

DOING GENDER THE “RIGHTS” WAY:

A Guide To Promote Gender Equity in
Sexual and Reproductive Health Programs

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1. Introduction

1.1 – Why Was This Guide Created?

Program planners throughout the world have become increasingly aware that it will not be possible to solve any of the world's pervasive and persistent sexual and reproductive health and rights problems without helping individuals, families, and communities to develop more equitable gender roles. Gender equity is, first and foremost, a human right. But, the promotion of gender equity, especially in the form of empowering women, is an indispensable tool for advancing development, reducing poverty, and ultimately helping countries to reach their broader development goals, including those enshrined in the Millennium Development Goals (MDGs).

Indeed the possibility of life itself is sometimes determined by gender. In some countries with strong preferences for sons, female fetuses may be intentionally aborted to ensure the birth of a son.¹ In these and other countries, many female infants are born but die at a significantly higher rate than boys due to poor nutrition and other preferential treatment of male children.² United Nations International Children's Emergency Fund (UNICEF) statistics reveal that more than one million girls die each year from malnutrition, neglect, and abuse who would not have died had they been male.³

Gender discrimination prevents millions of people around the world from exercising their reproductive rights and safeguarding their reproductive health, which in the case of women is especially evident with reproductive health problems being the leading cause of women's ill health and death worldwide.⁴ The lack of progress in reducing maternal mortality (often preventable) in many countries highlights the low value placed on the lives of women and testifies to their limited voice.⁵

The promotion of gender equity is of particular relevance today in the fight against HIV/AIDS, which, like other sexually transmitted diseases, thrives in conditions of inequity, poverty, and lack of education. Inequitable gender roles, especially as they play out through unsafe sexual relations and through violence against women, are one of the primary motors of the AIDS pandemic. Not only do they account for the increasing feminization of the pandemic, in which young women now account for 62% of youth aged 15-24 who are living with HIV/AIDS and 75% in the same age group in Sub-Saharan Africa,⁶ but they also encourage high-risk behaviors that are killing men and boys through AIDS.

¹ David Glenn, "A Dangerous Surplus of Sons?" *Chronicle of Higher Education*, April 30, 2004.

² In Colombia only 75 deaths of boys occur for every 100 deaths of girls. In Haiti, out of every 1000 children aged 2-5, 61 girls die and 48 boys die. See UNICEF, *Girls and Women: A UNICEF Development Priority* (1993).

³ Ibid.

⁴ UNFPA Report, *State of the Population 2005* (2005).

⁵ UNFPA Report, *Maternal Mortality Update 2002: A Focus on Emergency Obstetric Care* (2002).

⁶ UNAIDS, *Report on the Global AIDS Epidemic: A UNAIDS 10th Anniversary Special Edition* (2006).

In many societies, gender norms keep boys from asking knowledgeable people vital questions about sex and sexuality, questions that in the long term can save lives. Boys are often expected to demonstrate a bravado about sex that makes it impossible for them to admit they don't know or understand how their bodies and those of their sexual partners work. Such pressures also encourage them to have multiple partners and engage in aggressive or violent behaviors in order to appear more masculine.

Meanwhile, girls' lack of knowledge can also be deadly. Girls who "know too much" about sex can be thought of as promiscuous, a stereotype that often dissuades many parents from agreeing to sexuality education in schools. Furthermore, too many girls are afraid to seek sexual and reproductive health services because "good girls" are not supposed to admit to having sexual desires, let alone sexual intercourse. The fear of having broken the gender rules, that to some extent govern us all, often keeps girls and boys from seeking advice and help.

Until gender inequity is no longer pervasive in societies, our sexual and reproductive health and rights (SRHR) programs, including HIV prevention programs, will not have the long-term impact we would like. Program planners will find that SRHR problems persist in a context of gender inequity. Thus, they cannot be fully effective without finding ways to make changes in the gender system, for which they need a firm commitment and a grasp of the fundamentals of gender equity. Although it is not an easy task, and cannot be done without alliances with partners and stakeholders, those working toward gender equity realize it is a rewarding and enriching enterprise that serves as a building block in the process of supporting communities of women, men, girls, and boys to empower themselves.

Even when people understand basic fundamentals of gender, it is still not self-evident or easy to find ways to promote gender equity within their SRHR programs. This guide therefore endeavors to clarify the relationship between gender and SRHR at all levels of society, reveal why it is essential to transform the roles and norms that contribute to negative health outcomes, and most importantly show you how to make the changes needed to your programming in order to promote gender equity.

Many valuable resources on gender and development have been created over the last few decades, a number of which are listed in the reference section of this document. Excellent training manuals, guides, and information packs on SRHR also exist, including numerous documents focusing on specific SRHR issues such as the prevention of sexually transmitted infections (STIs), maternal mortality, and gender-based violence. However, more attention must be given to the practical aspects of how to help program planners promote gender equity within the context of health programs.

This guide aims to facilitate the process of integrating gender equity promotion (GEP) into new and existing programs. We seek to help program planners to design and/or make changes to their programs in ways that will transform the gender roles and norms that contribute to the SRHR problems that their programs address. This is done by taking the reader step-by-step through the principal stages of program development and showing the reader how to incorporate a gender equity promoting (GEP) approach at each point. We also provide program examples from a variety of contexts and suggest strategies – including clinical services, in- and out-of-school sexuality education, and peer education programs, as well as media and advocacy campaigns.

1.2 – Who Is This Guide For?

Because of the level of leadership needed to effectively implement a GEP agenda, this guide is primarily geared toward program planners who:

- work in a wide range of program types including education, health services, advocacy, and media.
- are charged with designing, implementing, or making decisions about an SRHR program or project.
- have sufficient responsibility in their organization to plan new programs or projects and/or make changes in existing ones.
- already have some basic knowledge of gender and are convinced that their agency should help promote greater equity between women/girls and men/boys.

1.3 – How Was This Guide Developed?

Over the last 30 years, Margaret Sanger Center International has worked extensively to help translate theoretical knowledge into practical guidelines and training approaches that help to build the capacity of SRHR programs in Africa, Asia, and Latin America. From the inception of MSCI's Center for Excellence in South Africa in 2000, staff increasingly introduced concepts of gender and gender equity promotion into their training courses, especially those on adolescent SRHR and HIV prevention. However, we soon observed that many well-intentioned programmers, who attended our courses, repeatedly requested more practical guidance in how to make the appropriate changes to their programs once they returned home.

Based on this perceived need, MSCI staff with extensive expertise in gender analysis and equity promotion began in 2001 to develop a simple tool for gender equity promotion in SRHR programs. An extensive number of manuals were reviewed, and, though excellent, none succeeded in translating theory into practical advice on how to push the envelope and change gender patterns within the context of SRHR programs. The original tool soon became a series of basic concepts and guidelines for gender equity promotion, which we began to test in 2003 through a series of workshops with colleagues from Nepal, Dominican Republic, Namibia, and South Africa. Subsequently, MSCI collaborated with International Planned Parenthood Federation Western Hemisphere Region (IPPF/WHR) to administer GEP workshops with member associations in Venezuela and Mexico. Lessons learned from the workshops were integrated into this guide and an original version was submitted to the United Nations Population Fund (UNFPA), as the product of a planning grant the fund had provided to MSCI. Building on feedback from colleagues at Planned Parenthood of New York City, we have streamlined the guide to make it even more practical for program managers and decision makers.

1.4 – How Should You Use the Guide?

ASSEMBLING A GEP TEAM

Our first recommendation is to assemble a GEP team that will read the guide and work on the exercises together. This should be a small group of people who cover the areas of expertise described below. It is not essential that each role be carried out by one individual, i.e., if need be, one person could fill several of the roles. Also, technical assistance from outside agencies can be sought if a staff member with the necessary skills is unavailable.

- **Gender Knowledge:** This person should be familiar with gender analysis and basic concepts and particularly motivated to bring a GEP perspective to your program's work. Someone from a local woman's group could take on this role if there is no one with the

necessary background on staff. If that is not a possibility, whoever has the most gender sensitivity or training should make an effort to read up on available literature (see Bibliography).

- **Local Perspective:** This person should be very familiar with the local population and have a good understanding of cultural norms and traditions, as well as key figures in the community. If you enlist someone from within the community to fill this role, it is important to make sure that person understands that gender norms are not “written in stone” and should be viewed with a critical eye.
- **Program Planner:** This person should be very familiar with the programming cycle of the organization, time frameworks, and available resources.
- **Monitoring & Evaluation (M&E):** Ideally someone on the team will have a good sense of how to incorporate M&E from the outset, and will be able to develop some sound ideas of how you can measure gender variables to determine how well your program changes or your new program plans are working.

INVOLVING KEY STAKEHOLDERS

Many SRHR programs work closely with a wide range of stakeholders, i.e., people who have a particular interest in the program’s success such as clients or patients, community leaders, staff, donors, government, and local political leaders. This is particularly useful when trying to integrate a GEP focus into your programs. Although stakeholders should be involved throughout, we will point out moments in the process where it is especially helpful to include stakeholder input from a GEP perspective.

Involvement of a range of stakeholders from the outset will help ensure buy-in from these key decision makers. Some stakeholders may need to be familiar with the concept of gender and its important influence on the problems they hope to resolve. Once they understand the nature of gender norms, they are likely to be more willing to embrace a new approach.

Stakeholders who have extra relevance to the process of integrating a GEP perspective include:

- **Members of women’s and/or feminist civil society organizations:** Not only can such organizations help your team better understand gender concepts but they may have very useful insights that can inform the entire process of integrating a GEP approach into your program. Depending on your target SRHR issue, it may be highly productive to collaborate with these groups.
- **Men’s groups working to change the way men relate to women through re-education efforts:** You may be surprised to find such a group working in the field of sexuality education, HIV prevention, and/or family planning. You may want to contact one of the groups we have listed in **Resource I** to find out if a group like this exists in your region. Insights from men who are sensitized to gender inequalities can be truly eye-opening for your team and staff.
- **Staff from the Ministry of Women (MoW) or its equivalent:** While some MoW staff work more from a woman-focused perspective, and may not have a truly **gender**-based approach, they invariably will be very knowledgeable about SRHR issues of concern to women. Remember, working with MoW on the GEP process will be mutually beneficial to your program and to their agenda as well.
- **Donors who are aware of and particularly interested in gender issues:** Some donors are very savvy about helping grantees integrate a GEP perspective into their

programs and may want to enter into discussions with you about the process you are undertaking. While this may result in more financial support for the process, even if it doesn't, they may be able to contribute expertise based on their own experiences that will greatly benefit your work.

- **Community leaders:** Women/girls and men/boys from the community will be invaluable to understanding how the gender system plays out in your local context. Furthermore, the success of your program will often hinge on their support, which can be won by proactive efforts on your part. Sensitization workshops designed to help them become aware of how gender patterns influence SRHR problems and how they can be changed, will not only diffuse potential resistance, but also help local leaders to become more skilled at cultivating the desired changes in the community.

Remember that special efforts may need to be made to ensure participation of female staff, who may not be accustomed to participating in public meetings and discussions.

1.5 – How Is the Guide Organized?

Chapters 2 and 3 provide you with the framework needed to conceptualize the role of gender in your program and target community. In Chapter 2, we begin by clarifying your current approach to gender in order to understand what aspects of your program are in need of change and those that are perhaps GEP-oriented already. Chapter 3 helps program planners to better understand the function of gender at all levels of society, and how this impacts the success of their SRHR program.

The heart of this guide, how to practically implement GEP programs, is then addressed in a sequential manner in Chapters 4, 5, and 6. Each of these chapters examines a stage of the program cycle. This process begins with highlighting how to set GEP-relevant goals and objectives, followed by how to create strategies and activities that focus on promoting equitable gender roles. Then, we address how to incorporate a GEP perspective in monitoring and evaluation.

Each chapter concludes with a checklist that can become a useful gauge for assessing your progress in incorporating a GEP perspective into your programs.

We have also included a set of Support Documents that provide more in-depth information on key aspects and useful clarifications at critical junctures in the text. Definitions of commonly used terms are provided in **Resource A** to ensure that the reader has a shared understanding of the terminology and concepts used in this guide. We recommend that you take a look at these supplemental documents whenever you find it useful.

2. Determining Your Current and Desired Approach to Gender

Many programs are now “doing gender,” i.e., integrating gender into their thinking and planning and into their way of carrying out strategies and activities. But, the integration of gender into planning is not an inherently positive action and can take many forms, even negative ones. For this reason, program planners should have an awareness of the potential impact of their programs in order to make them promote gender equity as much as possible.

It is important for you to be able to assess which approach or approaches your own program has taken, if it has tried to incorporate gender at all. This is an important step in knowing how to move toward integrating gender in ways that move beyond negative stereotypes or approaches that only accommodate gender differences toward an approach that aims to transform gender roles and relations.⁷

Ways that programs have been “doing gender” have been organized into the following four categories: gender neutral, gender negative, gender sensitive, and gender equity promoting. Examples are included to clarify each category. While you are reading through these examples, think carefully about similarities they may have to approaches your current programs use.

Gender Neutral

Gender neutral programs take gender into account by attempting to reach both men and women, but do nothing to modify the program’s content or accommodate gender differences.

Example: A training course in HIV/AIDS awareness may accept equal numbers of women/girls and men/boys and provide both sexes with the same information about how HIV/AIDS is transmitted and prevented, but not include training on sexual negotiation or sexual and reproductive rights that would acknowledge the underlying power dynamics in sexual relationships.

Example: A sports program designed for boys decided to try attracting girls, by merely announcing that girls were welcome in the program. No changes in the kinds of sports offered were made nor in the kinds of messages that were sent out. Although the program was trying to take gender into account – by including girls – it did nothing to accommodate the special needs and specific interests of females in its program.

⁷ Similar descriptions of approaches to gender or “gender integration” have appeared in many other publications, often described as a continuum. For some of these documents, please see the Bibliography.

Gender Negative

Gender negative (or reinforcing or stereotypical) programs include gender in ways that actually reinforce existing inequalities and promote gender norms and stereotypes that are already in place. They are often well intentioned, but use strategies that do not advance gender equity. It is important to note that programs that appear to be aimed at gender role transformation can actually be implemented in ways that reinforce or accommodate traditional gender roles. Examples abound of work with men, often called male involvement programs, that actually reinforce male dominance, thus placing such projects in the gender negative category. This is the case, for example, with some programs that try to involve men in their wives' medical consultations, but end up reinforcing the idea that men should be making decisions for their spouses.

Example: One communication campaign using stereotypical images showed a soldier looking at a woman wearing revealing clothing with a caption underneath that reads: "You don't know where she's been. When you're not protecting the country, protect yourself from AIDS." This image and message use gender stereotypes to get the message of safe sex across, but do so at the expense of stigmatizing women as untrustworthy and promiscuous.

Example: In another popular campaign for vasectomy promotion, posters and coasters to be used in bars were printed with the image of a man's flexed bicep tattooed with the word "Vasectomy." Clearly, the intention is to convey that a man is still masculine if he undergoes a vasectomy, but the image reinforces stereotypes based on the harmful expectation that the man's priority is to be strong and aggressive.

Example: A campaign for condom use as contraception in Mexico used the message: "This way, if she gets pregnant, you know she's been cheating," vilifying women as promiscuous in order to use distrust as an encouragement for safe sex.

Example: In one country the branding of "Slam" condoms worked within gender stereotypes (and promoted them) by using the image of an exaggeratedly voluptuous blonde woman on its packaging and a name that evoked violent sexual behavior.

Reports suggest that such images "reinforce male dominance of decision-making authority and resources."⁸ While social marketing campaigns containing such negative gender images may be successful in terms of increasing the number of men who know about vasectomies or who buy certain condoms, this kind of imagery is likely to reinforce damaging stereotypes and undesired behaviors, such as violence.

Some argue that the traditional gender stereotypes are those best suited to attract clients to important programs, such as condom distribution. However, by reinforcing negative and harmful gender roles and values through such images and messages, the program may fulfill immediate objectives while being detrimental to the more important goal of changing the root cause of gender inequity. Fostering social change toward greater gender equity is the only means of making real progress in resolving your target SRHR problem. Promoting gender equity may require redesigning some marketing approaches, but will have far more positive impacts in the long run.

⁸ The "So What?" Report: A Look at Whether Integrating a Gender Focus into Programs Makes a Difference to Outcomes (March 2004). Interagency Gender Working Group (IGWG).

Gender Sensitive

Gender sensitive (or gender accommodating) programs use strategies that accommodate men and women's different needs, but they do not explicitly challenge gender inequity. Men's programs addressing men's needs, but not questioning their gender roles, would be considered gender sensitive. By taking the work one step forward and actually planning activities focused on redefining what masculinity means for boys and men, programs could promote changes in gender power relations that are so sorely needed among SRHR programs. Gender sensitive approaches to integrating gender into your program are very valuable and often achieve visible results faster than gender equity promoting ones. Many women/girls and men/boys may benefit from the specially planned services, messages, and policies. However, such programs do little to alter the underlying gender system that places girls and boys, women and men, at risk of illness and death. In fact, these strategies make it easier for men and women to fulfill their gender-related duties without reducing inequities, thus reinforcing gender roles and norms.⁹ This is not to say that these are undesirable approaches. To be sure, it is better to be gender sensitive than to disregard the impact of gender altogether. However, in terms of long-term strategies for social change, gender sensitive programs stop short of transforming gender norms, roles, and power.

Example: Clinics may add extra evening hours to recognize women's difficulty in coming in during the day due to housework, fieldwork, and/or child care. Similarly, many family planning programs offer services for males by adapting their schedule to accommodate that of boys and men. While these programs provide important and much-needed services for women/girls and men/boys, they make no attempt to help participants take on more equitable gender roles and behaviors.

Example: The use of service vouchers or the provision of child care within programs or services merely recognize the responsibilities women have as a result of gender roles, without providing them the means to change their situation.

Example: In many places, women choose to use a contraceptive administered by injection to avoid, in the case of adolescents, their parents becoming aware of their sexual activity or, in the case of married women, their husbands knowing that they prefer not to become pregnant. While some describe this approach as "empowering," in that it allows women to exert more control over their sexuality and reproduction, it merely circumvents the central issue that they lack the ability to do so openly in the first place. While this approach recognizes the gender inequities that prevent women and girls from controlling their own sexuality, it does nothing to change them. In cases such as these, programs should attempt to find complementary activities that work to change those inequitable norms, such as workshops for men or parents about how to communicate with your partner or your children about sex and sexuality.

⁹ Ibid.

Gender Equity Promoting

Gender equity promoting programs explicitly employ strategies to transform inequitable gender norms, especially those that impact negatively on men and women's health. It is a process that transforms community and individual attitudes and behaviors in ways that actually change the gender system. Gender equity promotion differs from gender sensitivity in that it goes further by fostering changes in the gender system. While GEP may be a long process, it is a necessary step in making the lasting changes needed to ameliorate the SRHR problems you are trying to overcome. We define programs as gender equity promoting if they:

- encourage critical awareness of gender roles and norms, i.e., their negative consequences and the potential to change them
- promote the position of women relative to men
- challenge the imbalance of power, distribution of resources, and allocation of duties between women/girls and men/boys
- address the unequal power relationships between women and service providers¹⁰
- make changes in the power differential, i.e., promote the position of women relative to men, but also help men to become more equitable and involved in positive ways in reproductive spheres, e.g., by helping men to value and participate in child care
- educate males and females on how to develop/achieve more equitable roles, values, and practices
- eliminate obstacles to equitable participation in family activities, the workplace, and public life (in private and public domains)
- include compensatory or affirmative action components to overcome the disadvantages that women have been exposed to for ages

Example: A women's group mounted a campaign aimed at ending laws that classify women as minors. This reform would allow women to purchase contraceptives without needing permission from their husbands or fathers. To complement this, their clinic held special classes for men to cultivate more equitable attitudes and behaviors related to SRHR.

Example: A multi-sectoral program trained low-income 12-20 year-old girls in family life education, literacy, vocational skills, and general and reproductive health. The program stressed leadership and social mobilization with the goals of building girls' self-esteem and self-confidence. This programming expanded their choices related to marriage, fertility, health, vocation, and civic participation.

Example: A media campaign targeted men who were prone to violence in their intimate relations with women. Messages were geared to redefine how strong men should relate to women through listening, sharing, and being sensitive to their partners' needs.

¹⁰ Ibid.

We have found that it is often **how** a program is delivered and the **content** of the messages that make it gender equity promoting or not, rather than the type of program it is (i.e., peer education, clinical services, etc). Any SRHR intervention can become gender equity promoting. It is also important to remember that programs may employ multiple approaches, combining activities that accommodate to gender inequities (so that women can better access services) with some elements that work to transform gender roles. While we think it is ideal to incorporate gender in ways that promote equity in all of your program activities, clearly it is better to do so in as many as possible and certainly in some, rather than in none, of your program components.

