

GENDER AND DISASTER: MAKING CONNECTIONS IN PRACTICE

Nebraska Disaster Behavioral Health Conference

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Why gender? Why women? Why now?

- international conferences
- UN agencies/ISDR
- research
- networks
- disaster events

Gender and disaster myths

- Disasters hit “people” not men and women
- Women are not especially vulnerable in disasters
and/or...
- Women are always highly vulnerable in disasters



QUAKE





Gender and disaster realities

- Disasters happen to women and men
- They unfold in highly gendered conditions
- Yes, women are often at increased risk
- But both women and men have critical strengths and resources in disasters
- Disaster management, too, is gendered

Sex and gender can increase social vulnerability

Bodies

Identities

Social relationships

Inequalities

Gender as a cross-cutting factor

Bodies

- Reproductive lives
 - late-term pregnancy, childbirth
 - pre- and post-natal health needs
- Physical conditioning and capacities
 - across generations
 - among different social groups
- Sex-specific health conditions
- Longevity: gender, age and mobility

Identities

- Some implications of dominant masculinity norms
 - risky behaviors
 - barriers to assistance
 - self -destructive coping strategies
- Some implications of dominant femininity norms
 - “learned incapacity”
 - dependence
 - deference

Social relationships

- Social networks
 - emotional connections more limited for men
 - occupational networks differ
- Gendered division of labor (paid/unpaid)
 - women as caregivers and homeworkers
 - gendered occupations
 - men in hazardous response occupations
 - women in stressful health and human service sector
- Heterosexual norm: GLBTQ at risk

Gender-based inequalities

- Economic
 - higher rates of poverty, insecure income
 - part-time employment, lack of social benefits
 - underground work
- Health and well-being
 - gender-based violence
 - rising rates of HIV/AIDS
 - more chronic illnesses, temporary disabilities

- Housing
 - rising rates of homelessness
 - public housing/low income residence
 - female headed household
 - women alone
 - mothers, fictive mothers, grandmothers
- Transportation
 - less access to private transportation
 - often travel with dependents
- Barriers to political power and voice

Gender is also a significant cross-cutting factor

Women are over-represented among

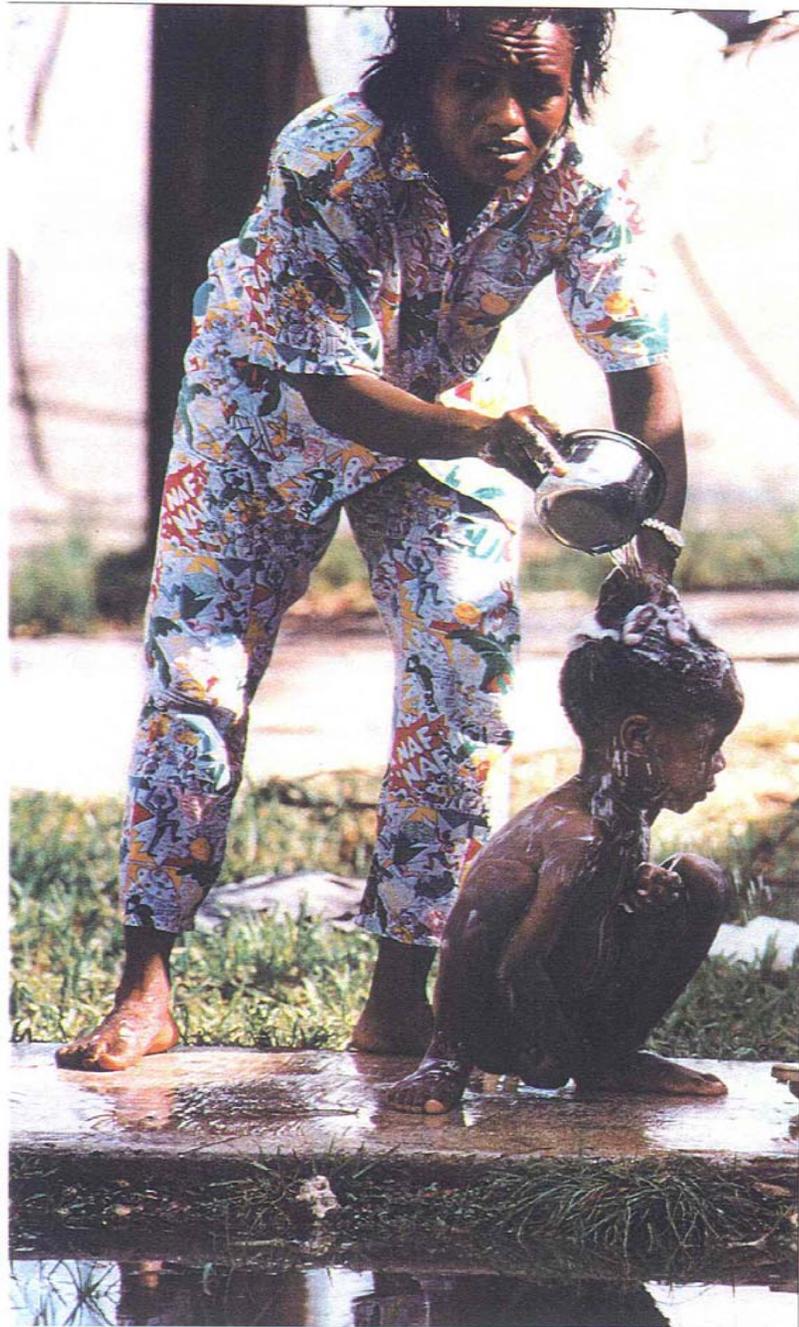
- the nation's poor and poorly housed
- those depending on functional social services
- those heading homes or rearing children alone
- the frail elderly
- others with reduced mobility
- the socially stigmatized and socially isolated





