

**Adopting the Gender
Transformative
Approach**
in sexual and
reproductive
health and rights,
and gender-
based violence
programmes

Guide to the theoretical background

RUTGERS' TOOLKIT



Adopting a gender transformative approach in sexual and reproductive health and rights, and gender-based violence programmes

This toolkit has been designed as a resource and a guide to support the integration of a gender transformative approach (GTA) into sexual and reproductive health and rights (SRHR) programmes and organisations.

It consists of **five modules** and this **guide to the theoretical background** of the components covered. For each module there is an accompanying **set of handouts** and a **PowerPoint presentation**.

Module 1: Six interrelated components and the socio-ecological model

Module 2: GTA and programme implementation: comprehensive sexuality education, youth-friendly services and the enabling environment.

Module 3: GTA and the prevention of gender-based violence

Module 4: GTA and advocacy

Module 5: GTA at the level of organisations and institutions

Contents

Abbreviations	4
Introduction	5
The origin of gender transformative approaches	5
Gender neutral – gender sensitive – gender transformative programmes	6
What is Rutgers’ Gender Transformative Approach?	7
The socio-ecological model	7
<hr/>	
Module 1	9
1.1 The human rights-based approach	9
1.2 Power	12
1.3 Norms and values	14
1.4 Gender and diversity, sexual orientation, gender identity & expression, sex characteristics	16
1.5 Women’s and girls’ empowerment	20
1.6 Engaging men and boys in SRHR programmes	21
<hr/>	
References	24

Abbreviations

AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
AWID	Association for Women's Rights in Development
BDPfA	Beijing Declaration and Platform for Action
CEDAW	Convention on the Elimination of All Discrimination against Women
CSE	comprehensive sexuality education
DEVAW	Declaration on the Elimination of Violence against Women
DSM	Diagnostic and Statistical Manual of Mental Disorders
GAD	gender and development
GBV	gender-based violence
GEM	Gender Equitable Men
GTA	gender transformative approach
HIV	human immunodeficiency virus
HRBA	human rights-based approach
HRC	Human Rights Council
ICCPR	International Covenant on Civil and Political Rights
ICPD	International Conference on Population and Development
ICRW	International Centre for Research on Women
IDS	Institute of Development Studies
IPPF	International Planned Parenthood Federation
IWHC	International Women's Health Coalition
LGBTI	lesbian, gay, bisexual, transgender, intersex
NGO	non-governmental organisation
PPAZ	Planned Parenthood Association of Zambia
RFSU	Swedish Association for Sexuality Education
RHU	Reproductive Health Uganda
SDG	Sustainable Development Goal
SIDA	Swedish International Development Cooperation Agency
(S)GBV	(sexual) gender-based violence
SOGIESC	sexual orientations, gender identities & expressions and sex characteristics
SRHR	sexual and reproductive health and rights
SRH	sexual and reproductive health
STI	sexually transmitted infection
UDHR	Universal Declaration of Human Rights
UPR	Universal Periodic Review
USA	United States of America
VAWG	violence against women and girls
WHO	World Health Organization
WID	women in development

The origin of gender transformative approaches

In 2000, when president of the International Centre for Research on Women (ICRW), Geeta Rao Gupta made a speech to the XIII International AIDS Conference, she clearly illustrated the link between sexuality, gender and power. Her thinking comes from sexual and reproductive health (SRH) related research.

“Power is fundamental to both sexuality and gender. The unequal power balance in gender relations that favors men, translates into an unequal power balance in heterosexual interactions, in which male pleasure supersedes female pleasure and men have greater control than women over when, where, and how sex takes place ... the imbalance in power between men and women in gender relations curtails women’s sexual autonomy and expands male sexual freedom thereby increasing women’s AND men’s risks and vulnerability to HIV.” (Gupta 2000:2)¹

In that same period, more and more publications show how unequal power balance in gender relations increases men’s vulnerability to HIV infection, “despite, or rather because of, their greater power” (idem:6). For example, the belief that variety in sexual partners is essential to men’s nature, notions of masculinity that emphasise sexual domination over women as a defining characteristic of male hood or the fact that in many societies men are socialised not to show their emotions and not to seek assistance when needed, leading to risk-taking behaviour. Gupta’s speech places the analysis of gender and sexuality² firmly in the relational sphere, taking it out of the public health discourse (which situates it in the framework of disease) and framing sexual health and pleasure as rights (idem:4).³

Simultaneously, authors like Andrea Cornwall criticise the **gender and development** (GAD) discourse.⁴ According to her, GAD maintains the distinction between biological sex and gender in a rather static, oppositional way, establishing the categories ‘women’ and ‘men’ without considering that ‘sex’ is no less socially constructed than ‘gender’ and that differences within or between the two categories exist, just as gender intersects with other dimensions of difference, like class, race, sexual identity, etc. In SRH circles it is argued that the GAD approach portrays men in a stereotypical manner, as oppressors, perpetrators of sexual violence and obstacles to equitable development while women are depicted as cooperative, community-minded and caring. In this way GAD maintains the ‘safe’ oppositional framework, interpreting ‘gender’ as the domain and concern of women (which in fact had been the earlier criticism of the women in development approach), not encompassing the spectrum of subject positions men may occupy.⁵

During the same period, **gender mainstreaming** – defined and promoted as a valuable strategy during and after Beijing 1995 – also became contested. Gender and women’s rights experts begin to doubt the transformational potential of gender mainstreaming because in a neo-liberal climate it is turned into an instrumental and technocratic exercise, doing ‘smart economics’, with that taking the political sting out of the process to achieve gender equality, without addressing underlying power relations.

1. At time of writing, Gupta is Deputy Executive Director of Programmes, UNICEF.

2. Gupta describes the notion ‘sexuality’ with seven ‘P’ words: Practices, Partners, Pleasure/Pressure/Pain, Procreation and Power.

3. See also Mane, P. et al. 1994; WHO 1999; UNAIDS 1999.

4. Cornwall, Andrea (2000) ‘Missing Men? Reflections on Men, Masculinities and Gender in GAD’, *IDS Bulletin* 31

5. See also Razavi, S. and Carol Miller 1995; Connell, R.W. 1995; Dworkin, Shari L. et al. 2015.

“In hostile gender equality policy environments (i.e. patriarchal structures of institutional organisations or the prevalence of policy objectives contrary to gender equality etc.), [gender mainstreaming] may be conceived and applied as an alternative to positive action and used to downplay the final overall objective of gender equality.”
(Stratigaki 2005)⁶

These growing insights show that changing unequal gender relations and achieving positive sexual and reproductive health outcomes can hardly occur without focusing on the complex relational dimensions of gendered power, analysing the spectrum of ways of being men or women, and addressing destructive gender and sexual norms and harmful cultural customs and practices.

“Unless it is observed how men actually are or can be committed to gender issues, gender mainstreaming will be limited to just a technical matter and fail to change the fundamental structure of gender inequality and inequity.” (Kajifusa, H. 1998 in Cornwall 2000:24)

Gender neutral – gender sensitive – gender transformative programmes

In her referred speech, Gupta presents a now familiar conceptual framework with the aim to classify the degree to which SRH interventions engage critically with gender-related issues in their design, implementation and evaluation. She differentiated gender-neutral programmes, which at least seek to do no harm in the way messages are framed, from gender-sensitive approaches. Gender-neutral programmes do not respond to gender-specific needs of individuals, while gender-sensitive programmes do, recognising differential needs and constraints based on gender and sexuality. The latter programmes are necessary but do not alter the balance of power in gender relations. Therefore, says Gupta, next on the continuum are gender transformative programmes, which seek to transform gender roles and create more gender equal relationships. Gender transformative programmes include the engagement of men and boys in fostering constructive roles in sexual and reproductive health, seek the redefinition of destructive gender and sexual norms for both men and women, and the empowerment of women (Gupta 2000:5-7).

