. Secondly, women's ability to access and control the use of resources for their own health and well-being significantly impacts on their children's survival health and nutrition.²¹



18. FAO, (1997)

19. CEDAW (1979)

20. WRAW Asia Pacific (2009)

21. UNICEF / Liverpool School of Medicine (2011)

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This is a Working Document prepared by Chris Mulford and Johanna Bergerman ILCA/WABA to support lactation consultants to apply a gender sensitive lens in their practice. Reviewed by Paige Hall Smith and Sarah-Joy Amin.



The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organizations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declarations, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. Its core partners are International Baby Food Action Network (IBFAN), La Leche League International (LLL), International Lactation Consultant Association (ILCA), Wellstart International and Academy of Breastfeeding Medicine (ABM). WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).