Ask yourself in which of the above categories do the different components of your program fit? Take into account the methods your program uses, the long-term changes on gender it aims to make, or possibly the lack thereof. While you may not yet know all the ways in which your program has the potential to be more gender equity promoting, you should now be able to assess where your current programming stands and what, if any, parts of it are GEP. Consider the following questions about your programs, and remember that while it is ideal that your programs accomplish as many of these goals as possible, change is a process that happens step by step and requires time:

IS YOUR PROGRAM GENDER EQUITY PROMOTING?	
Does your program avoid reinforcing gender stereotypes?	
Does your program promote equitable images of women/girls and men/boys?	
Do program staff demonstrate awareness of and commitment to avoiding the negative consequences of inequitable gender norms and roles?	
Does your program include efforts to provide compensatory knowledge and skills to women to overcome age-old discrimination?	
Are there program components that help girls and boys, and women and men, to communicate in more equitable ways?	
Does your program help boys/men learn more equitable ways of relating to women, i.e., to value and become involved in traditional domestic tasks and support, and to engage in non-violent joint decision making?	
Does your program include strategies or activities designed to change gender roles and stereotypes?	
Is your program involved in efforts to remove institutional (internal or external) barriers to equitable relationships between women and men?	

Ideally everyone would design programs in which all of the components promote gender equity. However, we recognize that for a variety of reasons this is not always possible in the communities in which we work. We encourage programs to design at least one objective and corresponding strategies to address gender inequities, a process that later chapters will guide you through.

In the following chapters, we will assist you in analyzing the projects you manage and in designing ways to make sure that more of your program components fit within the gender equity promoting category.

POINTS TO REMEMBER	
• Gender can be incorporated into SRHR programs in ways that reinforce negative stereotypes and/or accommodate gender differences, or they can actually aim to change the inequities that contribute to sexual and reproductive health problems.	
• Knowing how your program addresses gender will help you know what changes you will need to make in your approaches.	
• Small changes in your interventions can move your programs toward gender equity promotion.	
• Although gender negative or gender sensitive approaches may achieve desired objectives, such as increased use of contraception, they do not affect and may even encourage the long-term gender inequity and restrictive gender roles that perpetuate SRHR problems.	

CHAPTER CHECKLIST	
I have a thorough understanding of the key distinctions among gender negative, gender neutral, gender sensitive, and gender equity promoting approaches to incorporating gender into programs?	
I understand what makes a program gender equity promoting?	
I have a good understanding of which programs are gender negative, gender neutral, gender sensitive, or gender equity promoting?	

3. Understanding SRHR Problems from a Gender Perspective

In order to be able to promote gender equity, it is necessary to understand how the gender system operates. The gender system operates at many societal levels (individual, family, community, and institutional), and you will need to assess how factors at all these levels influence the SRHR problems you are addressing. Far too often, people write proposals or program plans in a way that only tacks on a cursory mention of gender or that merely describes how women are affected by the problem, without integrally linking gender to SRHR problems.

In reality, gender influences at many levels of society work in concert to affect SRHR outcomes, but may also be quite distinct at one level in comparison with others. For example, some countries have very progressive laws on the books, yet the reality within the home is quite different. GEP programs can operate at one or more levels depending on what the mandate is of the organization or program you are working in, but you need to be aware of countervailing forces that might reduce your effectiveness at other levels. Tensions between the levels need to be addressed so that changes can be sustained and can really make a difference in people's lives. GEP programs should take into account the importance of gender influences even at levels they do not address. You may need to either undertake new programs to address those influences (which can keep you from being effective) or engage in alliances with other groups that work on those other levels.

Whether your program is still in the planning stages or has been running for years, this chapter will help you to understand gender's influence on your SRHR target issue, the foundation for any GEP changes you hope to make.

3.1 – *Knowing What to Look For: Understanding the Gender System*

In order to begin transforming gender roles and norms through your programs (in other words, making them gender equity promoting) you must understand:

- How the gender system influences the target SRHR situation.
- How gender roles, norms, and power operate, **specifically**, at different levels in the gender system to influence SRHR.
- What aspects need to be changed in order to prevent the SRHR problem your program is targeting.

Ask yourself how gender inequities play out at each of the following levels. Make sure you think about how gender roles, values, and power affect each sex at different ages differently. This will help you to understand how the behavior of females and males is fundamentally influenced by gender norms and values, and why you will need to address gender influences for both females and males, even if your program only works with one of the sexes. For examples of common gender stereotypes and beliefs that illustrate gender's influence at each level, see **Resource B**.

Individual level

An individual's perception of his or her own gender and how he or she feels, behaves, and interacts with others because of it.

Men, women, and especially young boys and girls incorporate societal, community, and family norms into their own values, personal expectations, and behavioral tendencies. Indeed, many SRHR programs operate at the individual level, providing education or targeting behavioral change directly. Programs must take into account that information alone will not have the desired beneficial effects if girls and boys have internalized gender messages that do not allow them to act on their newfound information. For example, information about HIV and directions to the local clinic will have no effect if a teenage girl believes that “good” girls shouldn’t visit that kind of facility. It is therefore essential to understand how the gender system influences girls’ and boys’ personal expectations of feminine and masculine behavior; how they value themselves; the importance of sexual relations, marriage, and pregnancy to their self-worth; and how life goals and expectations are determined or not by sexual and reproductive issues.

You may want to ask the individuals whom your program serves or knowledgeable stakeholders the following questions:

INDIVIDUAL ASSESSMENT QUESTIONNAIRE

- What characteristics are expected of a “good girl or woman” and of a “good boy or man”? How do these characteristics place females and males at risk of unprotected sex?
- What cultural norms about masculine identity exist that render males vulnerable to risky sexual behaviors and/or violent relations with females?
- What cultural norms about feminine identity limit the ways females can protect themselves and avoid SRHR problems?

Family level

Family, spouse, and partner expectations and dynamics related to gender.

The definition of family varies across societies and sub-groups within societies. Your team should define family according to the culture in which you are working. It is important to focus on the influence of people who are most intimately related to those you want to reach, especially in the case of young people. Most commonly this will come from the birth family, the partner's family once the young person is in a relationship, and, of course, the partner, be it boyfriend, girlfriend, or spouse.

Obviously, both the family and partner(s) have absorbed influences from the societal institutions and community in the ways that the individual has. The ways they communicate their own gender roles and the norms they expect of their loved ones reinforce those same dictates. In fact, the behavior of family and partners, as well as the power relations within these groups, have enormous and sometimes far more powerful influences on the behavior of young people than influences at other levels.

You may want to ask people about the gender dynamics within families, using the following questions:

FAMILY ASSESSMENT QUESTIONNAIRE

- How do parents' expectations differ for daughters and for sons? How do these relate to SRHR problems?
- What are the repercussions for not adhering to these expectations? How do such repercussions constrain access to education and services?
- How is power managed within the family and/or within couple relationships? How might this lead to SRHR problems?
- How do the gender expectations within families and/or couple relationships limit the opportunities for females and males to experience pleasurable and safer sex, responsible reproduction, and healthy relationships?

Community level

The gender norms and practices at the level of the broader community and social groups.

While many of the pressures that reinforce gender roles are transmitted through the societal institutions described in the next section, these pressures are also transmitted informally at the community level through peer groups, neighbors, informal and formal community leaders, and local government. For our purposes, a community could be a school, workplace, or another arena of close social interaction. Furthermore, communities can also send messages about proper and improper behavior as well as provide dangerous or healthy venues for young people.

You may want to ask about your focus community:

COMMUNITY ASSESSMENT QUESTIONNAIRE

- Are there gangs or youth groups in the community and what gender messages do they send?
- What are the gender attitudes common among community members of different socioeconomic levels?
- Who are the local political and cultural leaders and how do they participate in reinforcing the gender system?
- Are there traditional healers and other traditional leaders and what is their role in reinforcing the gender system?
- Are there places where only men go or only women go? How does such differential access influence SRHR problems?
- Where do young people or couples meet and interact? What are the rules about this interaction?
- Are there places that are particularly dangerous for the girls in comparison to the boys in the community?
- What opportunities are there for safe and healthy activities, such as sports? Are these as available to girls as to boys?
- What are the community's tolerance levels for gender-based violence?
- How does the community encourage or stifle access to SRHR services and programs?

Institutional level

Laws, policies, and societal institutions at the state and national levels as they relate to men and women.

It is important to remember that each society's gender system is often codified in laws, policies, and programs in multiple institutions. Often, even when greater gender equity is fostered at the individual or couple level, constraints may operate that do not allow men or women to actually change their behavior. For example, if a new father wants to take care of his newborn baby, employment policies may not allow him to take paternity leave. In other settings, where women have become empowered, laws prohibiting them from inheriting land or owning possessions ultimately limit their options despite their individual development. In other cases, changes may have taken place at the institutional level, e.g., a constitutional reform mandating equal rights for men and women, but informal gender norms at the family and community levels may keep girls and women in highly subordinate positions.

You may want to ask about how the gender system works through the relevant institutions in your setting:

INSTITUTIONAL ASSESSMENT QUESTIONNAIRE

- How do the rules and policies or lack of certain services in the local health care systems limit access for girls or assign a lower priority to women's health concerns?
- To what extent does the educational system reinforce traditional gender roles and/or discriminate against girls?
- Is sexual harassment by teachers and/or other authorities common? What actions are or are not taken to prevent or punish such behavior?
- What are the educational system's policies toward pregnant girls and boys who father children?
- Are there laws that punish rape and incest? Do they include marital rape? Are they enforced equitably?
- Do the laws about age of consent discriminate against girls? Are the ages so low that they promote child marriage for girls?
- How does the media's portrayal of women reinforce traditional gender roles and/or discriminate against women/girls?
- Can women own and inherit property and otherwise support themselves economically?
- What influence do local religious institutions have on attitudes toward and opportunities for sexuality education, use of contraception, and access to abortion?
- Do the local religious leaders and institutions support or oppose the kinds of gender equity promoting programs you want to design or are already running?

Exercise: Go to **Resource D** to test your understanding of the gender system's impact on SRHR in an exercise based on a real-life case study.

3.2 – Constructing a Conceptual Framework

Now that you have understood how all the levels of the gender system influence your priority SRHR issue, the next step is to translate that knowledge into a programming tool that can guide your program. Two examples of such programming tools are provided below, but feel free to use whatever tool you are comfortable and familiar with, or one that is already in use by your organization. What is essential is that the relationships you have found between gender and the target SRHR issue are translated into specific programmatic actions. There are three major tasks that you will need to accomplish at this point:

1. Collect all the influences that you, your team, and your stakeholders think are most relevant to the SRHR issues you are addressing

2. Organize them into a program planning tool such as a Log Frame or Causal Pathway specific to your program

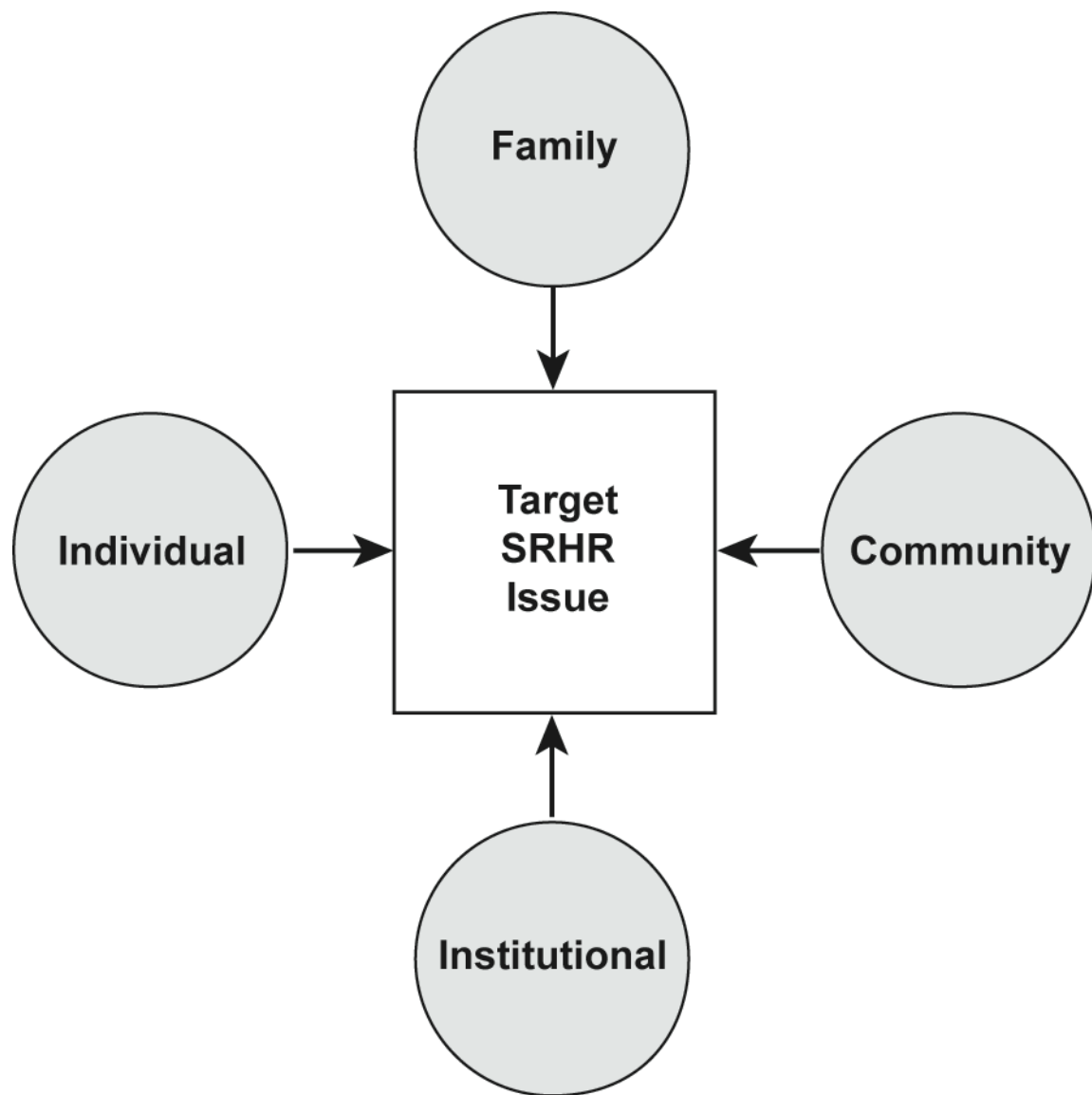
3. Determine which of these influences are feasible to address through your program

3.2.1 – Collecting the Information

There are a number of approaches you can use to collect the information you need to construct a conceptual framework for your program.

BRAINSTORMING

It is crucial that there is awareness among the staff of the importance of gender influences in resolving SRHR problems. A useful exercise is to brainstorm with staff and stakeholders using a diagram such as the one below for the different issues you wish to address. In addition to raising awareness within the organizational culture, the various perspectives of staff members and stakeholders may yield a deeper and more comprehensive understanding of the issue. Asking questions such as those outlined above in the Assessment Questionnaires for each level of the gender system may help to guide this process; make sure you fill out influences for females and for males in each of the circles. You may also find the list of gender stereotypes and beliefs from **Resource B**, and the gender influences on common SRHR issues in **Resource C**, useful in this exercise.



RESEARCH

A valuable part of the planning process is an assessment of existing information (from studies and official statistics) to identify the factors that lead to the SRHR problem your program is addressing. While this is usually a standard component of planning before a program begins, this type of research endeavor, such as a literature review or situational analysis, may also be a useful exercise for currently implemented programs as an opportunity to reevaluate your SRHR issue from your new GEP perspective.

In order to make sure that this research is conducted in a manner that integrates a GEP perspective, the following guidelines and resources should be kept in mind:

Guidelines:

- Apply a “gender lens” to everything you read. Look for gender differences and ask yourself, “How did the gender system influence the findings I am reading about?”
- Make certain that you explain how the gender system influences each factor you identify as influencing the SRHR problem you are prioritizing; at all costs, avoid the common pitfall of just tacking on a paragraph about gender.
- Keep in mind that gender is more than women; do not commit the common error of only referring to women and thinking you have applied a gender perspective to your literature review. Even if your program only works with women, make sure you consider the influence of male gender roles on the women in your program.
- Highlight possible gender influences that might explain differences in statistics by sex. While you should always disaggregate basic demographic and social data and health statistics by sex wherever possible, you need to try to look into what is behind the differences you find. Look for gender-specific trends and/or linkages among the data and try to relate these to factors in the gender system. Even if research findings do not explain the differences by sex, your team’s knowledge of the setting that produced these differences will alert you to important aspects to address in your program.

Resources:

- Review **health statistics** and **demographic survey findings** and look for differences by sex in such variables as school enrollment, education level, literacy rate, contraceptive usage (including condoms), and HIV/STI prevalence.
- Review **Knowledge, Attitude, and Practice (KAP) studies** done on your population(s) or those similar to the one(s) you serve.
 - Ask yourself how some of the differences observed came about and how gender roles might have contributed to such differences. For example, if KAP studies show different ages of first sexual relations, or different attitudes toward using condoms, ask how gender roles might have contributed to such differences.
- Use **anthropological and sociological journals** to find information about cultural beliefs and practices that might be part of the gender system.
- Make sure you include analysis of “**grey**” **literature**, i.e., unpublished reports from interesting and relevant projects.

- Review **laws, policies, and norms** related to relevant SRHR situations, e.g., abortion laws and practices (including common practice and clandestine services), health policies related to contraceptives, access to condoms, female genital cutting, etc.
 - Explore how these laws may or may not be enforced.
 - Are women punished differently than men for illegal behaviors that involve both men and women?
- Explore the literature that describes **gender-based violence, intimate partner violence, and sexual violence**. These are all issues that are of great importance to many SRHR outcomes.
- Review all the studies on the SRHR target issue(s), e.g. maternal mortality, HIV prevalence and incidence, access to contraception, etc. Often the gender aspects will be embedded in the major findings but not mentioned as such. For example, research on maternal mortality may mention delays in taking the pregnant woman to health care as a major factor related to the risk of dying. Separately, the article may mention that men are the primary decision makers and control finances and travel, i.e., decide whether or not it is worth the effort to spend the money to take their pregnant wives to town for health care. This is clearly a gender-related finding, although it may not be highlighted as such in the article.

COMMUNITY-BASED NEEDS ASSESSMENT

If possible, and especially if you do not have access to comprehensive studies and data in your region, the most concrete means of ensuring you have the best understanding of how the gender system functions in your community is to conduct a needs assessment. Through this process you will not only gather important information about gender's impact on your target SRHR issue, but you can also establish a rough point of comparison that shows how things are in the community before you introduce GEP aspects in your program. Later when you evaluate how things are after you have made changes in your program, you will be able to compare these two points in time. This will help you to know if your new approaches have really made a difference or not, and consequently which aspects to scale up or cut back. (You will find out how to monitor and evaluate GEP aspects of programs in Chapter 6.) Undertaking a community-based needs assessment is also a good time to involve community stakeholders and to gain experience in sensitizing them to gender issues.

NEEDS ASSESSMENT CHECKLIST	
Involve girls, boys, women, and men in your needs assessment separately by sex and/or generation; this will help each group to express itself freely.	
For boys and men, find ways to legitimize conversations about gender and SRHR in order to help them talk openly about traditionally taboo subjects, including their feelings.	
Make sure to seek out children, youth, and adults who spend time in the streets, and not only those who come to services or schools.	
Seek out girls and women who are in their homes and may not be able to go out unaccompanied.	
Interview significant figures in the lives of young people such as teachers, parents, and health care providers; and don't forget to include those who might not usually be included, but are nonetheless influential, such as radio disc jockeys, sports coaches, youth group leaders, religious leaders, guidance counselors, youth peer educators, judges, and gang members.	
Ask culturally appropriate questions that are effective for eliciting information about gender differences even if the term "gender" may not be meaningful to some people. In such cases, ask questions about what behaviors are expected of girls and boys, and women and men, in specific circumstances.	
Ask questions about all four levels of the gender system.	
Find sensitive ways of talking about sexuality, since gender and sexuality are closely intertwined.	
Explore broader issues related to the life opportunities open to young people, e.g., employment opportunities and regulations, sports facilities, etc., examining the differences in these opportunities for girls and boys.	
Considering the gender, age, class, and ethnicity of the team carrying out the surveys or facilitating focus groups, select people with whom the participants will feel most comfortable talking about sensitive issues.	
Ensure privacy in all individual interviews, especially home-based interviews, because women or girls particularly may fear repercussions from their husbands and parents or may not be able to reveal intimate information in front of children.	
Observe the waiting rooms of health care facilities and, if possible, observe consultations. Look for gender biases and gender messages during these observations. Are young people excluded or made welcome? Are women treated with respect? Are men excluded or made welcome? What gender messages do the posters on the walls send?	
Analyze newspaper reports and public events to detect particularly dangerous situations, e.g., rape and domestic violence and the community attitudes toward these phenomena.	
Map out with community members the places where young people meet and interact. Try to identify dangerous places in the community and in schools.	