Rolleri et al. (2014: 2-3) takes up this framework and distinguishes in detail:

- **Gender exploitative programmes** that reinforce or take advantage of traditional gender roles. E.g. campaigns that use aggressive images of masculinity to sell condoms can be dangerous because they reinforce traditional roles of men being the dominant partner in sexual relationships. They may increase condom use, but could also encourage intimate partner violence. Or an educational campaign that portrays men as uncaring, irresponsible, aggressive, and women as unknowing, shy, or sexy objects, reinforcing negative stereotypes and gender norms.
- **Gender neutral or gender blind programmes** fail to acknowledge the role of gender in their theory of change. By ignoring socio-economic and political gender inequalities they might, often unintentionally, reinforce inequalities. E.g. condoms are distributed to boys and men while the option of distributing them to girls and women, including the female condom, is not considered. This could reinforce the problem that boys and men are most often the decision makers regarding condom use.
- **Gender sensitive programmes** acknowledge gender norms, roles and inequalities but do not necessarily act to change them or fundamentally alter the balance of power inherent in fixed gender roles and norms. For example, a training in HIV prevention may target equal numbers of women/girls and men/boys and provide both sexes with the same information about how to prevent HIV infection, but does not include training

6. Stratigaki, M., (2005). See also Charlesworth, H. 2005; Rao, Aruna and David Kelleher 2006; Davids, Tine et al. 2010.

on sexual rights, which would address the underlying power dynamics in sexual relationships.⁷

- Gender transformative programmes aim to transform gender roles and create more gender equitable relationships. Fostering constructive roles for men in SRH, the redefinition of destructive gender and sexual norms for men and women and the encouragement of healthy sexuality are important. The empowerment of women to improve their access to information, skills, services and technologies and to promote their participation in decision-making is key in gender transformative approaches.

What is Rutgers' Gender Transformative Approach?

Gupta (2000:6) defines gender-transformative approaches as able “to reshape gender relations to be more gender equitable, largely through approaches that free both women and men from the impact of destructive gender and sexual norms”. Roller et al. (2014:3) adds that gender transformative interventions aim to accomplish the following tasks: 1) raise awareness about unhealthy gender norms, 2) question the costs of adhering to these norms and 3) replace unhealthy, inequitable gender norms with redefined healthy ones. Based on these ever growing insights and Rutgers' experiences, Rutgers formulates the following definition:

GTA actively strive to examine, question, and change rigid gender norms and imbalances of power as a means of achieving SRHR objectives, as well as gender equality objectives at all levels of the socio-ecological model.

Programmes and policies may transform gender relations through:

- Encouraging critical awareness of gender roles and norms
- Questioning the costs of harmful, inequitable gender norms in relation to SRHR and making explicit the advantages of changing them
- Empowering women/girls and people with diverse gender and/or sexual identities/orientations
- Engaging boys and men in SRH and gender equality

By applying these four strategies, harmful, inequitable gender norms will change into positive, equitable and inclusive ones and lead to improved SRH of men/boys and women/girls, the prevention of GBV and gender equality.⁸

The socio-ecological model

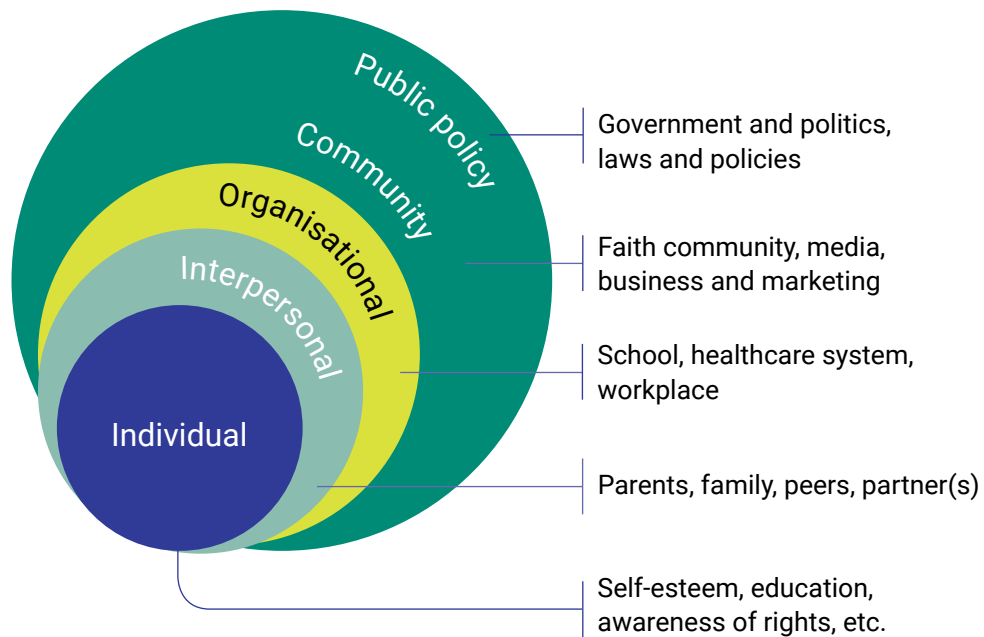
Rutgers uses the socio-ecological model in its international programmes. This model, first described by Urie Bronfenbrenner (1979), allows us to analyse and interfere with the complex interplay in the relationships between individuals and others, at the family, communal and institutional/policy level. The model allows us to visualise institutional structures where arrangements of formal and informal rules and practices enable and constrain the agency of women/girls and men/boys, where rigid stereotypical and discriminatory gender ideologies and norms are often perpetuated, and govern the distribution of resources. Gender transformative health interventions focus not only on norm change at the individual, cultural and interpersonal level, but also in a person's environment (e.g. school, workplace, family, health centre, community, media, government, etc.). In this way we can consider the structural environment that can constrain or enable the agency of men and women to make positive change (Dworkin et. al. 2015).

7. Roller et. al. 2014. See also WHO 2009.

8. Based on Gupta 2000, Roller 2014 and USAID/IGWG 2011.

Research on SRHR programmes has shown that working simultaneously on the different levels of the socio-ecological model is more effective than focusing on interventions at a single level. A meta evaluation by the World Health Organization (WHO) provides evidence that gender transformative SRHR programmes that are integrated and therefore address gender inequality at the individual, community and institutional level at the same time, have better outcomes than programmes that ignore the surrounding environment (WHO 2007).⁹

Figure 1: Socio-ecological model



9. See also CDC 2015.

1.1 The human rights-based approach

Rutgers strives to apply the human rights-based approach (HRBA) to its work.¹⁰ This includes a number of key elements that need to be integrated throughout programme work/ activities (from beginning to end) such as: accountability, participation, non-discrimination, equality and transparency.¹¹ The HRBA is useful to ensure justice when women's and girls' rights, reproductive rights and rights in relation to sexual orientation and gender identity have been violated (for example, in cases of sexual abuse and violence, discrimination or lack of access to SRH health services). Basically, all governments, by signing the UN convention, have committed to the existing international body of human rights treaties and conventions. Human rights thus form a fundamental principle to hold on to when advocating for and claiming equality, human dignity and opportunities for all people to receive education, healthcare and to fight poverty, violence, discrimination and exclusion.

The HRBA encompasses a) the obligation of **duty bearers** to respect, protect and fulfil the human rights of all people, irrespective of their sex, gender and sexual identity, and to abstain from human rights violations; b) the capacity of all people – rights holders – to claim their rights when necessary and c) to hold duty bearers to account to protect and fulfil human rights (accountability). The term 'duty bearer' is most commonly used to refer to state actors, but depending on the context, non-state actors like individuals (e.g. parents), local organisations, private companies, aid donors and international institutions can also be duty bearers.

The duty to respect human rights means that states must refrain from interfering with or curtailing the enjoyment of human rights. The obligation to protect requires states to protect individuals and groups against human rights abuses. The fulfilment of human rights means that states must take positive action to facilitate their enjoyment. At the individual level, while we are entitled to our human rights, we should also respect the human rights of others.¹²

Accountability is another important aspect of the HRBA. Institutions like the European Court of Justice, the International Court of Justice in The Hague and national courts facilitate rights holders to denounce human right violations and initiate court cases. Also, women's rights violations can be reported to the UN Committee on the Elimination of Discrimination against Women and human rights violations can be detected by the Universal Periodic Review (UPR), done at state level by the Human Rights Council (HRC) every five years. Moreover, donors can be held accountable to make sure they harness their grants in line with their policies and objectives, and organisations which receive money to implement programmes are accountable to their donors and partner organisations for the correct implementation of the programmes and achieving the intended results.

