

Synchronizing Gender Strategies

A Cooperative Model for Improving
Reproductive Health and Transforming
Gender Relations



Synchronizing Gender Strategies

A Cooperative Model for Improving
Reproductive Health and Transforming
Gender Relations

**By Margaret E. Greene and Andrew Levack
For the Interagency Gender Working Group (IGWG), 2010**

Acknowledgments

The authors are especially grateful to Michal Avni, senior gender advisor in the Office of Population and Reproductive Health in USAID's Bureau for Global Health, for this project is her intellectual brainchild. We also want to acknowledge the many people who gave generously of their time and guidance in bringing this paper into existence, especially Patty Alleman, Nonie Hamilton, and Adam Sloate of USAID; and Judith Bruce, Nicole Haberland, and Eva Roca of the Population Council; as well as Humberto Arango, Gary Barker, Steven Botkin, Maria de Bruyn, Theresa Castillo, Betsy Costenbar, Stacy Fehlenberg, Brian Greenberg, Karen Hardee, Gabrielle Hecker, Jeannie Harvey, Neil Irvin, Brad Kerner, Mary Kincaid, Rebecka Lundgren, Donna McCarraher, Pat McGann, Manisha Mehta, Martha Murdock, Meghan O'Connor, Lori Rolleri, Jennifer Schulte, Leyla Sharafi, Sidney Ruth Schuler, Sarah Scotch, Rebecca Sewall, and Carol Underwood. Special thanks go to Charlotte Feldman-Jacobs, Maura Graff, Jay Gribble, and Karin Ringheim of PRB, who herded, edited, and coaxed this paper into existence.

This publication was prepared with funding from the U.S. Agency for International Development under the BRIDGE Project (No. GPO-A-00-03-00004-00), implemented by the Population Reference Bureau (PRB), and the RESPOND Project (No. GPO-A-000-08-00007-00), managed by EngenderHealth, and produced by PRB on behalf of the Interagency Gender Working Group (IGWG), a network comprising USAID Cooperating Agencies, non-government organizations (NGOs), and the USAID Bureau for Global Health.

The examples provided in this publication include experiences of organizations beyond USAID. For official USAID guidance on gender considerations, readers should refer to USAID's Automated Directive System (ADS).

© September 2010. Population Reference Bureau. All rights reserved.

Table of Contents

Preface	vi
I. Gender Inequality Undermines Health	1
II. From Gender-Transformative to Gender-Synchronized Programs	4
Gender-Transformative Programs with Men	4
Gender-Transformative Programs with Women	4
Gender Synchronization: A Definition	5
III. A Gender-Synchronized Approach to Health	6
Reconciling Strategies for Addressing Gender Inequality	6
IV. Implementing Gender-Synchronized Programs	8
Starting with Women and Girls	8
ReproSalud (Peru)	9
IMAGE (South Africa)	9
<i>Biruh Tesfa</i> / Bright Future (Ethiopia)	10
Tostan (Senegal)	11
Starting with Men and Boys	12
Program H (Brazil)	13
Sonke Gender Justice (South Africa)	13
Working with Men and Women Together from the Start	14
Stepping Stones (Africa)	14
Soul City (South Africa)	15
Gender Equity Movement in Schools (India)	16
Text Boxes:	
Seeking Common Ground	7
What About Couple Programming?	17
Programs to Watch	18
Lessons from Gender-Synchronized Programs – Shoulds and Should Nots	20
V. Conclusion	21
Resources	23
Appendix I: Operational Elements of Gender-Synchronized Programming	27
Appendix II: Glossary	28

Preface

Just 20 years ago, if a program was “gender aware” in any way, it was considered a major step forward. Slowly, over the years, the thinking about gender inequities and their impact on health has advanced considerably and the concepts and vocabulary have become much more nuanced. The standards for gender interventions are now more ambitious and there is a growing sense that health and development programs can and should contribute to transforming gender norms *and* achieving good health and gender equality.

With this concept paper, it is the intention of the authors and the Interagency Gender Working Group (IGWG) to take gender transformation to the next step, to what we have communally termed “gender synchronization.” By gender synchronization we mean working with men and women, boys and girls, in an intentional and mutually reinforcing way that challenges gender norms, catalyzes the achievement of gender equality, and improves health. The audience we hope to engage in this dialogue includes reproductive health and development practitioners and program planners—many of whom are already integrating gender into their programming and are looking for the most effective approaches to achieving better reproductive health and long-term change.

This paper represents an ambitious endeavor. In September 2009, 25 development and gender experts attended a day-long consultation. These experts represented diverse philosophical and programmatic approaches to gender work—some had been at the forefront of early efforts to empower women through health and development efforts, while others had been pioneers in involving men in gender work. They came together as a community to ponder the strengths and weaknesses of sexual and reproductive health programs that address gender inequities by working with women, with men, or both, and to map out where the field should be going next. The result is this paper and, we hope, the beginning of a new effort to unite—to synchronize—programs that work with men and women jointly in pursuit of improved health and gender equality.

In addition to providing a definition for the new concept of gender synchronization, this publication provides examples of synchronized approaches that have worked first with women and girls, or first with men and boys, and describes interventions that have worked with both sexes from the start. It also provides examples of new and emerging programs that should be watched in the coming years for the knowledge they may contribute to the implementation of gender synchronization.

This long and collaborative effort has drawn on the good will and time of many gender and development experts. It is our hope that this effort and further discussion that arises from it will take gender integration into new and rewarding territory: the adoption of gender synchronization as a practical approach that will make programs that challenge harmful gender norms—gender transformative programs—even more effective.

Margaret E. Greene, consultant to PRB, and Andrew Levack, EngenderHealth

I. Gender Inequality Undermines Health

Background

A quick read of a morning newspaper highlights the devastating effect of gender inequality on behaviors. Women's low status in many societies contributes to limiting the social, educational, and economic opportunities that would help protect their health and well-being. Men's dominance over women plays itself out through sexual and physical violence and through discriminatory laws that impede basic rights for women, such as denial of property rights for widows. These prevailing notions of manhood have serious consequences for women and girls.

Gender inequities¹ and power disparities harm men as well as women. In most settings, for example, being a man means being tough, brave, aggressive, and invulnerable. Consequently, risk-taking behaviors, such as substance abuse and unsafe sex, are often seen as ways to affirm manhood. The need to appear invulnerable also reduces men's willingness to seek help or treatment for physical or mental health problems. Young and adult men in violent, low-income or conflict-affected settings may suffer even more from a sense of helplessness and fatalism that contributes to lower rates of safer sex and health-seeking behavior.²

Accepted gender norms for women also drive poor health outcomes. Women and girls, for their part, are socialized to be relatively passive, to be uninformed and uneducated regarding sexual and reproductive health. Moreover, socially condoned behaviors and norms reinforce passivity and discourage women from participating fully in school, in community life or in the formal economy. Women's limited ability to make decisions about the well-being of their families, compounded by power disparities and lack of communication between mothers and fathers, can also cause children to suffer.

Everyone—boys and girls, men and women—is, therefore, made vulnerable by harmful gendered attitudes and behaviors, although the most consistently negative effects occur for women, female adolescents, and girls.³ A wide range of negative gender dynamics—including women's subordination to men, homophobia, and risk-taking by men—have far reaching health implications for individuals, families, and communities. Programs need to address the social constructions of both femininity

1 The terms "gender equity" and "gender equality" are often used interchangeably, although there are differences. In short, gender equity connotes fairness in the distribution of opportunities and benefits, and gender equality connotes equal access to resources and services. Equity is the means, equality is the result. Source: Deborah Caro for the IGWG, *A Manual for Integrating Gender Into Reproductive Health and HIV Programs: From Commitment to Action (2nd Edition)* (Washington, DC: PRB for the IGWG, 2009).

2 Gary Barker, *Dying to Be Men: Youth, Masculinity and Social Exclusion* (New York: Routledge, 2005).

3 Margaret E. Greene and Gary Barker, "Masculinity and Its Public Health Implications for Sexual and Reproductive Health and HIV Prevention," in *Routledge Handbook of Global Public Health*, ed. Richard Parker and Marni Sommer (New York: Routledge, Forthcoming).

and masculinity to change this situation.⁴ Instead, policies and programs often reinforce dominant constructions of gender. Indeed, behaviors that transgress society's expectations for men and women are often "punished" by health systems, as is demonstrated by the experiences in clinical settings of women who are sexually active outside of marriage or men who have sex with men.⁵

While the costs of harmful, rigid gender norms are clearly evident everywhere, the benefits of more egalitarian and progressive gender norms are not promoted enough. It is important to note the positive roles that men take on as caring fathers and loving partners, and the inspiring examples of women who are at the forefront of community leadership and social change. Indeed, gender norms are extremely dynamic and varied, and there is no one notion of what it means to be a man or woman, but rather "masculinities" and "femininities." Understanding and celebrating this will speed progress in overcoming the limited social constructions of gender that impede reproductive health.