3.2.2 – Inserting GEP Changes into Your Programming Tool

How to specifically integrate GEP into your program cycle will be the topic of the following chapters. At this point, start to think about what changes are needed and how they lead you closer to the final goal. Too often, this step is skipped and objectives are established, soon taking on a life of their own before they have been well thought out.¹¹

Undertake an in-depth discussion with staff about what the final goal is, and what incremental changes are needed before you can reach that goal. Make sure you keep asking, “What changes need to be made in order to achieve that final goal?,” so that you end up with a chain of linked changes (or outcomes) that will all lead to the final goal. Make sure you have included changes in the gender system wherever they are relevant. And don’t forget to ask yourselves about specific gender-related factors at all four levels as you do this exercise. This process will inform your next steps, designing a gender equity promoting project.

You are probably already using some programming tool such as a Causal Pathway or Log Frame. Now is the time to analyze how the GEP changes you have identified can be inserted into that tool. The following chapters will help you to fine-tune some of the components of your program framework. In **Resource H** you will find two examples of programming tools that were filled out before and after having a GEP focus.

3.2.3 – Deciding What Is Feasible for Your Program to Work On

Remember that most organizations work only on one or two levels of the gender system, i.e., a youth health education program is likely to focus primarily on the individual and family level. Only the larger and more comprehensive programs can attempt to make changes on multiple levels simultaneously. Having examined the different levels on which gender operates in the context of your target SRHR issue, think about what things you could conceivably change given the scope and network of your organization. The level or levels you want or need to intervene on may have changed once you have realized how the gender system is impacting your program. Instead of providing individual counseling, a program might shift to working in schools to change the cultural norms about gender.

Although it is likely that changes must be made on all or many levels, your organization may not have the capacity or resources to do so. It may also be the case that the mission of your organization dictates your programming and you lack the leeway to change its overarching goals. Programs may try to coordinate their efforts in a gender equity promotion consortium, so that different agencies assume work at different levels of the system. Such work is likely to be complex but also far more effective because it may achieve lasting changes.

¹¹ *Mapping Change: Using a Theory of Change to Guide Planning and Evaluation* (2006). Available in GrantCraft: Practical Wisdom for Grantmakers, an online resource at www.grantcraft.org. Ford Foundation.

REMEMBER:

- Involve staff in brainstorming about how they can address the problems that were identified.
- Analyze whether you have the expertise on staff or will need to bring new experts on board. What resources are available?
- Think out of the box! Tap resources your staff may have that are not being utilized; but don't overextend your program so that things won't end up getting done.
- Often it is a matter of doing things differently. See Chapter 5, Integrating a GEP Approach: Activities and Strategies.

If there are factors that are critical, but your program cannot work on them, brainstorm ways of joining forces with other agencies that work in those areas. Sometimes by coordinating, both your results and those of other organizations can be far more powerful.

POINTS TO REMEMBER:
<ul style="list-style-type: none">• The gender system operates at many levels in interrelated ways. Your program will be able to change some, but not all, of them.
<ul style="list-style-type: none">• The influences of the gender system are both insidious and pervasive. It will take the work of many people to modify them in ways that sustainably promote positive sexual and reproductive health.
<ul style="list-style-type: none">• Your program can help this process by making sure it takes every opportunity to make modifications in the gender system, and by collaborating with other organizations that do the same.
<ul style="list-style-type: none">• Eventually work is needed at all four levels; your program can find ways of encouraging those changes to take place. Forming alliances and partnerships with stakeholders will help to facilitate those changes.
<ul style="list-style-type: none">• Remember that gender norms impact men, women, boys, and girls in different ways at each level, and you should analyze these separately. It is also important to view these groups collectively and to note the effect of gender norms in the context of the relationships between these groups.
<ul style="list-style-type: none">• Think about what your program can do to address gender inequities in order to have a positive impact on SRHR.

CHAPTER CHECKLIST	
I understand that gender operates on several levels (individual, family, community, institutional) simultaneously?	
I have identified the specific influences of the gender system on the priority SRHR issue in my own local context?	
I have analyzed which of these influences my program can and should address?	
I have a clear sense of the chain of gender-related changes that are needed in order to achieve my program's long-term goals?	
I have explored ways to collaborate so that other attempts to change gender influences are being made by other organizations?	

4. Integrating a GEP Approach: Identifying Goals and Objectives

Once you have a fairly clear idea of the kinds of changes you want your program to produce, you will need to translate those changes into the language of realistic goals and objectives.

It is important to take into account that in order to be realistic, goals and objectives must be sensitive to your cultural context. Consider what broad terms such as “women’s empowerment” or “gender equity” mean in the context in which you are working. While in some countries this may mean achieving salaries equal to those of men, in others it may mean increasing women’s mobility or decision-making power. Wherever complex, multi-faceted social concepts are being used, such as women’s empowerment or gender equity, make sure to break them down into their component parts that are relevant in your local context.¹²

4.1 – Goals

“Goal” refers to the ultimate SRHR problem you are trying to solve through your program. Ask yourself: what favorable impact do you imagine for the community you will be working in? A program goal refers to an overall, often lofty, long-term change being sought by an intervention, such as a change in the health, education, legal status, or well-being of the population. It is usually worded in terms of an inherently positive final impact. Due to limitations in the scope of most program interventions (such as resources, geographic coverage, time frame), a single program will usually not be able to achieve the goal by itself, but rather will **contribute to the achievement** of the goal. In other words, your goal statement will describe the kind of change in the larger community to which your program – and other interventions – will contribute. Although your program staff alone will not be able to achieve the goal, keeping it in mind will help the program staff to maintain their momentum and enthusiasm for the work, as they have a sense of what their efforts will finally help to accomplish.

Because the goal is supposed to be broad, it does not have to explicitly mention gender unless the project is primarily about the transformation of gender relations as an end in and of itself, as may be the case for those of you working toward gender equity or women’s empowerment. Gender equity can be both a means and an end. Unless it is the primary outcome, it need not be referred to in the project goal.

It is important, however, to be careful about the language you use in the wording of the goal so as to be consistent with an understanding of how gender influences the program’s goal. In other words, the goal does not have to explicitly seek to promote gender equity, but it should not be written in a way that denies gender’s influence on the problem you want to address.

¹² STEPS Toolkit: Steps to Transforming Evaluation Practice for Social Change (2007). An e-learning tool at www.stepstoolkit.org. Margaret Sanger Center International at Planned Parenthood of New York City.

GEP ASPECTS OF A WELL-WRITTEN GOAL

Well-written goal statements contain five primary elements:

- Health or social problem to be addressed
- Change or effect to be achieved
- Key population in which the change will occur
- Location where the change will occur
- Means by which goal will be accomplished (optional)

When writing your goals, keep in mind the following:

- Avoid gender-based stereotypes or biases in the way you word your program's goal.
- You may want to consider working toward solving an SRHR problem that people have previously avoided addressing or that had not been previously detected due to gender biases.
- Make sure your program and donors are willing to invest long-term time and effort toward achieving the desired change or effect, because sustainable gender-related changes often take a long time.
- Key population and location: Make sure you have reached out to the most vulnerable populations, not just the most convenient people. For example, women who cannot come to a clinic may need your help the most, or boys who are out of school because they are forced to work, or girls who are kept home from school, etc.
- Include creative activities that address underlying gender roles as at least one way you will work toward achieving the goal.

4.2 – Objectives

Objectives are the measurable changes you want to see over time that will contribute to bringing about the goal you defined above. Unlike the goal, they need to be quantifiable and achievable within the scope of your project. Objectives state desired outcomes and describe the actions that will be taken to achieve them. Some objectives will be closer to your program's activities and others will be a bit farther away, creating a sort of a nested set of objectives that should lead to the final goal.

Whatever your objectives are, even those that do not directly relate to the promotion of gender equity, they need to be written in a way that reflects your sensitivity to and understanding of the gender system.

Generally speaking, objectives should be “SMART”:

SPECIFIC **M**EASURABLE **A**PPROPRIATE **R**EALISTIC **T**IME-BOUND

SMART objectives will help you to develop clear and specific indicators and benchmarks, which you will need to monitor and evaluate your program, as we will discuss in a later chapter.

Even as you work to phrase your objectives in SMART ways, be sure to do so in a way that reflects sensitivity to gender issues.

4.2.1 – Going a Step Farther: Make at Least One of Your Objectives a GEP Objective

In order to ensure that your objectives reflect outcomes that advance gender equity, you should explicitly include a strategy for gender equity promotion in at least one of your objectives. Your objectives should, above all, address the gender system changes (or outcomes) you identified in your conceptual framework based on the findings from your team brainstorming session, consultation with stakeholders, literature review, and/or needs assessment. This will guarantee that you design activities aimed at challenging inequitable gender relations.

To provide some examples of what we mean by gender equity promoting objectives, let's start with a clearly **gender-negative** example:

To increase girls' commitment to make their boyfriends happy in order to reduce gender-based violence

This example should seem ridiculous to most readers because of its assumption that somehow girls are to blame if their partners are violent toward them. By contrast, objectives addressing gender-based violence that actually promote gender equity would be:

To increase girls' knowledge of their human rights in order to reduce gender-based violence
To decrease acceptability and increase rejection of gender-based violence among community elders and traditional leaders
To increase skills in non-coercive conflict resolution among school-aged boys

These objectives take into account that gender-based violence occurs largely because communities and societies condone it and that girls' and especially boys' attitudes and behaviors must change in order to reduce it. Of course, you will design your objectives based on the information you gathered in your needs assessment and/or literature review of the problem you are addressing.

Here is an example of a **gender-neutral** objective:

To provide food parcels and nutritional supplements to persons who are HIV/AIDS positive

This objective does not recognize that men and women may have different incomes and/or levels of family support. Indeed, in many places, women who are HIV positive suffer greater discrimination and have fewer economic resources at their disposal than men do. An objective that would accommodate their different needs in this case could be:

To increase the access of women and men living with HIV and AIDS to food and nutritional supplements according to their need

Considering the possibilities we mentioned above, you may also want to include an objective that addresses other disadvantages that HIV-positive women face in order to truly promote gender equity:

To increase household income for HIV-positive women through income-generation strategies

To decrease wasteful spending by male partners of HIV-positive women by creating anti-alcohol support groups

Many programs opt to include **gender-sensitive** objectives like the following:

To provide girls with alternative venues to procure contraceptives to avoid the judgment of community members

While these objectives and the activities created to meet them can achieve relatively fast results, they do not address the root gender causes that make girls feel judged when they visit health centers. We suggest that you include an objective that addresses those issues **in addition** to any gender-sensitive objectives. For example, in addition to the objective above, you could include something like:

To increase parents' acceptance of sexual and reproductive health care for their daughters

To improve clinical staff attitudes toward girls receiving services at the clinic

These objectives are clearly harder to achieve, since they focus on attaining long-term cultural change. However, once this change is achieved, girls will no longer have to leave their communities to receive services in order to avoid stigma and discrimination.

4.2.2 – Articulating Your Objectives

Objectives are a more precise restatement of your desired outcomes, indicating how you will measure those outcomes. (You may want to refer back to the exercise of identifying the nested set of changes needed to achieve the goal as identified in section 4.2.) If you make changes to your objectives, clearly you will have to change the outcomes in your Log Frame and vice-versa. If we take the following outcomes and turn them into objectives they would look like:

OUTCOMES	OBJECTIVES
<p>Individual Level: Increase girls' self-esteem and empowerment concerning sexuality issues.</p> <p>More positive attitudes about equitable gender roles</p>	<p>By the end of the school year, to increase by 50% the number of girls who score high on a scale of self-esteem and sexual empowerment.</p> <p>By the end of the year, to increase the number of men in the community by 25% who report having criticized a friend for making negative comments about women and/or who report making one or more specific changes in their own relationship with a female friend or lover.</p>
<p>Family/Couple Level: Increased use of condoms and other safer sex behaviors.</p> <p>Increase families' support for girls' schooling.</p> <p>Increased support from male partners of pregnant women.</p>	<p>By the end of six months, to increase reported use of condoms, open discussion of sexual preferences, HIV testing, and mutual fidelity among young sexually active men who frequent local bars and sports facilities.</p> <p>By the end of six months of parent education sessions involving marginalized groups, to increase reports from daughters of parental support for continued schooling and of reduction in household chores to allow for completion of homework.</p> <p>By the end of the new fathers' club sessions at the municipal hospital, to increase reports from pregnant women that their male partners are helping more with household chores, providing more emotional encouragement, and are well aware of alarm signs and what to do if they were to occur.</p>
<p>Community Level: Decrease sexual harassment and violence in schools.</p> <p>Greater rejection in community of domestic violence.</p>	<p>At the end of the first semester of classes, girls report fewer incidents of sexual harassment and/or violence, a higher percentage of cases that are reported to the anti-violence committee have come up for review, and teachers report more negative attitudes about colleagues who harass female students.</p> <p>Six months after the implementation of a community-led campaign against domestic violence, women report an increase in non-violent conflict resolution with their male partners and their male partners report more rejection of domestic violence.</p>
<p>Institutional Level: Improve legislators' support for women's inheritance rights.</p> <p>Strengthen public demand for implementation of the state's legal abortion laws.</p>	<p>During the upcoming legislative period, to increase the number of positive statements by legislators and the number of legal initiatives in support of women's inheritance laws.</p> <p>After two years, to increase by 100% the number of positive statements by civil society organizations, academics, and unions in the press in support of women's right to safe legal abortions in accordance with the state's existing abortion laws.</p>

POINTS TO REMEMBER:	
• Your goal may, but does not necessarily need to, promote gender equity explicitly, but at least one of your objectives should challenge harmful gender norms affecting your SRHR issue.	
• You should accompany any gender-sensitive objectives (ones that accommodate gender differences) with at least one that promotes gender equity, i.e., promotes changes to the root gender causes of the problem you are addressing.	
• Your gender equity promoting objective(s) may correspond to any level or combination of levels: individual, family/couple, community, and/or institutional.	
• Even when making your objectives SMART, take into account how the gender system influences what will be most needed and feasible.	
• Your objective should include the kinds of changes (or outcomes) you and your team identified beforehand as being necessary to promote gender equity or to achieve your goals, even if they challenge traditional or existing gender norms and power.	
• Be careful in the wording you choose. Try to make your language as gender specific as possible (e.g., instead of talking generally about adolescents, say “young men and women”) and as gender sensitive as possible by not falling into gender-based stereotypes.	

CHAPTER CHECKLIST	
The wording of my program’s goals and objectives reflects an understanding of the gender system’s pervasive influence on behavior and health outcomes?	
I have considered focusing on goals that had been hidden to me before I undertook the analysis of the gender system and my consultation with community stakeholders?	
I have included at least one goal or one objective that specifically targets some aspect of the gender system?	
I have made sure that the target populations I included in my objectives are the most vulnerable ones in terms of how the gender system places them at risk?	
The time frames I selected are realistic in terms of the gender system changes that need to take place for the objectives to be reached?	

5. Integrating a GEP Approach: Activities and Strategies

At this point in our guide, we hope you are very excited about designing the core of your intervention – your activities and strategies! Colleagues around the world have asked, what is a gender equity promoting program? What does it look like? In fact, it is often **how** the program is provided and the **content** of the messages, not the type of program, that makes it a gender equity promoting one.

Since you will have included at least one gender equity promoting objective, some of your activities and strategies will logically have to promote gender equity in order to meet that objective. Of course, activities that accommodate existing gender norms (and therefore are gender sensitive) to provide greater access to programs and services for women are always useful. But, in this chapter we will focus on how to devise strategies to transform harmful gender norms and move toward greater gender equity.

As in any program, your activities and strategies should correspond directly to your objectives. In other words, if you wish to achieve “increased awareness of sexual rights among boys and girls,” then you need to employ strategies to inform boys and girls about what their rights are and help them to assimilate those rights through a series of activities such as “youth-directed radio programs on sexual rights,” “development of posters and pamphlets by young people about their sexual rights,” and “youth-friendly counseling on sexual rights for young men and women.” In order for these activities to promote gender equity, the content needs to contain messages that question gender norms and roles.

For example, all of the activities should encourage self-esteem in girls and communication in couples, and teach girls about sexuality and safer sexual practices, including skills for resisting unwanted sexual advances and condom negotiation skills. For boys, the activities should help them to express their feelings, learn new non-violent ways of relating to girls, and accept condom use as a pleasurable, lifesaving, and caring part of sexual relationships. Essentially, the content of any activity should address the gender issues you identified when you first examined your problem at the different levels of the gender system.

Gender equity promotion can and should be applied in all kinds of programs. Program content and messages that seek to transform gender norms and roles can be and have been developed for clinical services, advocacy, education and training, community health promotion, and a host of other programs. In this section, we provide some examples of possible activities and strategies that can be used around the world to promote gender equity in a wide range of programs.

While we encourage programs to engage in work with both sexes, you need not necessarily work directly with both men and women in order to have a GEP project. For example, work with men that encourages them to question stereotypes of aggressive masculinity, changes community norms, or creates new opportunities for women all challenge the established gender system and therefore promote gender equity.

Working with men is of special importance, but needs to be done in a way that helps to change power dynamics. An extremely effective example of working with men to promote gender equity can be seen in Brazil’s “Project H” in the case studies found in **Resource E**.

What Makes an Intervention Gender Equity Promoting?

In order to promote gender equity a program should:

- Make changes in the power differential, e.g., by helping women to gain greater relative financial independence and decision-making power.
- Raise awareness of gender roles and norms, their negative consequences, and the possibility of changing them.
- Re-educate males and females to develop more equitable roles, values, and practices.
- Promote the position of women relative to men, but also help men to move toward being more equitable and involved in reproductive spheres.
- Eliminate obstacles to equitable participation in family, workplace, and life activities (in private and public domains).

5.1 – Designing GEP Interventions: Activities

In general terms, it is possible to group the kinds of goals and objectives that most SRHR programs will be working toward into three broad categories:

- making gender relations more equitable, non-violent, and supportive;
- ensuring that sexual relations take place in safe, non-coercive, and non-violent ways that enhance pleasure and individual fulfillment, and that reflect mutual decision making;
- making sure that pregnancies are wanted, safe, and well supported.

For specific objectives in each of these broad categories, it is important to consider possible interventions at each of the four levels of the gender system. In the following table you will find specific examples listed for the individual, family, community, and institutional levels.

It is important to remember that the following are just examples of possible interventions. In practice, the GEP focus of each of the interventions listed below will need to reflect **local** patterns and practices that you and your GEP team have targeted as critical to achieving your GEP objectives.

ACTIVITIES THAT PROMOTE GENDER EQUITY					
Kind of objective	Examples of typical desired outcomes	Target Level			
		Individual	Family/couple	Community	Institutional (legal, health, education, employment, religious)
Promote equitable non-violent gender relations	Increase women's empowerment ¹³	<p>Education, skills-based training, counseling, support groups to enhance self-esteem, educational achievement, job & self-employment options, decision-making abilities, etc. for girls/women</p> <p>Education, skills-based training, counseling, support groups to help young boys and men to forge new ways of expressing their masculinity</p> <p>Youth-friendly GEP-focused health services, youth corners, clubs</p> <p>Program to encourage equitable role models on radio & TV (spots, soap operas, youth programs, talk shows, commercials, etc.)</p>	<p>Parent-elder education/training to foster parental support of girls' empowerment & equitable gender roles for boys</p> <p>Couple counseling, men's support groups to encourage husbands' support for women's empowerment & girls' schooling</p>	<p>Media campaigns to cultivate male & community support for women's empowerment & girls' schooling</p> <p>Training & support for community-based groups of women &/or men who are learning more equitable gender roles & skills</p> <p>Capacity-building in advocacy for community-based organizations that promote women's empowerment & other GEP issues</p> <p>Community-based needs assessment & advocacy to obtain services & entitlements that support & empower women</p>	<p>Advocacy campaigns for laws needed to support women's economic, social, & political rights (e.g. against honor killings, rape, domestic violence, wife inheritance, female genital cutting; in favor of higher age of marriage, legal & safe abortion, equal employment, child support, female inheritance rights & land tenure, & divorce)</p> <p>Support programs for girls' schooling, loans for women entrepreneurs</p> <p>Efforts to rally religious leaders to support women's empowerment & other GEP policies</p> <p>Training of legislators, health practitioners, judicial sector on implementing GEP laws & policies</p> <p>Capacity-building for clinical service providers & teachers in GEP, to cultivate respectful & gender equitable language and attitudes</p> <p>In health system, abolish rules and practices that prevent women from making autonomous decisions (e.g., that require authorization from males for medical practices); & from accessing needed services (e.g., HIV prevention & treatment)</p>

¹³Specify components of interest in the local setting, e.g., freedom of mobility; control of economic resources; decision making on sexual relations, health care, household purchases, children's schooling & employment, own schooling & employment, etc.

