HO 1.3: Sex/Age/Diversity–Safety/Access/Dignity (SAD–SAD)

Adapted from: Caritas Australia, CRS, Trócaire, CAFOD. *Protection Mainstreaming Training.* 2018.

Sex, age and diversity interact with the three key areas of protection mainstreaming: safety, dignity and access.

# Sex and gender

* The biological sex of a person and their gender (i.e., learned social differences between females and males) are very important factors in emergencies.
* They determine how people experience natural disasters and armed conflicts.
* Women and men face different risks, have different capacities and respond in different ways.
* Women and men will have different roles. For example, women may be the primary caregivers, while men may be the primary breadwinners.
* This often leads to differences in their experiences of accessing life-saving assistance. Emergencies tend to create, reinforce and worsen existing vulnerabilities. This means women tend to be affected to a greater degree.

# Age

* People’s roles and circumstances change as they get older. For example, a baby girl will face very different risks than an older woman. The same is true when comparing the needs, vulnerabilities and capacities of young boys and older men.
* The United Nations (UN) defines “older people” as those above 60 years of age. However, this is context-specific and may be lower or higher in some cultures.
* The UN Convention on the Rights of the Child defines a child as a person below 18 years of age.

# Diversity

* **Diversity** refers to different values, attitudes, cultural perspectives, beliefs, ethnic backgrounds, nationality, sexual orientation, gender identity, ability, health, social status, skills and other specific personal characteristics.
* These **differences** must be recognized, understood and valued by humanitarian actors to make sure that all people are treated equally and are able to access help safely and in a way that respects their dignity.
* **Disability** is when the interaction between a person’s physical and/or mental ability and social or environmental factors hinders their participation in their chosen roles and routines:
* This is different than impairment, which refers to a problem with body function or structure.
* Disabilities can include issues with vision, movement, thinking, remembering, learning, communicating, hearing or forming/maintaining social relationships.
* In 2011, the World Health Organization estimated that around 15 percent of the world’s population lives with some form of disability.[[1]](#footnote-1) The proportion of older people (those over 60 years of age) with a disability stands at 46 percent.
* People with disabilities may be particularly vulnerable in emergencies. One significant risk is being excluded from humanitarian assistance because of a lack of mobility or information. Humanitarian actors may assume that people living with disabilities are being cared for within a family or community system. However, their specific dietary, health or hygiene needs might be overlooked in responses.
* **Economic status** can determine the skills and assets people have and the extent to which these can enable them to cope in an emergency.
* **Political affiliation** can meanpeople are part of or excluded from formal political processes. Some people might also have, or lack, informal influence and power.
* **Social and cultural factors** are the beliefs, traditions, value systems, rules of behavior, laws, and language etc., held in common within a defined group of people. These can affect a person’s standing within society and thus their power and vulnerability.

1. World Health Organization. [World Report on Disability](http://www.who.int/disabilities/world_report/2011/report/en/). 2011. [↑](#footnote-ref-1)