Additionally, human rights are universal, indivisible, interdependent and inalienable. They are universal because everyone is born with and possesses the same rights, regardless of where they live, their gender or race, religion, cultural or ethnic background. They are indivisible and interdependent because all rights – political, civil, social, cultural and economic – are equal in importance and none can be fully enjoyed without the others. However, unfortunately the human rights system has created some hierarchy. Civil and political rights are not costly in resources (i.e. freedom of speech, equality in front of the law, etc.). Duty bearers should deliver them immediately. Social, economic and cultural rights are progressive. Duty bearers have to show what they are doing (the steps they are

10. Rutgers 2017a.

11. <http://www.unfpa.org/human-rights-based-approach>; <http://hrbaportal.org/>

12. <http://www.ohchr.org/EN/Issues/Pages/WhatareHumanRights.aspx>

taking) to respect, protect and fulfil these rights in relation to the available resources. Lastly, human rights are inalienable because no one can take away your rights – nor can you give them up; they apply to all people equally without distinction of any kind.

For the HRBA to work, duty bearers need to be capacitated, to know they are duty-bearers and to take this role seriously. Rights holders often require a process to strengthen their critical consciousness and (collective) agency to be able to hold duty bearers to account. People in marginalised groups, such as adolescents, women/girls, people who are illiterate or people with diverse sexual and/or gender identities, especially need empowerment to stand up and claim their rights.

The GTA is intrinsically linked to human rights. As explained in the general introduction, its objectives are gender equality and fulfilled sexual and reproductive rights. The rights of women and girls are not any different from human rights in the broader sense, but they face specific types of human rights violations. For that reason a number of instruments have included explicit reference to these kinds of violations. Reproductive rights are also referred to in several international rights instruments. This is not the case with sexual rights, but there is a growing consensus that sexual health cannot be achieved and maintained without respect for, and protection of, certain human rights.¹³

Women's and girls' rights are defined and included in a range of international human rights instruments, such as the:

- Convention on the Elimination of all Discrimination against Women (CEDAW 1979)
- Declaration on the Elimination of Violence against Women (DEVAW 1993)
- Programme of Action (PoA) of the International Conference on Population and Development (ICPD 1994) Paragraphs 4.1, 4.4, 4.16, 4.17, 4.24
- Beijing Declaration and Platform for Action (1995) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003)
- Articles 2(2) and 4(2) and the Maputo Protocol (2003)
- 2030 Agenda for Sustainable Development, SDG 3 'Ensure healthy lives and promote well-being for all at all ages' and SDG 5 'Achieve gender equality and empower all women and girls' also seek to sustain gender equality, women's and reproductive rights. SDG 10.3 on ending discriminatory laws, policies and practices is also relevant.

Reproductive rights began to develop as a subset of human rights at the United Nation's 1968 International Conference on Human Rights. The resulting non-binding Proclamation of Teheran was the first international document to recognise a reproductive right, stating that: "Parents have a basic human right to determine freely and responsibly the number and the spacing of their children" (art. 16). But states have been slow to incorporate reproductive rights in internationally legally binding instruments. Issues related to reproductive rights are vigorously contested worldwide, regardless of the population's socioeconomic level, religion or culture (Knudsen 2006:1). Reproductive rights were defined in the ICPD PoA (1994):

"Embrace certain human rights that are already recognised in national laws, international laws and international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents." (ICPD 1994, Para 7.3)¹⁴

13. For an overview of international human rights instruments related to women's rights, reproductive rights and sexual rights, see Module 3 GTA and the Enabling Environment – Advocacy.

14. See also <http://www.ohchr.org/Documents/Publications/NHRIHandbook.pdf>

The Beijing PfA (1995) further confirmed this norm:

“The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.” (art. 96)

The Beijing Declaration specifies that women’s reproductive rights are linked with the existing body of internationally recognised human rights. They may include the right to legal and safe abortion; the right to birth control; freedom from coerced sterilisation and contraception; the right to access good-quality reproductive healthcare; the right to education and access in order to make free and informed reproductive choices; the right to receive education about sexually transmitted infections and other aspects of sexuality, and protection from practices such as female genital mutilation.

Sexual rights: There is a growing consensus that sexual health cannot be achieved and maintained without respect for, and protection of, certain human rights. This detailed working definition of sexual rights from the WHO is a contribution to the continuing dialogue on human rights related to sexual health:

“The fulfilment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled. Sexual rights embrace certain human rights that are already recognised in international and regional human rights documents and other consensus documents and in national laws.”

Rights critical to the realisation of sexual health include:

- the rights to equality and non-discrimination
- the right to be free from torture or to cruel, inhumane or degrading treatment or punishment
- the right to privacy
- the rights to the highest attainable standard of health (including sexual health) and social security
- the right to marry and to start a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
- the right to decide the number and spacing of one’s children
- the rights to information, as well as education
- the rights to freedom of opinion and expression, and the right to an effective remedy for violations of fundamental rights
- the responsible exercise of human rights requires that all persons respect the rights of others

The application of existing human rights to sexuality and sexual health constitute sexual rights. Sexual rights protect all people’s rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination (WHO, 2006a, updated 2010).

The International Women’s Health Coalition (IWHC) working definition is also useful:

“Sexual rights embrace certain human rights that are already recognised in national laws, international human rights documents, and other consensus documents. They rest on the recognition that all individuals have the right – free of coercion, violence, and discrimination of any kind – to the highest attainable standard of sexual health; to pursue a satisfying, safe, and pleasurable sexual life; to have control over and decide freely, and with due regard for the rights of others, on matters related to their sexuality, reproduction, sexual orientation, bodily integrity, choice of partner, and gender identity; and to the services, education, and information, including comprehensive sexuality education, necessary to do so.”¹⁵

¹⁵ <https://iwhc.org/articles/sexual-rights-human-rights/>

1.2 Power

Women, girls and people with diverse SOGIESC often can't choose when and with whom to have sex, to say no to sex, to use contraceptives, to access services, SRHR education and information; they lack bodily autonomy and integrity. These are examples of human rights violations, justified by patriarchal and hetero-normative institutions that maintain traditional gender patterns. They reflect inequalities which have their roots in unequal economic, political and social power relationships and display themselves in negative SRHR outcomes like lack of access to health services, teenage pregnancy, unsafe abortion, HIV and other STIs, maternal mortality, etc. Strict gender and sexual norms and values influence women and men's behaviour in such a way that SRHR of themselves and others are negatively affected. More equal power relations in the political, economic and social spheres, as well as critical (collective) awareness and self-esteem is required for disempowered groups and individuals to have the ability to change this situation and claim their rights (Kabeer 2015).

We can distinguish different forms of power for the analysis of power dynamics. The first one is **visible power**, which is often understood as '**power over**'. This power derives from assigned authority and control over human and other 'resources'. It refers to the capacity of more powerful people or institutions to affect the thoughts and actions of people with less power. This power frequently has negative connotations, especially in acts of domination, force, repression, coercion, abuse and corruption. It reinforces and maintains situations of inequity, inequality, poverty and disempowerment.¹⁶ Visible power assumes that decision-making arenas are neutral playing fields, in which any players who have issues to raise may engage freely. It also supposes that actors are conscious and aware of their grievances and have the resources, organisation and agency to make their voices heard. But there are many ways in which certain actors are kept from getting to the decision-making table and particular issues are kept off of the agenda. These are referred to as hidden power.

Hidden power is used by vested interests to maintain privilege by creating barriers to participation, by excluding key issues from the public arena, or by controlling politics back stage. Hidden power may be used within political processes, in organisational contexts such as workplaces, or in community-based organisations, e.g. when members of a certain age, sex or social status are not allowed to speak in public meetings or when a rape is to be legally tried but the case is continuously postponed and does not culminate in a final verdict. The use of hidden power is conscious: actors who have the power apply it in such a way that it is not open or visible for those who suffer the consequences, which are exclusion, powerlessness, devaluation and discredit.

Invisible power is a kind of power that sits in people because of norms, values and beliefs which are accepted in society and seem to be true and normal. But, according to the most cited social scientist ever, Michel Foucault, objective truth does not exist. His research has taught us that experts and scientists play 'truth' games and the winner of this game determines what is perceived as true by society at that moment in history (hegemonic truth). These socially constructed dominant 'truths' are then reinforced through institutions like families, churches, schools, hospitals etc. to let people internalise these norms invisibly (these so called 'truths').