ACTIVITIES THAT PROMOTE GENDER EQUITY continued					
Kind of objective	Examples of typical desired outcomes	Target Level			
		Individual	Family/couple	Community	Institutional (legal, health, education, employment, religious)
Promote equitable non-violent gender relations	Eliminate gender-based violence (GBV), including intimate partner violence, sexual violence & harassment, marital & date rape, etc.	Counseling & support for women who have suffered GBV in ways that reaffirm their value & empower them to make positive changes in their lives	<p>Couple counseling & education focused on non-violent conflict resolution & equitable gender roles</p> <p>Re-education of aggressors, promoting non-violent conflict resolution & equitable gender expectations</p> <p>Parent-elder education focused on democratic, non-violent family dynamics, & counteracting stigma against rape victims & tacit support for aggressors</p>	<p>Support for shelters for victims of violence that help to empower women & re-educate men</p> <p>Campaigns against GBV that reaffirm worth of women & overcome denigration of rape victims</p> <p>GEP training & capacity-building for local law enforcement units, &/or citizens' violence prevention committees</p> <p>Training for community health promoters in GEP approaches to GBV</p>	<p>Advocacy to implement & enforce laws that protect girls & women from GBV in all its forms</p> <p>Training & development of procedures to ensure that law enforcement, health care, & social services are carried out in ways that guarantee respect for & support of victims & punishment of aggressors</p> <p>Advocacy & support of employment policies that encourage women's ability to become independent of abusive husbands & family situations</p>
	Promote acceptance of non-traditional gender identities	<p>Education that embraces diversity & teaches tolerance in all programs</p> <p>Training of counselors & development of counseling manuals that support gender diversity</p>	<p>Anti-homophobia, pro-diversity messages in all education/training programs for parent-elders</p> <p>Family counseling that is supportive of children with non-typical gender identities & behaviors</p>	<p>Anti-stigma, pro-diversity, human rights messages in local press, radio, TV, posters</p>	<p>Training & advocacy that promotes human rights, acceptance of diversity, anti-stigma</p> <p>Advocacy to enact/ enforce legislation against hate crimes & in favor of the rights of gender & sexual minorities</p>

ACTIVITIES THAT PROMOTE GENDER EQUITY continued					
Kind of objective	Examples of typical desired outcomes	Target Level			
		Individual	Family/couple	Community	Institutional (legal, health, education, employment, religious)
Promote equitable non-violent gender relations	Eliminate harmful traditional practices such as female genital cutting (FGC), child marriage, & honor killings	<p>Comprehensive sexuality education that supports equitable gender roles integrated from primary school on up</p> <p>Girls' support groups that foster self-affirmation & development, & oppose harmful traditional practices</p>	<p>Parent-elder education that fosters positive attitudes toward sexuality, sexual rights, women's empowerment, & equitable couple relations, & deconstructs harmful traditional practices in locally appropriate ways</p>	<p>Dissemination of cultural messages that reject harmful traditional practices while promoting women's empowerment & men's acceptance of women's sexuality</p> <p>Encouragement of gender equitable community-designed alternatives to FGC, child marriage, & honor killings</p> <p>Support groups for parents who reject FGC in high-prevalence communities</p> <p>Re-education of traditional practitioners who practice FGC to raise their own gender awareness & change their roles</p>	<p>Advocacy to prohibit harmful traditional practices & enforce the prohibition, in ways that affirm women's rights, positive sexuality, & equitable couple relationships</p>
Promote safer, more fulfilling sexual relations	<p>Increase proportion of sexual relations that are protected (including by female & male condom use)</p> <p>And/or...</p> <p>Reduce frequency of rape, including date & marital rape</p> <p>And/or...</p> <p>Decrease HIV and other sexually transmitted infections among heterosexual & same-sex couples</p>	<p>Sexuality (& HIV) education that promotes sexual empowerment & equitable decision making for girls & boys, young women & men</p> <p>Education that encourages positive attitudes toward female & male condoms, & teaches skills in using them as a natural part of pleasurable & safe sexual relations</p> <p>Sex-positive counseling that avoids shame & stigma & educates about pleasure & rights, while promoting responsible protective behaviors</p>	<p>Pre-nuptial and/or puberty rite education that encourages mutual sexual pleasure, communication, & decision making</p> <p>Parent-elder education that builds skills in communicating sex-positive protective messages to both sexes</p> <p>Education & counseling for couples that promote positive communication about sexuality & sexual relations</p>	<p>Community campaigns against sexual violence, exploitation, & trafficking, as well as marital & date rape</p> <p>Support for the rights of commercial sex workers</p> <p>Programs to make female & male condoms readily available without shame or stigma</p> <p>Advocacy skills-building for young people concerning sexuality, sexual rights, & safer sex practices</p>	<p>Advocacy for laws & enforcement of laws against sexual violence, exploitation, & trafficking</p> <p>Advocacy for acknowledgement of marital rape & laws against it</p> <p>Programs in schools to prevent & punish sexual harassment & exploitation of students by teachers & school officials</p> <p>Advocacy for implementation of comprehensive sexuality education in schools & for access to contraception for unmarried sexually active girls & boys</p> <p>Training of health care providers to accept & counsel same-sex couples</p> <p>Advocacy in support of rights of same-sex couples (e.g., marriage, civil union, employment rights)</p>

ACTIVITIES THAT PROMOTE GENDER EQUITY continued					
Kind of objective	Examples of typical desired outcomes	Target Level			
		Individual	Family/couple	Community	Institutional (legal, health, education, employment, religious)
Ensure wanted, healthy pregnancies & births	Reduce unwanted or unplanned pregnancies	<p>Sexuality & contraception education that supports voluntary motherhood & helps girls/women to develop self-affirmation independent of their potential role as mothers & situates abortion within a rights framework</p> <p>Sexuality & contraception education that encourages men to value girls/women as full human beings independent of their potential role as mothers and to value their own masculinity as separate from their capacity to procreate (especially to "produce sons") & that situates abortion within a rights framework</p>	<p>Family planning counseling for couples that encourages mutual decision making & voluntary parenthood</p> <p>Parent-elder education/training that reduces parental pressure on daughters & sons to procreate/demonstrate their fertility</p>	Community campaigns/education programs that encourage & raise the status of choice in fertility decisions	<p>Health system: encourage active male participation in contraception, overcoming institutional tendency to assume it is the woman's role; ensure that girls/women can access contraceptives without family/husband permission</p> <p>Advocacy to ensure real access to a wide range of contraceptives, including female & male condoms</p>
	Prevent unsafe induced abortions & ensure induced abortions take place under safe conditions	Education that incorporates locally relevant (even religiously oriented) messages that support a woman's right to decide & information about how to obtain a safe abortion & avoid dangerous traditional abortion practices	Parent-elder education that counteracts parental threats to disown a daughter who becomes pregnant before marriage	<p>Evidence-based messages/campaigns that de-stigmatize abortion & support right to decide</p> <p>Promotion of reasoned public debate informed by scientific evidence that situates abortion as a public health, human rights, & women's empowerment issue</p>	<p>Advocacy for legalization or decriminalization of abortion using women's empowerment & rights arguments, among others; advocacy against incarceration of women who abort</p> <p>Training of legislators, health practitioners, judicial sector on implementing legal abortion procedures</p> <p>Support groups for doctors who provide abortions</p>

ACTIVITIES THAT PROMOTE GENDER EQUITY continued					
Kind of objective	Examples of typical desired outcomes	Target Level			
		Individual	Family/couple	Community	Institutional (legal, health, education, employment, religious)
Ensure wanted, healthy pregnancies & births	Reduce maternal morbidity & mortality	Education that dispels idea that good women withstand pain, teaches alarm signs & care-seeking behaviors, and encourages support from family & partner	Classes for pregnant women and their male partners that focus on GEP for them & that encourage fathers-to-be to provide support for their partners & to engage actively with their newborns & other children Images & educational materials in waiting room that foster equitable gender relations, e.g., paternal involvement in child care Protocols for detection of GBV, referral systems, & re-education	Community boards linked to prenatal clinics that help identify women who are subject to GBV or have not been allowed out of the house to receive SRH care Training of midwives that includes focus on empowering women & involving men in support Efforts to generate community support for rapid transport of pregnant women who present alarm signs or complications Campaigns & messages that affirm the value of women & their care during pregnancy	Advocacy for enhanced access to emergency obstetric care, & to high-quality prenatal & perinatal care that supports paternal involvement & the woman's choices Advocacy for maternity & paternity leave for employees
Prevent mortality/morbidity from AIDS & STIs	Provide care for & treatment of AIDS & STIs	Education about care for & treatment of STIs & AIDS that differentiates signs & symptoms of women & men, & dispels sexist myths about transmission	Promote couple communication & support; encourage men to accept treatment for STIs Dispel misconceptions about transmission that often blame women Provide sensitive counseling that encourages full disclosure of sexual behavior in non-stigmatizing ways Involve men in AIDS homecare without jeopardizing the status of women	Campaigns/messages that help to eliminate stigma of AIDS & STIs, including dispelling myths that women are to blame Encourage community support for HIV testing, HIV-positive people, & AIDS patients of all gender & sexual orientations	Advocacy for free & widespread access to care & treatment that respect rights & confidentiality of patients Train service providers in respectful, ethical care that is sensitive to gender-related issues, while empowering women & men to take necessary precautions

5.2 – Inputs

Once you have determined your activities, the final step is to consider the inputs you will need to undertake your planned activities. For most programs and projects, inputs will include staff, funds, and a project site. You may want to include institutional support, political will, community buy-in, and other less tangible, but nonetheless necessary, inputs, depending on what activities you have planned.

It is important that you consider each of these inputs from a gender equity perspective:

STAFF

Your staff should have received at least some basic gender training, preferably including examination and re-construction of their own values regarding gender roles and norms. Even when staff are enthusiastic about a new GEP program, they may retain vestiges of negative values and attitudes that need to be addressed so that the program can actually work optimally. If you identify this as a need, you may have to include it as an activity within your program before undertaking other activities. Resistance within the organizational culture has been one of the main obstacles in implementing sustainable gender equity promoting programs. Once programs are geared toward promoting changes in the gender system, and staff training has taken place, most program staff will adopt new attitudes and find the work more satisfying and effective than they may have initially expected. Nevertheless, monitoring activities should be geared toward ensuring that such changes are sustained, identifying a need for re-training – particularly as new staff come in – and identifying areas that were never adequately addressed.

You should also consider whether your organizational practices give women opportunities for training and leadership. But in some SRHR agencies, the opposite may be true, and men may be discouraged from joining the staff or participating in projects seen as relating to women only. It is important to cultivate trained male advocates for gender equity as well as female advocates.

FUNDS

It is important to help donors and stakeholders understand that addressing gender issues in a transformative way within your programs will be more cost-effective in the long term. In order to argue this convincingly, it is important that you provide them with clear evidence of the linkages between gender inequity and your target SRHR issue (evidence that you have likely gathered through research and M&E). Additional evidence-based documents can be found among the UN Millennium Project Task Force reports at www.unmillenniumproject.org/reports. You must persuade donors not to view this initiative as adding unnecessary cost or as superficial. Often, small adjustments in programs will make them more sensitive to gender issues and move them toward transforming gender power dynamics.

Some investment may be necessary, usually in terms of training key staff or bringing in advisors to help staff find new ways of promoting gender equity in their work. But remember, all programs require on-the-job training and capacity-building. Including gender equity promotion as one of these components is no more expensive than other types of training, and may prove far more cost-effective in the long run because of the lasting societal change that GEP can bring about.

PROJECT SITE

Program staff should take into consideration the accessibility of their project sites to the population they wish to reach. This is especially important in the case of women and youth, who in many cultures have restricted movement in their communities. Outreach efforts will be needed to reach particularly marginalized women, and also to reach out to men who do not necessarily frequent the typical program venues.

INSTITUTIONAL SUPPORT

Such support is sometimes offered begrudgingly or in a passive fashion. It is essential to invest sufficient effort in educating key institutional staff about the importance of working on gender equity promotion and to do everything possible to ensure real support at all levels, from support staff up to executive director and board members. Without such support, programs may suffer greatly in the implementation stage. It is wise to involve high-level decision makers from the outset and even perhaps as members – though intermittent members – of your GEP team.

POINTS TO REMEMBER:
<ul style="list-style-type: none">• All activities can be done in gender equity promoting ways, often by making only minor adjustments to them.
<ul style="list-style-type: none">• Almost any type of project can promote gender equity as long as it seeks to transform harmful gender roles, power, and norms, and to promote positive, more equitable alternatives.

CHAPTER CHECKLIST	
I have a clear understanding of the kind of content that GEP strategies and activities should have in my specific program?	
I have identified ways to change my gender sensitive program components into GEP components?	
I have designed strategies and activities that specifically promote gender equity on at least one level (and possibly more levels)?	
I have found opportunities to forge collaborations that enable my agency/program to also foster gender equity on other levels?	

6. Integrating a GEP Approach: Monitoring and Evaluation

Monitoring and evaluation are two essential processes that you will need to keep in mind from the very beginning of your efforts to more effectively transform gender relations and norms through your SRHR programs. While this is true for all programs, there are a number of reasons why it is especially important in GEP efforts.

Far too often, program planners are convinced of the importance of GEP but are uncertain about how to measure its effects, and this may keep them from trying to change their programs. Some may think “if you can’t measure the changes, why bother trying to promote them?” This is truly unfortunate, since it is both possible and necessary to measure changes in the gender system. Such information is vital not only to help programs improve their own work, but also to help build a body of information that can guide efforts to scale up or expand such work. Given how crucial it is to overcome gender inequities that contribute to SRHR problems, the importance of making sure that your M&E reflects changes in the gender system cannot be overemphasized.

Remember that the changes you are trying to produce are complex, involve many levels, and will take some time to produce. As we have already shown, changes will be needed on several levels and involve age-old patterns that often die hard.

Before people become disheartened and give up on trying to implement GEP programs, it is important to understand what kinds of changes they can expect to see and how you can measure them. In order to make sure that your M&E reflects GEP changes in your programs, you will need to be very careful about four main aspects:

- the appropriateness and feasibility of the measures you propose to use,
- the chain of outcomes (and corresponding objectives) you are trying to achieve,
- avoidance of gender biases in your program activities and inputs, and
- the comparisons you want to make to demonstrate changes in terms of your results.

The following sections will address each of these aspects. But first, let’s make sure we are on the same page with M&E terminology. Different M&E systems use different terminology, but the concepts are the same. We will be using the following terms¹⁴:

Monitoring is the systematic observation or tracking of activities within a program, with the purpose of measuring if and how they are being undertaken. Monitoring helps document your progress toward the goal and objectives you designed in the previous chapter. It also gives you an opportunity to make adjustments to your program if your activities are not having the desired effect, or to scale up the aspects that are most effective.

Evaluation is the systematic measurement of the results of your program activities. These results are often separated into different tiers depending on how close or far away they are conceptually from the program itself.

¹⁴For a more detailed description of these terms, please refer to STEPS Toolkit: Steps to Transforming Evaluation Practice for Social Change (2007). An e-learning tool at www.stepstoolkit.org. Margaret Sanger Center International at Planned Parenthood of New York City.

- **Immediate results** (also called **process indicators** or **outputs**) measure the direct results of your program activities.
- **Intermediate results** refer to the nested set of changes (or **outcomes**) that you proposed were necessary to lead to the final goal toward which your program works in the long term. These are not under the control of your program but are the intended consequences of your efforts, one or more steps removed.
- **Final results** (or **impact**) measure whether or not the long-term goal was achieved.

Another term we will be using is **indicator**. This refers to the proxy measures you will be using to monitor and evaluate your program. Therefore, you will have monitoring indicators and evaluation indicators. Indicators can be either numerical or non-numerical.¹⁵ Remember that indicators should be as accurate a reflection of activities or results as possible. This, however, is a difficult task given the complexity of the changes you are attempting to make. When measuring concepts such as gender equity and women's empowerment, it is especially important to remember this, as their manifestations can vary greatly. We will provide more information later about how you can measure such socially complex concepts in useful ways.

6.1 – Creating Appropriate and Feasible GEP Indicators

Which indicators to use is one of the most significant decisions you will have to make. We will focus here only on the GEP aspects of these decisions. For more help in designing user-friendly M&E for SRHR programs, we suggest you refer to **Resource I** of this guide and, in the section on websites, see the STEPS Toolkit: Steps to Transforming Evaluation Practice for Social Change (2007), an e-learning tool at www.stepstoolkit.org, developed by Margaret Sanger Center International at Planned Parenthood of New York City.

Your indicators need to correspond directly to each of the elements in whatever program planning instrument you are using. Therefore you will need to develop or choose monitoring indicators for each activity your program implements and evaluation indicators for each of the objectives you have identified. Make sure there is at least one indicator for each of these elements. Below in section 6.2 you will find specific GEP considerations to take into account when you measure the results of your program activities.

Since at least one of your program's objectives will be focused on transforming aspects of the gender system at one or more levels and your goal may involve gender equity directly, you will have to measure some aspects of the gender system through your evaluation indicators. To do this, you will need to make sure your gender indicators are both as valid and as reliable as they can be in your local setting. It is always better to identify simple, locally generated measures of gender equity than to not even try to measure this important determinant of SRHR conditions. Even if GEP measures are imperfect, they will provide useful information for making programs more effective, leading to further refinements and eventually to more reliable and useful measures.

¹⁵See description in STEPS Toolkit: Steps to Transforming Evaluation Practice for Social Change (2007). An e-learning tool at www.stepstoolkit.org. Margaret Sanger Center International at Planned Parenthood of New York City. Qualitative data can be converted into numerical indicators and also used as non-numerical indicators, whereas quantitative data can only be used as numerical indicators.

6.1.1 – Making Your GEP Indicators Locally Relevant and Appropriate

Once you have chosen the GEP-related concepts you are interested in measuring, you will need to break them down into their components and then find out how the most important components look in your local setting. Given the fact that the gender system is socially constructed, how it actually plays out in each country and subgroup within cultures differs from one local setting to another.

For you to decide which indicators are best in your setting, we suggest that you and your team first brainstorm about what the components are and then work with your stakeholders to find out how those components would look in your program's population. In **Resource F** you will find a number of measures used by researchers and other programs that can serve as a basis for your own brainstorming. The table below shows indicators from different settings to illustrate that although the components may be the same, success can look quite different in different settings.

DIVERSITY OF INDICATORS FROM DIFFERENT SETTINGS (without specifying calculation or specific populations)			
GEP Concept	Components	Possible Indicators in Setting A: Tighter Gender Restrictions	Possible Indicators in Setting B: Fewer Gender Restrictions
Women's empowerment	<ul style="list-style-type: none"> • Education • Self-esteem • Decision making • Access to resources • Freedom of mobility 	<ul style="list-style-type: none"> • Women who completed primary school • Girls who affirm they are equally as valuable as boys • Women who can decide if & when to take children to a doctor without husband's/father's authorization • Women who control use of income from home garden/ husbandry • Women who can go out of the house with permission from husband but without a male escort 	<ul style="list-style-type: none"> • Women who completed college • Girls who affirm they deserve equal pay for equal work • Women who can decide if & when to attend graduate school without asking their husband's/father's permission • Women who earn incomes equal to or greater than those of their husbands • Women who travel freely without asking permission from anyone
Gender equity in respect to boys/men	<ul style="list-style-type: none"> • Boys'/men's attitudes toward women • Boys'/men's involvement in domestic roles • Boys'/men's involvement with children • Attitudes toward non-violent conflict resolution • Awareness of mutuality in sexual relations • Support for women's autonomy 	<ul style="list-style-type: none"> • Males who think it is not a waste of money to send girls to school • Males who help their mother/wife with domestic chores when she is sick or very tired • Fathers who have carried their newborn child at least once during the first 3 months of life • Males who don't think men should hit their wives but think it is understandable if provoked • Men who reject the idea that they have the right to demand sexual relations even when the woman is unwilling; or who know that a woman can also feel sexual pleasure • Men who allow their wife to visit her family of origin regularly 	<ul style="list-style-type: none"> • Males comfortable in a relationship with a woman who has an education level equal to or greater than his own • Males who assume regular domestic chores as their own responsibility • Fathers who care for their newborn child without the mother present at least once a week • Males who think hitting a wife is never justified nor should it ever be tolerated • Men who report feeling greater satisfaction if they were able to help their sexual partner reach orgasm • Men who are unequivocally proud of their wife's academic/professional successes

The creation of culturally appropriate indicators can be a very creative process. It is best that you, your GEP team, and your stakeholders design indicators that are most relevant for your purposes. In order to provide you with ideas to stimulate your own creativity, we have made a list of some outcomes you might consider at each of the four levels of the gender system, which you will find in **Resource F**.