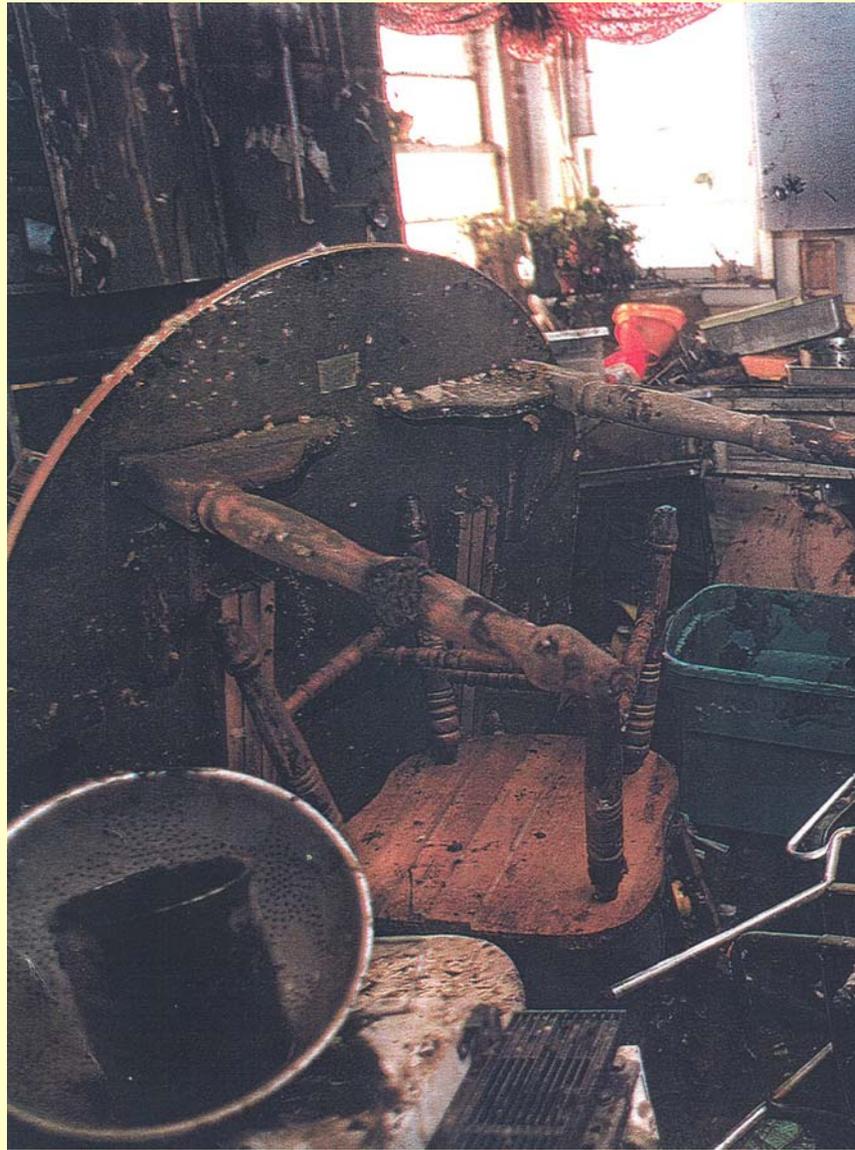




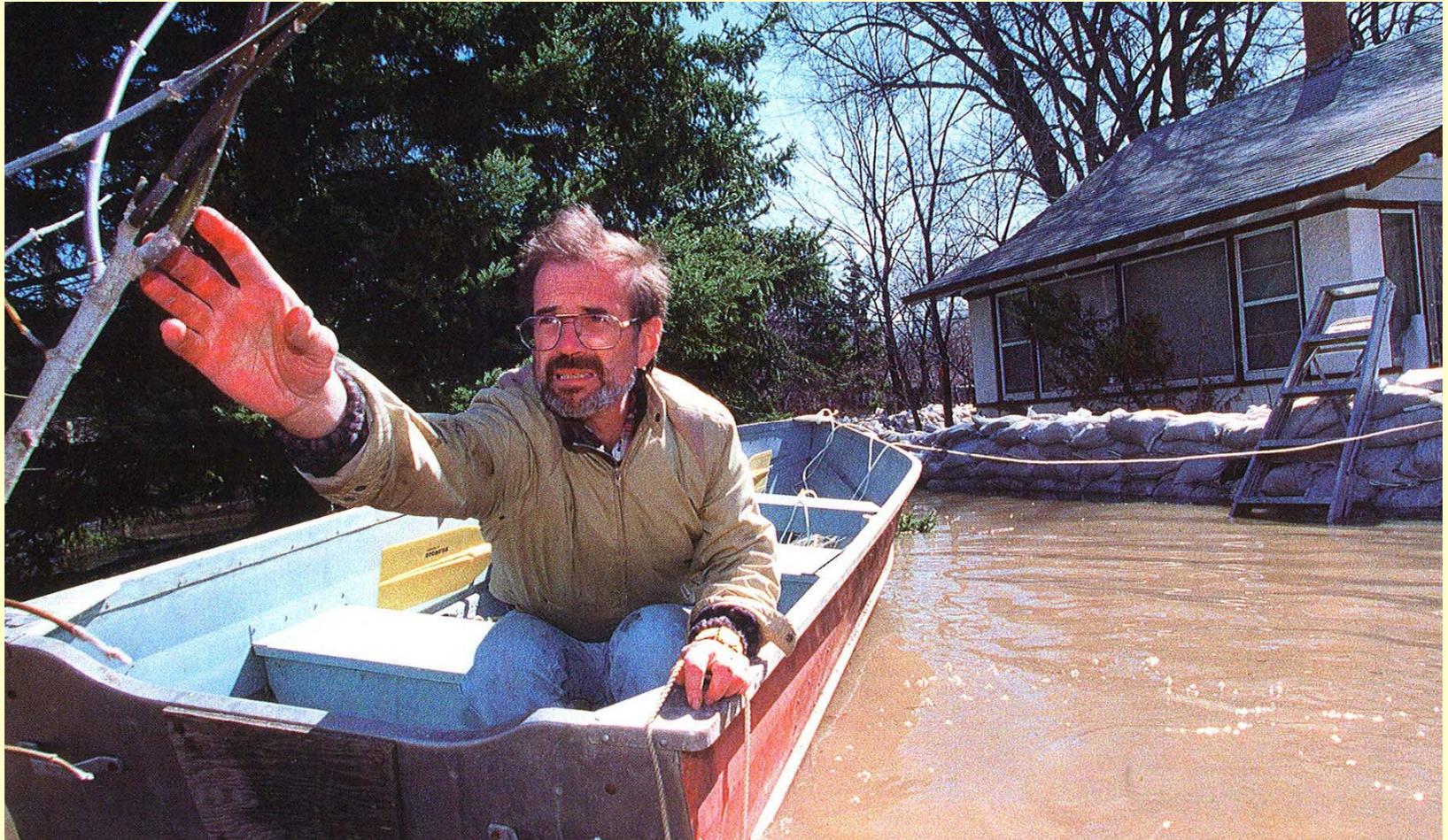




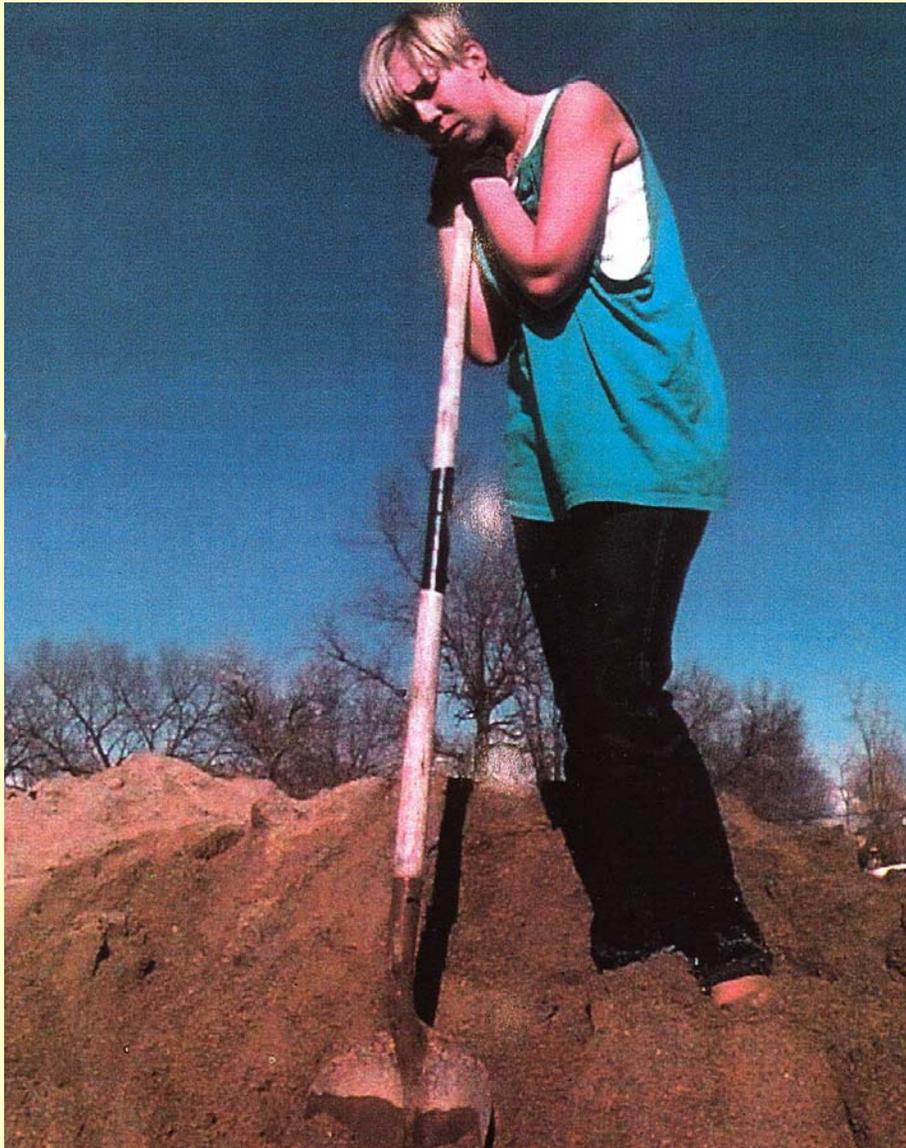








- **No one way: gender varies across groups**
 - Socioeconomic groups
 - Ethnic/racial groups
 - Transnational/migrant/new resident families
 - Groups with differing (dis)abilities
 - Sexual communities
 - Generations
 - Life stages
 - Urban/rural communities; tribal lands



