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CHALLENGING GENDER NORMS AND INEQUALITIES TO IMPROVE HEALTH

Evidence-based Strategies to Transform Gender Norms, Roles, and Power Dynamics for Better Health

Photo by: Saad Akhtar

Recognizing the influence of gender-based inequality on health outcomes, international organizations have advocated integrating a gender perspective into health programs.[1] To recommend evidence-based strategies to accomplish this goal, the Gender, Policy and Measurement (GPM) program—funded by the Asia bureau of USAID—conducted a systematic review of published and unpublished literature documenting gender-aware programs. GPM wished to identify strategies that health programs had used to accommodate (work around) or transform areas of gender inequality, and whose influence on key health outcomes had been measured. This review yielded 146 gender-integrated interventions conducted in low- and middle-income countries—34 of them in India—that had been evaluated for their impact on

- Reproductive, maternal, neonatal, and child health, plus adolescent health
- HIV and AIDS
- Gender-based violence
- Tuberculosis
- Universal health coverage

Five gender outcomes that have been demonstrated to improve health emerged from the systematic review. This brief presents the highlights of one strategy: challenging gender norms. (The other strategy briefs are available at: www.healthpolicyproject.com?zp=382.)

To read the full report—*Transforming Gender Norms, Roles, and Power Dynamics for Better Health: Findings from a Systematic Review of Gender-integrated Health Programs in Low- and Middle-Income Countries*—please visit www.healthpolicyproject.com?zp=381.

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Moving Toward Greater Gender Equality

Inequitable gender norms create differences between men and women in terms of social position and power, access to resources and services, and health-related behaviors. Rigid gender norms can put women and men alike at increased risk for adverse health outcomes and discourage them from seeking healthcare. In households and communities, unequal power dynamics between men and women can dictate who is permitted to make decisions, affecting access to resources. For example, men often control decisions about the health of their wives and children, making them the gatekeepers of health services for their families. Inequitable gender norms can also negatively impact how men and women access health information and services, which in turn can significantly impact health outcomes.

Five gender-based strategies that improve health

Strategies that transform gender inequality

- Challenge gender norms
- Create the conditions for change through structural interventions
- Promote equitable relationships and decision making

Strategies that accommodate gender inequality

- Improve health systems to work around barriers grounded in gender norms
- Engage communities in behavior change for gender equity

Interventions that do not simply target services for men, women, boys, or girls, but also actively challenge gender norms can improve health outcomes and lead to greater gender equality. Such strategies seek to alter the unequal norms, roles, and dynamics that hamper good health and to create an enabling environment for change. They challenge harmful notions of masculinity and harmful practices such as early marriage, and they confront stigmatizing attitudes toward sexual minorities.

Empowering disadvantaged or at-risk groups

Interventions that seek to empower disadvantaged or at-risk groups—particularly adolescent girls, young men, married youth, transgender populations, and men who have sex with men—challenge gender norms by equipping these groups with the skills, knowledge, and attitudes they need to break gender stereotypes. These programs promote contraceptive use, safer sex practices, delaying sexual debut, and averting early marriages. Group training in life skills and building social support and social networks are typical components.

Promoting critical reflection

Interactive group and individual activities encourage participants to reflect critically on the ways in which inequitable gender norms and roles impact their health and behaviors. These activities can create an enabling environment for gender equality. This strategy is most often used with men and adolescent boys.

Sustaining results through social and behavior change communication

Using social and behavior change communication (SBCC) strategies at the community level reinforces and sustains the benefits gained from empowerment and critical reflection. Such programs typically use mass media and interactive mixed-media activities (for example, street theater and wall paintings) to question the gender norms, roles, and relationships that adversely affect people and their health-seeking behaviors.

Learning from Case Studies

In the literature review, interventions that challenged gender norms were the most common of the five evidence-based strategies, both in South Asia and elsewhere. This strategy was used alone and in combination with others that aim to transform gender inequality: structural interventions and promoting equitable relationships and decision making. Of the 85 interventions using one or more of these strategies, 22 were implemented in India.

Photo by: Arundati Muralidharan

Empowering disadvantaged or at-risk groups improves reproductive and sexual health and gender equity

Gender-aware programs focused on empowerment often used group education and life-skills training. Yet, unlike mainstream health programs, these interventions went further to build social support and social networks, thus helping these groups overcome gender-specific barriers. For instance, Building Life Skills to Improve Adolescent Girls' Reproductive and Sexual Health—a program implemented in illegal slum and resettlement areas with large migrant populations in Delhi, India—used a combination of life-skills training; social and peer-support networks; and information, education, and communication strategies through one-on-one interactions with a female health worker or videos. By increasing girls' mobility, social capital, and access to information, the program showed promise for increasing girls' capacity for self-determination, as well as improving their knowledge of reproductive and sexual health (Pande et al., 2006).

Combining empowerment with SBCC increases access to health information, delays early marriage and childbearing, and prevents gender-based violence

Many interventions employed this combination of strategies. The Promoting Change in Reproductive Behavior of Adolescents (PRACHAR) project, in Bihar, India, improved the sexual and reproductive health (SRH) of adolescent boys and girls by offering them basic SRH education and equipping them with communication and negotiation skills to support healthy timing and spacing of pregnancy. For those close to the common age of marriage in Bihar (15 years old), the intervention focused on pressures for early marriage and childbearing. Educational activities and entertainment at newlywed welcome ceremonies sought to improve young couples' knowledge of sexual and reproductive health and encourage partners to communicate with each other and make decisions jointly. Female and male change agents separately engaged married young women and men to reinforce similar messages, and

mothers-in-law were also reached through home visits and community events. Street theater, puppet shows, wall paintings, and information, education, and communication materials reinforced these efforts and created additional opportunities for discussion. The project evaluation showed that adolescent pregnancy decreased and contraceptive use increased among participants (Pathfinder, 2011).