6.1.2 – Collecting Data on GEP Indicators in Unbiased Ways

Once you have decided what success would look like, you will need to collect data in ways that are reliable and avoid biases that can be introduced because of the nature of the information needed. By reliable we mean that the measure is stable enough so that if different people, or the same person at different times, would make the measurement again, the results would be essentially the same. To ensure that your data collection is viable, you will need to design adequate instruments for data collection, train the people who are collecting the data, and make sure the data are collected correctly. We will not go into detail regarding these important tasks because you and your GEP team can rely on team members or consultants with M&E expertise to guide the process. We will, however, point out a few GEP-related issues you should take into account:

- Many GEP-related data are highly sensitive and will require perceptive and skilled data collectors.
- Qualitative data are best if you want to understand uncharted territory and/or why certain things take place.
- Quantitative methods can tell you how much or how often certain things take place.
- Group interviews and focus groups will provide good data on socially accepted norms and behaviors. But if you want information on exceptions to those norms, you should use individual interviews or questionnaires.
- You may need to make special efforts to find the kind of people you need to interview. If you are seeking people whose mobility or status is limited by the gender system, e.g., cloistered women, unmarried mothers, lesbian or gay individuals or couples, etc., you may need to accommodate their situation by conducting interviews in private locations such as their homes.
- It is important to make sure that the people who collect the data do not transmit biased attitudes toward those being interviewed or toward any non-typical gender or sexual behaviors or identities revealed in the interviews.
- Who the data collectors are (e.g., their sex, status, membership in the same local community) and how they behave (e.g., conveying formal authority or friendliness) should be planned in a way so as to avoid unnecessary power differentials and gender biases.
- The GEP team and data collectors need to ensure confidentiality when exploring taboo topics or requesting disclosure of atypical or unpopular attitudes and/or behaviors.

6.1.3 – *GEP Considerations in How to Express Your Indicators*

For indicators to be accurate they need to be expressed in terms that include the following:

- Information on the type of calculation to be conducted, such as a count, percentage, rate, existence, quote, paraphrase, etc.
- Clear and precise information on **exactly** what will be measured
- The **exact** population among whom data will be collected (including the numerator and the denominator for percentages, proportions, and rates)
- Indication when data will be separated into categories, such as gender, age, type of respondent, location or site, etc.¹⁶

Even in these terms there are some important considerations to take into account from the point of view of the gender system. When you are deciding exactly what will be measured, which populations will be researched, and into what categories you will divide the data, remember to specify aspects that may be hidden by gender expectations, such as women who have more than one sexual partner or married men who have sex with men. For example, if you are measuring condom use among truck drivers who have been exposed to your program's HIV prevention messages, you may need to distinguish between condom use with the man's wife, informal female partners, and informal/formal male partners. These distinctions are often ignored due to stigma and gender expectations, and will require a good deal of sensitivity to explore.

6.2 – *Measuring Results: The Chain of Outcomes*

At each tier of results of your program activities, there are important gender-related aspects you will need to make sure are measured. Some key considerations include:

- **Immediate results** or outputs: If your program sought to train skilled counselors, health care providers, legislators, or any kind of personnel, you should make sure that they actually did acquire the intended gender equitable attitudes and/or skills. It is not enough to simply count how many people attended your workshops, or read your manuals. Was there any resistance you did not contemplate and, if so, how might you overcome it in the future? If your program sought to infuse GEP contents into services, educational programs, or advocacy messages, you need to assess whether or not the actual contents are communicating the kind of gender messages you want them to convey.
- **Intermediate results** or outcomes: At all levels of your outcome measures, you will need to assess the gender changes you have proposed. Did the awareness and attitudes of your target population actually change? Did their behavior – which should derive from such changes in knowledge and attitudes – actually change? And did this modified behavior actually lead to improved health and/or well-being? To measure such changes, you will need to rely on follow-up group or individual interviews, observations, and surveys of well-selected samples of people. You should solicit the advice of M&E experts or researchers from nearby universities to help you carry out such evaluation measures. Even if you assess only small well-selected groups of people, the information will be very valuable for adjusting your programs and for reporting your successes.

¹⁶ Op. cit.

- **Final results** or impact: Since the achievement of the long-term goal, as we indicated before, is out of reach for most single SRHR programs – other than the most comprehensive large-scale ones – the measurement of final results will usually rely on research conducted by outside institutions, such as the Ministry of Health or other specialized research and/or statistical agencies capable of measuring the SRHR status of the wider population.

6.3 – Measuring Your Program’s Activities and Inputs (Using Monitoring Indicators)

ACTIVITIES

In terms of assessing the actual activities your program has undertaken, it will be important to see whether or not gender biases have crept into operations. Ask yourself:

- Are girls and women attending in the numbers you expected?
- Are boys and men absent from certain activities?
- Are there different levels of participation once women and men actually arrive at the interventions?
- What about different levels of satisfaction between men and women?
- Do men and women and boys and girls from non-typical gender identities participate fully?
- Does the content of the messages that were developed actually reflect the GEP messages you intended?

If your activities are only directed at women, you will still need to make sure that gender influences have not biased which women can attend your services or benefit from your messages. Ask yourself:

- Are unmarried girls able to participate?
- Are more traditional or cloistered women unable to benefit from your programs?
- Are gender-atypical people participating, e.g., women without children, same-sex couples, single mothers, etc.?

INPUTS

Even the inputs that go into your program need to be monitored for undesired gender biases. Examples abound of ways in which the final availability of program inputs is biased against women, men, or certain atypical gender groups. In one program we have heard of, the man responsible for dispatching ambulances from a health clinic did not perceive that a pregnancy-related situation was a justifiable reason for assigning a vehicle for patient transport. He only perceived other health emergencies as legitimate motives for dispatching the ambulance. You and your team will need to analyze your own program to identify and avoid ways that your program inputs (staff, location,...) may be biased in such ways.

6.4 – Avoiding Gender Biases When Making Comparisons

For your measures to be useful they need to permit you to make comparisons, since, after all, you want to be able to demonstrate change. Your principal comparisons will be between “before and after” your program or “with and without” your program. For the former you will need to construct a **baseline** using the same measures that you will use to measure your results. In some cases, your community needs assessment may include measures that can serve as a rough baseline for this comparison. If you don’t have a baseline, you may be able to compare people exposed to your program with similar people who were not exposed to the program. This is usually referred to as a **comparison group**.

If you need technical assistance in carrying out your monitoring and evaluation, social scientists at nearby universities and women’s organizations in your area may be able to help you identify tools and create useful measures that will help you to determine if your program is successful at changing gender norms, values, and relationships. Because many tools already exist to guide you through the M&E process, this chapter will only provide suggestions that pertain to gender equity promotion.

In the cases of baseline/endline and comparison group, it is essential that the comparison be made between equivalent groups of people or equivalent events. And there are a number of aspects of the gender system that can get in the way of this happening and that need to be taken into account. Here are a few to keep in mind:

- Exposure to a well-designed GEP program may make people more willing to talk about sensitive issues. This may mean that baseline or comparison group data – from people who have not benefited from the program – may yield lower reports of stigmatized behaviors or attitudes and therefore make your program appear to have increased such phenomena.
- It is essential to make sure that the groups you are comparing are equivalent in a number of variables. For example, if you want to compare boys exposed to your in-school program with boys who were not exposed to it, the reason they were not exposed should **not be** because they exhibited discipline problems and were suspended from class, or were excused from class as a reward for excellence in their studies. Boys who were not exposed for either of these reasons would be considered “outliers.” By comparing your program group with these outliers, you may well be confronted with groups having very different gender-related attitudes that confound your comparisons.
- Drop-out rates between comparison groups may differ because of some factor related to gender. For example, women who are attending classes to acquire new income-generating skills may drop out if their husbands are more repressive, insecure, or violent. If you compare your program group to one that did not have this same kind of drop-out bias (since they were not receiving such “controversial” empowerment training), your comparisons will not be very useful.
- In light of the multiple levels of influence through which the gender system operates, you will also need to make sure that your comparison groups were not exposed to other important influences you were not aware of. For example, a comparison group of girls who had to stay home due to lack of parental permission to attend a sports club your program had implemented, might nonetheless demonstrate enhanced knowledge about contraception if they watched a new educational TV program that featured contraceptives.

- Lack of expected results may be due to gender-related factors that your program did not address. For example, if your program was not successful at encouraging women to give birth in health centers, previously undetected resistance from men to women being cared for by male physicians could explain the lack of expected results. (Of course, a well-designed GEP-focused needs assessment would have identified such factors and helped the program to address them from the outset!)

These examples are certainly not intended to dissuade you from carrying out GEP programs and monitoring and evaluating them well. Our purpose is only to encourage you to stay alert to the ways that the gender system itself can interfere with your M&E efforts. By staying alert to such influences, you will certainly be able to overcome them and evaluate the effectiveness of your GEP programs.

6.5 – What to Do When M&E Finds Unexpected or Negative Results

Given the interrelations among different aspects of the gender system, changes in one aspect may produce unexpected or even negative results in other aspects. Sometimes, efforts to educate or train girls or women may lead to backlash from partners or even from family members. M&E efforts are essential to make sure this is not happening, and if it does, to make programmatic changes to avoid it. In one program, when the staff realized that women were dropping out of their assertiveness training classes due to increased resistance at home, a new program intervention was designed to provide greater information and consciousness-raising for the women's husbands.

In all cases, your team should reflect on how aspects of the gender system might be limiting your effectiveness or even causing unexpected outcomes. Consider some of the examples described below.

Despite education and outreach efforts to bring women into clinics for delivery, the vast majority continue giving birth at home.

In this case, it is likely that the program did not consider cultural and gender norms related to giving birth. In trying to provide better health care, this program may have had more success if it had involved home birth attendants. Or if male partners were the ones with the preference for home birth, the program could have worked with men to sensitize them to the importance of pre- and post-natal care.

Evaluation results can be useful in suggesting changes or additions to activities in order to achieve the desired goals.

The end-of-the-year results for an in-school sexuality education program showed that boys' and girls' attitudes were less sexist than at the beginning of the year. However, teachers report that girls' participation in class is still very limited.

This program, although it achieved a valuable change in attitudes of both boys and girls, needs to examine the reasons why girls still do not participate in class. Perhaps the teachers have not been trained to encourage girls more, or their own attitudes favor boys' participation.

Evaluations can also be helpful in highlighting further areas in need of gender equity promoting initiatives.

An evaluation showed no change in women's use of HIV testing services despite increasing access through vouchers, transportation, and child care. Focus groups with women in the community reveal a sharp increase in women being forced from their homes because of suspected HIV status.

This program did not take into account attitudes toward HIV-positive women. In many places, HIV-positive women are especially stigmatized, and therefore they avoid testing due to fear of judgment by their community, rather than because they lack access to testing. This is an example of an unexpected result that can shed light on important gender issues that the program needs to address.

POINTS TO REMEMBER:
<ul style="list-style-type: none">• Gender-related changes will take time, but programs can and should measure progress toward gender equity at whatever level they are trying to influence: individual, family, community, and/or institutional.
<ul style="list-style-type: none">• Measures can be developed that reflect what gender equity looks like in your own cultural and socioeconomic context.
<ul style="list-style-type: none">• Your program's stakeholders – including women/girls and men/boys in your target population – can be helpful in pinpointing important gender-related indicators to measure.
<ul style="list-style-type: none">• Gender biases can creep in at all levels of your program and should be identified by your monitoring and evaluation system.
<ul style="list-style-type: none">• It is important to be alert to unexpected and possibly negative results that will require changes in your program design.
<ul style="list-style-type: none">• Monitoring and evaluation are essential parts of program development and can help you to correct gender biases and strengthen the impact of your program.
<ul style="list-style-type: none">• Almost any type of project can promote gender equity as long as it seeks to transform harmful gender roles, power dynamics, and norms.

CHAPTER CHECKLIST	
I have developed locally relevant and/or locally generated indicators to measure important aspects of the gender system?	
I have included ways to measure my GEP objective(s)?	
I have included ways to measure gender system changes that I propose are needed to achieve my goal and/or all of my objectives?	
My monitoring system is able to pick up gender biases along the way so they can be corrected on a timely basis?	
I have an effective feedback system so that my M&E can alert me to negative or unexpected results that my program will need to address?	

7. Conclusion

By now you should have a clear idea of how any and all of your SRHR programs can contribute to transforming harmful gender roles and practices. While there is no denying that broad societal transformation is a daunting and multifaceted task, we have tried to show that incremental changes – large and small – are feasible and can be brought about by planning and implementing SRHR programs through a gender equity promoting lens. We hope that we have illuminated the key points that will help you in this urgent task:

- **All SRHR problems and many of the world's broader development problems are related to gender inequities. Work on transforming such harmful gender imbalances is needed if efforts to address those other problems are to be successful.**

The task at hand is challenging and urgent. For far too long, well-meaning SRHR programs have avoided focusing directly on transforming harmful gender roles and norms. Gender equity promotion is the missing ingredient for creating truly effective programs to overcome HIV, STIs, maternal mortality and morbidity, unsafe abortions, teen pregnancies, and all of the myriad SRHR problems that plague societies throughout the world. But what makes this gap even more dramatic is that changing gender inequities is essential to addressing the most pressing developmental issues, including poverty, hunger, and even environmental degradation.

The agenda outlined by the Millenium Development Goals is permeated by the need to transform gender roles, although it is only mentioned specifically in Goal #3. Experts around the world have pointed out that other goals, indeed all the goals, will not be achieved without empowering women and establishing greater equity and fairness in how men and women relate to each other.

Perhaps the evolution of the HIV/AIDS pandemic is the clearest and most dramatic demonstration of the importance of tackling gender inequities head on. Not only is the pandemic infecting more and more women – a kind of equality that is not only ironic but devastating – but the factors that contribute to infection for both men and women are inherently connected to the gender system. Despite the fact that gender roles and norms, played out through unsafe sexual behaviors, are clearly primary motors of the pandemic, the majority of HIV prevention programs skirt the issue of gender inequities and hold back from truly open and honest discussion of sexuality.

In some cases these gaps reflect resistances that are bred by the gender system itself. The hypothesis underlying this guide is that in many cases program planners and managers are aware of the need to address gender inequities, but they just don't have the tools and know-how to do so in their programs. We hope that this guide will help them to overcome this barrier to more effective programs.

- **Transforming the gender system will require work by many agencies on multiple levels. You won't be able to go it alone!**

Putting on the GEP lens means that you will certainly need to analyze a wide range of influences on multiple levels, which may indeed go beyond your organization's own mandate. While this may be frustrating for some, we hope it will help you and your team to develop a new consciousness of other influences on the problems you are addressing and help your organization to broaden your base of allies and partners. You will find that you may be reaching

out to new stakeholders; and you may even find that your agency's staff turn the GEP lens internally to foster greater equity within the agency itself. Given the complexity of the SRHR problems we are all working on, such deepening awareness and new relationships can only be beneficial in the long run.

- **Gender encompasses both girls/women and boys/men, and efforts need to be made to help both sides of the gender equation learn new ways of relating to the other.**

We certainly hope that by taking on the GEP perspective you will feel more comfortable addressing both women's and men's, or girls' and boys', perspectives related to gender roles and values. Far more will be accomplished if men take on new, more equitable roles and attitudes; and if efforts are strengthened to help the human rights of women and girls become a reality, not just a slogan. Even if you work with only girls/women or only boys/men, having a GEP perspective will help you to understand the importance of addressing power and relationship issues vis-à-vis the other sex.

We do encourage SRHR programs to address the needs of men and to aid them in modifying their own gender-related and sexual behaviors that result in health problems and also contribute to the risks and health problems that their sexual partners and indeed all women face. Such efforts should not reinforce negative gender stereotypes, but should help men to change age-old patterns that are so widespread and that underlie so many SRHR and broader developmental problems.

- **Even if you start small you can make a difference, and you will learn ways to work on gender as you go and grow your GEP efforts.**

We have emphasized throughout the guide that the influences of the gender system are both insidious and pervasive. While we are encouraging programs that have not yet addressed gender inequities to start small, we are aware that this will probably only be the beginning. Once you start and see the positive results we are sure you will have, you will likely want to expand your efforts to other parts of your program or to address other kinds of gender issues.

- **Measure your progress along the way to show its importance and to learn how to do an even better job along the way. Document your accomplishments as a tool to enhance your programs.**

While it is clear that many of the gender-related changes our programs aim to achieve will take a long time to come to fruition, we have also tried to show that by carefully thinking out the chain of intermediate outcomes, you will be better able to plan your programs and evaluate their results. Though gender patterns appear overwhelming, they do change and respond to the kind of interventions we have suggested. By carefully measuring the effects of your programs you will be able to show these changes and also contribute to the broader understanding of how to make such changes happen. Programs working on different aspects of the gender system will be able to learn from one another and coordinate their efforts.

We envision that by leading you and your team through all the steps of planning, implementing, and evaluating your efforts to integrate GEP into your programs, we have convinced you that GEP is not only possible, but that it will help your programs to become even more vibrant and relevant to the populations you serve. The most important result we can hope for from this guide is that SRHR programs will address gender inequities more directly and thereby become far more effective at overcoming the widespread and stubborn SRHR problems that continue to kill and maim girls and boys, and women and men, around the world.

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Support Documents

Resource A: *Overview of Basic Definitions and Concepts*

SEX

Sex refers to the biological characteristics that define humans as female or male. Sexual characteristics are biologically determined and are not changeable unless the person undergoes surgery and/or hormonal therapy.

GENDER

Although most people are classified as one sex at birth, how each girl and boy are expected to act and undertake their lives varies enormously across different cultures and societies. These different expectations and norms are social constructs that classify a person as male or female. The word “gender” is not commonly used in all languages and does not always have a translation within the local culture, but as a concept it still exists everywhere. Gender refers to all aspects in a society – culture, attitudes, policies, laws – that tell women/girls and men/boys how they are supposed to behave in ways that are appropriate for their sex. Gender therefore differs from sex in that it is socially constructed, which means that it differs across societies and even within societies. Gender is not determined by one’s biology; it is determined by one’s society, meaning that gender norms can and do change.

GENDER NORMS

Gender norms refer to the way females and males are expected to behave within a given context. In every society and social group within societies, gender dictates the attributes and the opportunities that are associated with being female or being male. In other words, gender norms tell us how “good girls” and “good boys” should behave. Gender norms are translated into customs, cultural meanings, and governmental laws and policies. These norms also reflect the different values associated with being male or female. For example, in some societies families rejoice at the birth of a boy and mourn that of a girl, reflecting that the value of women is less than that of men.

GENDER ROLES

Gender roles, dictated by gender norms, are the activities considered appropriate and acceptable for males and females in a particular society or culture. In some countries, collecting firewood is a task that only girls and women perform, whereas herding cattle is a task done only by men and boys. In other countries, doctors are usually men, while nurses are typically women. While gender roles tend to be fairly strict within cultures, across cultures they vary enormously.

In general, gender roles dictate that the appropriate domain for girls and women is the home and their functions revolve around the work that is necessary to maintain the home. Although it is strenuous and seemingly interminable, it is usually not counted as “real” work and is often unpaid, undervalued, and invisible. On the other hand, the domain of men is usually outside the home and revolves around work that is done for payment and therefore more highly valued at all levels – within couples, families, and communities and also in terms of governmental policies and benefits.

In this regard, the distinction between sex and gender is essential. While sex determines that women are the ones to become pregnant and bear children biologically, society decides who can prepare meals and clean the house. Men are equally capable of these tasks and take charge of them, however women are often the ones to do these tasks in addition to their work outside the home because they are said to be “natural” functions of women. Gender norms make it seem as though men are incapable of performing household tasks, such as washing the dishes or caring for babies, while for women it is assumed to be second nature.

In many societies, men and women who do not conform to gender norms are often punished violently for their transgressions. Women who refuse to cook, or men who enjoy cooking and cleaning the house may be regarded as abnormal or sexually deviant and are often physically and socially punished. These punishments police the actions of women/girls and men/boys and help maintain the status quo. Young girls who are flirtatious or show interest in learning about sex may be branded as “bad girls.” Boys who are gentle and studious, without showing interest in sports or sexual adventures, may be ridiculed and accused of being feminine.

GENDER POWER

Throughout the world, gender also determines who has power over whom. Gender power rules define restrictions on the power that women are allowed to exercise. While women may have certain power within private spheres, such as internal household affairs and child rearing, such power is usually constrained by men’s power to control external resources, access to services (including health care and education), women’s mobility, and access to interpersonal and economic support.

WOMEN’S EMPOWERMENT

Women’s empowerment is the process by which unequal power relations are transformed and women gain greater equality (in the legal sense) and equity (socially) with men. At the government level, this includes the extension of all fundamental social, economic, and political rights to women. On the individual level, this includes processes by which women gain inner power to express and defend their rights and gain greater self-esteem and control over their lives and social relationships. Male participation in this process and acceptance of changed roles is an essential component for women’s empowerment.¹⁷

Central to the concept of women’s empowerment is an unconventional understanding of power. Women’s empowerment is not about women taking power that was previously held by men. Instead, women’s empowerment requires a re-definition of power. Women’s empowerment requires the building of women’s self-confidence, the changing of laws to enable women to exercise their rights, and the creation of new gender norms that allow women/girls and men/boys mutual dignity and respect. Empowerment is often described as the ability to make choices, but it also involves being able to determine what the choices themselves will be. Clearly empowerment cannot be “done to” women, but non-governmental organizations (NGOs) and other groups can support empowerment in a number of ways. Men’s gender roles also have to change in order for women’s status to improve. Indeed, men will also benefit from changing gender roles and this is an important fact for programs to remember.

