## WHAT ARE GENDER TRANSFORMATIVE APPROACHES?

Gender transformative approaches (GTA) are programs and interventions that create opportunities for individuals to actively challenge gender norms, promote positions of social and political influence for women in communities, and address power inequities between persons of different genders. GTA create an enabling environment for gender transformation by going beyond just including women as participants. GTA are part of a continuum of gender integration, or the integration of gender issues into all aspects of program and policy conceptualization, development, implementation and evaluation.

In the context of health and SBCC, GTA address multi-leveled power hierarchies in communities that impede an individual's ability to make decisions about his/her health. For women, this can include (but is not limited to) health decisions such as access to health services, condom use, partner reduction, and birth spacing. These approaches strive to shift gendered community perspectives and social relationships towards perspectives of equality that allow both women and men to achieve their full potential within a society. Accordingly, GTA go beyond improving health access for women alone, but include benefits for men that also affect women's health and empowerment, such as encouraging HIV-related service use among men and increasing men's contraceptive use. Research on GTA shows that women's empowerment and greater gender equality are ends as well as a means to better health for families and communities as a whole.

WHEN SHOULD GENDER TRANSFORMATIVE APPROACHES BE USED?

Gender inequality and community dynamics in relationship to women's and men's roles can have a significant impact on SBCC program success. Thus, implementers should strive to integrate gender transformative approaches in all aspects of SBCC programming and policy, including program design, implementation and evaluation. Initial steps towards addressing gender disparities can start with performing gender based analysis during formative research.

Gender Transformative Approaches

Gender-Based Analysis → Program Design / Program Implementation / Program Evaluation → Gender equality and improved health outcomes
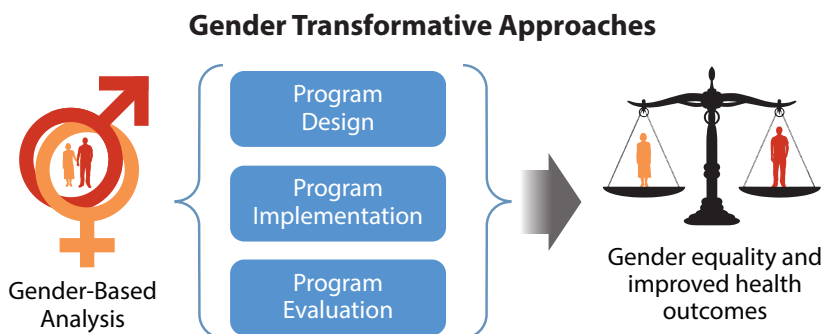
Programming steps can include something as simple as including gender sensitivity training in institutional capacity-building efforts. SBCC can be used to increase awareness of inequalities within the community and encourage critical assessments of existing harmful gender stereotypes. Starting a conversation about gender and presenting individuals and communities with an opportunity to reflect critically on how gender norms affect the well-being of individuals, families and communities is a key first step to transform the status quo of gender inequality towards one of egalitarianism.

WHAT SHOULD IMPLEMENTERS KNOW?

Incorporating measurement of gender indicators into SBCC program implementation and evaluation is critical to determining whether or not GTA have been successful at changing gender norms and behaviors within communities. A variety of gender measurement scales and other resources are available to guide implementers who want to measure the outcomes of GTA.

Gender-based analysis (GBA) involves understanding how health differences between men and women can be related back to the different roles and responsibilities that culture assigns men and women, particularly around power and decision-making. GBA uses both quantitative and qualitative data collection to examine gender roles and norms, and provides meaning and context for why men and women behave in certain ways when interacting with the health system. Gender scales can be used to assess these behaviors and health interactions, such as the Gender Beliefs Scale, the Gender Equitable Men Scale, and the Women's Empowerment Scale.

Additionally, the Gender Equality Continuum Tool (GEC), developed by the Interagency Gender Working Group (IGWG)

outlines a series of steps that represent where an SBCC program sits on the path from "Gender Exploitative" to "Gender Transformative." The GEC also includes a series of questions that can help implementers assess how well SBCC interventions are currently addressing gender considerations, and to determine how best to move along the continuum toward more transformative gender programming. Taking the GEC into consideration during both program planning and evaluation can help ensure gender transformative approaches are being used effectively.

To the right is a table with a few sample indicators for monitoring and evaluating GTA. This is only a small sample of the many possible indicators that can be used for measurement of gender transformation within a community. In addition, gender-linked assumptions that could affect the program or activity's success should be continuously monitored.

Sample Gender Indicators for Use in SBCC Programming
Overall reach of the program, disaggregated by sex.
Percentage of women and men who have spoken with their spouse about family planning.
Percentage of women and men who have accessed health-related resources and services.
Percent of young women and men newly infected with HIV.
Percent of young people who have had sexual intercourse before age 15, disaggregated by sex.
Percent of women who own any land or property in their own name.
Percent of men who feel that changing diapers, giving a bath, and feeding kids is the mother's responsibility.
Percent of health centers that have adopted a protocol for the clinical management of survivors of gender-based violence.
Proportion of people who agree that rape can take place between a man and a woman who are married, disaggregated by sex.

African Transformations Tackles Gender Norms in Uganda

The African Transformation Project (AT) is a community-based workshop tool launched in Uganda in 2005 that enables women and men to critically examine gender norms and roles and redefine those that they deem harmful or no longer useful. Men and women gather to watch video portraits of ordinary people in Tanzania, Uganda and Zambia who overcame gender-based challenges to improve their lives. One of the videos features a man who farmed with his wife until she died due to AIDS complications. Despite pressure from his family and community, the man decided to raise his five children by himself instead of remarrying or giving them to relatives to raise. Other videos present similarly inspiring but challenging stories and role models. The videos are screened during workshops, where women and men are then given a chance to discuss the situations they viewed and analyze the gender constructs and norms that may impede social and economic progress in their lives and communities. Workshop participants also participate in facilitated discussions about their own situations and circumstances and share them with the group using a standard guide. Finally, participants are given an opportunity to decide on community actions regarding transforming gender norms. Project outcomes have shown that participation in AT improves interpersonal communication between men and women, strengthens self-efficacy to challenge existing gender norms and increases acceptance of women and men performing non-traditional roles. In Uganda, female participants in AT took action in their communities by starting new businesses, working for community improvements, or talking with other women about partner negotiation skills. Both male and female participants reported involvement in activities to reduce harmful traditional practices and greater acceptance of performing non-traditional roles. At present, the AT project has expanded to an additional six countries; Cote d'Ivoire, Malawi, Mozambique, Nigeria, Zambia, and Lesotho.

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