

The  
Management  
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**DIPLOMA UNIVERSITY EXAMINATIONS**

**SCHOOL OF ARTS, HUMANITIES, DEVELOPMENT  
STUDIES AND SOCIAL SCIENCES (SADS)**

**DIPLOMA IN COMMUNITY HEALTH AND DEVELOPMENT**

**DHD 101 : GENDER AND COMMUNITY DEVELOPMENT**

**DATE: 5<sup>TH</sup> AUGUST 2026**

**DURATION: 2 HOURS**

**MAXIMUM MARKS:**

**70**

**INSTRUCTIONS:**

1. Write your registration number on the answer booklet.
2. **DO NOT** write on this question paper.
3. This paper contains **SIX (6)** questions.
4. Question **ONE** is compulsory.
5. Answer any other **FOUR** questions.
6. Question **ONE** carries **30 MARKS** and the rest carry **10 MARKS** each.

**7. Write all your answers in the Examination answer booklet provided.**

**QUESTION ONE**

**Read the Case Study below carefully and answer the questions that follow:**

**EVALUATING THE IMPACT OF GENDER-SENSITIVE APPROACHES IN COMMUNITY DEVELOPMENT**

In the small town of Karateng a new community development program was launched to promote gender equality, social inclusion, and empowerment. The program aimed to train young men and women to take leadership roles in local projects such as clean water initiatives, youth empowerment, and entrepreneurship. It also sought to address long-standing cultural and social barriers that limited participation based on gender.

The process began with the recruitment of key stakeholders, including local leaders, teachers, youth representatives, and gender rights advocates. This diverse mix ensured that both men and women, as well as individuals from different social and cultural backgrounds, were involved in decision-making and planning. As the program began, facilitators noticed that gender identity and sexuality played a key role in how participants interacted. Some individuals identified beyond the traditional male and female categories, sparking deep discussions about core gender identity and how one understands of self develops from early childhood.

Through community dialogues, the team identified underlying conditions that reinforced gender inequality. From infancy and young childhood, girls were often encouraged to help with domestic chores while boys played outdoors, shaping early perceptions of what it meant to be “female” or “male.” By the teen years, these expectations became stronger—young men were pushed toward leadership and independence, while young women were expected to be nurturing and modest. These early life experiences shaped how both genders approached education, work, and leadership opportunities later in life.

The facilitators also realized that gender does not exist in isolation; it intersects with other identities such as class, religion, and ethnicity. Women from low-income families faced greater challenges in accessing leadership and education opportunities compared to men from wealthier backgrounds. To better understand these issues, the team conducted a community assessment to collect data on access to education, employment, and participation in leadership. The findings revealed that deeply rooted cultural beliefs, unequal resource distribution, and gender stereotypes continued to hinder progress toward equality.

Using these insights, the group developed a community plan that focused on promoting awareness of gender identity, sexuality, and inclusion. The plan introduced leadership and entrepreneurship training for both young men and women, while also addressing gender-based harassment through education and advocacy. Local media partners were engaged to promote positive images of empowered women and challenge harmful stereotypes about masculinity and femininity.

To ensure accountability and progress, the team designed an evaluation tool to measure community participation, leadership inclusion, and shifts in attitudes toward gender roles. The results highlighted an important realization—that gender is not something fixed or predetermined but an accomplishment expressed through behavior, clothing, and interaction. After several months, the evaluation showed notable improvement: more women had taken leadership roles, and incidents of harassment were decreasing. However, the team also found that cultural resistance persisted in some areas, revealing the political potential and limits of gender-based programs.

At the end of the project, the team revisited the stakeholder network to share lessons learned and plan for the next phase. This reflective process marked a return to the beginning, emphasizing that true community development is continuous and requires constant learning, inclusion, and

adaptation. Through this initiative, the people of Karateng began to understand that achieving gender equality is not only about changing policies—it is about transforming mindsets, relationships, and the social structures that shape everyday life. The program demonstrated how the social construction of gender, through upbringing, cultural expectations, and identity, directly influences community progress and how structured community development processes can create pathways toward a more inclusive and equitable society.

**Required:**

- a) Discuss **FIVE** stakeholders who were involved in the Karateng Community Development Project, as illustrated in the case study above.  
(10 marks)
- b) Explain any FIVE community development process that the community of Karateng used as seen from the case study  
(10 marks)
- c) Discuss **FIVE** main concepts of gender constructivism as evidenced from the case study above  
(10 marks)

**QUESTION TWO**

- a) Gender issues are social, cultural, and economic challenges or inequalities that arise from the roles, responsibilities, and expectations assigned to individuals based on their gender. Discuss FOUR importance of addressing gender issues in addressing health problems  
(8 marks)
- b) Identify any **FOUR** determinants of health  
(2 marks)

**QUESTION THREE**

Program evaluation in gender, health, and community development is the systematic process of assessing the design, implementation, and outcomes of a program to determine its effectiveness, efficiency, and impact on achieving its intended goals related to gender equity, health improvement, and community well-being.

- a) Analyze the role of program evaluation of health in developing economies such as Kenya

**(8 marks)**

- b) Briefly explain any FOUR gender analysis tools

**(2 Marks)**

#### **QUESTION FOUR**

- a) Priority setting in health, gender, and community development is the process of deciding which health services, gender issues, or community initiatives are most important so that limited resources and efforts are focused on addressing the needs that matter most to the community first. By use of appropriate examples, discuss any FOUR stakeholders who are involved in priority settings of health issues

**(8**

**marks)**

- b) Highlight any TWO challenges and limitations of priority settings of health issues in Kenya

**(2 marks)**

#### **QUESTION FIVE**

- a) Examine FIVE ways gender considerations can improve community development programs.

**(5 marks)**

- b) Evaluate FIVE strategies to ensure gender equality in community development initiatives  
**(5 marks)**

### **QUESTION SIX**

Components and elements of health promotion refer to the key parts that make up activities and processes aimed at improving people's health and well-being.

- a) Discuss any THREE components of health promotion  
**(8 Marks)**
- b) Using relevant examples, briefly explain any two elements of health promotion.  
**(2 Marks)**