

# Transforming Gender Norms, Roles, and Power Dynamics to Reduce GBV: A Systematic Review



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and Domestic Violence*

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# Outline

- Introduction
- Study Methodology
- Summary of Findings
- Conclusion
- Recommendations



Photo: Arundati Muralidharan

# Introduction

**Aim:** To conduct a systematic review of the evidence on **how gender-integrated programming influences** reproductive, maternal, neonatal, child, and adolescent **health** (RMNCH+A), HIV and AIDS, sexually transmitted infections (STIs), gender-based violence (GBV), tuberculosis (TB), and universal health coverage (UHC) outcomes in low- and middle-income countries (LMICs)

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# Methodology

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## **Step 1:**

Establishing Evidence Review Committee (ERC)  
and search for publications



## **Step 2:**

Establishing relevancy



## **Step 3:**

Data abstraction & effectiveness rating



## **Step 4:**

Synthesis and analysis



## **Step 5:**

Report writing and dissemination

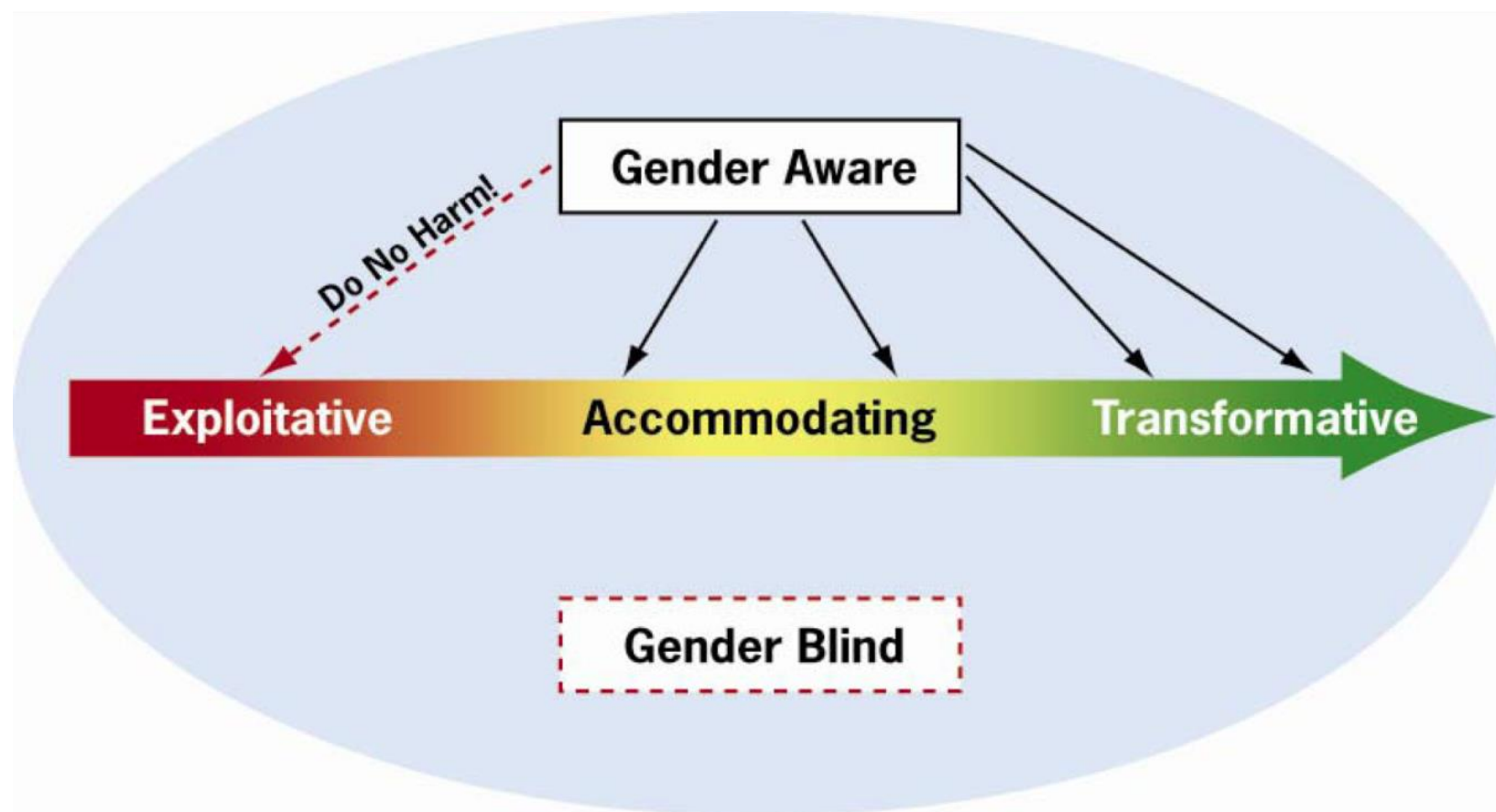
# Methodology

- **Step 1: ERC and Publication Search**
  - Gender-integrated health interventions conducted in South Asia or other LMICs
  - RMNCH+A, HIV and AIDS, STIs, GBV: Jan 1, 2008-Jun 30, 2013
  - Health and nutrition of children aged five and under, TB, UHC: Jan 1, 2000-Jun 30, 2013
  - English language only
  - Search yielded **948** documents from South Asia, **1502** from other LMICs
- **Step 2: Establishing Relevancy**
  - Title relevancy
  - Abstract relevancy
    - Study conducted in LMIC
    - Gender-aware, per the IGWG Gender Equality Continuum
    - Health outcomes reported
    - Evaluation
  - 10% irrelevancy check