For example, until the early 1970s the American Psychological Association of Diagnostic and Statistical Manual of Mental Disorders (DSM) regarded homosexuality a disease based on so called objective science. The observant reader can see that the religious norms and ideologies of the USA of the times shine through this socially-constructed truth. This belief and resulting invisible power did however enable institutions to force

16. It is important to note that 'power over' can also be used in a positive way, for example to organise, collaborate or to claim (sexual and reproductive) rights or when a manager uses his or her power over to enforce ethical behaviour in line with human rights values and principles.

violent corrective treatment on people and legitimised the violation of a whole range of sexual – and other – human rights. Invisible power like this, which we internalise and embody as truth, through 'science', the 'normal' and institutions, is difficult to address exactly because it operates outside of our consciousness. Invisible power can thus be manipulated by people who have visible power and use power over to maintain certain situations as they are, maintaining the status quo and with it all kinds of privileges that only belong to some.

Invisible power can thus be found in people with little or no visible power, who accept their inferior position due to the caste they belong to, for example, or the economic class. It can also be found in women, who may have economic power, but have internalised the belief they are inferior to men and accept complete obedience to them. It should be stressed however, that invisible power can both be a constructive or destructive force. It can also be a force for 'good'.

In practice the concepts of visible, hidden and invisible power are highly interrelated, e.g. wins by dominant actors in the public arena (visible power) pose obstacles that keep the powerless from participating (hidden power); over time, the lack of visible conflict, friction or contestation can contribute to an acceptance of the status quo as normal (invisible power).

Other definitions of power related to empowerment are '**power to**', which refers to the potential capacity of any individual to act independently and to make free choices, to exercise agency. It opens the possibility for people to take action and become active citizens. To exercise 'power to' individuals need to be conscious, accept their internal strength, dare to speak out and act. This is connected to the **power within**, which is seated within the individual. This power is related to a person's self-perception (from helpless/passive to assertive/active), sense of self-worth, confidence and awareness, which are a requirement for agency and action. Power within has to do with perseverance in difficult situations and the ability to set boundaries, e.g. you can only negotiate condom use if you feel you have the right to protect yourself and have the skills to do so.

A fourth expression of power is '**power with**'. This power is focused on building collective strength and finding common ground among different interest groups. It is based on mutual support, solidarity and collaboration and is connected to the building of movements, alliances and networks. It is about organising, shared objectives and horizontal decision-making processes (Batliwala 2011: 38-40).¹⁷ Some authors also distinguish power under, as a pervasive expression of power originating from abuse, trauma and oppression. '**Power under**' emerges from 'powerless rage' and unleashes destructive forces of sabotage and subversion.¹⁸

If different kinds of power reinforce each other and are interrelated, then strategies for change should also be interrelated and strengthen one another. A policy success in the visible arena of power may be important, but may not be implemented if those outside the visible power dimension are not conscious of this change and how it links to their needs, and therefore are not mobilising to make sure the hidden/invisible forms of power that interfere with the implementation of the new policy are also addressed. For example, a well-intended men engagement policy, aimed at encouraging men to accompany their pregnant partners to the clinic and become more involved with the upbringing of their children, might not work if the social environment considers this to be completely inappropriate and damaging to the social status of the men, who are meant to be the breadwinners and active in public spaces. This points to the importance of the connection between the individual, interpersonal and communal levels of the socio-ecological model described in the general introduction to the toolkit.

17. See also Gaventa, John. 2006; Veneklasen, L., & Miller, V. 2002; Rowlands 1997, cited in Cornwall, A. (2014:2) and <https://www.powercube.net/wp-content/uploads/2011/04/powerpack-web-version-2011.pdf> (downloaded from the Internet in May 2017).

18. Wineman, Steven 2003:47-118. <http://www.TraumaandNonviolence.com>

Further reading

IDS, Power Pack (2009) **Understanding Power for Social Change.**

Available at: www.powercube.net/wp-content/uploads/2010/01/PowerPack_web_version.pdf

Lukes (2005) **Power: A Radical View** (1st ed. 1974). Palgrave Macmillan: New York, 2005 (Second Ed.)

Available at: <http://voidnetwork.gr/wp-content/uploads/2016/09/Power-A-Radical-View-Steven-Lukes.pdf>

1.3 Norms and values

You might have asked yourself why groups of people in a specific context think and act the same way and why people from one culture seem to act differently from another. The sameness and the difference are to do with 'norms'. What is considered 'normal' by groups, communities or organisations is shaped by culture and ideologies, which instil learned values and norms in people who act them out in their behaviour. The different expressions of power explained in Section 1.2, are related to norms, as 'vital determinants of social stratification as they reflect and reproduce relations that empower some groups of people with material resources, authority and entitlements while marginalising and subordinating others by normalising shame, inequality, indifference or invisibility. Norms reflect and reproduce underlying gender relations of power, and that this is fundamentally what makes them difficult to alter or transform' (Sen et al. 2007).

This means that the way we think a woman or a man should behave or act is mainly determined by the society we live in and the cultural norms we share. These expected 'roles' of men and women are called gender roles. Many cultures recognise two basic gender roles: masculine (having the qualities attributed to males) and feminine (having the qualities attributed to females). This is different from the biological characteristics – our sex – which we are born with, such as the 'objectively' measurable organs, hormones and chromosomes, i.e. female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.¹⁹ In most societies it remains extremely difficult for men and women to live beyond the expected gender roles, defying the general societal rules. Confronting social and sexual norms and expectations remains a challenge for those men and women wanting to step outside the box and act in a more equitable and liberated manner.

"Gender norms are powerful, pervasive values and attitudes, about gender-based social roles and behaviours that are deeply embedded in social structures. Gender norms manifest at various levels, including within households and families, communities, neighbourhoods, and wider society. They ensure the maintenance of social order, punishing or sanctioning deviance from those norms, interacting to produce outcomes which are frequently inequitable, and dynamics that are often risky for women and girls [...] Norms are perpetuated by social traditions that govern and constrain behaviours of both women and men, and by social institutions that produce laws and codes of conduct that maintain gender inequities" (Keleher and Franklin, 2008:43).

For example, the belief or value that women are inherently 'caring' results in many women abstaining from paid employment and the economic power that comes with it. This gender ideology creates a social group norm that excludes women from the labour market, restricts them to part-time work or lower paid jobs, and keeps them responsible

19. According to Judith Butler's queer theory, biological sex is also socially constructed, i.e. medical science, which itself is not objective, determines whether sexual organs at birth are put in either the male or female category. See <http://www.theory.org.uk/ctr-butl.htm>

for the unpaid care work that it is considered 'normal' and 'natural' for women to do. Another example in relation to sexuality is the belief that men have more sexual stamina than women, which leads to the norm that men must be sexually active with many (concurrent) sexual partners. The belief, on the other hand, that women are sexually passive, have no desire and are vulnerable feeds into norms and laws that restrict and control women's sexuality and prevent women and girls from accessing knowledge, support and skills that would enable them to make informed decisions about their sexuality and bodies.

Norms are thus, "patterns of behaviour that are widespread, are generally tolerated or accepted as proper, are reinforced by responses of others and are quite hard to resist even if they run against what is felt to be right" (Tibandebage et al. 2002). Norms are perceived as natural even though they are socially constructed and often unconscious.

Moreover, norms can be both formal and informal. Formal norms are reproduced and policed through a variety of institutions including the family, government organisations, the education system, the legal system and a range of other social, economic and political institutions. Each of these institutions defines 'formal' rules of conduct and ways of enforcing these rules. Informal norms, on the other hand, are culturally and historically evolved practices or behaviour (customs). What is normal or considered right and natural is managed through informal sanctions (customary law) or through the largely unconscious process of internalisation, in which case external sanctions are not needed. For example, the norm that men must be the protector and breadwinner of the family, justifies a lack of emotional connection with and role in upbringing of his children.

Changing or challenging norms

Harper and others, in their work on gender justice and social norms, have made an overview of all the social theory available on norm change and concluded that harmful gender norms, such as child marriage or boy preference, are more difficult to change when more than one factor keeps these norms in place (Harper 2014). They call this the 'stickiness of norms'. Child marriage is stickier to change when for example religious, economic and patriarchal norms work together to maintain this harmful practice. Their research also shows that creating a critical mass with changed behaviour can change norms, and that the use of community dialogues, role models, positive reinforcement (reward) of new norms and negative reinforcement (punishment) of the old ones are effective strategies for changing harmful norms.

