Making sense of disaster, gender and health

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Deconstructing common terms

**Disaster**  Often bureaucratically structured, but more process than event, blurs with the everyday

**Gender**  Beyond the universal male, beyond gender=women, beyond the binary

**Health**  Gendered and in its widest, WHO, definition

...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

**Disaster, gender, health**  Meanings at the interface

**Why?**  A better understanding on which to build interventions and solutions
Binaries

Many core terms suggest:

• Binary oppositions
• Hierarchies
• Privilege
• An absent other
• Unquestioned ‘common sense’ understandings
Disaster – through a gendered lens
Disasters - not just one of these

• Disasters – more process than event
• Depends on who you are and where you are coming from
• At a simple level, disasters have a **BEFORE**, a **DURING** and an **AFTER** (but view this has been challenged)
• **BEFORE** engineers, emergency planners, prepare, plan and mitigate

• **DURING** emergency (‘blue light’) services, humanitarian responders shelter and rescue

• **AFTER** hand off to housing, health and other service providers
Disaster lenses: measurement

- Disasters tend to be measured in terms of loss of life, economic output, infrastructure, etc.
- The impacts are typically measured immediately after an event and must be clearly related to it.
- There is often a demarcation of where disasters end and move on to recovery and development.
- This is a largely bureaucratic construction.
- For victims/survivors, stages are blurred.
- For victims/survivors, sometimes disasters never end.
Disaster lenses: social biases

• Many disaster/emergency managers/planners/responders don’t know to expect gender (or other) differences

• Even if they did, would not know what to do about it (especially in more economically developed countries)

• Generally, gender differences in disasters are still not expected and not planned for

• ‘Gender’ is often reduced to ‘women’
Gender – beyond the universal male, beyond gender=women, beyond the binary
Typical gendered assumptions

1. There are no gender differences in disasters or
2. Women (and girls) are vulnerable
3. Women (and girls) are the hardest hit in disasters because they are vulnerable
4. Women’s (and girls’) vulnerability comes from their biology and physiology
5. Men Are from Mars, Women Are from Venus
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Vulnerable:
- open to attack
- defenceless
- exposed
- sensitive
- susceptible
- weak
- assailable
- naked
- sitting duck
- tender
- thin-skinned
- unprotected

1. This is the most common assumption
2. This one emanates from the classic gender stereotype
3. Often—but not always—more women and girls do die so
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1. This is the most common assumption
2. This one emanates from the classic gender stereotype
3. Often – but not always – more women and girls die in disasters and die sooner.
4. It is less about vulnerability and more about socially constructed subordination, exclusion and marginalisation
5. Sorry, this is rubbish but I couldn’t resist that one!
Gender/sex matters and so does the ‘trigger’

‘Natural’ hazards

2004 Tsunami: 4 female for every 1 male death

‘Unnatural’ conflict

Direct War Deaths 1990s

Mazurana et al 2011 Sex & Age Matter
Disasters through a feminised lens

• For women, the real disaster develops over time

• The ‘real’ disaster for women is in the secondary, often intangible impacts - changes to well-being (ill-being), including increased time burden and, particularly, violence – the ‘double disaster’
Mainstreaming men into disaster risk management

• If gender and disaster means ‘women and disaster’ to most people, where does that leave the men?

On the one hand, they are socially more powerful than most women, they are unchallenged leaders, managers and controllers of disasters

On the other hand, stereotypical notions of masculinity require them to always be strong and in control

Social representation, gender identification – binaries ...

Even the category ‘woman’ is not singular or unproblematic – a lesson not yet learned from second wave feminism in the 1960s

... versus continua

masculinities

femininities
Gender unfixed
Retreat to ‘traditional’ gender norms

• Susanna Hoffman found after the 1991 Oakland firestorm in California that men and women reverted to stereotypes that had long been banished in progressive California.

• ... for many, progress in carving out new gender behavior suffered a fifty-year setback. In the shock of loss both men and women retreated into traditional cultural realms and personas ...

...The return of old behaviors and the loss of new was so swift, so engulfing, and so unconscious, few understood what occurred (Hoffman, 1998: 57-58)
Hyper-masculinity in disasters

...a form of hyper-masculinity emerges [...] which can lead to increased levels of violence and discord in heterosexual relationships. Men are likely to have a feeling of inadequacy because they are unable to live up to the expectations of their socially-constructed gender role. [...] The presence of these conditions unfortunately influence [sic] higher numbers of partnered, heterosexual men to act in violent and abusive ways toward the women in their lives (Austin 2008; Parkinson 2011)
Disasters – typically seen as consensus events. Violence – is it a disaster issue? Is it a health issue?