¹⁷UNFPA, *Women’s Empowerment and Reproductive Health: Links throughout the Life Cycle* (2000).

GENDER EQUALITY

Particularly in a human rights context, gender equality refers to the idea that men and women are born with the same human rights and should be equal in the eyes of the law. This means that everyone should have the same rights and access to education, health, nutrition, employment opportunities, land, credit, and protection under the law. Gender equality is a useful term because legally it is measurable. Equality supported by law can then influence beliefs and social norms. Laws that are discriminatory or treat women/girls and men/boys differently can be identified easily and taken off the books through advocacy-focused activities, making equality a critical tool for women's empowerment.

GENDER EQUITY

Different from gender equality, the term gender equity takes into account the social differences between women/girls and men/boys in order to produce equivalent life outcomes for both sexes. In addition to changing laws and rules, achieving gender equity requires transforming norms and attitudes. For example, in a society that values boys over girls, teachers' preferences for boys and the disproportionate duties at home for girls often result in higher educational achievement for boys than girls. A gender equity approach recognizes this reality as discriminatory and then puts in place measures to overcome this bias against girls. For example, schools can work with parents and teachers to help them recognize the value of girls' education, encourage girls' participation in math and science courses usually attended only by boys, and encourage the redistribution of household chores among all family members. This approach fosters not only the equal access that a gender equity approach favors, but also the equivalent outcome of successful school completion for both girls and boys due to the enabling environment provided.

This approach intends to provide both sexes with life options that are not limited by discriminatory norms. For example, with gender equity, women who choose to stay at home to care for their children would have just as many rights and as much power as men who earn money outside the house. And if a man wants to stay at home and care for his children while his wife works outside, he would not be considered less of a man nor would he lose status, rights, or power. Working toward gender equity means ensuring equal rights and power to both women/girls and men/boys despite differences in their roles and behavior. See below the definition of **gender equity promotion**.

GENDER SYSTEM

Gender operates at all levels of society, forming what can be called a gender system. Gender influences usually work in tandem at all levels: the individual, the family, the couple, the community, and societal institutions. The different levels, however, are not always in agreement. For example, in South Africa the Constitution proclaims gender equality as a right of all citizens, but this is far from reality for many women, as gender-based violence and other forms of discrimination are still pervasive. (See Chapter 3 for a detailed explanation of the functioning of the gender system.)

It is essential that SRHR programs realize that by changing patterns at one level of the gender system, they may be met with resistances at other levels of the system. These may need to be addressed if the project is to succeed. For example, programs around the world have found that consciousness-raising groups with girls and women often lead to requests by the participants to hold classes or support groups for their partners who may be resisting changes and in need of support to modify their own behavior.

Here are some explanations of current programmatic approaches in the gender and development field:

GENDER SENSITIVITY

Programs, approaches, and people that are gender sensitive acknowledge the socially constructed differences between women/girls and men/boys, identify and understand the problems arising from these differences, and act consciously to address them. They modify their activities and practices to accommodate these observed gender differences and needs.

GENDER MAINSTREAMING

“Gender mainstreaming” refers to efforts to assess the implications for men and women of any planned action, including policy, legislation, and programs, in all areas and at all levels. Mainstreaming is a strategy for making gender an integral dimension of the design and implementation of policies and programs in all spheres, the ultimate goal of which is to reach gender equality and equity. Gender mainstreaming is presently one of the most commonly used terms in the gender and development field.

Some practitioners argue that gender mainstreaming does not go far enough in emphasizing what need to be mainstreamed efforts to change gender power relations and norms. Another criticism of “mainstreaming” gender is that sometimes gender efforts end up becoming invisible and forgotten. It is important to remember that to change gender norms, roles, and power, special efforts will need to be implemented and sustained over time, at all levels of agencies and programs. In this sense, efforts to achieve gender equity need to be mainstreamed, but not forgotten.

GENDER EQUITY PROMOTION (GEP)

The term “gender equity promotion” (clearly following the definition of “gender equity” above) is used in this document instead of “gender mainstreaming” because “gender equity promotion” more clearly describes an approach that explicitly challenges unequal gender relations and seeks to **transform** community and individual attitudes and behaviors in ways that actually **change the gender system**. In essence, this term is an expression of techniques and approaches that recognize and address the differences between women/girls and men/boys while also addressing the root causes of these differences. By contrast, the term “gender mainstreaming” can be misleading in that it only stipulates the need to take gender into account without necessarily changing the conditions that have given rise to gender inequities. By using the term “gender equity promotion” we hope to highlight the need to advance women’s empowerment and include men in efforts to equitably reshape the gender system.

Resource B: *Common Gender Stereotypes and Beliefs*

Review the examples below of beliefs related to gender at the individual level, and think about how they influence SRHR issues we encounter in our work. **These statements are clearly not true in all cultures or for all people, but they represent real situations in different parts of the world.** Think about how these gender realities might affect the issues you address through your own programs.

INDIVIDUAL LEVEL: BELIEFS CONCERNING SEXUAL RELATIONS, MARRIAGE, PREGNANCY, AND VIOLENCE

- Marriage gives women status.
- Marriage protects women from rape and exploitation.
- Sexual relations will secure a long-term relationship.
- “Good” girls don’t know anything about sex.
- “Bad” girls are sexually attractive to men, but not appropriate for marriage.
- Motherhood is seen as the only or primary acceptable role for women.
- Men are entitled to sexual relations without being responsible for the consequences.
- Responsible fatherhood is equated with earning a living, not contributing emotionally to the care and nurture of children.
- Women are expected to be sexually faithful; men are expected not to be faithful.
- A boy needs to declare his love for his girlfriend to get her to have sex with him, even if he isn’t in love.
- Boys only want sex; girls only want love.
- Girls and women do not expect sexual pleasure.
- Showing sexual desire and/or skill is associated with “bad girls” and sex workers.
- Female interest in contraception is seen as being too interested in sex.
- Men are entitled to sexual pleasure.
- Men need to release sexual tension through intercourse (and not through masturbation).
- Men need sexual release regularly or else they will fall ill.
- Only penetrative and/or violent sex is real sex.
- Real men don’t use condoms.
- Using condoms shows distrust of your partner.
- Women fear violence, which maintains passivity and reinforces low self-esteem.
- Aggressive behavior is an expression of masculinity.
- Violence is necessary to ensure obedience from a girlfriend or wife, or to demonstrate commitment/love.

Clearly all of the above contribute to sexual coercion by males, unprotected sexual relations, early marriage, unplanned pregnancy, HIV prevalence, early first sexual experience, multiple sex partners for males, violence, and a host of other risk factors related to the SRHR issues that we address in our work.

FAMILY AND COUPLE LEVEL:

Again, the examples given below are not necessarily true in all cultures. Rather, we seek to give examples that help you to analyze the situation in which you conduct your programs. It may be necessary to hold discussions with families and with men’s and women’s groups for your team to really understand how these influences work. For example, although censure of adolescent pregnancy may be the commonly held consensus message, there may be practices within a culture that actually promote and reward the teen mother.

PARENTAL/FAMILY INFLUENCES:

- Parents may have different expectations with regard to sexual relations for boy and girl children. For example, in many places boys are taken to sex workers by relatives for their first sexual relations, whereas girls are expected to wait until marriage to have sex.
- Girls are warned about boys only wanting sex.
- Girls are punished for dressing in a way that would “provoke” boys.
- Boys are considered innocent if they are provoked by a girl’s “sexy” appearance or behavior.
- Boys are warned about girls who will get pregnant “on purpose” to force them into marriage.
- Boys are expected not to talk about emotions or love.
- Girls are expected not to ask questions about sex or physical development.
- Girls are expected to act like women as soon as they get their periods.
- Boys must appear strong, have many girlfriends, and fulfill their roles; girls must conform to expectations of femininity.
- Women and men must bear many children, and must have boys.
- If a couple has no boy children, it must be the woman’s fault.
- Female fidelity is assumed and male infidelity is expected and condoned.
- Girls are pressured to find a husband and produce grandchildren.
- When pregnant, women are expected to continue hard labor and show strength.
- Men are pressured to earn enough money to maintain a family.
- Mothers model subservient behavior to fathers who may be abusive.
- Boys are given privileges denied to girls.

INTIMATE PARTNER RELATIONS:

- Men are expected to make all decisions within a relationship.
- Women are expected to defer to their male partner’s judgment, or run the risk of a violent retribution.
- Girls are expected to be passive and innocent, and wait for boys to make advances.
- Girls’ virginity is their bargaining power and represents the family’s honor.
- Boys and men are expected to make all decisions and make all advances.
- It is believed that men are entitled to sex and to their girlfriend/wife’s body.
- Men are expected to need extramarital affairs to satisfy their sexual needs.
- Women cannot demand fidelity, or contraceptive or condom use.
- Women must ask for permission and money to attend to their health, including prenatal care.
- Women are responsible for the arrangements for childbirth.
- If a woman asks her partner to use a condom, she is suspected of being unfaithful.
- A man has a right to a woman’s body if he provides her with gifts or pays her expenses.
- Once married, a man has the right to have sexual relations with his wife even if she doesn’t want to have them.
- It is fine for a married man to have extramarital relations since it is unlikely he can be satisfied by one woman, his wife. A man needs diversity.

Again, it is essential to think of these gender expectations in relation to SRHR issues. The norms above contribute to lack of spacing between pregnancies, maternal mortality, unsafe abortion, HIV prevalence, gender-based violence, and many other SRHR problems.

COMMUNITY LEVEL:

Review the examples below of community gender norms that affect SRHR. Again, remember that these are not true for all communities.

Community Norms:

- Unmarried girls should not know too much about sex.
- Girls need to be secluded to ensure virginity.
- What goes on in a man's home is no one else's business.
- The only acceptable role for a woman is to get married and have children.
- Violence is normal ("boys will be boys").
- Aggressive sexuality is seen as the norm for men.
- Men need sex to stay healthy and to show they are "real men."
- Boys are expected to "take" the girl of their choice.
- Reproductive health services are for married women only.
- Women should be punished for stepping outside of their roles.

As you can imagine, these norms result in girls being kept ignorant of ways to prevent pregnancy, girls and young women being subject to violence and/or humiliation without recourse, boys and men being unable/unwilling to engage in protected sexual relations and afraid to ask questions about sex, and sexual violence leading to unplanned pregnancies and STIs.

As we get into the design of gender equity promoting programs, think about what aspects of the community need to change to improve SRHR. For example, female roles need to be redefined so that girls will be able to make choices and will be encouraged to obtain information and services, protect themselves, and have life options. Masculine roles need to be redefined to promote non-violence, access to information, greater discussion about pleasurable sex for both partners, and more gender equity in general.

INSTITUTIONAL LEVEL:

At the institutional level, gender operates within these contexts, with these kinds of results:

Within criminal and civil laws (rape and incest statutes and enforcement, parental protection laws, age of consent, legal age of marriage, inheritance laws) –

- Lack of land tenure and inheritance makes women dependent on their husbands.
- Illegality/criminalization of abortion restrict women's options.
- Illegality of divorce, contraception.
- Incarceration of women suspected of having an abortion, or doctors suspected of performing abortions.
- Male authority inscribed in specific laws.
- Gender-based violence goes unpunished.

Within educational systems and schools (the extent to which schools reinforce traditional gender roles and discriminate against girls, sexual harassment by teachers and other authorities, policies toward pregnant girls and boys who father children) –

- Boys not held accountable for their role in unplanned pregnancies.
- Teachers and/or administrators sexually abuse female students.
- Pregnant girls expelled from school resulting in limited life options.
- Passivity and submission reinforced in girls.
- Educational materials and contents reinforce traditional gender roles.
- Teachers' academic expectations favor boys.
- Girls channeled into "acceptable" but less remunerated professions.
- Sex education in schools often absent or fear-based.

Within biomedical and traditional health care systems (policies that limit access for girls, low priority on women's needs) –

- Unmarried women and girls experience stigma and discrimination in health facilities.
- Prenatal and other reproductive health services are not available in all facilities.
- Traditional health practices reinforce gender roles, sometimes with deadly results, as in the case of female genital cutting.
- Boys and men are excluded from SRHR services and their needs are not addressed.
- Inadequate investment in health services intended to address maternal mortality.
- Abortion services restricted and/or provided in unsafe circumstances.

Within religious institutions (sermons in religious services, youth groups) –

- Prohibitions on sexuality education, contraception, and abortion.
- Reinforcement of male dominance as the "natural" order.

Resource C: *Ways That Gender Influences Common SRHR Problems*

FEMALE GENITAL CUTTING

Female genital cutting is one of the most dramatic examples of how some gender systems define female sexuality in such a way that society mandates the elimination of sexual pleasure for women by removing the clitoris or parts of it. This practice is just one part of a system that dictates how young girls and women enter into marriage and sexual relations, as well as what is expected of males in terms of sexual experience and marriage potential. This practice often results in infections, cysts, pregnancy and labor complications, and even death.¹⁸

UNPLANNED PREGNANCY

Pregnancies that are “unplanned,” “unwanted,” or too closely spaced together can cause negative health outcomes for girls and women. Young girls who become pregnant are often unable to finish their education. Having children at very young ages or without much time between pregnancies can cause lifelong health problems for women and negatively affect the health of their children.

However, more often than not, these pregnancies do not result simply from a lack of planning. They result from a host of factors that lead to engaging in **unprotected sexual relations**: lack of information, desire for popularity or acceptance, need for affection, violence, coercion, male dominance, and manipulation by older men preying on a young girl’s economic and emotional vulnerabilities. In some cases, adolescent pregnancies may actually be highly sought after by the girl, the father of the baby, and/or the girl’s family. Such pregnancies will often have fewer social risks associated with them in societies where early marriage is the norm, but may still involve biological risks associated with the young age of the pregnant teenager. Even among single girls, some studies show that pregnancies may be desired because they fulfill gender expectations of motherhood, even though they appear to violate existing norms against such pregnancies. The messages girls grow up with may close other opportunities to them, such as further education or gainful employment, leading them to see pregnancy as the “best” route for gaining status in their community.

UNSAFE INDUCED ABORTION

In many cases, a pregnancy causes major disruption in the life of a young girl. Social rejection, based on what is expected from a “good girl” or the value of virginity at marriage – all components of the gender system – may exacerbate the risks a young mother faces. In societies where the gender system views a pregnancy outside of marriage with shame, guilt, and dishonor, single women, especially teenagers, who become pregnant, will often resort to enormous risks to hide or terminate the pregnancy. Under such circumstances young girls may resist getting prenatal care and even starve themselves so that the pregnancy passes undetected. These same gender-related influences often create policy environments in which abortion is illegal. Arguments that oppose legalization or decriminalization of abortion are related themselves to gender expectations: women are expected to be mothers without questioning their own development, desires, or circumstances; and the value of the woman is often far lower than the value of the embryo. In other cases, the gender system leads a woman and/or couple to intentionally abort a female fetus. Preference for sons is aided by new ultrasound technology, but is driven by the gender system that denigrates the girl child and may even lead to female infanticide once the baby is born.

¹⁸ For more information on female genital cutting, see the Female Genital Cutting Education and Networking Project at www.fgmnetwork.org.

PREGNANCY COMPLICATIONS AND MATERNAL MORTALITY

Gender factors may also contribute to pregnant women and girls being exposed to increased complications and risk of death during pregnancy. Even from childhood, young girls may have received less food, health care, and education than their brothers. Thus, they may enter into pregnancy from a weakened and deficient nutritional and health status, without the knowledge needed to plan and manage their pregnancy optimally. In some societies, gender norms create an expectation that women, at any age, must withstand the challenges of pregnancy without complaint, continue doing manual labor, and even give birth without medical care or extra expenses. Furthermore, in others, prohibitions against women being seen by male doctors may prevent women from receiving prenatal and perinatal care.

HIV PREVALENCE AND OTHER STIs

The gender system adds insult to injury in relation to HIV, STIs, and the morbidity and mortality that can derive from them. As we have seen, gender influences can lead to unprotected and violent sexual relations that place young people at far greater risk of contracting HIV.

GENDER-BASED VIOLENCE

Violence against women in many societies is common and is implicitly or explicitly accepted as appropriate gender-related behavior. Such violence inhibits women from protecting themselves in situations of rough or coerced sex, incest, and rape.¹⁹ It causes women to lose control over their sexuality and their sexual health and is accelerating the spread of the AIDS epidemic worldwide by increasing young girls' risk of contracting the disease. In addition, being beaten during pregnancy is associated with miscarriage, still birth, and low-birth-weight babies. Abuse at an early age is associated with risky behaviors later in life, including substance abuse, smoking, and sexual risk-taking. Violence also leads to mental health problems, such as depression, anxiety, post-traumatic stress disorder, and suicide.

TRAFFICKING

Trafficking is another form of violence that reflects gender expectations and disproportionately affects women. Criminal organizations use coercion, fraud, and deception to transport hundreds of thousands of adults and children each year and force them into domestic servitude, prostitution, sweatshop labor, and other work. Trafficked women may endure ill treatment, sexual exploitation, or occupational hazards that threaten their health. For many, however, it is extremely difficult to get health care because their movements are controlled by their employers, they do not speak the local language, or they fear arrest and deportation.

INABILITY TO NEGOTIATE CONTRACEPTIVE USAGE

Gender roles give men primary authority over sex and reproductive health decisions. Double standards about sexuality deny women the ability to refuse sex or negotiate condom use, and at the same time encourage men to have multiple sexual partners. Peer/community pressure encourages men and boys to engage in casual sex as proof of masculinity and is associated with having many sexual partners. Some men refuse to use or facilitate women's use of contraception and some partners continually re-infect women with sexually transmitted infections. Some women are even beaten for simply raising the issue of contraception. In addition, in many societies the gender system accepts or at least turns a blind eye to extramarital sexual relations for men. This limits the ability of married women to demand condom usage. In fact, marriage is based on the concept of the husband's entitlement to his wife's body, thus placing married women at great risk of HIV and STI infection. Further, in some cases when

¹⁹ For more information on gender-based violence, please visit www.path.org.

a woman does become infected, she is the one who becomes suspect, and she may lose her livelihood, her home, and the support of her community.

UNMET NEED FOR CONTRACEPTION INSTIGATED OR CONTROLLED BY WOMEN

Since women in some places have such little control over their own sexuality and reproduction, including contraception, it is urgent that they have access to methods they can more easily control or instigate. However, even at the research and policy level, there appears to be a gender bias for physician- and male-controlled methods. Only recently has the female condom begun to be promoted and even then only somewhat tentatively. Older female-controlled methods, like the diaphragm, were denigrated and rejected by many family planning programs rather than promoted so that women could learn how to use them effectively. Additionally, much more research needs to be done on vaginal microbicides.

POLITICAL AND POLICY CONSTRAINTS

Gender inequities are reinforced by the policies in a variety of countries that inhibit access to safe contraception. Health and safety regulations prevent women from choosing their method of contraception and their providers of reproductive health care. Further constraints on women's rights are taxes and barriers that prohibit importation of contraceptives, in addition to the regulation of advertising based on concerns about modesty and privacy that restricts women from receiving the appropriate information regarding their reproductive health.

A wide range of laws and policies exist in different countries that reinforce gender inequalities. Among the most harmful are prohibitions on land inheritance and property ownership by women, which leaves wives and widows totally dependent on husbands and in-laws. In some settings, if a husband dies, the woman is inherited by a male relative, who is assigned to take care of her but also gains sexual access to her. If she resists, she becomes an outcast without any claim to her husband's property or family support.

PRESSURE TOWARD MARRIAGE AND CHILDBEARING

Adolescent girls also may be pressured into having sex at an early age by arranged marriages, by older men offering gifts, and by adolescent boys trying to fulfill masculine roles. After marriage, women's low status continues to limit their ability to control their own lives, including their fertility and their access to health care. In communities where having a large family is a woman's only way to improve her social status and where being childless is grounds for divorce or abandonment, women may feel pressured to have many closely spaced children despite the toll it takes on their health. Women are still pressured to have children, even when they or their partners are HIV-positive. Men are often forced to inherit widows whose husbands may have died of AIDS, resulting in a polygamous relationship that increases the potential for higher-risk HIV transmission if any partner engages in an extramarital relationship. Men are also influenced by societal beliefs that dictate that they must have sex regularly to avoid illness or impotence.