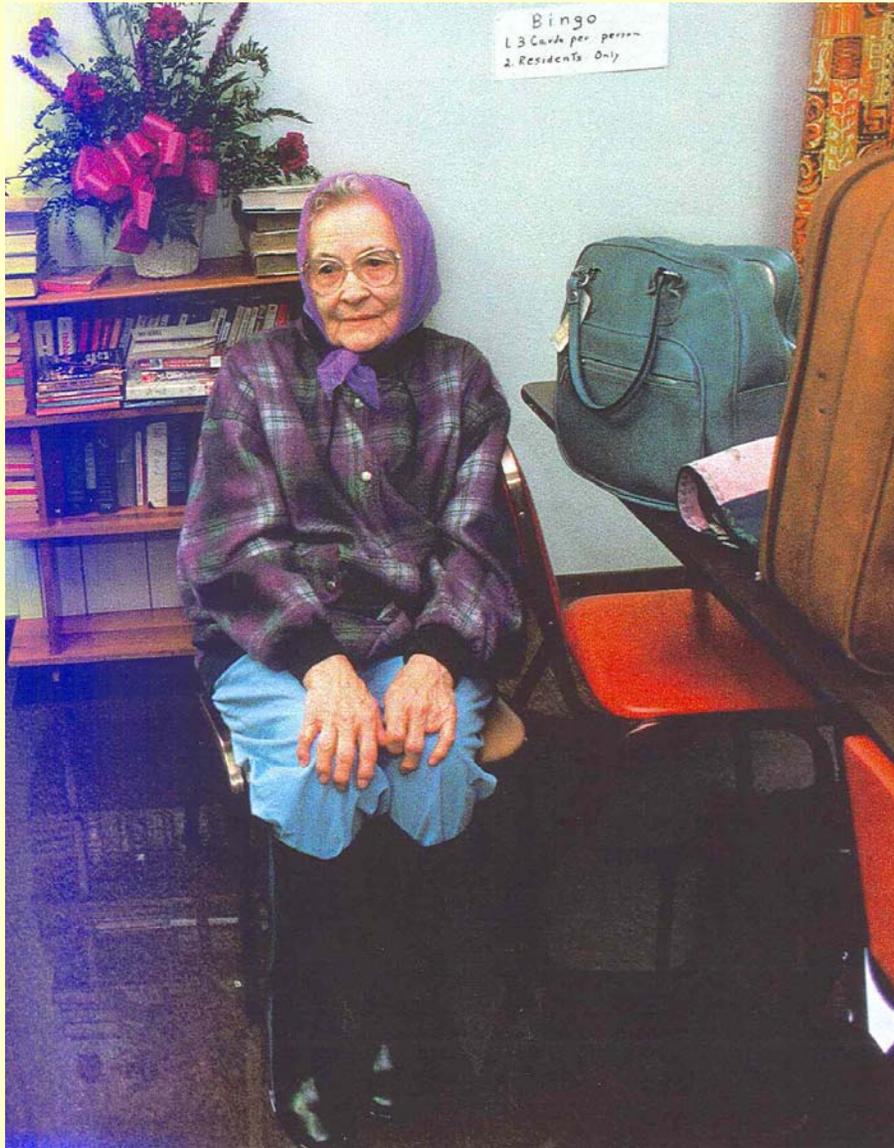


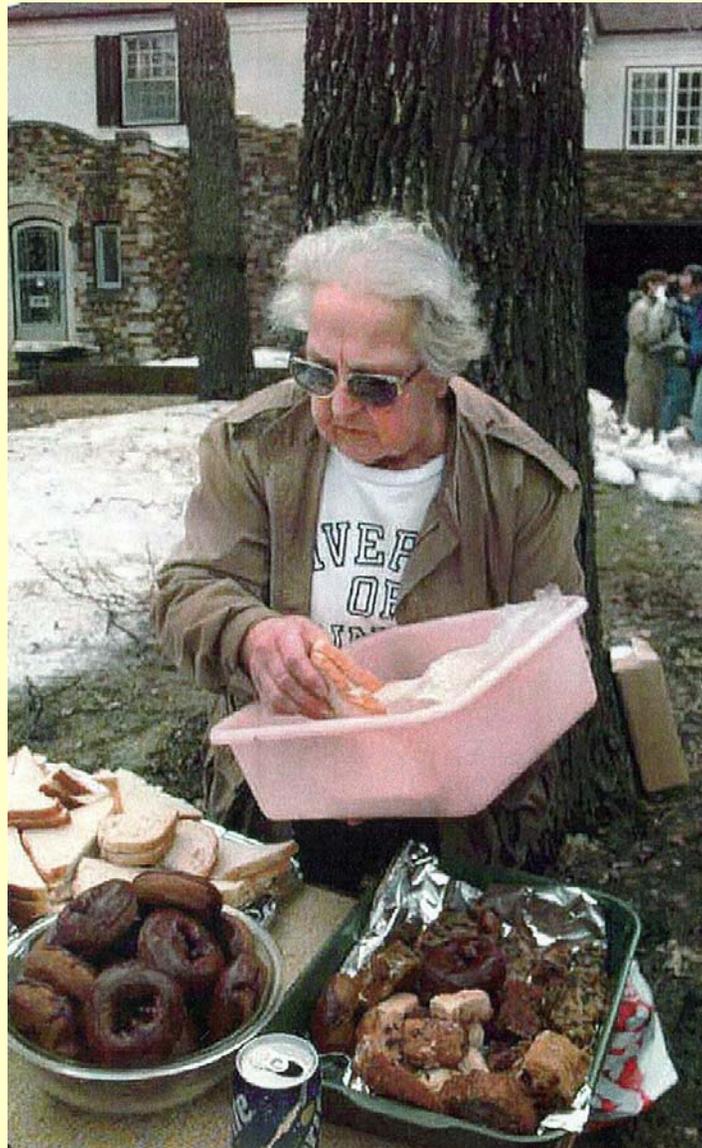


Gender can reduce vulnerability

- Men's life experience and social status, e.g.
 - Higher/more secure economic status
 - Primary sector jobs with benefits
 - Relevant occupational skills for home and business preparation and repair
 - Formal authority as emergency managers/first responders/political leaders
 - Gender-based social groups for assistance
 - Occupational networks for assistance

- Women's life experience/social status, e.g.
 - caregiving skills: technical and socioemotional
 - relevant occupational resources
 - child care/elder care
 - teaching/youth work
 - home health/community health
 - social welfare/family care/crisis work
 - community knowledge and leadership
 - neighborhood networks
 - volunteerism
 - women's primary roles in faith-based organizations
 - women's groups/women's advocacy work