Opportunities

Fortunately, many health programs and policies have begun to recognize that the relationships between men and women are powerful determinants of health and well-being.⁶ Considerable evidence exists to support these connections. The Millennium Development Goals (MDGs), the Beijing Platform for Action, and the Cairo International Conference on Population and Development (ICPD) Programme of Action reflect consensus that gender inequality undermines health, and that questioning rigid gender norms and promoting gender equality can improve health outcomes. Conversely, it is understood that programs that do not address these issues may be less effective as a result. Diverse voices are stepping up the call that gender-based biases be prioritized globally through health systems strengthening, legislation, organizational processes, and data collection.⁷

Can gender inequities and norms that harm health be best addressed by working with men and women in a coordinated or synchronized way?

Some programs have responded to this call by working with men to transform harmful gender norms; others by working with women to challenge inequities. But the question addressed by this paper is: **Can gender inequities and norms that harm health be best addressed by working with men *and* women in a coordinated or synchronized way?**

4 Greene and Barker, "Masculinity and Its Public Health Implications for Sexual and Reproductive Health and HIV Prevention."

5 Arachu Castro and Merrill Singer, ed., *Unhealthy Health Policy: A Critical Anthropological Examination* (Walnut Creek, CA: Alta Mira Press, 2004).

6 In talking about how men and women relate, this paper does not intentionally prescribe or describe only male-female sexual relationships. Rather, this discussion should include how people in the full diversity of roles and relations with one another can overcome negative and discriminatory gender attitudes and behaviors.

7 Janet Fleischman, *Making Gender a Global Health Priority: A Report of the CSIS Global Health Policy Center* (Washington, DC: Center for Strategic and International Studies, 2009); and Sarah Payne, "How Can Gender Equity be Addressed Through Health Systems?" *Health Systems and Policy Analysis, Policy Brief 12* (Copenhagen, Denmark: World Health Organization and European Observatory on Health Systems and Policies, 2009).

This paper attempts to answer that question by:

- Assessing the benefits and constraints of health interventions that work with women or men alone;
- Illustrating what synchronized programs that coordinate work with both women and men look like;
- Describing the value added by addressing men and women jointly in programs and policies to improve health and challenge gender inequities; and
- Highlighting practical guidelines on what synchronized interventions should and should not do.

II. From Gender-Transformative to Gender-Synchronized Programs

Programs that try to shift harmful gender norms and promote an equitable environment by redressing power disparities among men or women are known as **gender transformative**,⁸ and have been defined by the Interagency Gender Working Group (IGWG) as follows:

Gender-transformative approaches actively strive to examine, question, and change rigid gender norms and imbalance of power as a means of reaching health as well as gender-equity objectives. Gender-transformative approaches encourage critical awareness among men and women of gender roles and norms; promote the position of women; challenge the distribution of resources and allocation of duties between men and women; and/or address the power relationships between women and others in the community, such as service providers or traditional leaders.⁹

Gender-Transformative Programs with Men

Gender-transformative programs have often focused on one sex or another. Gender-transformative programs with men are often designed to enable men to explore rigid societal messages about manhood and examine the costs that these norms have on men, women, and communities. These efforts often engage men in social action in order to challenge the existing gender norms that perpetuate violence and poor health in the communities in which they live. In many cases, men's social action goals focus on building an alliance with women to promote gender justice and equality.

Gender-Transformative Programs with Women

Gender-transformative programs with women are often designed to examine and challenge patriarchy. However, gender-transformative work with women may look quite different from work with men. While such programs for men focus primarily on changing social norms about gender roles and expectations, work with women often focuses more prominently on deconstructing the sources of power that perpetuate the oppression of women. This power exists within various levels of society, and includes: 1) individual access to information, education, and skills; 2) access to economic resources and assets; 3) social capital and support; 4) political agency; and 5) empowering policies.¹⁰ By addressing these power dynamics, women are more able to ensure their health and well-being. Such approaches can be more "empowering" than "transformative."¹¹ This is because while they increase women's ability to achieve specific changes in their behavior or access, they do

8 Interagency Gender Working Group, accessed online at www.igwg.org, on September 23, 2010.

9 Elisabeth Rottach, Sidney Ruth Schuler, and Karen Hardee for the IGWG, *Gender Perspectives Improve Reproductive Health Outcomes: New Evidence* (Washington, DC: PRB for the IGWG, 2009).

10 Geeta Rao Gupta, Daniel Whelan, and Keera Allendorf, *Integrating Gender into HIV/AIDS Programmes: Expert Consultation, 3-5 June 2002* (Geneva, Switzerland: World Health Organization, 2003).

11 Gupta et al., *Integrating Gender into HIV/AIDS Programmes*.

not necessarily challenge the social order that gives rise to women's disadvantage. Gender-transformative programs work to change the social relationships that undermine women's access to all of these sources of power.

Gender Synchronization: A Definition

Much good work has been done in gender-transformative programs with one sex or the other.¹² But more could be accomplished by working in a *synchronized* manner with both. What is generally missing from every single-sex approach is the broader awareness of how gender norms are reinforced by everyone in the community. Both men and women shape and perpetuate gender norms in society, and, therefore, true social change will come from work with both sexes using **gender-synchronized approaches**, which are defined as follows:

Gender-synchronized approaches are the intentional intersection of gender-transformative efforts reaching both men and boys and women and girls of all sexual orientations and gender identities. They engage people in challenging harmful and restrictive constructions of masculinity and femininity that drive gender-related vulnerabilities and inequalities and hinder health and well-being.

Such approaches can occur simultaneously or sequentially, under the same "programmatic umbrella" or in coordination with other organizations. Gender-synchronized approaches seek to equalize the balance of power between men and women in order to ensure gender equality and transform social norms that lead to gender-related vulnerabilities. Their distinctive contribution is that they work to increase understanding of how everyone is influenced and shaped by social constructions of gender. These programs view all actors in society in relation to each other, and seek to identify or create shared values among women and men, within the range of roles they play (i.e., mothers-in-law, fathers, wives, brothers, caregivers, and so on)—values that promote human rights, mutual support for health, non-violence, equality, and gender justice.

12 For a strong analysis of this first generation of programs, see Judith Bruce et al., "First Generation of Gender and HIV Programs: Seeking Clarity and Synergy," working paper, Population Council, 2010.

III. A Gender-Synchronized Approach to Health

Gender norms and inequalities form the backdrop for any intervention that works with individuals. Many health or broader development programs have focused their efforts on one sex or the other. For example, programs aimed at keeping girls in school might focus reasonably on creating single-sex schools with female teachers, or raising girls' awareness of alternatives to marriage and domestic roles.¹³ Or programs interested in increased HIV testing may reach out specifically to men to draw them into testing services, and ignore their female partners.¹⁴ Ultimately, both of these programs could be strengthened by working with both men and women. In the case of keeping girls in school, for example, fathers could play an important role in supporting and facilitating girls' school enrollment. Some gendered obstacles to schooling might be addressed by working with girls only, but if men are not involved, they may undermine these efforts. Moreover, the opportunity to turn these fathers into champions for girls' education could be missed. Similarly, men might be more effectively drawn to HIV testing by working through their female partners in PMTCT (Prevention of Mother to Child Transmission) programs. Such programs could promote knowledge and dialogue between sexual partners about the need for testing, avoiding blame, the management of serodiscordancy, and treatment.

Reconciling Strategies for Addressing Gender Inequality

One of the challenges to a gender-synchronized approach is the perception that there are two camps for addressing gender inequality. In the first camp are advocates and practitioners who believe that women and girls' health and empowerment should be prioritized as the ultimate goal of programs. In the second are those who recognize the extent of men's power and prerogatives as well as their gendered vulnerabilities, and who express the view that men should be an integral part of efforts to promote gender equality in the service of health. In the context of limited funds, programs that take one perspective or another can be seen as competing against each other. The challenge boils down to a difference of opinion about whether the ultimate gender-equality goal should be to *overcome the disadvantages women face* in virtually all aspects of their lives, to *address men's own vulnerabilities*, or to *work toward gender equality* in more general terms.

These perspectives are entirely bridgeable; indeed, the synchronized approach advocated by this paper can reinforce advances in each of these areas. Consensus needs to be built around a vision of health and healthy relationships—a vision based on equalizing power dynamics and expanding opportunities within and among the roles that women and men play in society (see box on page 7).

13 BRAC's Adolescent Development Programme, accessed online at <http://brac.net/index.php?nid=277>, on July 7, 2010.

14 Dean Peacock and Andrew Levack, "The Men as Partners Program in South Africa: Reaching Men to End Gender-Based Violence and Promote Sexual and Reproductive Health," *International Journal of Men's Health* 3, no. 3 (2004): 173-188.

SEEKING COMMON GROUND

In the expert consultation that created the building blocks for this concept paper, there was much discussion of patriarchy and men “coming to the rescue of women” or women being the sole “owners” of these areas of discussion.