Gender norms are ...	
most likely to change when:	less likely to change when:
there is no economic interest in the continuation of a practice or economic interest in changing norms/practices	there are strong economic interests in the continuation of a practice
no one's power is threatened by change	groups perceive their power and status to be undermined by change
only one key factor supports a norm	the norm is supported by multiple factors
there are no religious reasons for maintaining a practice	there are religious forces that support the practice
a critical mass (big group) has already changed their practice	very few others have changed the practice
role models and opinion leaders (religious leaders) promote change	role models and opinion leaders oppose change
changing political or institutional contexts provide opportunities	political and institutional environment is resistant to change

Bantebya et al. in their research on child early and forced marriage and education in Uganda (2014), recommend the following strategies to tackle harmful gender norms, which are also relevant for SRHR programming:

- Community dialogues designed to share views and perspectives, increase awareness and change discriminatory attitudes and practices
- Deepen engagement with cultural leaders, religious authorities and other local 'gate-keepers' and opinion leaders
- Continuous outreach and sensitisation of care-givers
- Affirmative action for girls and women but also further sensitisation and engagement with boys and men, including fathers
- Continuing advocacy for legal reform
- Community sensitisation on the law
- Improve education services and strengthen demand
- Strengthen technical training for young people, particularly girls
- Economic empowerment measures for girls and young women within the context of overall poverty reduction measures, also addressing boys and men, and gender and power relationships

From Rutgers practice the following strategies can be added:

- Establish positive male role models in the communities
- Give comprehensive sexuality and gender education to girls and boys
- Engage (young) men-fathers in pre/postnatal and childcare

Further reading

Marcus (2014) **Changing discriminatory norms affecting adolescent girls through communications activities: insights for policy and practice from an evidence review**. Overseas Development Institute (ODI), Sussex.

Marcus and Harper (2014) **Gender Justice and Social Norms: process for change for adolescent girls**. Overseas Development Institute (ODI), Sussex.

1.4 Gender and diversity, sexual orientation, gender identity & expression, sex characteristics

In this section we are going to deepen the understanding of the concepts of 'gender' and 'gender and sexual diversity'. The notion of gender has evolved over the years; in the 1970s feminists used it to contest biological determinism (nurture versus nature): gender inequality cannot be justified by attributing fixed characteristics to women (caring, modest, vulnerable, soft, etc.) and to men (strong, active in the public sphere, dominant, insensitive, etc.), supposedly resulting from biology/nature. The concept of gender allows the explanation of gender inequality through reference to the process of socialisation by which girls and boys are moulded into 'good' girls and boys in most societies, according to patriarchal norms and values. In Section 1.3 on norms and values, we already explained the meaning of 'sex' and 'gender roles' and clarified the strong connection between norms and gender roles. In 2000, Courtenay theorised 'gender' beyond 'roles', writing that:

“From a constructionist perspective, women and men think and act in the ways that they do, not because of their role identities or psychological traits, but because of concepts about femininity and masculinity that they adopt from their culture... Gender is not two static categories, but rather ‘a set of socially constructed relationships which are produced and reproduced through people’s actions’... it is constructed by dynamic, dialectic relationships... Gender is ‘something that one does, and does recurrently, in interaction with others’... it is achieved or demonstrated and is better understood as a verb than as a noun... Most importantly, gender does not reside in the person, but rather in social transactions defined as gendered... From this perspective, gender is viewed as a dynamic social structure” (cited in Dworkin et al. 2015:129-130).

Contrary to ‘sex’ as the biological characteristics of males and females, ‘gender’ refers to the social-psychological-cultural representations of masculinity and femininity, as a construct that entails gender identity, roles, stereotypes, norms, attitudes and expression. Current postmodern perspectives define gender as:

- **an individual characteristic:** a person’s gender identity and attitudes
- **a norm:** gender stereotypes, roles, the ‘sexual double standard’²⁰
- **a process:** gender socialisation and ‘do gender’ = the continuous *enactment* of gender roles

It is important to distinguish the biological from the social explanations when talking about gender. The former stresses the differences between women and men, attributing them to sex, while the latter are more diverse and mutable.

Patriarchy depicts male and female sexuality as fundamentally different and complementary: that the activity of sex comes from a masculine drive, that masculine sex is active and active sexuality is a precondition for masculinity (male assertiveness, competitiveness). In this binary way of thinking, feminine sexuality is the opposite: reluctant, subservient and vulnerable (compare feminine modesty and care-giving). This is called **heteronormativity** (Vanwesenbeeck 2017 and 2009).

From the above it can be concluded that gender is linked to sexuality but gender identity and sexual identity are not the same thing. The sexual expression of people is partly determined by biology, but also by psychological, social and cultural influences, just as with gender. In this mix inconsistencies exist between attraction, behaviour and identity. For example, a lesbian woman may sometimes feel herself sexually attracted to someone of the opposite sex, which would classify her as (temporarily) bisexual, but romantically speaking she may not fall in love with that man. Homosexual men can show more gender non-conforming behaviour (regarding the traditional, binary division) e.g. in pastimes, interests, speech patterns, and body movements, but a lot of variability exists (Rieger et al. 2008). People who step out of their socially assigned gender roles are sometimes referred to as transgender. Some cultures recognise or accept three or more gender roles.

The binary interpretation of sex and gender has caused stereotyping, polarisation and stigmatisation; it has created a tunnel vision where people feel pressure to confirm the existing expectations about how to behave socially and sexually. In this harmful preoccupation with and exaggeration of sex-differences, too little attention has been given to diversity and the influence of social factors on sexuality. We now know that the stereotypical, gender typical sexuality is detrimental for the sexual and reproductive health and pleasure of people. Notions of masculinity, like assertiveness, competitiveness and active sexuality, and femininity as subservient, subordinate and vulnerable, cause unequal and inequitable sexual relationships where women’s/girls’ rights and sexual rights are violated.

20. An example of the double standard is how society condemns sex-workers as ‘vulgar’ and ‘sinful’, in some countries even as ‘unlawful’, yet winks playfully at the men who keep these women in business. How can sex-work be wrong for one sex, but right for the other?

These growing insights lead us to point to the universal human rights of sexual and gender diverse people and to focus beyond 'minorities'. In addition to the already existing human rights legislation regarding women's and girls' rights (CEDAW, DEVAW, Beijing Platform for Action 1995, SDG 5), in 2007, a group of human rights experts defined the Yogyakarta Principles on the Application of Human Rights Law in Relation to Sexual Orientation and Gender Identity. In 2016 the 32/2 resolution 'Protection against violence and discrimination based on sexual orientation and gender identity' was adopted (Human Rights Council 2016). The Yogyakarta Principles also point to a need to change the terminology used to denote LGBTI (lesbian, gay, bisexual, transgender, intersex) people,²¹ as LGBTI is itself becoming a stigmatising term, often used to consider people with diverse sexual and gender identities as deviating from the hetero norm, which is deemed to be the 'right' norm. For this reason, the term SOGIESC (sexual orientation, gender identity and expression, sex characteristics) is becoming more favoured (Rutgers 2017b).

Gender equality and gender equity

In the preceding paragraphs the concept gender equality has already been mentioned several times. It is connected to the human rights agenda and has long since been used to indicate the final goal in the struggle for women's rights. **Gender equality** has transformative connotations, referring to women's empowerment, non-discrimination and equal rights regardless of gender. **Gender equity** is another term also commonly used to refer to the objective of the struggle for women's rights. In this notion the focus is on fairness and justice regarding the benefits and needs people have. Within the health sector for example, equity refers to the distribution of resources based on the needs of different groups of people. Usually a gender analysis is done to assess these needs, which may be different for women and men, boys and girls or people with diverse gender/sexual identities.