**80 relevant** South Asia documents

**116 relevant** LMIC documents

# Gender Equality Continuum Tool



Source: Interagency Gender Working Group (IGWG). 2013. Adapted from a framework drawing on a range of efforts that have used a continuum of approaches to understanding gender, especially as they relate to HIV/AIDS. See Geeta Rao Gupta, "Gender, Sexuality and HIV/AIDS: The What, The Why and The How" (Plenary Address at the XIII International AIDS Conference), Durban, South Africa: 2000; Geeta Rao Gupta, Daniel Whelan, and Keera Allendorf, "Integrating Gender into HIV/AIDS Programs: Review Paper for Expert Consultation, 3–5 June 2002," Geneva: World Health Organization 2002

# Methodology

- **Step 3: Data Abstraction & Effectiveness Ratings**
  - Rated on level of gender integration: **transformative** or **accommodating**
  - Rated on strength of evidence
- **Step 4: Data Synthesis and Analysis**
  - Tables to identify patterns; e.g., differences in types of health outcomes achieved by **accommodating** vs. **transformative**
- **Step 5: Report Writing and Dissemination**

**Key informant interviews (11)** – confirmed findings related to India and identified other programs in India



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# Summary of Findings

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# Gender Integration in GBV Interventions

Region	Accommodating	Transformative	Total
India	0	9	9
South Asia (excluding India)	0	3	3
<b>SOUTH ASIA TOTAL</b>	<b>0</b>	<b>12</b>	<b>12</b>
<i>Other LMICs (excluding South Asia)</i>	8	35	43
<b>GLOBAL TOTAL</b>	<b>8</b>	<b>47</b>	<b>55</b>

# Global Findings At-a-Glance

- **Wide range of groups and beneficiaries** targeted; large proportion of programs engaged men and boys
  - Vulnerable groups (sex workers, migrant domestic workers, street boys); health providers; community gatekeepers (religious leaders, parents, teachers, mothers-in-law)
- Predominantly **community-based** programs; few implemented in service delivery settings
  - Schools, or through sports teams and social activities to reach adolescents
  - Prisons, factories, coffee farms to engage men
- Many programs focused on **violence against women and girls, IPV**; some violence between men, boys
  - Culturally-relevant forms of GBV addressed; **no evidence on sex selective abortion or female infanticide**
  - GBV as a facilitating factor in HIV vulnerability a common focus