Many of these tensions may be addressed if allies in this work recognize that:

- Men-focused and women-centered programs have contributed significant time and accumulated valuable expertise as a result of their respective efforts;
- There is a shared ideological commitment to gender equality reflected in the best of these programs;
- Engaging men in working for gender equality does not rob women of the agency or ownership of their equity and empowerment agenda; and
- Men’s efforts must emanate from dialogue and collaboration with women and reflect a close connection with women’s definition of needs and priorities.

Common ground can also be found by joining together to guard against programs that target men in ways that do not promote gender equality, that collectively vilify men as oppressors, and that continue to promote women’s subjugation and submissive role within families. These common ground efforts are a fundamental basis for aligning any potentially divergent agendas.

IV. Implementing Gender-Synchronized Programs

What does gender synchronization mean in practical terms? There is great variation in how programs seek to address gender issues with both women and men in a synchronized way. Organizations and communities approach work with different priorities, beneficiaries, histories, technical expertise, and ideologies. This diversity attests to the need to be open to different models in which gender programs can be designed and implemented. Indeed, some programs may work directly with small groups of men and women through interpersonal discussions, while others may reach large audiences through mass media. Some programs may work directly within institutions such as schools or workplaces while others may seek to effect change at the policy level. Regardless of these approaches, gender-synchronized programming can be classified into three different types:

- Programs that start with addressing the needs and vulnerabilities of women and girls, and then identify constructive ways to engage men in these efforts;
- Programs that start with men and boys to deconstruct harmful gender norms, and then expand this work to engage both sexes; and
- Programs designed to engage both sexes from their inception.

This section of the paper provides existing case studies of each of these three trajectories that ultimately gave rise to gender-synchronized programs.

Starting with Women and Girls

Interventions designed to address gender inequality often trace back in some way to the earlier work of feminist movements and women's organizations. It is fitting, then, to start with gender-synchronized programs that were initially designed to address gender equality exclusively via the roles and needs of women.

In the mid-90s, two important international conferences—the ICPD held in Cairo in 1994, and the Fourth World Conference on Women in Beijing in 1995—began to change how many women-centered programs approached the role of men in their work. The two conferences helped crystallize a conversation about the role that men could and should play in promoting gender equality. The Cairo Programme of Action and the Beijing Platform for Action laid out detailed language about the need to engage with men and boys to question harmful constructions of masculinity and address gender inequalities. After the conferences, implementers began facing the challenges of how to effectively implement this vision.

The following interventions are examples of work that started with women and girls and then included men and boys.

► ReproSalud in Peru

An early example, ReproSalud, was implemented in Peru by Manuela Ramos, a women's advocacy organization that had been working in a participatory manner with small community-based women's groups, focusing on reproductive health, rights, and empowerment. Although work with men was not initially anticipated, women from the targeted communities requested that men be engaged in workshops to explore the connections between masculinity, relationships, health, and violence. In some cases, this was to counter men's opposition to the project, but in others it was simply to constructively engage husbands and other men in a new exploration about gender issues. ReproSalud saw the issue as "working with men on women's terms."¹⁵ Indeed, women from the communities felt that outsiders should not determine whether or not men should be engaged. Rather, they felt that women at the grassroots level are capable of making this decision themselves since they were better equipped to understand the risks and gains of different approaches to engaging men in their societies.¹⁶

ReproSalud's gender-synchronized approach led to positive health equity and gender equality outcomes for both sexes. Women who participated in the program experienced significant increases in 14 of 15 indicators of reproductive health knowledge and practices, and these were greater than improvements in control communities across most of the indicators. Meanwhile, both women and men who participated in the program displayed significant gains in gender-equitable attitudes and behaviors.¹⁷

► IMAGE in South Africa

Another helpful example of how a woman-focused intervention can constructively engage men is the Intervention with Microfinance for AIDS and Gender Equality (IMAGE) project from South Africa. The intervention for women combined a microfinance program for economic empowerment with participatory training on understanding HIV infection, gender norms, domestic violence, and sexuality. These strategies were designed to catalyze broader empowerment benefits while diminishing the risk of gender-related conflict.¹⁸ After women completed the microfinance and participatory training components, they were encouraged to get involved in collective action that promoted

15 Sidney Ruth Schuler, "Gender and Community Participation in Reproductive Health Projects: Contrasting Models from Peru and Ghana," *Reproductive Health Matters* 7, no. 14 (1999): 144-157.

16 Barbara Feringa, "Two Years on the Ground: Reprosalud through Women's Eyes," draft document presented to the Strategic Objective No. 3 Team of USAID/Peru, April 1999.

17 Delicia Ferrando, Nery Serrano, and Carlos Pure, *Perú: Salud Reproductiva en Comunidades. Educando y empoderando a mujeres de escasos recursos: Evaluación de Impacto de medio término del proyecto ReproSalud* (Peru: Monitoring, Evaluation, and Design Support Project, 2002).

18 Julia Kim et al., "Understanding the Impact of a Microfinance-Based Intervention on Women's Empowerment and the Reduction of Intimate Partner Violence in South Africa," *American Journal of Public Health* 97, no. 10 (2007): 1794-1802.

wider community participation for change. Female leaders were elected and trained to organize community events that engaged men to address male norms related to gender and HIV. The events included meetings with village chiefs, police, schools, and soccer clubs as well as community marches that raised awareness about gender-based violence and HIV. By inviting men to play a role as allies in their cause, the women unified their community with a shared vision for gender equality and health equity.

Findings from a cluster randomized-control trial of IMAGE provide compelling evidence of the project's effect on intimate partner violence and sexual violence (IPV/SV).¹⁹ The study found that experience of IPV/SV decreased by half in the intervention villages, whereas it remained constant or increased in the control villages. Participation in the intervention was also associated with greater self-confidence and financial confidence among women, more progressive attitudes toward gender norms among both men and women, and higher levels of participation in social groups and collective action among women. Women also reported changes in their relationships with men, including increased autonomy in decisionmaking, greater partner appreciation of their household contribution, improved household communication, and better partner relationships overall.

► *Biruh Tesfa* in Ethiopia

Biruh Tesfa ("Bright Future" in Amharic) is a Population Council project for adolescent girls in urban slum areas of Ethiopia. The project is designed to assist out-of-school girls by creating safe spaces through which they can build support networks with other girls. The intervention recruits the most vulnerable young women by going house-to-house to identify eligible girls ages 10 to 19, often reaching child domestic workers who are largely confined to the home. Once enrolled in the project the girls convene at a club that promotes functional literacy, life skills, livelihood skills, and HIV/reproductive health education.

An evaluation of *Biruh Tesfa* has found that, post-intervention, more girls reported having a safe space and having "many friends." Participants in the intervention scored higher on a scale reflecting social participation compared to girls in a control site. Meanwhile, girls in the project site were significantly more likely to have undergone voluntary counseling and testing for HIV, compared to girls in the control site.²⁰

While the *Biruh Tesfa* project focuses on girls, Population Council has recently added a new component to engage boys and men who live in the same vicinity (slum areas of 17 cities in Ethiopia) and who are most "problematic" to the project's participants. This may include older males who act in sexually predatory ways toward younger girls, clusters of men in specific public locations who create risks and often confine girls' movements, male employers of girls in domestic service or other exploitative settings, and brothers who discourage or limit their sisters' participation in new

19 Kim et al., "Understanding the Impact of a Microfinance-Based Intervention on Women's Empowerment."

20 Annabel Erulkar, Belaynesh Semunegus, and Gebeyehu Mekonnen, *Biruh Tesfa ('Bright Future') Program Provides Domestic Workers, Orphans and Migrants in Urban Ethiopia with Social Support, HIV Education and Skills* (New York, NY: Population Council, 2010).

opportunities. Population Council has set up meetings for these boys and men to address violence issues as well as HIV and reproductive health more generally. The men and boys' meetings are not in the same spaces as the *Biruh Tesfa* groups, out of concern that this would compromise the "safe space" of the girls' groups; rather they are meeting in existing youth centers that are already male-dominated.²¹

► Tostan in Senegal

Addressing those men who are the most likely to engender social change, Tostan's work in Senegal provides a helpful example of another model of constructive engagement of men. In 1997, a Senegalese village announced that their community had decided to cease the traditional practice of female genital cutting (FGC). The program began by working with women and girls for two to three years, focusing on raising awareness of their human rights and the relevance of rights to daily challenges they faced. In addition to an emphasis on community empowerment and democracy, Tostan's workshops address health and hygiene, literacy, development, and management skills.²²

One key part of the Tostan method is the Public Declaration. These declarations are led by women and bring together influential community decision-makers, including husbands, male chiefs, and religious leaders to affirm their commitment to abandoning FGC. The women become compelling advocates with others in the community. Encouraged by their example, thousands of communities in Senegal and nine other African countries (Burkina Faso, Djibouti, The Gambia, Guinea, Guinea Bissau, Mali, Mauritania, Somalia, and Sudan) have followed suit, and have committed to ending FGC and early marriage in their communities.²³

A quasi-experimental study of Tostan's efforts to mobilize communities against FGC was carried out by the Population Council.²⁴ By the endline, FGC among daughters in the intervention group had significantly declined, while no change could be seen in the comparison group. The evaluation demonstrated other positive gender-equity outcomes in the intervention group, including a decline in women's personal experience of violence during the last 12 months and a significant increase in knowledge of contraceptive methods by both men and women.