But the concept of gender equity is also used to detach gender equality from the human rights agenda, not considering women and girls' rights as human rights. Conservative actors have picked it up, using it to emphasise the complementarity of women and men and arguing that women and men have biologically given roles and obligations in society (Sare 2015).²² This interpretation of 'gender equity' does not fully endorse the gender equality agenda: it does not contest power relations and unequal social, economic, and political structures, leaving out the transformative and challenging aspects of gender equality (SIDA 2016).²³ In line with this, UN Women in its e-learning course 'I know Gender' defines gender equality as follows:

"Women and men have equal conditions, treatment, and opportunities for realising their full potential, human rights and dignity, and for contributing to (and benefiting from) economic, social, cultural, and political development. Gender equality is, therefore, the equal valuing by society, of the similarities and differences of men and women, and the roles they play. It is based on women and men being full partners in the home, community and society."²⁴

21. Heterosexual or exclusively opposite sex attracted people are consistently (sexually and/or romantically) oriented to people of a different sex than their own. People who are consistently (sexually and/or romantically) oriented to people of the same sex as their own are referred to as gay (for men), lesbian (for women) or exclusively same-sex attracted people. People who are consistently (sexually and/or romantically) oriented to more than one sex are referred to as bisexual people. A transgender is a person whose gender identity is different from their sex assigned at birth. They can have every sexual orientation. Other labels adopted by people whose sexual orientations span across the gender spectrum or beyond are, for example: pansexual (someone who doesn't feel either male or a female, psychologically speaking); queer (questions or criticizes binary notions of gender); and asexual (not interested in any sexual relationship) people.

22. <http://turkishpolicy.com/article/719/a-new-momentum-genderjustice-in-the-womens-movement-winter-2015>

23. See also UNFPA 2017, <http://www.unfpa.org/gender-equality> and CID 2012, <http://www.cid.org.nz/assets/CID-Resources/Fact-Sheets/FS6.-2014-format-Gender.pdf> (both retrieved 31 August 2017).

24. UN Women Training Centre eLearning Campus 2017, 'I know Gender', <https://trainingcentre.unwomen.org/>

Gender equity is described as:

“This is the process of being fair. Refers to the different needs, preferences and interests of men and women. It means fairness and justice in the distribution of benefits and responsibilities between men and women” (WHO 2007).

To ensure fairness, special, temporary measures may need to be taken, to compensate for historical or systemic bias or discrimination. Gender equity is a means of achieving gender equality. The preferred terminology within the United Nations, according to CEDAW General Recommendation 28, is gender equality rather than gender equity.²⁵ It is critical to bear in mind that gender equality is a rights-based concept, that in fact it covers the meaning of gender equity (fairness and justice with regards to interests and needs) and that it doesn't support conservatism in any way.

Gender equality is connected to an **intersectional** view of inequalities between women and men, girls and boys and people with diverse gender and sexual identities. This means that related, overlapping systems of oppression or discrimination (like gender, race, social class, ethnicity, nationality, sexual orientation, religion, age, mental or physical disability, etc.) shape the social identities of people, reinforcing existing power structures and privileges, i.e. gender inequality is often mutually reinforced by other forms of inequality (e.g. racism, homophobia, economic elitism), which makes exclusion different and often worse. Multiple identities interconnect in one person, to create a whole that is different from each identity or social categorisation apart (Crenshaw, 1989). This is called intersectionality, which thus is, “an analytical tool for studying, understanding and responding to the ways in which gender intersects with other identities and how these intersections contribute to unique experiences of oppression and privilege” (AWID 2004:1).

SRHR programmes need to examine all aspects of their participants' identity to detect the relationship between converging identities in people and their access to rights, and to understand how policies, programmes and services that impact on a certain aspect of people's lives may also have consequences for other facets.

Further reading

SRHR Alliance (2016) **Sexual Diversity: Building bridges towards mainstreaming of sexual and gender diversity in SRHR organisations – lessons learned in Africa and Asia**. Utrecht: SHRH Alliance. Available at: <https://simavi.org/wp-content/uploads/2016/02/Mainstreaming-Sexual-and-Gender-Diversity.pdf>

Rutgers (2016) **Access, Services and Knowledge Programme, Essential Packages Manual**. Available at: www.rutgers.international/sites/rutgersorg/files/PDF/Essential%20Packages%20Manual_SRHR%20programmes%20for%20young%20people_%202016.pdf

25. Idem.

1.5 Women's and girls' empowerment

“Empowerment is the expansion of choice and the strengthening of voice through the transformation of power relations, so women and girls have more control over their lives and futures” (Eerdewijk et al. 2017:17).

This is only one in a range of existing definitions of **empowerment**. It is based on a series of approaches which over the years have emphasised different dimensions of empowerment. In the 1980s and 90s, empowerment was perceived as an unfolding process that would lead to changes in consciousness and collective power, reflecting a radical feminist view that was concerned with transforming power relations in favour of women's rights and greater equality between women and men. Many writings of that period insist that empowerment is relational and that it cannot be bestowed by others: it is about self-image, self-consciousness, personal and collective action and change in the structural basis of gender inequalities. ‘The personal is political and the political is personal’ was the motto (Rowlands 1997, Sen 1997, Kabeer 1994).

The emphasis of contemporary development policies no longer reflects these elements of empowerment. ‘Rights’, ‘equality’, ‘justice’ and ‘collective action’ have been replaced with ‘efficiency’, ‘investment’, ‘returns’ and ‘smart economics’. Economic empowerment and the ‘business case’ are the new hegemony, and it is believed that success for women in business or economic terms is enough to overcome other barriers to equality.

Ferguson (2004) makes the distinction between ‘liberal’ and ‘liberating’ empowerment, the first referring to ‘a process individuals engage in to have access to resources so as to achieve outcomes in their self-interest’ (power to) while the second is ‘the increased material and personal power that comes about when groups of people organise themselves to challenge the status quo through some kind of self-organisation of the group’²⁶ (power to, with and within). This last definition points to power as a relational construct: individual agency becomes collective, relational agency.²⁷

Cornwall (2014:6-7) has typified ‘liberal empowerment’ through the metaphor of ‘motorways’, where governments and international agencies have been going nowhere fast in changing power relations in favour of women, by putting too much emphasis on the ‘business case’ and taking the notion of ‘power’ out of empowerment. In contrast, she describes ‘liberating empowerment’ as ‘pathways’, which captures the sense of a route and of one or more varying journeys towards empowerment, by generating self-consciousness, collective organising and action to address unfavourable power dynamics.

In Section 1.2 we saw that power over, to, within and with are fundamental aspects of empowerment. So is **choice**, implying “the ability of women and girls to make and influence choices that affect their lives and futures” (Eerdewijk et al. 2017:17). Choice is empowering when, for example, women and girls have freedom to choose from a range of options regarding contraceptive use or when and whom to marry. In addition, empowered choice challenges social inequalities. This is called ‘**critical consciousness**’, defined as ‘Women and girls identifying and questioning how inequalities in power operate in their lives, and asserting and affirming their sense of self and their entitlements (‘power-within’) (idem:43). For empowerment to happen, choices need to materialise in actions and outcomes.

26. Cecilia Sardenberg (2009) cited in Cornwall 2014:5.

27. See also Kabeer 1999.

Another core feature of empowerment is the **amplification of women's and girls' voice**: 'the capacity of women and girls to speak up, be heard and share in discussions and decisions – in public and private domains – that affect their lives' (idem: 17). Voice is important to contest existing power relations. It can be realised through:

- The participation and representation of women and girls in political and economic decision-making institutions;
- Collective organising in favour of gender equality;
- Strengthened leadership of women and girls (individually and collectively) to pursue own interests and needs; and
- Holding institutions accountable (idem: 20).

Agency relates to choice and voice, meaning "women and girls pursuing goals, expressing voice and influencing and making decisions free from violence and retribution" (idem: 25). More than voice it is about making informed decisions, implying awareness and "imagining the previously unimaginable". Regarding SRHR, this entails, for example, that women and girls can decide whether, when and whom to marry or whether, when and with whom to have sex. These types of decisions are strongly affected by gender and age, in intersection with other social markers such as socioeconomic status, sexual orientation, ethnicity, race, or caste. Empowered decision-making involves negotiating, influencing and bargaining (Gammage et al. 2016, cited in Eerdewijk 2017:26).

The last dimension of agency dealt with here is leadership. We distinguish between **formal leadership** concerning women's political participation or representation in leadership and management positions, and **informal leadership** defined as "the ability to inspire and guide others in order to bring about change" (Debebe 2007:2, cited in Eerdewijk 2017:29). Leadership can manifest itself individually and collectively and it can encompass power over, power within, power to and in case of collective action also power with (Cornwall 2014). Leadership is an expression of choice and voice, entails empowerment and greater control of women and girls over their lives.