# Gender-Aware Strategies

- **Transformative strategies:**
  - **Challenging gender norms and inequalities** to improve health through critical reflection, social and behavior change communication (SBCC), and empowering disadvantage groups
  - **Promoting equitable relationships and decision making** by improving communication and negotiation skills, increasing spousal support for SRH
  - **Structural interventions** that **empower** through economic opportunities, education, and collective action
- **Accommodating strategies:**
  - **Adjusting health systems** to address gender-based barriers to care by increasing access to information, building and reinforcing links between communities and local health services
  - **Engaging communities** for behavior change

# Transformative Strategies

- **Challenging gender norms and inequalities** most commonly used strategy
  - At-risk men empowered to examine consequences, set personal goals and adopt alternative behaviors related to GBV; encouraged by peers, mentors, networks, change agents
  - SBCC employed across a wide range of programs; reinforces critical reflection
- Often used together, **structural interventions** compliment efforts to **empower disadvantaged groups**
  - Collectivization of sex workers to prevent HIV, tackle violence
  - Life skills training + microenterprise efforts, formal and non-formal education, literacy training
- **Strengthening skills** to promote **communication** between daughter-in-laws and mother-in-laws; parents and children; amongst peers

# Accommodating Strategies

- **Communities engaged, mobilized** to raise awareness, demand change
  - FGM/C, safe spaces for girls, adolescent health needs
  - Engages community gatekeepers and key stakeholders
- **Health systems adjusted** to link communities with health systems
  - Select programs trained providers on GBV screening, counseling and care or referral; GBV integrated into maternal health services
  - Providers sensitized on adolescent health needs, involving men, responding to violence



Photo: Arundati Muralidharan

# Health Impacts of Gender-Integrated GBV Interventions

- Strategies to **challenge gender norms** effective in tackling violence
  - Few studies reported decreased incidence of violence
    - Increased perpetuation of violence
  - Decreased justification of GBV; management of aggression through negotiation, rather than anger; increased likelihood to intervene
- Improving **communication** and **negotiation skills** effective in encouraging safer sex practices, decision-making ability among women and girls
  - Men's ability to communicate with peers about GBV; parent-child communication about sex and sexuality
- **Structural** strategies effective in achieving other health outcomes: increased knowledge of HIV; HIV testing; contraceptive use; use of skilled pregnancy care; NCHN outcomes

# Health Impacts of Gender-Integrated GBV Interventions

- **Adjusting health systems by building and reinforcing links** between communities and health systems increases access to care
  - Training and sensitizing providers increases use of SRH services by young women and adolescents; detection of GBV
- **Community mobilization** efforts can be effective in addressing FGM/C
  - Increases knowledge and awareness of FGM/C, changes attitudes towards, particularly among women and girls
  - Combined with transformative strategies, decrease risk of FGM/C, increased survival during project period (girls remaining uncut)

**Gender outcomes across transformative programs:** gender equitable attitudes and participation and sharing of household responsibilities among **men and boys**; self-efficacy, self-confidence, participation in social networks and decision-making power among **women and girls**



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# Conclusion

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# Conclusion

- Large proportion of GBV interventions **engaged men and boys**
  - Types of program beneficiaries highly varied; intervention settings largely community-based
- Most employed transformative strategies to **challenge unequal gender norms** surrounding violence, target at-risk men to **alter behaviors**, and **empower vulnerable groups**
  - Accommodating strategies useful in mobilizing communities against GBV, including towards FGM/C; reaching gatekeepers and key stakeholders
- Many GBV interventions also focused on HIV; **GBV as a facilitating factor in HIV risk**
  - Others also focused on adolescent health; few also focused on maternal and child health and nutrition
- Transformative programs **effective in changing attitudes and behaviors surrounding GBV**