What is generally missing from every single-sex approach is the broader awareness of how gender norms are reinforced by everyone in the community.

-
- 21 Judith Bruce, "Aligning Gender Strategies to Foster a Better Balance of Male-Female Responsibility in Reproductive Health: The Case of Adolescent Girls," paper presented at the UN Commission on the Status of Women (New York: Population Council, March 3, 2009); and personal communication with A. Erulkar, August 31, 2010.
 - 22 Charlotte Feldman-Jacobs and Sarah Ryniak et al., *Abandoning Female Genital Mutilation/Cutting: An In-Depth Look at Promising Practices* (Washington, DC: PRB, 2006).
 - 23 TOSTAN, *Breakthrough in Senegal: Ending Female Genital Cutting* (New York, NY: Population Council, 1999).
 - 24 Nafissatou J. Diop et al., *The TOSTAN Program: Evaluation of a Community-Based Education Program in Senegal* (New York, NY: Population Council, 2004).

An important component of the Tostan program is the engagement of key male religious leaders, a strategy that has been important for other organizations in their efforts to challenge harmful traditional practices and promote family planning. For example, the UNFPA and UNICEF Joint Programme to Abandon FGC is being implemented in 17 countries in Africa, with a specific objective of expanding the network of religious leaders advocating for abandonment of FGC. These efforts complement other initiatives by organizations to build support among male religious leaders to speak out on the permissibility and benefits of family planning. Such endeavors not only identify men as beneficiaries of gender programming, but also mobilize men as allies with women in advancing social change.

In summary, as the previous examples demonstrate, not all women's organizations and programs conceptualize work with men in the same way. The Population Council's work with men in urban

As programs have evolved, many have recognized the relational nature of gender.

slum areas of Ethiopia, for instance, is very specific about which men are targeted and what types of changes they would like to see. However, some would question whether a program that defines a target population as "problematic" will be successful in engaging with those beneficiaries. Many researchers and programmers who work on masculinity stress the need to engage men from a positive perspective, and seek to build on and promote examples of men already acting in more gender-equitable and non-violent ways.²⁵ Meanwhile, only in very few cases do women-centered programs

address men's gender-related vulnerabilities. For example, the IMAGE project only addresses the economic empowerment of women, yet men in South Africa also experience significant economic hardships that drive poor health and disenfranchisement. So while these previous examples demonstrate some level of gender synchronization, there are potentially additional ways for them to improve their work with both sexes.

Starting with Men and Boys

Over the past 15 years, a growing number of programs around the world have worked with men and boys to question and challenge traditional, patriarchal gender norms. These programs promote the abilities of men to discuss and reflect on the "costs" of inequitable gender-related views and the benefits of more gender-equitable behaviors. As this field has grown, many of the programs have demonstrated measurable changes in the attitudes and behaviors of men and boys involved.²⁶ In addition to the direct benefits to the men and boys, there have been important impacts on the health and well-being of girls and women. As these programs have evolved, many have recognized the relational nature of gender, and, therefore, have considered how to constructively engage women and girls more directly into their efforts to transform social norms.

25 MenEngage: Boys and Men for Gender Equality, "Our Core Principles," accessed online at www.menengage.org, on July 6, 2010.

26 Gary Barker, Christine Ricardo, and Marcos Nascimento, *Engaging Men and Boys in Changing Gender-Based Inequity in Health: Evidence From Programme Interventions* (Geneva, Switzerland: World Health Organization, 2007).

The examples below illustrate programs that were first designed to work with men and boys, and then expanded their organizational mandate to incorporate women and girls.

► Program H in Brazil

The Program H Alliance, an affiliation of NGOs based in Latin America, offers an instructive case study on how an intervention focused on young men began to integrate a complementary approach to engage young women. Program H includes a series of group educational activities and an educational cartoon video that promote young men's awareness about gender roles and inequities, rights, and health. As Program H ('H' for *homens/hombres* or men in Portuguese and Spanish) became recognized for its impact on the attitudes and self-reported behaviors of young men, the organization was also challenged to think about whether these changes were really being experienced by the women in the young men's lives. In addition, the program came to recognize the importance of working with both men and women in bringing about the kinds of changes they hoped to see.

Program H began to expand beyond its original focus on young men by partnering with several other organizations to develop a companion intervention called Program M (for *mulheres/mujeres* or women). Program M helps young women explore social constructions of gender and their effects on health while also developing girls' empowerment and skills for more confident decisionmaking in different spheres of their lives. Participants in Programs H and M did not interact together in joint activities, but their interest in doing so has led to the creation of the relatively new co-educational *Entre Nós* (see box on page 19).

Gender-transformative interventions with women, such as Program M, are important complements to work with men for two reasons. First, women, like men, help construct and reinforce harmful messages about male roles and behaviors. In fact, young men who had participated in Program H often reported that their girlfriends had expressed displeasure with the progressive changes in gender roles that the young men had embraced. These young women were more comfortable with the old familiar ways of being dictated to by dominant males. Secondly, there is also a need for young women to explore how gender issues are affecting their own lives and health; women face their own set of rigid notions of femininity that are linked to poor health outcomes. Program M wanted to provide a space for young women to explore and question these harmful constructions.

► Sonke Gender Justice in South Africa

Sonke Gender Justice is an organization with a deep commitment to working with men to promote gender equality, prevent gender-based violence, and reduce the spread of HIV/AIDS. The organization's flagship program, the One Man Can Campaign, is dedicated to supporting men and boys to take action to end domestic and sexual violence and to promote healthy, equitable relationships. The Campaign promotes the idea that every man has a role to play, that each man can create a better, more equitable, and more just world. The Campaign promotes this goal through a variety of strategies including group educational workshops for men, the use of creative arts, media campaigns, and advocacy for progressive gender-equitable policies.

A recent court case filed by Sonke provides a compelling example of how an organization with a history of work with men can directly align itself as a champion of women's rights. Sonke did this by holding the African National Congress Youth League President Julius Malema accountable for hateful and sexist remarks that perpetuate myths about rape. In a January 2009 speech to university students, Malema suggested that the woman who accused ANC President Jacob Zuma of rape had a "nice time" and made other demeaning remarks about her.²⁷

Sonke Gender Justice Network brought a case against Malema in South Africa's Equality Court, charging that his comments about rape survivors amount to hate speech and harassment. Sonke worked in tandem with many well-respected, local women's organizations during the trial. After more than a year of highly publicized proceedings, the Equality Court ruled in favor of Sonke, imposing a fine on Malema and ordering him to issue a public apology. The example set by Sonke Gender Justice Network models what it means to be an ally for women's rights and speak out publicly against gender inequality.

Working with Men and Women Together from the Start

So far this concept paper has examined programs that were originally designed with one sex or the other in mind. These programs have found creative and participatory strategies for expanding their work to become more responsive to both sexes. The following are examples of programs that have worked with men and women together from the outset.

► Stepping Stones in Africa

A well-known and highly acclaimed example is the Stepping Stones Program.²⁸ After 15 years, Stepping Stones remains an outstanding model for its comprehensive work with men and women, young and old, for lasting and measurable change in gender-related attitudes and behaviors. Originally designed in Uganda in 1995, and now expanded beyond Africa to Asia, Latin America and the Caribbean, and Eastern Europe, Stepping Stones is a participatory gender-focused process that brings together men and women from a community to engage in discussion and analysis of environmental factors that make them vulnerable to HIV and take actions in their community to address this. Stepping Stones uses a series of 18 workshops with each of four groups of older men, older women, younger men, and younger women, sometimes separate, sometimes together. At the end, the groups come together and the entire community entertains "requests for change" as the groups perform dramas reflecting the lessons learned. A particularly compelling aspect of Stepping Stones is the use of intergenerational dialogues, thereby involving an extremely diverse group of community members in various roles (fathers, sisters, etc.) to challenge harmful social norms that exist within that environment.

27 Sonke Gender Justice Network: HIV/AIDS, Gender Equality, Human Rights, "Sonke Press Statement on the Equality Court's Ruling on the Julia Malema Case. Press Statement – 15 March 2010," accessed online at www.genderjustice.org, on July 6, 2010.

28 Alice Welbourn, *Stepping Stones: A Training Package on HIV/AIDS, Communication and Relationship Skills* (London: Strategies for Hope, 1995). See also www.stepsstonesfeedback.org.

A rigorous cluster randomized-control trial was used to evaluate the Stepping Stones intervention in rural South Africa. The findings for both women and men were promising.²⁹ Women exposed to the Stepping Stones intervention had 15 percent fewer new HIV infections than those in the control arm and 31 percent fewer herpes infections, although these findings were not statistically significant at the highest level. However, there were statistically significant improvements in a number of reported gender norm-related risk behaviors in men, with men reporting fewer sexual partners and higher condom use, as well as less transactional sex, perpetration of IPV, and substance abuse.