An intervention in South Africa involved men in interactive small groups and education sessions, where they explored gender roles, examined the consequences of HIV and AIDS and gender-based violence, and participated in skill-building activities (Kalichman et al., 2008, 2009). The participants were trained to advocate for risk-reducing behavior changes with other men in their communities, thus breaking down barriers to men's access to health information and challenging norms around masculinity, promiscuity, and violence. The program's evaluation results indicated decreases in participants' reports of violence and increases in reports of communication between partners and the intention to use condoms.

Combining critical reflection with social and behavior change communication improves the reproductive health of adolescents and youth and increases their use of condoms

Most paired group reflection with community engagement. In this way, gender-specific barriers could be addressed simultaneously at various levels—individual, household, and community. The Inner Spaces, Outer Faces Initiative (ISOFI) in India—a maternal and newborn health intervention—is one example. By deploying community outreach workers, holding group meetings, and conducting social and behavior change-communication activities such as magic and puppet shows, plays, and movies, the project delivered health information and education. Most important, the intervention first equipped the outreach workers with critical reflection skills of their own, exploring their perceptions about gender norms and encouraging them to compare community perceptions with their personal beliefs and values. The workers could then carry this experience to their communities and engage women and men in similar dialogues. This intervention led to greater use of trained birth attendants and antenatal care and helped prepare women for childbirth (Bartel et al., 2010).

Stepping Stones was a South African HIV-prevention program aimed at improving sexual and reproductive health by building stronger, more gender-equitable relationships and better partner communication. It combined participatory learning approaches such as role play and drama with facilitated self-reflection (Jewkes, et al., 2007; Jewkes et al., 2008). Among the participants in Stepping Stones, safer sex practices such as using condoms, limiting the number of sexual partners, and avoiding transactional sex increased. The rate of new infection with herpes simplex virus Type 2 and the number of reports of intimate partner violence both dropped. Stepping Stones was also implemented in the Gambia and India—indicating global applicability of its key strategies.

Measuring Improvements in Health and Gender Equality

GPM developed a scale to rate the strength of evidence for each intervention—"effective," "promising," or "unclear"—based on the combined ratings of an intervention's impact on health outcomes and rigor of evaluation design (see Figure 1).[2]

Interventions that challenged gender norms and inequalities to improve health outcomes were effective or promising 84 percent of the time. They were most effective at improving outcomes related to HIV, gender-based violence, adolescent and youth sexual and reproductive health, and healthy timing and spacing of pregnancies. These programs were also successful in increasing age at marriage, rates of HIV testing, and the intention to intervene against violence; reducing stigma around HIV and AIDS; and increasing safer sex practices. Some interventions reduced the number of reports of gender-based violence; increased the use of contraceptives, by men as well as women; and increased men's intention to use family planning.

Interventions that challenged gender norms were sometimes combined with other strategies to transform gender inequality: structural interventions and/or promoting equitable relationships and decision making. Even so, a substantial number of effective and promising interventions used the "challenge gender norms" strategy independently—demonstrating strong evidence of its effectiveness.

Figure 1. Effectiveness of Challenging Gender Norms

STRATEGIES ALONE VERSUS IN COMBINATION WITH OTHER GENDER STRATEGIES

	Frequency	Effective	Promising	Unclear
Implemented alone	52	52%	27%	21%
Implemented in combination with structural interventions	16	50%	44%	6%
Implemented in combination with promoting equitable relationships	17	65%	29%	6%

Note: Due to the small sample, data are not shown for one instance of effective implementation that combined structural interventions and equitable relationships.

In every region, interventions that employed empowerment, critical reflection, and/or SBCC strategies improved gender outcomes. They increased partner communication and joint decision making; improved attitudes toward intimate partner and sexual violence as well as gender-equitable attitudes and beliefs overall; increased women's access to social networks and participation in developing them; increased women's mobility, the support they received (emotional, instrumental, family planning, or general) from partners or community and their participation in the community; and improved men's participation in household chores.[3]

Recommendations

The evidence-based strategies described here can create an enabling environment for greater gender equality and health-seeking behaviors and improve people's general health status. By integrating these proven gender-aware strategies into existing health programs, planners can

- **Change people's attitudes and perceptions** around gender norms through critical reflection. Using this strategy with community health workers and peer educators can enhance their understanding of the gender barriers that will surface in their work with communities, as well as those that influence the health behaviors of beneficiary groups.
- **Inculcate sustainable gender-equitable norms from a young age** by implementing programs that encourage adolescent girls and boys to engage in critical reflection. Programs that encourage youth to examine notions of masculinity and gender norms can reduce gender-based violence and change high-risk sexual behavior.
- **Mitigate inequitable gender norms and increase the capacity of disadvantaged groups to make independent decisions and act on them.** Health and life-skills education and access to social support and social networks empower these groups to overcome gender barriers.
- **Support individual gains by changing household- and community-level gender dynamics.** Changing the gender norms of families and communities creates an enabling environment for change and

can reinforce the changed attitudes and practices of individuals.

Notes

1. World Health Organization. 2014. "Why Gender and Health?" Available at http://www.who.int/gender/genderandhealth/en/.

2. Effectiveness ratings for each intervention are available in the program overview document. For an explanation of the effectiveness rating scale, refer to the full report: *Transforming Gender Norms, Roles, and Power Dynamics for Better Health: Evidence from a Systematic Review of Gender-integrated Health Programs in Low- and Middle-Income Countries*.

3. For a complete list of health and gender outcomes, refer to the *Transforming Gender Norms, Roles, and Dynamics for Better Health: Gender Integrated Programs Reference Document.*

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