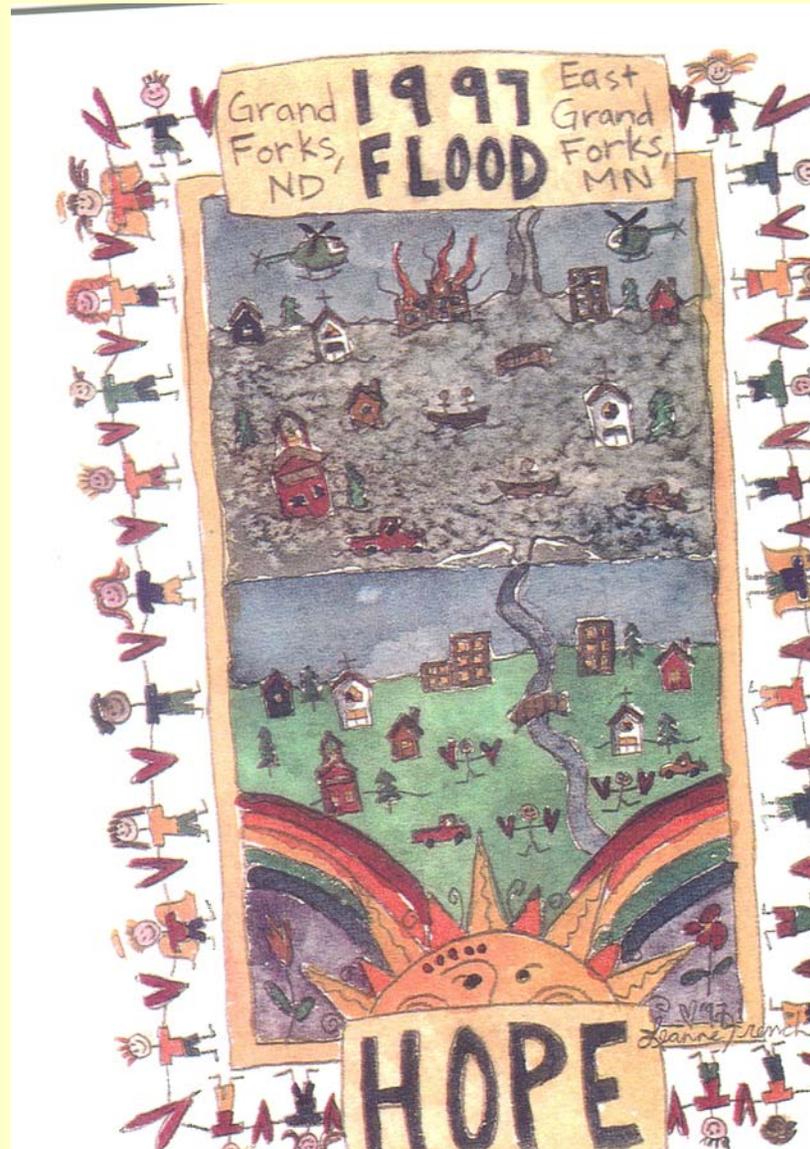


*“Where the hell is the cavalry on this one? We need food,
we need water, we need people.”*

KATE HALE









And women and men change

- Gender stereotypes challenged
- Gender atypical skills learned
- Self concepts change
- New gender relations forged
- Disasters as a window of opportunity
 - for personal growth
 - for social justice



Gender-aware planning: focus on health

- Reproductive health care services
- Gender-specific patterns, e.g.
 - women and post-disaster stress
 - men and post-disaster depression
- Interpersonal violence
 - assault and abuse: women and girls
 - increased aggression: men and boys
- Injury (men as responders, rebuilders)

Mitigation

Do your efforts capitalize on women's strengths?

- work through women's groups to assess V and C
- partner w/ women health practitioners and advocates
- mitigate social hazards, e.g. post-event abuse
- protect infrastructures critical to women caregivers, e.g. informal care facilities, community centers, shelters

Emergency communications

Do your messages reach (the right) women?

- evacuation decisions (pregnant women/infants)
- community registries for high-need groups
- health care available in emergency shelters
- resources available for high-need women/caregivers

Preparedness

Do your efforts help women help themselves?

- help women with health/safety issues limit damage
 - home
 - workplace
 - community
- train women/caregivers in emergency home health care
- work with women's groups to plan for self care
- work through men's groups to promote preparedness

Emergency and short-term relief

Are gendered health issues anticipated?

- gender-aware and culturally competent mental health services, age-specific
- reproductive health care services, choices, information in temporary accommodation sites
- extended mental health care services for primary caregivers
- reach men through other men to stress safety

Long-term recovery

Are gender-aware recovery needs addressed?

- Follow-up with senior women who relocate
- Track changes in community health by gender
- Sustained support for women's community-based health care organizations
- Prioritize reconstruction of crisis centers, street clinics, halfway homes

Four key steps to action

1. Integrate women in disaster management

- women in leadership roles in the community
- women with technical expertise
- women with local knowledge
- women health professionals (visiting nurses, home health care, hospice, rural, ER, etc.)
- women and men trained in gender and health care concerns in emergencies and disasters

2. Use gender analysis as a planning tool

- train men and women in gender analysis skills
- evaluate all programs and initiatives: is “gender blind” really “gender biased?”
- collect gender-specific data for this purpose
- identify root causes of health-related impacts of disasters on women and men

3. Partner with women's groups

- sustained consultation about community health
 - women health care professionals
 - informal women providing health care
 - those with knowledge about high-risk women
- collaboration on specific projects, e.g.
 - health risks of homeless children in disasters
 - mitigating post-disaster violence/substance abuse
 - age- and gender-specific needs of children

4. Make gender-fair disaster risk management everybody's business

- training in gender and disaster health and safety
- gender equity outcomes in performance eval
- demonstrated commitment to mainstreaming
- gender-fair workplace culture/policy/practice
- specific attention to men's health concerns
- fully engaged staff/volunteers, male and female

with thanks for your attention

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Please see me for a copy of the 2005 Gender and Disaster Network bibliography or find it on-line at:

http://online.northumbria.ac.uk/geography_research/gdn/