► Soul City in South Africa

The Soul City project aims to influence men and women at both the individual and community level. Based in South Africa, Soul City uses entertainment formats (called edutainment) including radio shows, television dramas, and print materials to address a wide range of social issues. The intervention's population-based approach lends itself to examining issues relevant to both men and women, and the characters presented in the dramas provide opportunities to explore gender dynamics and relationships between the sexes. Soul City has taken on various gender issues including violence against women, women's access to adult education, and attitudes about masculinity. These gender issues are integrated with other themes such as HIV/AIDS, drug and alcohol use, economics, housing, and access to health care.

Stepping Stones' use of intergenerational dialogues involves a diverse group of community members in various roles to challenge harmful social norms.

Several evaluations have been conducted of Soul City, examining the utility of carrying out gender-synchronized programming via edutainment mechanisms. An evaluation of the violence against women program found an impact on attitudes about IPV/SV, help-seeking behaviors, and in participation in community action to speak out against IPV/SV.³⁰ Interestingly, an evaluation of the programs that focused on rigid constructions of masculinity did not demonstrate change in a number of attitudes and subjective norms about male gender roles.³¹ However, qualitative research found that some men exposed to these programs talked about resisting peer pressure, building respect in relationships, and supporting equality between the sexes. It is also plausible that some gender norms are too difficult to change simply by exposure to an edutainment outlet, even if it is an effective vehicle for building awareness of harmful gender norms and attitudes. And possibly, more time may be necessary for changes to be observed as a consequence of this kind of generalized intervention.

29 Rachel Jewkes et al., "A Cluster Randomised Controlled Trial to Determine the Effectiveness of Stepping Stones in Preventing HIV Infections and Promoting Safer Sexual Behaviour Amongst Youth in the Rural Eastern Cape, South Africa," *Tropical Medicine and International Health* 11 (2006): 3-16; and Rachel Jewkes et al., "Rape Perpetration by Young, Rural South African Men: Prevalence, Patterns and Risk Factors," *Social Science and Medicine* 63, no. 11 (2006) 2949-61.

30 S. Usdin et al., "Achieving Social Change on Gender-Based Violence: A Report on the Impact Evaluation of Soul City's Fourth Series," *Social Science and Medicine* 61, no. 11 (2005): 2434-45.

31 Soul City Institute for Health and Development Communication, *Soul City Evaluation Report 2006: A Summary Report of the Research by Markdata October 2005* (South Africa: Soul City Institute for Health and Development Communication, 2006).

► Gender Equity Movement in Schools (GEMS) in India

The overall goal of the Gender Equity Movement in Schools (GEMS) project is to promote equitable gender norms and attitudes in school and community settings in India to reduce negative sexual and reproductive health outcomes among boys and girls. ICRW, in collaboration with municipalities and public schools, Instituto Promundo, and other NGOs, is implementing and testing materials and activities that foster gender equity and reduce gender-based violence among boys and girls ages 12 to 18.

GEMS is using school-based gender equality curricula for boys and girls in select municipal schools of Mumbai and Goa, and among teachers in government schools of Kota district of Rajasthan. The project hopes to affect gender-equitable attitudes and behaviors, including reduction in violence against women, school dropouts, and HIV risk, and to delay age at marriage. In addition, the

project is developing and testing an intervention to engage fathers of girls in two communities of Mumbai on issues related to their empowerment.

The process of engaging fathers as allies began with formative research to understand the dynamics of father-daughter relationships and the possible entry points.

Mixed-sex programs need to ensure that all individuals are provided with a safe, respectful, and supportive environment.

In order to see if there is an effect on gender attitudes, experience of violence, self-efficacy, and self-reported changes in behaviour, an end line survey was conducted in Mumbai with 1100 students, using a self-administered questionnaire. The midline survey data from Mumbai show significantly

higher “equitable attitudes” than the baseline survey. Fifty-three percent of girls who participated in the training had equitable attitudes in contrast with 23 percent at baseline; for boys, the numbers went from 24 to 39 percent. Teachers who had been through the training also demonstrated a significant (though smaller) increase in gender-equitable attitudes after the training.

In summary, interventions that are designed to integrate gender work with both sexes from the start do not escape challenges. One of the greatest concerns for mixed-sex programs is the need to ensure that all individuals—especially girls and women—are provided with a safe, respectful, and supportive environment. This can become a serious challenge when programs are tasked with exploring and questioning prevailing gender norms, and do so in a group dialogue that allows any and all participants to express their views. In such cases the need for a skilled and gender-equitable facilitator is of the highest importance. One potentially serious drawback is the risk of losing private, safe spaces for men and women to explore and address separately gender issues that are unique to their own experiences. For this reason, it is important to think about ways that programs can continue to offer activities for single-sex groups while also providing opportunities for mixed-sex groups to come together, learn from each other, and make shared commitments to social change.

WHAT ABOUT COUPLE PROGRAMMING?

Heterosexual couple-centered programs (and most couple programs are, in fact, oriented toward heterosexual couples) are unique in their orientation because they intentionally target a relationship dyad to improve health outcomes. These programs typically focus on ways that partners can communicate and support each other's reproductive health intentions. These programs usually consider the needs of and communication dynamic between the couple, but they do not necessarily seek to explore individual beliefs about gender, or challenge inequitable gender dynamics. However, some couple-centered interventions have shown increases in gender-equitable behaviors, including men's increased support for their partners' family planning decisions, increased participation men in perinatal care, and men's increased testing for HIV. Therefore, it is important to recognize the value of couple-focused programs and consider ways that they could be viewed as an example of a gender-synchronized intervention.

Most couple-centered interventions focus on health care providers and clinical sites in order to serve couples jointly and more effectively. This usually requires training providers on couple counseling and identifying strategies to bring men into clinics with their female partners. But many focus on improved communication between partners.

There are challenges, however, to couple-centered programs where often the male partner may play a dominant role in the exchange with the health provider or in the decisionmaking process. The challenges are not limited to dynamics between clients. Providers are at risk of unintentionally exhibiting a bias towards one sex or the other in heterosexual relationships and discriminatory attitudes toward same-sex couples.

Providers should ensure that:

- Both partners are willing to participate in a joint counseling session;
- Both members of the couple have an equal opportunity to express their concerns and ask questions;
- Individuals have an opportunity to speak with them in private.

In order to do that, providers may need training on how to effectively counsel couples in a manner that ensures informed choice and eliminates bias.

Sources:

Almaz Terefe and Charles Larson, "Modern Contraception Use in Ethiopia: Does Involving Husbands Make a Difference?" *American Journal of Public Health* 83, no. 11 (1993): 1567-71.

John M. Pile et al., "Involving Men As Partners in Reproductive Health: Lessons Learned from Turkey," AVSC working paper no. 12, June 1999.

Leila C. Varkey et al., *Involving Men in Maternity Care in India* (New Delhi, India: Population Council, 2004).

EngenderHealth, *Increasing Male Engagement in PMTCT/ANC: Male Norms Initiative Pilot Project*. Presented at the PEPFAR Dissemination Meeting. Addis Ababa, Ethiopia: June 17, 2009.

PROGRAMS TO WATCH

Recently some new projects designed to work with both sexes using a gender-synchronized approach to transform gender norms have emerged. Although these projects are in different stages of implementation, and have not been evaluated to date, they provide interesting examples of what gender-synchronized programming can look like and they are worth watching.

Program Name	Brief Description
Inner Spaces Outer Faces Initiative (ISOFI)	<p>Developed by CARE and International Center for Research on Women (ICRW), the ISOFI toolkit is designed for staff of international development and health organizations. The toolkit is made up of participatory group activities to help program staff identify, explore, and challenge their own understandings of gender and sexuality in their lives, the lives of project participants, and within the organizations in which they work. The toolkit includes a set of participatory educational activities that can be used with men and women together to discuss, explore, and transform existing constructions of masculinity and femininity.</p> <p>Sarah Degnan Kambou et al., <i>Walking the Talk: Inner Spaces, Outer Faces, A Gender and Sexuality Initiative</i> (Washington, DC: ICRW, 2006).</p> <p>www.icrw.org/publications/walking-talk-inner-spaces-outer-faces-gender-and-sexuality-initiative</p>
One in Nine Campaign	<p>In February 2006, women's and men's organizations in South Africa came together to launch the One in Nine Campaign. The campaign was initiated at the start of the rape trial of Jacob Zuma, South Africa's current president. The campaign was created to provide solidarity with the female plaintiff in trial as well as support any woman who seeks to speak out about rape and sexual violence. A Medical Research Council (MRC) study on sexual violence in 2005 had indicated that only one out of every nine rape survivors report the attack to the police—thus the name of the campaign. The Campaign has brought women and men together to carry out a five-pronged agenda: 1) to build solidarity; 2) to effectively research social and legal aspects of sexual violence; 3) to galvanize media attention; 4) to transform the legal system so that women who speak out are able to access justice; and 5) to demonstrate solidarity with women who speak out against sexual violence. The One in Nine Campaign has become well known for its activist agenda around events, protests, and demonstrations during the 16 Days of Activism Against Gender Violence. The Campaign has articulated 16 demands for the annual event that are directed to government and aim at improving the conditions survivors confront in engaging in the criminal justice system.</p> <p>www.oneinnine.org.za/ipoint</p>
It's All One Curriculum	<p>In response to growing international support for sexuality and HIV education founded in concepts of gender equality and human rights, the International Sexuality and HIV Curriculum Working Group has created the "It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, HIV, Gender, and Human Rights Education." These guidelines have the potential to provide educators (and perhaps eventually policymakers) around the world with principles, tools, and activities for developing a unified curriculum for both young men and young women on sexuality, gender, HIV, and human rights based on global research about risks to sexual health. Years in the making, the curriculum was released in June 2010, and is being disseminated widely. It has yet to be implemented or evaluated.</p> <p>International Sexuality and HIV Curriculum Working Group, <i>It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education</i> (New York, NY: Population Council, 2009).</p> <p>www.popcouncil.org/publications/books/2010_ItsAllOne.asp</p>