EXCLUSION OF MEN FROM SRHR PROGRAMS

The exclusion of males from knowledge about pregnancy and the support necessary for healthy outcomes is also a gender-related factor contributing to birth complications in some societies. Men's exclusion from most family planning programs affects the ability of women to take advantage of these services, because men play a dominant role in these decisions. A U.S. study found that men who are educated about reproductive health issues are more likely to support their partners in contraceptive use, to use contraception themselves, and to demonstrate greater responsibility for the children they father. Additionally, because men are expected to be knowledgeable in the sexual arena and strong enough not to seek medical care in case of illness, men are further alienated by the lack of reproductive health care services for men. Due

to this deficiency in outreach services to men, they are unfamiliar with condoms. This combines with cultural norms against anything that interferes with men's "right" to sexual pleasure and access to women's bodies and perpetuates beliefs that condom use is "unmanly" and undesirable.

LACK OF OBSTETRIC CARE

At the societal level, a low priority on emergency obstetric care is part of a gender system that places low value on maternal care and accepts maternal mortality as something that just happens. A number of cultural factors contribute to the lack of recognition that obstetric complications can benefit from specific kinds of medical care. Complications are generally seen as determined by fate, with the view that little can be done to alter the course of events. Due to concerns regarding privacy and modesty, the home is perceived as a more natural and fitting place for birth than any health care facility; thus, often no preparations are made for referral for obstetric services. Gender disparities in health care further exacerbate women's problems because the allocation of a family's resources, including access to health care, depends as much on family members' status as on their needs. In some parts of the world, families are slow to recognize when girls and women have health problems, delay seeking treatment for them, and spend less on their medicines. In some communities, it is the male leaders who decide whether or not it is worth the expense to take the pregnant woman to the health clinic or hospital, and sometimes little value is placed on her life and she is seen as expendable.

PROVIDER ATTITUDES

Health care systems also suffer from gender biases: providers may treat female patients with disrespect; physicians view women's bodies and the reproductive process as potential medical problems; researchers exclude female subjects from clinical studies and focus on male complaints; and women are excluded from health policy making and planning. Changing provider attitudes is essential for promoting greater gender equity. Providers typically operate under the false assumption that female clients have freedom of action when, in reality, they have little control over sexual encounters and contraceptive decisions. Providers also share the values and gender biases of the larger society so that, for example, they may accept wife beating, require the husband's consent for a family planning method, stigmatize trafficked women, or feel extremely uncomfortable discussing sex. In some cases, providers share the experiences of their clients. When, for example, providers have participated in domestic violence themselves (whether as victim or perpetrator), they may find it difficult to act professionally when treating clients suffering from violence.

LACK OF EDUCATION FOR GIRLS

In some settings, families do not believe it is necessary or proper for girls to be educated at all or beyond the most basic levels. The lack of access to education for girls can result in poverty and economic dependence on men that may force women into risky situations they would not choose otherwise (i.e., unsafe relationships, sex work, etc.). This barrier to being educated also results in fewer job opportunities for women and girls and low literacy rates that make it hard for them to comprehend HIV/AIDS education messages.

Resource D: *Brainstorming Exercise*

In the following story, consider the ways the different levels of the gender system impacted Rahima's SRHR, and keep in mind parallels that her story may have with your particular SRHR issue.

A Girl's Life

Rahima was born in a village where most people were farmers. She is the fourth child in her family. Her father was a poor tenant farmer who provided for the family hand to mouth. From her early childhood Rahima saw that her female family members, especially her mother and sisters, usually ate their meals after the male members had finished theirs. Of course, there would never be enough food left for the women. Therefore, Rahima grew up very thin.

When she was seven, she began school. But after two years she had to stop because there wasn't enough money to send all the children to school. Her brothers continued while she and her elder sister stayed home to help her mother with the farming and housework.

When Rahima was twelve, one of her uncles took her into his home to take care of her. There she tried her best to help her aunt with the housework, but her aunt did not accept her and often beat her for insignificant reasons. Rahima never got the amount of food she needed for her growing adolescent body, as her aunt gave Rahima food only after all the other members of the family had eaten. Rahima never asked for more. Very often she felt tired and sick, and her aunt scolded her and said she was lazy.

Two years later, Rahima was raped by one of her cousins, but she couldn't tell anyone for fear that her aunt would find out and blame her. When it became clear that Rahima was pregnant, her uncle and aunt beat her very badly and sent her back to her village. No one, including Rahima's parents, believed that she was raped and that it was not her fault. However, her mother took her to a local hospital and made Rahima get an abortion.

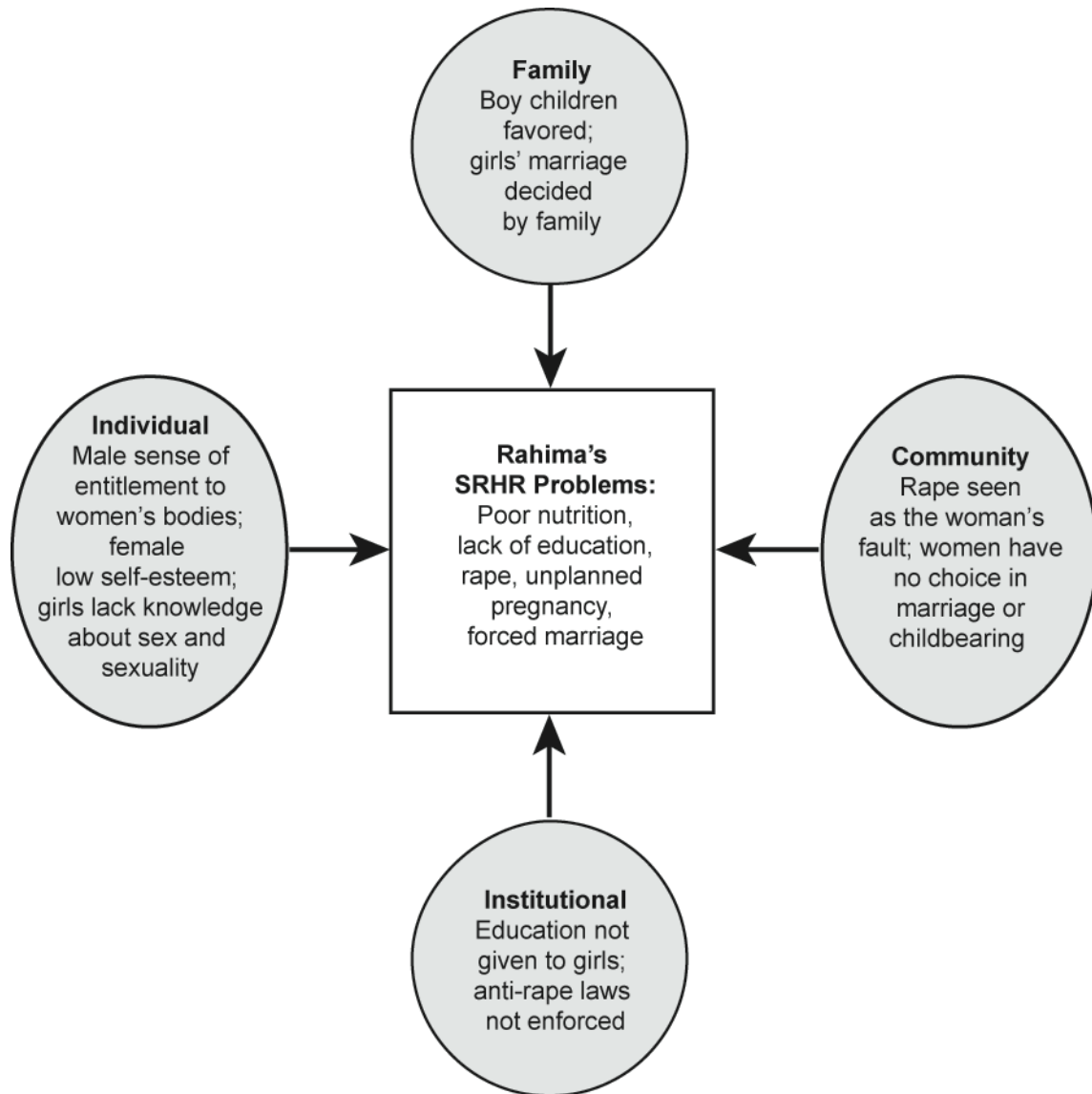
After a few days, Rahima was forced to marry a 40-year-old rich farmer called Kamal to repay a loan he had given to her father. Her father had taken a loan from Kamal three years before and the sum owed had now tripled because of interest. She was Kamal's third wife. His other wives couldn't protest against this third marriage because Kamal had not had a son with any of them. After a year, Rahima gave birth to a girl. Kamal was very angry with Rahima for not giving birth to a son. He became even angrier when she gave birth to another girl a year later. Kamal threatened to marry another woman if Rahima did not produce a son. By her third pregnancy, Rahima was so weak that she died.²⁰

Although Rahima's circumstances may seem exaggerated, she represents the reality many women and girls face around the world. All of the aspects of her life that negatively impacted her health – poor nutrition, lack of education, rape, unplanned pregnancy, forced early marriage, etc. – are related to the gender norms and roles that prevail in her community at every level.

To understand further, see the following diagram, which represents the different levels at which gender operates in relation to SRHR:

²⁰ This story was adapted from CEDPA, *Gender and Development* (1996), p. 75.

HOW GENDER AFFECTED RAHIMA'S SRHR AT DIFFERENT LEVELS OF THE GENDER SYSTEM



Many other factors could be listed, but this diagram gives an idea of how gender norms influenced Rahima's health outcomes and ultimately led to her death. This kind of schematic shows us that if we do not address the gender factors influencing Rahima's health, then we cannot have the impact on her life we would want. For example, even if her local school had begun a sexuality education program to prevent unplanned pregnancies like Rahima's, it would not have changed her situation because: 1) Rahima still would not have attended school because her parents sacrificed her education in favor of her brothers' education and 2) even if she had acquired information about sexuality, she could not have prevented her cousin from raping her or her family from forcing her to marry an older man. It is evident that in order to address the inequities that negatively affected Rahima's SRHR, deeper social changes must take place in her environment.

Resource E: Case Studies

The following case studies of programs that clearly fall in the gender equity promoting category will provide the reader with ideas about what such programs might look like.²¹ We include descriptions of these programs not because every program can or should emulate them, but rather because so many colleagues have asked for concrete examples of the programs and activities that we are talking about. These particular programs stand apart from others that are only gender sensitive, and we hope that these differences will be instructive to our readers.

Nigeria

The Girls' Power Initiative (GPI) is an NGO that, with technical assistance from the International Women's Health Coalition (IWHC), has implemented a program in Nigeria for girls aged 10–18. In a country where girls traditionally are taught to be subservient to their male family members and husbands, the program provides girls with information on sexuality, human rights, sexual and reproductive health and rights, leadership, self-esteem, and life skills. GPI has not only aimed to educate these “gender sensitive girls,” but has also trained them to be advocates in their schools and communities to speak out and intervene against gender inequities. This last objective clearly sets a gender equity promoting program apart from ones that are merely gender sensitive, and demonstrates how a program need not work directly with boys and men to have an effect on their behavior and attitudes.

GPI activities include skills training workshops; field visits to expose girls to professions not based on gender stereotypes; forums for parents, teachers, and health workers to sensitize them to the program's objectives; counseling and referrals to health services; training courses for other NGOs; research; and curriculum development for sexuality education for girls.

Evidence has shown that, in addition to improved health indicators for girls in the program, the girls are more likely to assert their rights, pursue studies or careers that are non-traditional for Nigerian women, and challenge inequities they see in their communities. GPI's work has been complemented by other programs supported by IWHC in Nigeria that include a gender equity perspective, including programs run by Action Health International, which works on adolescent sexuality education, and Conscientizing Male Adolescents, GPI's counterpart program that works with young men to change attitudes toward gender roles and issues.²²

²¹ These case studies appeared previously in an article by MSCI staff Marissa Billowitz and Surabhi Kukke, “Doing Gender the Rights Way,” *SIECUS Report*, Vol. 32, No. 3: Summer 2004 (“Gender Roles: What Are We Really Teaching Young People?”).

²² For more information on the International Women's Health Coalition, visit their website at www.iwhc.org.

Kenya

Maendeleo Ya Wanawake Organization, a national grassroots women's organization, was the first group in Kenya to undertake advocacy to eliminate the practice of female genital cutting. Maendeleo, in collaboration with the Program for Appropriate Technology in Health (PATH), developed a three-part strategy based on qualitative and quantitative studies about community practices and perceptions of FGC as well as the perceived health risks. The strategy employed in four districts in Kenya included: raising awareness about the harmful effects of FGC, devising ways to promote a positive image of uncircumcised girls, and developing an alternative rite of passage for girls that would replace initiation by cutting.²³

In order to garner community support, Maendeleo shared the results of the community studies and consulted with stakeholders in all four districts to help design follow-up activities that would sensitize the community to the health implications of FGC and challenge myths about uncircumcised girls.²⁴ The creation of alternative rites of passage for these girls, the planning of which involved the community at every level, shows the truly transformative nature of this program, as opposed to one that simply advocates against FGC.

An evaluation of the alternative rites of passage, combined with education and advocacy measures, demonstrated considerable behavioral and attitudinal change. The prevalence of FGC dropped among girls aged 14-19, and the number of women in favor of discontinuing the practice grew substantially.²⁵ These results indicate the importance of participatory program design that is responsive to the needs of the community and aims to transform gender systems within cultures. Eliminating a harmful practice such as FGC is akin to removing a marker or symptom of gender inequity. A gender equity promoting approach can be effective in changing the complex web of norms that maintain the gender system from which such practices emerge.

²³ For more information on PATH, visit their website at www.path.org.

²⁴ Ibid.

²⁵ A. Mohamud et al., "Confronting the Roots of Female Genital Cutting in Kenya," in *Responding to Cairo: Case Studies of Changing Practice in Reproductive Health and Family Planning*, N. Haberland and D. Measham (eds). (New York: The Population Council, 2002.)

Brazil

One highly lauded gender equity promoting endeavor is Project H (Proyecto H – the “H” stands for “homens” or “men”), a training project developed by the Instituto Promundo based on research into the factors necessary for young men to be “gender equitable.” Instituto Promundo is a Brazilian NGO that seeks to improve health and life conditions for men, women, children, and families through research, technical assistance, and identification and implementation of new strategies focusing on gender, health, and community development.

Project H created five manuals²⁶ for service providers and educators working in the health field to facilitate their work with young men aged 15–24. The guidelines and activities focus on themes of sexuality, sexual/reproductive health, paternity, violence prevention, mental health, and HIV/AIDS prevention and care. By working with young men to modify their attitudes toward gender roles and responsibilities in conjunction with providing sexual health information, the project aims to reduce gender-based violence and generally improve health indicators, including reducing the transmission of HIV and other STIs for both the young men and their sexual partners. Project H’s objective of modifying attitudes about gender roles and relationships indicates the transformative nature of this project.

Project H demonstrated the extent of its equity promotion in an evaluation using the Gender-Equitable Men (GEM) scale developed by Promundo and Horizons. The evaluation of Project H revealed improvements in young men’s attitudes, with fewer participants agreeing with statements such as “Men need sex more than women” and “I would be outraged if my wife asked me to use a condom.” In addition, the evaluation saw a drop in STI symptoms and an increase in condom use. These findings confirm that an equity promoting approach achieved positive changes in both gender equity and health indicators.²⁷

²⁶ These manuals were coauthored with ECOS, Programa PAPAI, and Salud y Género.

²⁷ “Influencing Gender Norms among Young Men,” in “Directions in Global Health,” Vol. 1, Issue 2: May 2004, the newsletter of the Program for Appropriate Technology in Health (PATH).

India

The Better Life Options Program (BLP) in India is a multi-sectoral program with projects in three different states that have reached more than 10,000 girls in its 10 years of operation. Using an empowerment approach, these projects train low-income girls aged 12–20 (married and single) in family life education, literacy and vocational skills, and general and reproductive health. While each project is tailored to local contexts, they all stress leadership and social mobilization through advocacy and community involvement, with the goals of building girls' self-esteem and self-confidence, as well as expanding their choices related to marriage, fertility, health, vocation, and civic participation.

An impact study found significant differences between girls who had completed the BLP course and a control group. BLP alumnae were more likely to be literate; to have completed secondary education; to be employed; to have learned a vocational skill; to have traveled outside their village or visited the health center alone in the last six months; and to make autonomous decisions about going to the market, spending what they earned, and deciding when to marry. In addition, among married girls, a significantly higher number of the BLP alumnae group reported contraceptive use and HIV/AIDS awareness. In terms of attitudes, a greater proportion of alumnae believed that men should help with housework and women should work outside the home, and that education is as important for girls as it is for boys. The success of BLP shows how the use of a gender equity promoting approach, and more specifically a women's empowerment model, can be critical to achieving reproductive health goals.

Resource F: *Examples of GEP Indicators*

INDIVIDUAL LEVEL:

- Girls'/women's self-esteem and confidence
- Boys'/men's attitudes and behavior toward women's assertiveness, aspirations, and other manifestations of empowerment
- Boys' and men's acceptance of tenderness and interest in family and childrearing
- Gender equitable attitudes and awareness of rights
- Boys'/men's perceptions and knowledge of women's capabilities and rights

FAMILY/COUPLE LEVEL:

- Levels of couple communication, possibly specific to reproductive health or family planning
- Age at marriage and degree of freedom to select one's partner
- Support from partner during pregnancy and childrearing
- Sharing of housework and childcare
- Women's willingness and ability to seek help for domestic violence
- Incidence of intimate partner violence
- Women's reports of men's participation in the home after programs that try to re-educate men
- Men's sensitivity to women's sexual preferences and needs
- Degree of mobility allowed to women
- Importance of a girl's/woman's virginity at marriage
- Emphasis on marriage customs such as dowry, bride price

COMMUNITY LEVEL:

- Women's increased participation or leadership roles in the community
- Women's decision-making power in community affairs
- Participation in formal education for women and girls
- Ability to negotiate condom usage
- Numbers of women in decision-making positions
- Level of acceptability of violence

INSTITUTIONAL LEVEL:

- Changes in inheritance laws
- Changes in laws related to domestic and sexual violence
- Paternity leave provisions for fathers to care for newborn children

Resource G: *Overcoming the Roadblocks Ahead – Answers to Possible Resistance*

Actively promoting gender equity in sexual and reproductive health programs is a challenging, but rewarding, task. Whether it is in a community setting or working with policy makers, discussions of changing gender roles or behaviors evoke strong responses, and not all of them are positive. It is likely that obstacles will arise in your efforts to promote gender equity. Even though program planners and frontline staff may already understand the importance of gender inequities in the populations they serve, they may feel it is not appropriate or feasible for them to do anything about this situation in their regular work environment. Even if they are highly motivated to address these issues, they may meet resistance from their supervisors or managers.

Therefore, one of the first steps in effectively undertaking programs that promote gender equity may involve countering the rationales others bring to the discussion in an attempt to oppose changes. It is essential that program planners be armed with information and arguments to counter those used against tackling gender inequities in SRHR programs.

Here are some of the more common resistances we have heard. Each is followed by a list of possible arguments to counter it. Of course, you and your team will want to prepare yourselves for the arguments you may confront in your own cultural and programmatic context. Make sure you develop clear and well-reasoned message points to make a strong case for moving forward. Or you may want to anticipate such opposition and make a pro-active presentation that justifies a new GEP approach, addressing the kinds of arguments most common in your setting, even before these ideas are brought up as sources of resistance. It is important to rely on your knowledge of how gender impacts SRHR, as outlined in Chapters 2 and 3.

“Traditional gender roles are our culture and shouldn’t be changed.”

- The role of women/girls and men/boys at different times in the history of each culture can be shown to have changed according to economic and social needs. For example, in many industrialized societies, women no longer have large numbers of children and they work for pay outside the home, since the cost of living requires two sources of income.

“Patriarchal gender norms are ordained by God [for a specific religion].”

- In the holy writings of many religions one can find the seeds for interpretations that support gender equity. Since men have typically been the interpreters of these holy works, women’s subordination has been emphasized over other interpretations that support gender equity.
- There are traditional examples of practical gender equity in eastern religions. For instance, in early Islamic Arabia, the wife of the Prophet Muhammad contributed most of the household income, was older in age than the Prophet, and proposed marriage to him rather than the other way around.
- There are such wide variations across societies and over time, that it is difficult to argue that gender patterns are pre-ordained or immutable.

“Gender equity is a western concept; we want to preserve our traditional culture.”

- Cultures are not immutable and indeed are transformed over time. Cultures, even very traditional ones, borrow from each other and respond to changes in their circumstances.
- Even strongly traditional women who identify with their non-western cultures, when they find themselves in safe spaces to discuss their lives, will express the desire for changes in the gender system that exploits them. Typically, this is expressed as a desire to end traditionally sanctioned forms of violence and a desire for more education and opportunities for expanded mobility and decision making within their lives.
- SRHR programs that want to work on gender equity promotion can do so in ways that are sensitive to local cultures but still effect changes in those aspects that are most detrimental to women’s (and men’s) health and well-being.

“It’s really a question of poverty...or of racism... and those problems need to be addressed first.”