1.6 Engaging men and boys in SRHR programmes

For many years gender equality has been perceived as a women's domain. However, within the SRHR field there is a growing understanding that gender is a relational concept which means that people's gender identity and expression are formed and continuously (re)shaped in interaction with others: between women (girls) and men (boys) mutually, women (girls) and men (boys) and people with diverse SOGIESC mutually and in relationship with heterosexual people. In this interplay social and cultural values of what is considered to be normal, accepted and good are acted out and held in place by power dynamics. This is the way we approach gender, presuming that it is difficult to change harmful gender norms without involving all the players who maintain them in their daily behaviour. This implies that gender transformative SRHR programmes include women/girls, men/boys and people with diverse SOGIESC. This is called the '**gender synchronised approach**' (Greene & Levack 2010).

Men and boys are crucial partners in effectively reducing gender inequality and the discrimination of women, girls and people with diverse SOGIESC. Leaving them out has often led to failures in challenging the systems and processes that control and limit the SRHR of these groups. This means that we must politicise masculinities, considering how elemental economic, political and social power and gender relations shape men's behaviour and attitudes, something that has often been ignored by the women's movement (Cornwall, Edström and Greig 2011).

Boys and men are also affected by gender socialisation. Gender attitudes, behaviours and power dynamics, also in intimate and sexual relationships/identities, are formed from an early age. It is important to influence these with early interventions to stimulate reflection, develop skills, promote healthy lifestyles for more equal and equitable relationships. This thinking is supported by findings of the Global Early Adolescent Study, which recommends that sexuality education and gender programming should focus on 10-14 year old youths, and include their caregivers and peers, as they have the most impact on the social construction of gender norms at that age.²⁸ One can imagine that in certain situations boys and men are also disempowered: they too can lack self-esteem, awareness of their rights and be vulnerable to negative SRH outcomes often reinforced by unemployment, poverty and risky health behaviour (e.g. alcohol and substance abuse).²⁹

Over the last few decades, several effective interventions have been developed that positively engage men and boys for gender equality. To transform harmful masculinities, a mind-shift is required in how we work with men and boys. Whereas men and boys have often been framed as part of the problem we need to start seeing them as part of the solution. Gender is socially constructed, which makes men just as much gendered beings as women. Learned behaviour can therefore be unlearned and changed for the better. When men internalise, and practise more gender equitable norms, this has a positive impact on the wellbeing of everyone.³⁰

In some cases, the engagement of men has been met with resistance from the women's rights movement, often based on fears of the dilution of a feminist agenda, or the possibility that men might swallow up resources and jobs. It is therefore important to stress that the final goal of gender transformative programming is always gender equality, and that the rights and empowerment of girls and women are to be addressed in the different areas of work in SRHR programmes. This means that the priorities and the voices of women's rights organisations, particularly those who are active in the field of preventing (sexual) gender-based violence (SGBV), are to be elevated. Accountability to the women's movement and participation of women's rights organisations in design and governance of SRHR interventions is essential to ensure that patriarchal norms do not (unconsciously) prevail in programming and that interventions which engage boys and men are not at the detriment of SRHR outcomes for girls and women.

"... Investing time in building and maintaining supportive relationships with women's rights organizations... and drawing on these organisations as a source of knowledge for policy dialogue" (Mukhopadhyay et al. 2011, cited in Cornwall 2014:24).

MenEngage, a global network of around 600 non-governmental organisations (NGOs) that work towards gender equality, has defined various levels of **accountability**: horizontal and vertical; interpersonal and professional; and personal and institutional accountability (see Handout 1.4). MenEngage stresses the importance of accountability at all these levels. Personal accountability is essential for interpersonal/professional accountability. Our personal beliefs, behaviours and relationships must reflect those we want to see in the world. Accountability, therefore, is not something that can be exercised in one environment and switched off in another.³¹

28. See: www.geastudy.org/. This is a partnership between the Johns Hopkins University, WHO, Rutgers' Indonesian Country Office and research institutions around the world (2017).

29. Griffith et. al. 2016.

30. Rutgers has developed a guide on the skills required to work with adolescent boys around sexuality. If you feel you could use these skills please refer to the guide online: www.rutgers.international/what-we-do/positive-masculinities/new-manual-adolescent-boys-and-young-men-sexuality-and

31. For more information, see: <http://menengage.org/critical-dialogue-on-engaging-men-and-boys-in-gender-justice-summary-report/>

Further reading

Care, Promundo (2012) **Journeys of Transformation: A Training Manual for Engaging Men as Allies in Women's Economic Empowerment.**

Available at: <http://www.care.org/sites/default/files/documents/Rwanda%20Journey%27s%20of%20Transformation.pdf>

Instituto PROMUNDO (2002) **Programme H/M.**

Available at: <http://promundoglobal.org/programs/program-h/>

Instituto PROMUNDO, REDMAS, EME (2013) **Programme P: Manual for Engaging Men in Fatherhood, Caregiving, and Maternal and Child Health.**

Available at: <http://promundoglobal.org/programs/program-p/>

RFSU, Sonke Gender Justice Network, RHU, PPAZ (2012) **Male Involvement in SRHR: a basic model for Male Involvement in Sexual and Reproductive Health and Rights.**

Available at: <http://menengage.org/building-male-involvement-in-srhr-a-basic-model-for-male-involvement-in-sexual-and-reproductive-health-and-rights/>

Worldbank (LOGiCA), Promundo et al (2014) **Living Peace Groups: Implementation Manual and Final Project Report – GBV Prevention and Social Restoration in the DRC and Burundi.** Prepared by Promundo-US for LOGiCA.