CHOICES Curriculum

The earlier the values that underlie gender equality—and inequality—can be explored, the better. Save the Children has developed a behavior change curriculum for use in Nepal called “CHOICES” that works with boys and girls ages 10 to 14. The curriculum empowers boys and girls to make more gender equitable choices in their lives. The emotion-based curriculum includes eight fun and age-appropriate participatory activities designed to stimulate discussion among young adolescents, who meet every Saturday for two hours. To go through all the sessions takes two months. The young people explore real life manifestations of gender inequity and power, how small actions can lead to gender equity and earn you respect, while discovering how social norms restrict boys from treating girls as equals and result in negative health outcomes. Working with young people during adolescence—a time when they have not yet fixed their social norms and identities—can help them redefine gender roles in ways that will have a positive effect on their health and development.

CHOICES has not yet been scaled up, though Save the Children has the potential to do so since it is working in 300 child clubs. For the purpose of an evaluation currently being conducted with Georgetown University’s Institute for Reproductive Health, Save the Children is working in only six child clubs with about 20 children in each. This implementation will be completed in mid-2010, the endline will be conducted, and then the partners will discuss scaling up.

Save the Children, *CHOICES: A Curriculum for 10 to 14 Year Olds in Nepal. Empowering Boys and Girls to Change Gender Norms* (Westport, CT: Save the Children, 2009).

<http://info.k4health.org/youthwg/pubs/SaveTheChildren.shtml>

Entre Nós

Entre Nós (Portuguese for “Between Us”) is a peer education initiative developed by Instituto Promundo in Brazil. The initiative was created based on work with young men and women who had participated in Programs H and M. The idea was to bring young women and men together to further explore issues of gender, relationships, sexuality, and health, and to have them promote healthy messages to other young people about these issues. The *Entre Nós* program’s main medium for sharing these messages is via radio dramas that explore relationships between the sexes, both heterosexual and same-sex dynamics. Their message is also transmitted through community events, comic books, peer-led workshops, and promotional materials for young people.

Entre Nós highlights the value of addressing gender dynamics with mixed-sex groups of youth. By bringing young men and women together, they are able to share different perspectives of what it is like to experience something as male or female. Such efforts also help build empathy and understanding for the challenges that members of the other sex face. There is particular value in working with younger people, where gender norms are often viewed as more fluid and relationship skills are just being developed.

Promundo: *Entre nós* (“Between Us”). <http://www.promundo.org.br/en/sem-categoria/entre-nos-campanha/>

Women and Men as Partners in Peacebuilding

Recently, many peacebuilding organizations have been developing strategies to teach men and women to be partners in ending gender-based and community violence and promoting peace in their families. In December 2009, the Women Peacemakers Program trained a cadre of men to establish a group of male allies to work together with women in an open, constructive, and respectful manner to support local peace work. As a result of the training, a partnership emerged in Africa’s Great Lakes Region between the Karuna Center for Peacebuilding, Men’s Resources International, PRO-FEMME, and the Rwanda Men’s Resource Center. Over the next year, these four organizations will pilot a new approach to addressing the challenges of gender and community violence in war torn regions. Mixed-sex teams will work with communities in Rwanda, DRC, Burundi, and Uganda. The interventions will mobilize women and men in communities to work together for violence prevention and peacebuilding.

Men’s Resources International. www.mensresourcesinternational.org/africemplate.php?page=africa-mriinafrica

Lessons From Gender-Synchronized Programs—Shoulds and Should Nots

There are some key elements that form the foundation of gender-synchronized programs, and some key pitfalls to avoid.

LESSONS FROM GENDER-SYNCHRONIZED PROGRAMS

Gender-Synchronized Programs SHOULD:

- Employ multiple strategies to change community norms
- Engage men—as partners, clients, and agents of change—as allies in the effort to promote the benefits of more gender-equitable relationships for the whole community and promote positive male role models
- Think about gender equality as a shared goal of programs that work primarily with women or primarily with men
- Recognize that men and women, boys and girls, reinforce notions of masculinity and femininity, including those that might be harmful
- Adapt the strategy for synchronizing work with men and work with women to each setting
- Be open to combining very different program elements for men or for women in a given setting
- Assess staff skills and organizations' resources to determine their ability to implement gender-synchronized activities
- Make long-term investments in promising activities that aim to change community norms
- Evaluate program impact on gender equality as an important outcome itself; think big, anticipate broader effects in considering evaluation
- Create opportunities to bring men and women together but always consider participants' needs to safely disclose their experiences
- Recognize the unique obstacles women and girls face in overcoming gender inequalities

Gender-Synchronized Programs SHOULD NOT:

- Focus on interventions at only one level, without paying more attention to how, for example, institutions like schools or the police may reinforce harmful gender norms
- Engage men without first considering the consequences for women
- Assume that groups working with men necessarily share the objective of working toward gender equality
- Vilify all men and boys as inherently perpetuating negative gender norms and behaviors nor assume that all women and girls are inherently opposed to harmful gender norms
- Assume that the components that work well together in one setting will work well in another
- Assume that the various components of the program should necessarily occur at the same scale or intensity as one another, e.g., a substantial program for women and an exploratory program for men might be appropriate where not much is known about working with men
- Expect that a single organization can provide all programming aspects needed
- Expect immediate change in norms and attitudes about gender roles and relations
- Limit program evaluation to the technical programmatic outcomes of interest, to the exclusion of assessing the effects on gender inequality
- Forget to establish respectful ground rules for mixed-sex communications
- Treat work with men and women as always “symmetrical,” minimizing barriers women and girls face in overcoming gender inequalities

V. Conclusion

Some of the greatest and most systematic injustices occur along the fault lines of gender. Health experts and program designers around the world now recognize how important addressing gender inequality is to improving health, especially sexual and reproductive health. Because gender inequality and gender roles themselves, in many cases, undermine health and development, many practitioners strive to include gender-transformative components in programs to improve sexual and reproductive health.

What is the value added by addressing both men and women in programs and policies that improve health and challenge gender inequalities? In focusing on both masculinity and femininity, and on reinforcing the rights and capacities of everyone in society by synchronizing efforts in both areas, programs may catalyze social changes that support a broad range of improvements in health.

In attempting to overcome gender inequality it is important to work with everyone in society: community members in general, in-laws, children, siblings, and people of every sexual orientation and gender identity. It is not only men and women in intimate relationships with each other who perpetuate rigid and harmful gender norms. Masculine and feminine roles and norms are so often complementary and mutually reinforcing, and the harmful aspects of both must be questioned and shifted.

The challenge of thinking comprehensively about approaches to overcome gender inequality can seem daunting. In defining the vision for improved gender relations, however, this paper has shown that the core principles are few in number: **the need to intentionally reach out to both sexes to promote mutual understanding, to seek to equalize the balance of power between women and men, to recognize how both men and women reinforce notions of masculinity and femininity, and, therefore, that both need to be engaged in reconstructing these roles and creating shared values.** Programs around the world have found that people can be motivated to question harmful gender norms and attitudes, and usually see that it is in their own interest to do so. By synchronizing work with diverse groups of men and women, boys and girls, programs can build momentum for social change that improves health.

What Have We Learned?

This paper makes the case that it is important for health and development practitioners and advocates to intentionally work with both men and women in a synchronized manner to overcome harmful inequalities. The interventions described here provide excellent guidance as to how this work can be done. What is needed in the near future is more evidence of the synergies and sustainable outcomes that emerge when gender-transformative work with men and with women becomes truly synchronized.

This will require research that compares synchronized programs with programs that work with only men or only women. It also requires the active involvement and commitment of program planners, donors, and policy advocates.

Next Steps

Policies form the backdrop for gender-synchronized programming and can create an environment in which such programs flourish. So much innovative work has taken place in recent years to involve men and women in promoting gender equality with all of its potential benefits for health and development. Most has occurred through *programs* working in varied contexts. Initiatives focused on transforming gender dynamics must consider how to move beyond changing individual attitudes by creating and implementing policies that change social structures. At the international level, many UN declarations have provided frameworks for engaging governments in developing gender-equitable legislation at the national level. The general tendency is for governments to endorse gender equality internationally, but this rarely translates to *national* development policies and policy implementation.³² International declarations should be used to mobilize governments to develop policies that reflect the commitments to gender equality that they have signed onto.