- Even in cases in which social movements have reformed economic and political structures to eliminate or greatly reduce poverty and racism, gender inequity persists as a separate dimension of social inequity.
- Gender inequity, of course, interacts in many ways with racism and poverty to place women who are also poor and belong to groups subject to racial or ethnic discrimination at a particular disadvantage. These sources of injustice combine and exacerbate the risks to which women are exposed.
- The subordination of women deepens poverty in society. In fact, women’s empowerment and ability to exercise their reproductive rights will contribute to economic development and the alleviation of poverty.

“What happens inside the home is none of our business.”

- What happens in one’s home can influence the health of society at large, for example as evidenced by the HIV/AIDS pandemic. Similarly, intimate partner violence has serious consequences for women’s health, as well as for women’s productivity and ability to participate in broader societal activities, thus making it necessary to pay attention to what may be happening within the home.

“Gender equity doesn’t concern SRHR program planners; it isn’t really related to the outcomes we aim for; it will be costly to lose sight of our mission.”

- All sexual and reproductive health conditions that SRHR programs address are intimately related to gender norms and roles, as we described in Chapters 2 and 3.
- It is actually more costly **not** to promote gender equity since the gender inequities that impact SRHR problems will continue to perpetuate those problems. Programs will find their resources are being wasted on SRHR problems that were produced in large part by the gender inequities within the target population.

“It’s important but it just can’t be done.”

- It is true that many program planners do not feel they have a clear idea of how to incorporate program elements that will help to overcome gender imbalances. This is the main reason why we have written this guide, to help you find ways that it can be done.
- It is a long process, but there are incremental ways of promoting gender equity in SRHR programs that will have positive effects in the populations you serve and help program planners to design ways to address the issues as they become more visible.
- There are a number of initiatives and programs that have successfully managed to make changes in gender norms and roles. They may not have achieved total gender equity, but they have made progress toward positive change. Program planners should set their sights on making incremental changes that are feasible in their cultural context.
- It is often the case that once small changes are started, bigger ones follow.
- SRHR programs can learn to collaborate with programs in other domains in order to promote aspects of greater gender equity that together will help to reshape the gender system and reduce the SRHR risks.

“It can’t be measured, so we won’t know if we were effective...or no one will support the work.”

- Admittedly, gender equity is not a typical concept that programs measure in their outcome and impact assessments. However, as we have shown in this guide, program planners, program staff, and all stakeholders can learn to define what gender equity promotion “looks like” in their own context. Then, they can translate these observations into indicators that can actually be measured.

“By focusing on gender equity we need to bring men into our programs, and staff object to this” or “This is diverting resources to men and taking them away from women.”

- It is important to keep sight of the fact that women have historically been disadvantaged in comparison with men. However, they cannot be expected to be the only ones to change in order to achieve equality and equity. Working with men, for the goal of achieving gender equity, will help both men and women in the long run.
- Men respond very positively when their own SRHR needs are addressed. Studies show that they do not like feeling left out of reproductive health services and that they are interested in and supportive of helping their partners achieve better SRHR.
- However, you do not necessarily have to work with men directly to have a gender equity promoting program, as mentioned in Chapter 7.

“Women themselves do not want to change; they like the benefits they derive from their status; we should not impose gender equity on them.”

- Given the pervasive nature of the gender system, women often adopt defensive strategies to survive and obtain benefits from existing social rules. Wives learn to please their husbands in order to avoid abuse. Mothers teach their children to conform to gender norms in order to avoid disapproval from their spouse and family and to guarantee acceptance within their social group. However, their ability to take advantage and make the best of their situation does not mean that, if they had the opportunity to make changes, without fear of reprisal, they would not do so.

“We already focus our program on women and therefore are already addressing gender.”

- Although much of the work on gender came about because people were concerned about discrimination against women, “gender” is not the same as “women.”
- Focusing only on women, without taking into account the impact of the gender system on them, will not enable programs to change the factors that cause many of the SRHR problems that women face.
- The gender system sets expectations for men as well that harm their and their partners’ SRHR. Addressing gender in an equity promoting way benefits both girls/women and boys/men.

Resource H: *Examples of Completed Programming Tool*

BEFORE GEP FOCUS IN A CLINIC-BASED PROGRAM DESIGNED TO REDUCE PREGNANCIES AND HIV/STI RATES AMONG YOUTH

Ask yourselves the questions below, starting with column 1 and working back to column 6:

6	← 5	← 4	← 3	← 2	← 1
What does your program need to be able to carry out those activities?	What can your program do that will lead to the changes in columns 3, 4, and 5?	What immediate changes does your program have to promote before the immediate results/ outcomes can take place?	What other changes must take place in order for the intermediate results/ outcomes to occur?	What changes must take place in order for the long-term impact to take place?	What is the long-term result or impact you are working toward?
Resources/ Inputs	Activities	Outputs	Immediate Results or Outcomes (Objectives)	Intermediate Results or Outcomes (Objectives)	Goal
Funds Project site Institutional support Community support	Develop youth-friendly services manual Train service providers in youth-friendly services Provide youth-friendly counseling for young people Supervise counseling and provide feedback	Trained, sensitive employees High-quality services available SRHR information and services available to young people	(intentionally left blank)	Increased knowledge of SRHR among young people in Community X Increased use of condoms	To improve the sexual and reproductive health of young people in Community X, especially in terms of unwanted pregnancies and HIV/STIs

AFTER GEP FOCUS IN A CLINIC-BASED PROGRAM DESIGNED TO REDUCE PREGNANCIES AND HIV/STI RATES AMONG YOUTH

6	← 5	← 4	← 3	← 2	← 1
What does your program need to be able to carry out those activities?	What can your program do that will lead to the changes in columns 3, 4, and 5?	What immediate changes does your program have to promote before the immediate results/ outcomes can take place?	What other changes must take place in order for the intermediate results/ outcomes to occur?	What changes must take place in order for the long-term impact to take place?	What is the long-term result or impact you are working toward?
Resources/ Inputs	Activities	Outputs	Immediate Results or Outcomes (Objectives)	Intermediate Results or Outcomes (Objectives)	Goal
<p>Funds</p> <p>Project site</p> <p>Institutional support</p> <p>Community support</p>	<p>Develop youth-friendly services manual that incorporates GEP focus throughout</p> <p>Train service providers in youth-friendly gender-sensitive services</p> <p>Provide youth-friendly counseling for young men and women</p> <p>Supervise counseling and provide feedback</p> <p>Train outreach workers who work with local clubs and gangs to provide SRHR and GEP information and counseling</p> <p>Incorporate GEP messages into the agency's media campaigns</p>	<p>Trained, sensitive employees who are committed to promoting gender equity</p> <p>High-quality gender-sensitive services available</p> <p>SRHR and GEP information services available to young women and men</p> <p>Outreach services and information available and utilized by local club and gang members</p> <p>GEP media messages understood and accepted by young women and men</p>	<p>Increased knowledge of SRHR, including the influence of gender, among young women and men in Community X</p> <p>Increased equity in gender-based attitudes and values as reported by young men and women in Community X</p> <p>Increased peer pressure by club and gang members to avoid violence and coercion in couple relations</p>	<p>Increased communication about contraception and sexuality among sexually active young women and men in Community X</p> <p>Increased use of female and/or male condoms among sexually active young women and men in Community X</p> <p>Decreased manifestations of coercion and violence toward women in verbal and inter-personal behavior by young men in Community X</p>	<p>To improve the sexual and reproductive health of young women and men in Community X, especially in terms of reduced gender-based violence, unplanned pregnancies, and HIV/STIs</p>

**BEFORE GEP FOCUS IN A PROGRAM DESIGNED TO IMPROVE
THE REPRODUCTIVE HEALTH OF YOUNG WEST AFRICAN
IMMIGRANT/REFUGEE FEMALES**

6	← 5	← 4	← 3	← 2	← 1
What does your program need to be able to carry out those activities?	What can your program do that will lead to the changes in columns 3, 4, and 5?	What immediate changes does your program have to promote before the immediate results/ outcomes can take place?	What other changes must take place in order for the intermediate results/ outcomes to occur?	What changes must take place in order for the long-term impact to take place?	What is the long-term result or impact you are working toward?
Resources/ Inputs	Activities	Outputs	Immediate Results or Outcomes (Objectives)	Intermediate Results or Outcomes (Objectives)	Goal
Funds Project site Institutional support Community support	Monthly educational events including topics such as pregnancy prevention, STI information, female/male anatomy, female menstruation, etc. Peer education training focused on reproductive health and pregnancy prevention information Community education campaign about reproductive health and rights within the West African community; disseminate informational brochures, etc.	Adolescent and young adult women from West African immigrant/ refugee populations attend the educational events 25 peer educators trained Posters distributed in all markets and newspaper stands in the community	(intentionally left blank)	Increased knowledge of reproductive health among young West African women Increased knowledge of U.S. norms concerning RH among community members Increased access to education regarding RH	To improve the reproductive health and well-being of young West African immigrant/ refugee women living in a big U.S. city

AFTER GEP FOCUS IN A PROGRAM DESIGNED TO IMPROVE THE REPRODUCTIVE HEALTH OF YOUNG WEST AFRICAN IMMIGRANT/REFUGEE FEMALES

6	← 5	← 4	← 3	← 2	← 1
What does your program need to be able to carry out those activities?	What can your program do that will lead to the changes in columns 3, 4, and 5?	What immediate changes does your program have to promote before the immediate results/ outcomes can take place?	What other changes must take place in order for the intermediate results/ outcomes to occur?	What changes must take place in order for the long-term impact to take place?	What is the long-term result or impact you are working toward?
Resources/ Inputs	Activities	Outputs	Immediate Results or Outcomes (Objectives)	Intermediate Results or Outcomes (Objectives)	Goal
<p>Staff training in GEP approaches, specifically a trained and sensitive employee (preferably a woman from the same West African community) who is committed to empowering women through gender equity promotion</p> <p>Funds</p> <p>Project site</p> <p>Institutional support</p> <p>Community support</p>	<p>Monthly educational events including topics such as dating, sexual desire, pregnancy, and contraception, plus discussion of gender roles in a participatory format</p> <p>Leadership and GEP training for peer educators</p> <p>Bi-monthly advocacy projects designed to promote reproductive rights and encourage formation of youth-led advocacy network</p> <p>Facilitate peer education outreach to young women who are not able to attend trainings due to cultural norms</p> <p>Develop community education campaign within the West African community about girls' education and leadership and reproductive health and rights; disseminate informational brochures, posters, etc.</p> <p>Train participants to lead gatherings with their parents and provide culturally appropriate information on reproductive health issues faced by young immigrant/refugee women</p>	<p>Young women attend educational events and participate actively in gender-focused discussions</p> <p>Culturally appropriate reproductive health and GEP information available to educate young West African immigrant/ refugee women</p> <p>High-quality leadership training materials available for young West African immigrant/ refugee women</p> <p>Parents attend gatherings and are positively engaged in the discussions; they have seen the brochures and posters that were distributed</p>	<p>Increased knowledge of SRHR among young women in the West African immigrant community</p> <p>Increased community and parental knowledge about SRHR and gender norms in the U.S.</p> <p>Increased acceptance among young West African immigrant women and their parents of gender equitable norms and behaviors</p>	<p>Increase self-esteem among young West African immigrant/ refugee women</p> <p>Increase leadership and self-development skills of young West African immigrant/ refugee women</p>	<p>Improve reproductive health behaviors, gender perceptions, and empowerment among young West African immigrant/ refugee women so that they can make informed decisions about their personal and reproductive lives</p>

PROGRAMMING TOOL

Use this form to create your own program plan

Resources/Inputs	Activities	Outputs	Outcomes/Objectives	Goal

Resource I: Useful Publications and Websites

Many of the resources listed here contain useful tools and guidelines you may wish to consult as you plan your gender equity promoting programs.

PUBLICATIONS:

Access to Quality Gender-Sensitive Health Services (2003). The Asian-Pacific Resource and Research Center for Women (ARROW).

Annotated Bibliography on Gender Mainstreaming and Analysis: Resources for Health Programmers (August 2003). Pan-American Health Organization (PAHO).

Best Practices in Gender Relations Analysis. From Analysis to Action: Integrating Gender into Programs (1996). Save the Children.

Exploring Gender Perspectives in Population and Health Programs: Workshop Findings and Recommendation (based on workshops held in 1999). Interagency Gender Working Group (IGWG).

A Framework to Identify Gender Indicators for Reproductive Health and Nutritional Planning (October 2002). Interagency Gender Working Group (IGWG).

Gender Analysis in Health: A Review of Selected Tools (2002). World Health Organization (WHO).

Gender and Reproductive Health Training Curriculum (includes modules for integrating gender considerations into different aspects of health programming). Interagency Gender Working Group (IGWG).

The Gender Audit: A Process for Organizational Self-Assessment and Action Planning (Washington, DC: InterAction, 1999). Patricia Morris.

Gender-Based Violence and Reproductive Health and HIV/AIDS: Summary of a Technical Update (based on a day-long technical update held May 1, 2002). Interagency Gender Working Group (IGWG).

Gender Equity Building Blocks (2002). Cooperative for Assistance and Relief Everywhere (CARE).

Gender Equity: Concepts and Tools for Development (Washington, DC: CEDPA, 1996). The Centre for Development and Population Activities: www.cedpa.org.

The Gender Guide for Health Communication Programs (2003). John Hopkins Bloomberg School of Public Health/Center for Communication Programs, Population Communication Services.

Gender Mainstreaming Programme and Project Entry Points: Learning and Information Pack (January 2001). United Nations Development Programme: <http://learning.undp.org>.

Gender Mainstreaming: Taking Action, Getting Results (Distance Learning Course) (2003). United Nations Population Fund (UNFPA).

Gender Sensitivity Assessment Tools for Reproductive Health Service Providers and Managers (2003). PRIME (a global project implemented by IntraHealth International).

Guide for Incorporating Gender Considerations in USAID's Family Planning and Reproductive Health RFAs and RFPs (a tool for the design of USAID reproductive health programs in accordance with ADS gender guidelines). Interagency Gender Working Group (IGWG).

Helping Involve Men (HIM) (a CD-ROM on research and programmatic literature on men's participation in reproductive health). Interagency Gender Working Group (IGWG).

How Gender-Sensitive Are Your HIV and Family Planning Services? (2002). International Planned Parenthood Federation (IPPF).

How to Integrate Gender into HIV/AIDS Programs: Using Lessons Learned from USAID and Partner Organizations (May 2004). Interagency Gender Working Group/USAID.

Integrating Gender into HIV/AIDS Programmes: A Review Paper (2003). World Health Organization (WHO).

Involving Men to Address Gender Inequities: Three Case Studies (highlights innovative interventions for involving men in reproductive health programs). Interagency Gender Working Group (IGWG).

A Manual for Integrating Gender into Reproductive Health and HIV Programs: From Commitment to Action (November 2003). Interagency Gender Working Group (IGWG).

PAHO Gender Workshop: Identifying Gender Issues in Health (2003). Pan-American Health Organization (PAHO).

Research Gaps Related to Gender Issues and Population, Health, and Nutrition Programs: An Analysis (the fundamentals of gender and reproductive health research based on the principles of the Cairo ICPD and Beijing International Women's Conferences). Interagency Gender Working Group (IGWG).

Rethinking Differences and Rights in Sexual and Reproductive Health: A Training Manual for Health Care Providers (2004). Family Health International (FHI).

The "So What?" Report: A Look at Whether Integrating a Gender Focus into Programs Makes a Difference to Outcomes. (March 2004). Interagency Gender Working Group (IGWG).

Transforming Health Systems: Gender and Rights in Reproductive Health (2001). World Health Organization (WHO).

WEBSITES:

Analytical Tools for Human Development
www.undp.org/hdro/

Beijing International Women's Conference
www.un.org/womenwatch/confer/beijing5/

BRIDGE, Institute of Development Studies online resources
www.ids.ac.uk/bridge/reports_gend_CEP.html

Canada International Development Agency
www.acdi-cida.gc.ca/equality

Gender Equity Group, Organisation for Economic Co-operation and Development Assistance Committee
www.oecd.org/dac/gender/

Interagency Gender Working Group (IGWG)
www.igwg.org

International Conference on Population and Development (ICPD)
www.unfpa.org/icpd/index.htm

Management Services for Health (MSH)
www.msh.org

Managing Reproductive Health Services with a Gender Perspective
http://erc.msh.org/TheManager/English/V9_N2_En_Issue.pdf

STEPS Toolkit: Steps to Transforming Evaluation Practice for Social Change
www.stepstoolkit.org

United Nations Development Program
www.undp.org/gender

USAID Office of Women in Development
www.usaid.gov/our_work/cross-cutting_programs/wid

World Health Organization (WHO)
www.who.int/en

GENDER AND REPRODUCTIVE HEALTH MANUALS:

Alsop, R., "Whose Interests? Problems in Planning for Women's Practical Needs,"
World Development 21, no. 3 (1993): 367-377.

The Centre for Development and Population Activities, *Adolescent Girls in India Choose a Better Future: An Impact Assessment* (Washington, DC: CEDPA, September 2001).

Coe, Anna-Britt, *Health, Rights, and Realities: An Analysis of the ReproSalud Project* (Takoma Park, MD: Center for Health and Gender Equity, April 2001).

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Development in Practice 7, no. 3 (1997): 248-259.

Davison, Peter, Roger Davis, and Andrew Safer, *Healthy Relationships Violence Prevention Curriculum* (Halifax, Nova Scotia: Men for Change, 1997). Accessed online at www.m4c.ns.ca/.

de Bruyn, Maria, Helen Jackson, Marianne Wijermars, Virginia Curtin Knight, and Riet Berkvens, *Facing the Challenges of HIV/AIDS/STDs: A Gender-based Response* (Amsterdam: KIT, SAlfAIDS, World Health Organization, 1995/8).

European Union, *A Guide to Gender Issues in Managing European Community Cooperation with Latin American, Asian, and Mediterranean Countries* (Brussels: EU, 1993).

Federation for Women and Family Planning, *Advocacy for Women's Reproductive Health and Rights: Developing a Grassroots Strategy in Poland* (Washington, DC: CEDPA and PROWID/ICRW, 1999).

Galdos, Susana and Barbara Feringa, *Creating Partnerships at the Grassroots Level: The REPROSALUD Project, Peru* (Lima: Movimiento Manuela Ramos, nd).

Gender and Health Group, *Guidelines for the Analysis of Gender and Health* (Liverpool: Department for International Development [DFID] and the Liverpool School of Tropical Medicine, January 1999). Accessed online at www.liv.ac.uk/lstm/

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International Planned Parenthood Federation/Western Hemisphere Region, *Manual to Evaluate Quality of Care from a Gender Perspective* (New York: IPPF/WHR, January 2000). Accessed online at www.ippfwhr.org.

Ipas and HD Networks, *Gender or Sex: Who Cares? Skills-Building Resource Pack on Gender and Reproductive Health for Adolescents and Youth Workers* (Chapel Hill, NC: Ipas, 2001). Accessed online at www.ipas.org.

Lingen, A. with R. Brouwers, *Gender Assessment Studies: A Manual for Gender Consultants* (The Hague: ISSAS/NEDA, 1997).

Moser, Caroline, "Evaluating Gender Impacts," *New Directions for Evaluations* 67 (1995): 105-118.

Moser, Caroline, "Gender Planning in the Third World: Meeting Practical and Strategic Gender Needs," *World Development* 17, no. 11 (1989): 1799-1818.

Overholt, C., K. Cloud, M. Anderson, and J. Austin, *Gender and Development: A Framework for Project Analysis* (Rome: FAO, 1991).

Paulson, Susan, Maria Elena Gisbert, and Mery Quitón, *Guide for Rethinking Differences and Rights in Sexual and Reproductive Health: A Training Manual for Health Care Providers* (Research Triangle Park, NC: Women Studies Project of Family Health International through a Cooperative Agreement with USAID, 1999).

Program for Appropriate Technology in Health, *Promoting a Healthy Alternative to Female Genital Mutilation: A Tool for Program Implementers* (Washington, DC: PATH, 2001). Accessed online at www.path.org.

Sonenstein, Freya, Kellie Stewart, Laura Duberstein Lindberg, Marta Pernas, and Sean Williams, *Involving Males in Preventing Teen Pregnancy: A Guide for Program Planners* (Washington, DC: The Urban Institute, 1997). Accessed online at www.urban.org/family/invmale.html.

Swedish International Development Cooperation Agency, *Handbook for Mainstreaming: A Gender Perspective in the Health Sector* (Stockholm: SIDA, 1997). Accessed online at www.sida.se.

Welbourn, Alice, *Stepping Stones: A Training Package on HIV/AIDS, Communication and Relationship Skills* (London, UK: ACTIONAID, 1995). Available from TALC Publications, www.talcuk.org/stratshope/order.html.

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World Bank, *Engendering Development – Through Gender Equality in Rights, Resources, and Voice* (Washington, DC: World Bank, 2001). Accessed online at www.worldbank.org/gender/prr/.