Available at: <http://promundoglobal.org/programs/living-peace/>

References

- ASK (Access, Services, Knowledge) – YEA (Youth Empowerment Alliance) 2016. End of Program Evaluation, Synthesis Report. Amsterdam.
- AWID (2004). *Intersectionality: A tool for Gender and Economic Justice. Women's Rights and Economic Change, No. 9.* www.awid.org/sites/default/files/atoms/files/intersectionality_a_tool_for_gender_and_economic_justice.pdf (Retrieved from the internet 30-8-2017).
- Bantebya et al. (2014). *Adolescent girls in the balance: Changes and continuity in social norms and practices around marriage and education in Uganda.* ODI: London.
- Batliwala, S. 2011:38-40. *Feminist leadership for Social Transformation. Clearing the conceptual cloud.* Delhi: CREA. <https://justassociates.org/sites/justassociates.org/files/feminist-leadership-clearing-conceptual-cloud-srilatha-batliwala.pdf>
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design.* Cambridge, MA: Harvard University.
- CDC (2015). *The Social-Ecological Model: A Framework for Prevention.* Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, March 2015.
- Charlesworth, H. (2005) 'Not Waving but Drowning: Gender Mainstreaming and Human Rights in the United Nations', 18 *Harvard Human Rights Journal* 1.
- Connell, R.W. (1995). *Masculinities.* Berkeley, CA: University of California Press.
- CID (2012). *Gender Equity and Gender Equality. A brief overview of these issues and their application within NGOs' Council for International Development CID Fact sheet 6.* www.cid.org.nz/assets/CID-Resources/Fact-Sheets/FS6.-2014-format.-Gender.pdf (Retrieved from internet 31-8-2017).
- Cornwall, A. (2000). *Missing Men? Reflections on Men, Masculinities and Gender in GAD.* *IDS Bulletin* Vol. 31 No 2.
- Cornwall, A. (2014) *Women's Empowerment: What works?* *Journal of International Development*, Sept 2014.
- Cornwall & Edström and Greig (ed.) (2011). *Men and Development: Politicising Masculinities.* London: Zed Books.
- Crenshaw, Kimberlé (1989). *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics.* University of Chicago: Legal Forum. 140: 139–167.
- Davids, Tine, Francien van Driel, Franny Parren (2010). *Gender mainstreaming: driving on square wheels. Theoretical review and reflections.* Nijmegen: Development Policy Review Network. On track with Gender Trajectory.
- Dorr, Jacqueline (1991). *Choose Life! A Life Experience and Scripture-based Resource Book for Christian Women's Groups.* Nairobi.
- Doyle, K, Ruti G. et al (2018). Gender-transformative Bandebehero couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. *PLOS ONE*, <https://doi.org/10.1371/journal.pone.0192756> April 4.
- Dworkin, Shari L. et al. (2015). 'The promises and limitations of gender transformative health programming with men: critical reflections from the field.' *Culture, Health & Sexuality.*
- Eerdewijk, Anouka van, Franz Wong et al (2017). *White paper: A conceptual Model of Women and Girls' Empowerment.* KIT, Gender and Bill & Melinda Gates Foundation, 2017.
- Ferguson, A. (2004). *Can Development Create Empowerment and Women's Liberation? Paper presented at the 2004 Center for Global Justice Workshop 'Alternatives to Globalization'.*
- Gaventa, John (2006). *Finding the Spaces for Change: A Power Analysis.* *IDS Bulletin*, Volume 37 Number 6, pp. 23-33. Institute of Development Studies.
- Greene, Margaret and Levack Andrew (2010). *Synchronizing Gender Strategies. A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations.* Populations Reference Bureau Interagency Gender Working Group (IGWG); Washington. https://www.engenderhealth.org/files/pubs/gender/synchronizing_gender_strategies.pdf
- Griffith et. al. (2016). *Masculinity in Men's Health: Barrier or Portal to Healthcare? J.J. Heidelbaugh (ed.), Men's Health in Primary Care, Current Clinical Practice.* Springer International Publishing.
- Gupta, Geeta Rao (2000). *Gender, Sexuality, and HIV/AIDS: The What, the Why, and the How.* Washington, D.C. International Center for Research on Women (ICRW).
- Haberland, Nicole A. (2015). *The Case for Addressing Gender and Power in Sexuality And HIV Education: A Comprehensive Review Of Evaluation Studies.* *International Perspectives on Sexual and Reproductive Health* 41(1): 31-42.
- Harper, Marcus (2014). *Gender Justice and Social Norms: process for change for adolescent girls.* Overseas Development Institute.
- Kabeer, N. (2015). *Gender equality, the MDGs and the SDGs: achievements, lessons and concerns.* London School of Economics.
- Kabeer, Naila (1999). *Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment.* *Development and Change: Institute of Social Studies.* Vol. 30.
- Kabeer (1994). *Reversed realities. Gender Hierarchies in Development Thought.* London: Verso.
- Keleher, H. and L. Franklin (2008). *Changing gendered norms about women and girls at the level of household and community: a review of the evidence.* *Global Public Health*, 3:S1, 42-57. www.researchgate.net/publication/51436006_Changing_gendered_norms_about_women

- and girls at the level of household and community. A review of the evidence (Accessed 01-11-2018).
- Knudsen, Lara (2006). *Reproductive Rights in a Global Context*. Vanderbilt University Press.
- Langlois, Anthony J. (2015). Normative and Theoretical Foundations of Human Rights. *Human Rights: Politics and Practice*. 2nd Edition, Publisher: Oxford University Press, Editors: Goodhart, Michael, pp.11-26.
- Mane, P. et al. (1994). Effective communication between partners: aids and risk reduction for women. *AIDS*. Vol. 8 (sup. 1), S325-S331.
- Mosaic, Rutgers WPF, Rifka Anisa, Women's Crisis Centre Cahaya Perempuan (2011). *Facilitator's Guide of the Toolkit for men. Male Counselling in the Context of Intimate Partners Violence*.
- Rao, Aruna and David Kelleher (2006). Is there life after Gender Mainstreaming? *Gender and Development*, July 2005.
- Razavi, S. and Carol M. (1995). 'From WID to GAD: Conceptual Shifts in the Women and Development Discourse' Occasional Paper 1, February 1995 United Nations Research Institute for Social Development United Nations Development Programme. <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.472.1894&rep=rep1&type=pdf> (Retrieved from the Internet 2017-07-17).
- Rieger G, et al. (2008). Sexual orientation and childhood gender nonconformity: evidence from home videos. *Dev Psychol*. 2008 Jan;44(1):46-58.
- Rolleri et. al. (2014). Gender Transformative Programing in Adolescent Reproductive and Sexual Health: Definitions, Strategies, and Resources. *Practice Matters: Act for Youth Center of Excellence*, Cornell University, 2014.
- Rowlands, J. (1997). *Questioning Empowerment: Working with Women in Honduras*. Oxford: Oxfam Publishing.
- Rutgers 2017a. Empowering young people towards happy and healthy lives. Rutgers Strategy 2017–2020. Utrecht.
- Rutgers 2017b. White paper Mainstreaming sexual and gender diversity. Utrecht, Draft version.
- Rutgers 2016. Adolescent Boys and Young Men. Sexuality and Relationships. Utrecht.
- Rutgers WPF 2015. Annual Report 2014 MenCare+: Engaging Men in a 4-Country Initiative. Utrecht.
- Sare, E. Aydin Y. (2015). A New Momentum: Gender Justice in the Women's Movement. *Turkish Policy Quarterly*.
- Sen et al. (2007). Unequal, unfair, ineffective and inefficient gender inequity in health: why it exists and how we can change is. Final report to the WHO Commission on Social Determinants of Health.
- Sen, G. (1997). Empowerment as an Approach to Poverty. Working Paper Series 97.07. Background paper for the UNDP Human Development report, New York: UNDP.
- SIDA (2016). Brief: 'Hot issue: Gender Equality and Gender Equity'.
- Sonke Gender Justice, RHU et al. (2012). Building Male Involvement in SRHR.
- Stop AIDS Now!, Rutgers, WPF 2014. *Guide for Trainers. Strengthen and support CSO's to work towards: Evidence- & Rights-based Sexual and Reproductive Health Education and HIV Prevention for Young People*. Stop AIDS Now! Rutgers WPF.
- Stratigaki, M. (2005). 'Gender Mainstreaming vs Positive Action. An Ongoing Conflict in EU Gender Equality Policy'. *European Journal of Women's Studies* 12 (2): 165-186.
- Tibandebage et al. (2002). Institutional reform and regulatory relationships in a liberalising health care system: a Tanzanian case study. Heyer et al. *Group Behaviour and Development*. Oxford: Oxford University Press.
- UNAIDS (1999). *Gender and HIV/AIDS: Taking Stock of Research and Programs*. Geneva.
- UNFPA (2017). Gender equality. United Nations Population Fund. www.unfpa.org/gender-equality. (Retrieved 31-8-2017).
- Unite for Body Rights – SRHR Alliance (2016). End of Programme Evaluation, Synthesis Report. Amsterdam.
- USAID/IGWG (2011). A summary report of New Evidence that Gender Perspectives Improve. *Reproductive Health Outcomes*.
- Vanwesenbeeck, Ine (2017). Ppt presentation Gender: wat en hoe?
- Vanwesenbeeck, Ine (2009). Doing gender in sex and sex research. *Arch Sex Behav*. 2009 Dec 38(6):883-98.
- Veneklasen, L. & Miller, V. (2002). *A new Weave of Power, People and Politics: The Action Guide for Advocacy and Citizen Participation*. Rugby, UK: Practical Action Publishers.
- WHO (1999). What about Boys? A Literature Review on the Health and Development of Adolescent Boys. Geneva: WHO Department of Child and Adolescent Health and Development.
- WHO (2007). *Engaging men and boys in changing gender-based inequity in health: evidence from program interventions*. Washington.
- WHO (2009). *Guidelines for Integrating gender into HIV/AIDS Programs: Tool to improve Responsiveness to Women's Needs*. Geneva.
- Whyld, J., Pickersgill, D. and Jackson Thompson, D. (1990) As boys become men: learning new male roles. *Update on AntiSexist Work with Boys and Young Men*. Whyld Publishing Group.
- Williams, S. Janet Seed and Adelina Mwa (1994). *The Oxfam Gender Training Manual*. Oxford: Oxfam UK and Ireland.
- Wineman, Steven (2003). *Power-Under: Trauma, and Nonviolent Social Change*. Cambridge, MA.

Arthur van Schendelstraat 696
3511 MJ Utrecht
Postbus 9022
3506 GA Utrecht

+31 (0)30 231 34 31
office@rutgers.nl
www.rutgers.nl
www.rutgers.international

© 2018, Rutgers