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

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Outline

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

**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

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
Summary of Findings
### Gender Integration in GBV Interventions

<table>
<thead>
<tr>
<th>Region</th>
<th>Accommodating</th>
<th>Transformative</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>India</strong></td>
<td>0</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td><strong>South Asia</strong> (excluding India)</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>SOUTH ASIA TOTAL</strong></td>
<td>0</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td><strong>Other LMICs</strong> (excluding South Asia)</td>
<td>8</td>
<td>35</td>
<td>43</td>
</tr>
<tr>
<td><strong>GLOBAL TOTAL</strong></td>
<td>8</td>
<td>47</td>
<td>55</td>
</tr>
</tbody>
</table>
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)

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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
Conclusion
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
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 as 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.
Questions?
<table>
<thead>
<tr>
<th>Evaluation Design</th>
<th>Level of Impact</th>
<th>Overall Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rigorous</strong></td>
<td>High</td>
<td>Effective</td>
</tr>
<tr>
<td>• Randomized controlled trial (includes randomized control/comparison group)</td>
<td>Change in health status</td>
<td>• Rigorous design + high impact</td>
</tr>
<tr>
<td>• Quasi-experimental (includes control/comparison group but not randomized)</td>
<td>Self-reported behavior + change in knowledge + change in attitudes</td>
<td>• Rigorous design + moderate impact</td>
</tr>
<tr>
<td>• Either of the above plus qualitative data</td>
<td>Self-reported behavior change + change in knowledge</td>
<td>• Moderate design + high impact</td>
</tr>
<tr>
<td>• 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.</td>
<td>Self-reported behavior change + change in attitudes</td>
<td></td>
</tr>
<tr>
<td>• Either of the above plus qualitative data</td>
<td>Self-reported behavior change only</td>
<td></td>
</tr>
<tr>
<td>• 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.</td>
<td>Behavior change reported by one or more target groups/intervention sites</td>
<td></td>
</tr>
<tr>
<td><strong>Moderate</strong></td>
<td>Moderate</td>
<td>Promising</td>
</tr>
<tr>
<td>• Quasi-experimental or randomized controlled trial missing one of the following:</td>
<td>Self-reported change in attitude + change in knowledge</td>
<td>• Rigorous design + low impact</td>
</tr>
<tr>
<td>o Statistical significance testing</td>
<td>Self-reported change in attitude only</td>
<td>• Rigorous design + mixed impact</td>
</tr>
<tr>
<td>o Adequate discussion of sample-size calculation and selection</td>
<td>Attitudinal change reported by one or more target groups/intervention sites</td>
<td>• Moderate design + moderate impact</td>
</tr>
<tr>
<td>• Nonexperimental, with pre- and post-test</td>
<td></td>
<td>• Moderate design + low impact</td>
</tr>
<tr>
<td>o No comparison/control group</td>
<td></td>
<td>• Moderate design + mixed impact</td>
</tr>
<tr>
<td>• Nonexperimental + qualitative data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Policy analysis: must involve systematic methods</td>
<td></td>
<td></td>
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<tr>
<td>• May include unsystematic qualitative data; such data do, however, track changes in outcomes related to intervention, such as changes in attitudes or health status</td>
<td></td>
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</tr>
<tr>
<td><strong>Limited</strong></td>
<td>Low</td>
<td>Unclear</td>
</tr>
<tr>
<td>• Qualitative data with basic description of methods and results or process evaluation data only</td>
<td>Change in knowledge</td>
<td>• Limited design, regardless of impact</td>
</tr>
<tr>
<td>• Limited quantitative data</td>
<td>Unclear or confusing results (some positive, some negative)</td>
<td></td>
</tr>
<tr>
<td><strong>Mixed</strong></td>
<td>Low</td>
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