• Sociologists, Merton (1970) and Barton (1970) expected to see an increase in violence or for it to become more visible post-event

• But the disaster itself is not enough to ‘cause’ violence - other factors must be present

• Disasters reveal pre-existing levels of violence or its potential

• Intimate partners and close family are the highest risk to women and girls

• A study in internally displaced person camps in northern Uganda found women were 8-10 times more likely to experience violent assault by their husband than by a stranger (IFRC, World Disasters Report 2012: 85) – see also Haiti, Katrina

• A not unusual (at least for sociologists!) research finding
The need to make the familiar strange

• The familiar: disaster discourse tends to be represented as gender neutral: e.g. ‘people’/‘communities’ affected

• Usually, the gender, age, etc of the fatalities or otherwise impacted are unknown

• HFA Monitor for 2009-11 indicated that 62 out of 70 countries do not collect vulnerability and capacity information disaggregated by gender

• We learn something of interest every time disaster data is disaggregated

• Now expected under the Sendai Framework for DRR 2015-2030
Health – gendered and in its widest, WHO, definition

...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity
Example: Pakistan Earthquake 2005 where disaster, gender and health met

Risk factors (beyond the geophysical hazard):

- **Location** in remote area
- Low **income/poverty**
- Female **gender**
- **Disability**
- Unsupportive or violent **family** relationships
- **Cultural** barriers to external health provision
- **Long-term, gendered impacts** (see Irshad et al 2012 ‘Long-term gendered consequences of permanent disabilities’)
The absence of disease does not signify the presence of health

• If a woman is without disease but is beaten or psychologically abused by her partner, then this cannot be a definition of health in the expanded WHO definition

• Despite the increasingly recognised prevalence of VAWG, appropriate disaster health care provision is lagging

• Risks of VAWG may be exacerbated by inappropriate response, sheltering and recovery decisions
Bringing **Gender-Aware Disaster Care** to disaster medics

(Richter and Flowers 2010 pp 211-213)

- Gender-based biology is an emerging field [*really? only now?*] in medical sciences (Langley 2003, p.ix)
- Women’s physiology is more biologically complex than men’s
- But a misplaced universalism exists
- Richter and Flowers go beyond the medical to the social in explaining why and how women may be more significantly impacted in disasters:
Bringing Gender-Aware Disaster Care to disaster medics

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**Causes** of women’s disaster vulnerability

- Less access to resources
- Gendered division of labour
- Less able to migrate for employment
- Increase in women’s domestic chores
- Most likely to be or become sole economic providers ('flight of men')
- Social taboos and isolation
- Lack of gender-disaggregated data
- Under-representation
- Disproportionate health issues

**Consequences** of women’s disaster vulnerability

- Loss of “bargaining position” in household
- Heightened perception of risk
- Increase in domestic and sexual violence
- Higher dependence on Social Services.

Richter and Flowers list 14 recommendations:
1. Create high gender visibility and input throughout all stages of a disaster
Tewkesbury and Morpeth – subtle gender differences in UK floods

An example from the EU MICRODIS project quantitative survey [www.microdis-eu.be](http://www.microdis-eu.be)
With thanks to Dr Supriya Akerkar, Oxford Brookes University
Surveys, interviews and community engagement

- Women rated the severity of the flood higher than men did
- More women rated the trauma of the flood experience at the higher end of the scale
- Men were more likely to say they could deal with the situation
- Men were less likely to report changes in personal relationships; more of them saying ‘no change at all’
Another example from MICRONDIS

• A standard psych scale measuring emotional wellbeing after flooding in the UK showed the scores of men and women to be similar
  • Men = 68.96 and women = 64.47
  • However, we thought the (apparent) absence of difference was worthy of further examination
  • We found, although the scores were similar, the predictors of emotional wellbeing were very different for women and men
Predictors of emotional wellbeing diverge for males and females

- For women, the main predictor for their general emotional health was their **sense of community embeddedness**; their ties and networks
- For men, the notion of **being in control** over daily life had the highest predictive effect, with important implications for sense of identity related to masculine social norms
- We need to know this for more effective, context-specific interventions:
  - men need to act; women need to connect
Disaster, gender, health – at the interface
Life is so much easier if you focus on one thing at a time...

- I work on disasters...
- I work on disasters and gender...
- I work on disasters, gender and health...
- ...and age, ethnicity, colour, caste, class, sexual orientation, language, faith, political or other opinion, national or social origin, dis/ability, education or developmental level, geopolitical or other status, especially those in violent or vulnerable situations...
- ...and...many other, distinct, often discrete, but intersecting, categories of the social world
Boxing it may be easier to manage but what are we losing?

Where is the everyday, messy and complex reality?
However, complexity is a largely unmet challenge

- If not boxed, siloed, simplified, then? ...
- How to best address, manage, and not be overwhelmed by, complexity?
- Both in the everyday and in times of crisis
- The importance of context
- Not every aspect of a person’s identity will be salient or significant at any one time
- The skill is in recognising what is essential
- I hope some of today’s speakers have the answers to how we do it!
Finally...maybe we have more sense but still no easy resolution

Disasters cannot be reduced to managing the crisis period and response
- Equitable disaster management and risk reduction critically depends upon a process of transformation in social relations; before, during and after a disaster
- Crises can be opportunities/points/places for intervention

Gender cannot be reduced to women or even to a male-female binary
- Genders are multiple, fluid, dynamic and best understood through a social and cultural lens as much as (or more than) a physical/biological one

Health cannot be reduced to professionalised medical interventions
- The WHO health definition is much wider & reaches beyond the medical
- It incorporates, and is dependent upon, fundamental conditions of human and social wellbeing but how can this be actioned?

Together they point to a level of complexity in our social world with which we have yet to properly engage
Selected references


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