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# Recommendations

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# Recommendations

- Involving and engaging men and boys as program beneficiaries is important and effective in GBV interventions
- Strategies to empower vulnerable groups or at-risk men and boys can lead to changes in attitudes and behaviors related to GBV
  - Coupling these strategies with structural opportunities, such education, access to loans or savings accounts, and collectivization can further achieve health and gender outcomes
- Programs should address other culturally-specific forms of GBV, such as sex selective abortion and female infanticide
  - Increased efforts are needed to engage men and boys in changing attitudes, beliefs, and practices regarding FGM/C
- Recognizing and addressing GBV as a key determinant of health, especially HIV, is critical in achieving a wide range of positive health outcomes

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# Thank You!

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# Questions?

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Photo: Anurag Pandit



Evaluation Design	Level of Impact	Overall Effectiveness
<b>Rigorous</b> <ul style="list-style-type: none"> <li>• <b>Randomized controlled trial (includes randomized control/comparison group)</b></li> <li>• <b>Quasi-experimental (includes control/comparison group but not randomized)</b></li> <li>• <b>Either of the above plus qualitative data</b></li> <li>• <b>Systematic qualitative study with clear analysis noting sampling strategy and analysis process, and with indications of validity; also, it looks at changes in outcomes related to the intervention, such as changes in attitudes or health status.</b></li> </ul>	<b>High</b> <ul style="list-style-type: none"> <li>Change in health status</li> <li>Self-reported behavior + change in knowledge + change in attitudes</li> <li>Self-reported behavior change + change in knowledge</li> <li>Self-reported behavior change + change in attitudes</li> <li>Self-reported behavior change only</li> <li>Behavior change reported by one or more target groups/intervention sites</li> </ul>	<b>Effective</b> <ul style="list-style-type: none"> <li>• Rigorous design + high impact</li> <li>• Rigorous design + moderate impact</li> <li>• Moderate design + high impact</li> </ul>
<b>Moderate</b> <ul style="list-style-type: none"> <li>• <b>Quasi-experimental or randomized controlled trial missing one of the following:</b> <ul style="list-style-type: none"> <li>○ <b>Statistical significance testing</b></li> <li>○ <b>Adequate discussion of sample-size calculation and selection</b></li> </ul> </li> <li>• <b>Nonexperimental, with pre- and post-test</b> <ul style="list-style-type: none"> <li>○ <b>No comparison/control group</b></li> </ul> </li> <li>• <b>Nonexperimental + qualitative data</b></li> <li>• <b>Policy analysis: must involve systematic methods</b></li> <li>• <b>May include unsystematic qualitative data; such data do, however, track changes in outcomes related to intervention, such as changes in attitudes or health status</b></li> </ul>	<b>Moderate</b> <ul style="list-style-type: none"> <li>• Self-reported change in attitude + change in knowledge</li> <li>• Self-reported change in attitude only</li> <li>Attitudinal change reported by one or more target groups/intervention sites</li> </ul>	<b>Promising</b> <ul style="list-style-type: none"> <li>• Rigorous design + low impact</li> <li>• Rigorous design + mixed impact</li> <li>• Moderate design + moderate impact</li> <li>• Moderate design + low impact</li> <li>• Moderate design + mixed impact</li> </ul>
<b>Limited</b> <ul style="list-style-type: none"> <li>• <b>Qualitative data with basic description of methods and results or process evaluation data only</b></li> <li>• <b>Limited quantitative data</b></li> </ul>	<b>Low</b> <ul style="list-style-type: none"> <li>• Change in knowledge</li> <li>• Unclear or confusing results (some positive, some negative)</li> </ul>	<b>Unclear</b> <ul style="list-style-type: none"> <li>• Limited design, regardless of impact</li> </ul>
	<b>Mixed</b> <ul style="list-style-type: none"> <li>High for one target group/intervention site and moderate to low for another (in the same direction, but higher for one group/site than another)</li> <li>Moderate for one target group/intervention site and low for another (in the same direction, but higher for one group/site than another)</li> </ul>	