Donors can play an important role in moving this agenda forward. Their approaches to working on gender equality and development/sector inequities are as diverse as the programs described in this paper. Their funding streams will drive—or hinder—the coordination of efforts to work with men and with women to promote gender equality for its own sake, as well as a means to reaching development outcomes. The President's Emergency Plan for AIDS Relief (PEPFAR) gender strategy addresses the legal rights and economic empowerment of women and girls as well as male gender norms as complementary components of its gender-related work. The U.S. Department of State incorporated in a recent request for proposals the concept of women's empowerment through working with men and boys, as well as women and girls.³³ Consultations with gender experts around the Global Health Initiative of the U.S. government, which promotes a women- and girl-centered approach and gender equality, have emphasized the importance of engaging and addressing men and boys as well.³⁴ One foundation, which has been a long-time champion in combating the sexual exploitation of children, has recently focused on strategies to engage men in prevention of sexual exploitation and to understand the gendered dynamics of the problem.³⁵

This paper marks the opening of a discussion on bringing gender-transformative programs for women and for men into synchronization with one another. Social change is a choreography in which everyone in a given society must participate, a fact often forgotten by many programs working on gender and development. The civil rights movement in the United States would not have advanced very far or very fast if it had not had a clear vision for what both blacks and whites needed to do. Since people's roles and the prevailing gender norms mutually reinforce one another, real and lasting change must inevitably involve everyone—in dialogue, in programming, and in policies.

32 Greene and Barker, "Masculinity and Its Public Health Implications for Sexual and Reproductive Health and HIV Prevention."

33 United States Department of State, Bureau of Democracy, Human Rights and Labor, accessed online at www.state.gov, 2009.

34 United States Department of State, *Implementation of the Global Health Initiative: Consultation Document* (Washington, DC: United States Department of State, 2009).

35 The Oak Foundation, accessed online at www.oakfnd.org, on July 9, 2010.

Resources

Barker, G.T. *Dying to Be Men: Youth, Masculinity and Social Exclusion*. New York: Routledge, 2005.

Barker, G., C. Ricardo, and M. Nascimento. *Engaging Men and Boys in Changing Gender-Based Inequity in Health: Evidence from Programme Interventions*. Geneva, Switzerland: World Health Organization, 2007.

BRAC's Adolescent Development Programme. Accessed online at <http://brac.net>, on July 9, 2010.

Bruce, J. "Aligning Gender Strategies to Foster a Better Balance of Male-Female Responsibility in Reproductive Health: The Case of Adolescent Girls." Paper presented at the UN Commission on the Status of Women. New York, NY: Population Council, March 3, 2009.

Bruce, J., N. Haberland, A. Joyce, T. Nelson, and E. Roca. "First Generation of Gender and HIV Programs: Seeking Clarity and Synergy." Working Paper, Population Council, 2010.

Caro, D. *A Manual for Integrating Gender into Reproductive Health and HIV Programs: From Commitment to Action (2nd Edition)*. Washington, DC: PRB for the IGWG, 2009.

Castro, A. and M. Singer, ed. *Unhealthy Health Policy: A Critical Anthropological Examination*. Walnut Creek, CA: Altamira Press, 2004.

Diop, N.J., M.M. Faye, A. Moreau, J. Cabral, H. Benga, F. Cissé, B. Mané, I. Baumgarten, and M. Melching. *The TOSTAN Program: Evaluation of a Community-Based Education Program in Senegal*. New York, NY: Population Council, 2004.

EngenderHealth, *Increasing Male Engagement in PMTCT/ANC: Male Norms Initiative Pilot Project*. Presented at the PEPFAR Dissemination Meeting. Addis Ababa, Ethiopia: June 17, 2009.

EngenderHealth. Men as Partners Digital Stories. Accessed online at www.engenderhealth.org, on September 21, 2010.

Erukhar, A., B. Semunegus, and G. Mekonnen. *Biruh Tesfa ("Bright Future") Program Provides Domestic Workers, Orphans and Migrants in Urban Ethiopia with Social Support, HIV Education and Skills*. New York, NY: Population Council, 2010.

Feldman-Jacobs, C. and S. Ryniak et al. *Abandoning Female Genital Mutilation/Cutting: An In-Depth Look at Promising Practices*. Washington, DC: PRB, 2006.

Feringa, B. "Two Years on the Ground: ReproSalud Through Women's Eyes." Draft document presented to the Strategic Objective No. 3 Team of USAID/Peru, April 1999.

Ferrando, D., N. Serrano, and C. Pure. *Salud Reproductiva en Comunidades. Educando y empoderando a mujeres de escasos recursos: Evaluacion de Impacto de medio termino del proyecto ReproSalud*. Peru: Monitoring, Evaluation and Design Support Project, 2002.

Fleischman, J. *Making Gender a Global Health Priority: A Report of the CSIS Global Health Policy Center*. Washington, DC: Center for Strategic and International Studies, 2009.

Friedewald, M., R. Fletcher, and H. Fairbairn. "All-Male Discussion Forums for Expectant Fathers: Evaluation of a Model." *Journal of Perinatal Education* 14, no.2 (2005): 8–18.

Greene, M.E. and G. Barker. "Masculinity and Its Public Health Implications for Sexual and Reproductive Health and HIV Prevention." In *Routledge Handbook of Global Public Health*, ed. Richard Parker and Marni Sommer. New York: Routledge, Forthcoming.

Gupta, G.R., D. Whelan, and K. Allendorf. *Integrating Gender into HIV/AIDS Programmes: Expert Consultation, 3-5 June 2002*. Geneva, Switzerland: World Health Organization, 2003.

Interagency Gender Working Group. Accessed online at www.igwg.org, on September 23, 2010.

International Sexuality and HIV Curriculum Working Group. *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education*. New York, NY: Population Council, 2009.

Jewkes, R., K. Dunkle, M.P. Koss, J. Levin, M. Nduna, N. Jama, and Y. Sikweyiya. "Rape Perpetration by Young, Rural South African Men: Prevalence, Patterns and Risk Factors." *Social Science and Medicine* 63, no. 11 (2006): 2949-61.

Jewkes, R., M. Nduna, J. Levin, N. Jama, K. Dunkle, N. Khuzwayo, M. Koss, A. Puren, K. Wood, and N. Duvvury. "A Cluster Randomised Controlled Trial to Determine the Effectiveness of Stepping Stones in Preventing HIV Infections and Promoting Safer Sexual Behaviour Amongst Youth in the Rural Eastern Cape, South Africa: Trial Design, Methods and Baseline Findings." *Tropical Medicine and International Health* 11 (2006): 3-16.

Kambou, S.D., V. Magar, J. Gay, and H. Lary. *Walking the Talk: Inner Spaces, Outer Faces, A Gender and Sexuality Initiative*. Washington, DC: International Center for Research on Women, 2006.

Kim, J., C.H. Watts, J. Hargreaves, L.X. Ndhlovu, G. Phetla, L.A. Morison, J. Busza, J.D.H. Porter, and P. Pronyk. "Understanding the Impact of a Microfinance-Based Intervention on Women's Empowerment and the Reduction of Intimate Partner Violence in South Africa." *American Journal of Public Health* 97, no.10 (2007): 1794-1802.

MenEngage: Boys and Men for Gender Equality. "Our Core Principles." Accessed online at www.menengage.org, on July 6, 2010.

Men's Resources International. Accessed online at www.mensresourcesinternational.org, on September 21, 2010.

One in Nine Campaign. Accessed online at www.oneinnine.org.za/ipoint, on September 20, 2010.

Payne, S. "How Can Gender Equity be Addressed Through Health Systems?" *Health Systems and Policy Analysis, Policy Brief 12*. Copenhagen, Denmark: World Health Organization and European Observatory on Health Systems and Policies, 2009.

Peacock, D. and A. Levack. "The Men as Partners Program in South Africa: Reaching Men to End Gender-Based Violence and Promote Sexual and Reproductive Health." *International Journal of Men's Health* 3, no. 3 (2004): 173-188.

Pile, J.M., C. Bumin, G.A. Ciloglu, and A. Akin. "Involving Men As Partners in Reproductive Health: Lessons Learned from Turkey." AVSC working paper no. 12, June 1999.

Promundo: Entre nós ("Between Us"). Accessed online at www.promundo.org.br, on September 21, 2010.

Rottach, E., S.R. Schuler, and K. Hardee. *Gender Perspectives Improve Reproductive Health Outcomes: New Evidence*. Washington, DC: PRB for the IGWG, 2009.

Save the Children. *CHOICES: A Curriculum for 10 to 14 Year Olds in Nepal. Empowering Boys and Girls to Change Gender Norms*. Westport, CT: Save the Children, 2009.

Schuler, S.R. "Gender and Community Participation in Reproductive Health Projects: Contrasting Models from Peru and Ghana." *Reproductive Health Matters* 7, no. 14 (1999): 144-157.

Sonke Gender Justice Network: HIV/AIDS, Gender Equality, Human Rights. "Sonke Press Statement on the Equality Court's Ruling on the Julia Malema Case. Press Statement – 15 March 2010." Accessed online at www.genderjustice.org.za, on July 6, 2010.

Soul City Institute for Health and Development Communication. *Soul City Evaluation Report 2006: A Summary Report of the Research by Markdata October 2005*. South Africa: Soul City Institute for Health and Development Communication, 2006.

Terefe, A. and C. Larson, "Modern Contraception Use in Ethiopia: Does Involving Husbands Make a Difference?" *American Journal of Public Health* 83, no. 11 (1993): 1567-71.

The Oak Foundation. Accessed online at www.oakfnd.org, on July 9, 2010.

TOSTAN. *Breakthrough in Senegal: Ending Female Genital Cutting*. New York, NY: Population Council, 1999.

Underwood, C. et al. "Reconstructing Gender Norms through Ritual Communication: A Study of African Transformation." *Journal of Communication*. Baltimore, MD: Johns Hopkins University, Forthcoming.

United States Department of State, Bureau of Democracy, Human Rights and Labor, accessed online at www.state.gov, 2009.

United States Department of State. *Implementation of the Global Health Initiative: Consultation Document*. Washington, DC: United States Department of State, 2009.

Usdin, S., E. Scheepers, S. Goldstein, and G. Japhet. "Achieving Social Change on Gender-Based Violence: A Report on the Impact Evaluation of Soul City's Fourth Series." *Social Science and Medicine* 61, no. 11 (2005): 2434-45.

Varkey, L.C., A. Mishra, A. Das, E. Ottolenghi, D. Huntington, S. Adamchak, M.E. Khan, and F. Homan. *Involving Men in Maternity Care in India*. New Delhi, India: Population Council, 2004.

Welbourn, A. *Stepping Stones: A Training Package in HIV/AIDS, Communication and Relationship Skills*. London, England: Strategies for Hope, 1995.

Appendix I. Operational Elements of Gender-Synchronized Programming

Element of Gender Synchronization	Key Questions to Ask about Each Element	Examples of Ways that Gender-Synchronized Programs Can Address Each Element
Flexible gender roles	Does the program address social constructions of masculinity and femininity?	Group educational workshops that consider how both men and women are socialized <ul style="list-style-type: none"> • Example: Program H and Program M www.promundo.org.br (page 13)
Intentionality in reaching out to both sexes to promote mutual understanding	Does the program provide opportunities for men and women to engage in constructive dialogue? Does the program help explore the gender-related vulnerabilities of men and of women?	Helping groups of older women, younger women, older men and younger men develop theater skits to illustrate their experiences with SRH and gender issues <ul style="list-style-type: none"> • Example: Stepping Stones http://www.steppingstonesfeedback.org/ (page 14) • Example: <i>African Transformation</i> in Uganda uses video portraits of ordinary men and women who have overcome gender-related obstacles to develop their ability to question norms and build their confidence Underwood, C., et al., "Reconstructing Gender Norms through Ritual Communication: A Study of <i>African Transformation</i>," <i>Journal of Communication</i> (Forthcoming).
Equalization in balance of power and pursuit of gender justice	Does the program provide opportunities for men and women to develop and collaborate for a common cause?	Men's groups holding public figures accountable for sexist remarks <ul style="list-style-type: none"> • Example: Sonke takes on Malema through the Equality Court for gender hate speech http://www.genderjustice.org.za/press-releases/sonke-press-statement-on-the-equality-courts-ruling-on-the-julius-malema-case (page 13)
Freedom from violence	Does the program develop strategies that engage both men and women in preventing and responding to gender-based violence?	Personal narratives of men and women sharing their experiences with HIV and family violence <ul style="list-style-type: none"> • Example: EngenderHealth Men As Partners Digital Stories http://www.engenderhealth.org/our-work/gender/digital-stories-south-africa.php
Human rights for both men and women	Does the intervention promote the rights of both men and women?	Developing policies on gender-based violence that protect both male and female survivors <ul style="list-style-type: none"> • Program Example: One in Nine Campaign (page 18)
In M&E: Gender equality as a measure of program success	Does the program measure outcomes related to health and gender equity with both sexes?	Validating findings by looking at effects on partner <ul style="list-style-type: none"> • Friedewald, M., R. Fletcher, and H. Fairbairn, "All-Male Discussion Forums for Expectant Fathers: Evaluation of a Model," <i>Journal of Perinatal Education</i> 14, no.2 (2005): 8–18. www.ncbi.nlm.nih.gov/pmc/articles/PMC1595245/

Appendix II. Glossary

Constructive men's engagement (CME) promotes gender equity; increases men's support for women's sexual and reproductive health and children's well being; and advances the reproductive health of both men and women. Men can be constructively engaged as clients, supportive partners, and as agents of change.

Egalitarian attitudes hold that all people should be treated as equals and have the same political, economic, social, and civil rights; and/or advocate the removal of economic inequalities among people.

Gender refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.

Gender-based violence connotes violence that targets individuals or groups of individuals on the basis of their gender. Gender-based violence may result in physical, sexual or psychological harm. Terms such as Intimate Partner Violence, Sexual Violence, and Domestic Violence are used to describe gender-based violence in its various forms.

Gender equality is equal treatment of women and men in laws and policies, and equal access to resources and services within families, communities, and society at large.

Gender equity connotes fairness and justice in the distribution of opportunities, responsibilities, and benefits available to men and women, and the strategies and processes used to achieve gender equality. Equity is the means, equality is the result.

Gender identity refers to one's sense of oneself as a man, a woman, or transgender.

Gender integration continuum is a tool used by the Interagency Gender Working Group (IGWG) to categorize project approaches by how they treat gender norms and inequities in the design, implementation, and evaluation of programs or policy. These include:

Gender-accommodating approaches acknowledge the role of gender norms and inequities while seeking to develop actions that adjust to and often compensate for them.

Gender-exploitative approaches take advantage of rigid gender norms and existing imbalances in power to achieve program objectives.

Gender-transformative approaches actively strive to examine, question, and change rigid gender norms and imbalance of power as a means of reaching gender equity objectives.

Gender norms are societal messages that dictate what is appropriate or expected behavior for males and females.

Gender relational perspective reflects the idea that gender norms, roles, and vulnerabilities—and the meanings of masculinities and femininities—are constructed through the individual and collective interactions between women and men and, indeed, between everyone in society. The social meanings of masculinities and femininities—and all that happens because of these meanings—are constructed in contrast and relation to each other.

Gender-synchronized approaches are the intentional intersection of gender-transformative efforts reaching both men and boys and women and girls of all sexual orientations and gender identities. They engage people in challenging harmful and restrictive constructions of masculinity and femininity that drive gender-related vulnerabilities and inequalities and hinder health and well-being. Such approaches can occur simultaneously or sequentially, under the same “programmatic umbrella” or in coordination with other organizations. Gender-synchronized approaches seek to equalize the balance of power between men and women in order to ensure gender equality and transform social norms that lead to gender-related vulnerabilities. Their distinctive contribution is that they work to increase understanding of how *everyone* is influenced and shaped by social constructions of gender. These programs seek to identify or create shared values among women and men, within the range of roles they play (i.e., mothers-in-law, fathers, wives, brothers, caregivers, and so on), that promote human rights, mutual support for health, non-violence, equality, and gender justice.

Political economy of health refers to a body of analysis and a perspective on health that seeks to understand the conditions that shape health and health services in the context of broader social, economic, and political relationships. This perspective provides the conceptual tools for understanding the local, national, and global relationships that frame the social and environmental determinants of individual health, funding for health services, and health policy.

Sex refers to the biological and physiological characteristics that define men and women.

Social construction (of masculinity and femininity) refers to the fact that being viewed as a man or a woman in any given society is defined not just by the biological traits they possess, but by the unwritten rules or norms about what is expected of us based on our sex.

Women’s empowerment is a social process whereby women acquire power individually and collectively. It enhances women’s capacity to act independently (self-determination), control assets, and make choices and decisions about all aspects of one’s life. It is the process by which unequal power relations are transformed and women gain greater equality 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 own lives and personal and social relationships.

THE INTERAGENCY GENDER WORKING GROUP (IGWG), established in 1997, is a network comprising non-governmental organizations (NGOs), the United States Agency for International Development (USAID), cooperating agencies (CAs), and the USAID Bureau for Global Health (GH). The IGWG promotes gender equity with population, health, and nutrition (PHN) programs with the goal of improving reproductive health/HIV/AIDS outcomes and fostering sustainable development. For more information, go to www.igwg.org.

For additional copies contact:

Population Reference Bureau
1875 Connecticut Ave., NW, Suite 520
Washington, DC 20009-5728
www.prb.org
phone: (202) 483-1100
email: prborders@prb.org

