

# Gender Continuum: Example Bank

## General

### **Participation in Policy Making in Bolivia**

A municipal strategic planning process was proceeding with no participation from women. Project staff decided to conduct gender workshops for women and men before the start of the planning process in target municipalities, to create a space for a public voice for women and to challenge norms about women's participation in public policy. In addition to building confidence to participate in public settings, the groups assessed other changes that the strategic planning process could include in the future to better assure women's participation – including providing childcare for women to facilitate their participation, and adopting guidelines for local level participation that included proportional representation from women's groups on the planning committee (with representatives selected by the women's groups themselves) as well as other community groups.

### **Handwashing for Diarrheal Disease Prevention in Central America**

The Central American Handwashing Initiative aimed to reduce morbidity and mortality among children under 5 through a communication campaign promoting proper handwashing with soap to prevent diarrheal disease. Four soap companies launched handwashing promotion campaigns: radio and television advertisements; posters and flyers; school, municipal, and health center programs; distribution of soap samples; promotional events; and print advertisements. The basic approach was to present a mother as caretaker of the family and to describe or illustrate the three critical times for handwashing: before cooking or preparing food; before feeding a child or eating; and after defecation, cleaning a baby, or changing a diaper. They also emphasized essential aspects of the handwashing technique: use water and soap, rub one's hands together at least three times, and dry them hygienically.

## Family Planning

(See also, Campaign to Increase Male Involvement in Zimbabwe)

### **Youth Outreach in the Dominican Republic**

A health project in the Dominican Republic was concerned about rising STI and pregnancy rates among youth. Unable to convince the predominantly-Catholic public school system to incorporate a reproductive health curriculum in the high schools, the program decided to instead recruit volunteer peer educators to conduct charlas, informal discussion groups. Peer educators ran after-school neighborhood youth charlas in mixed-sex groups, to discuss issues related to dating, relationships, reproductive health, and contraception (including condoms). They also provided information on where contraceptives could be obtained.

## **Integrating RH into Services for HIV-Positive Women in Chile**

Staff in an HIV clinic in Chile carried out a situation assessment to better understand the reproductive health priorities of HIV-positive women at their clinic. One of the primary issue HIV-positive women expressed was their desire to be able to control their fertility, so that they could choose if and when they wanted to become pregnant. However, women expressed a major barrier continues to be the ability to use either condoms or other forms of birth control that might be discovered by their partners, as many of their partners are opposed to either and may even take the suggestion of using such methods as a sign of infidelity and grounds to beat a woman. Based on the information they collected, clinic staff have thus decided that starting next year their clinic will offer only depo-provera shots (longer acting injectibles) to all women, and de-emphasize (and also reduce their supplies for) any other types of STI or pregnancy prevention methods.

## **Gender-Based Violence**

### **FGC Prevention Program in Kenya**

A Female Genital Cutting (FGC) intervention in Kenya sought to reduce the incidence of harmful cutting. Project staff realized that creating a law to prohibit the practice would not address the cultural and social motivations of the community, and would likely result in driving the practice "underground." Instead, the project hired a medical anthropologist to work with the community. Through qualitative interviews with groups of women, men, and religious leaders, the project sought to understand the meaning and functions that the ritual provides to the community. Together with community members, the project staff adapted the FGC ritual by eliminating the harmful cutting but keeping the 'healthy' cultural elements, such as seclusion of girls, dance, story-telling, gift-giving, health and hygiene education, etc. As a result, a new rite-of-passage ritual has been created for girls called "circumcision with words," which has become accepted by the entire community.

### **Gender-Based Violence, Microfinance, and HIV Prevention in South Africa**

A community-based intervention in South Africa combined a microfinance program with a gender and HIV curriculum. Its goals were to reduce HIV vulnerability and gender-based violence (GBV), promote women's empowerment, improve family well-being, and raise awareness about HIV. In the project, groups of 5 women guaranteed each other's loans, meeting every two weeks to discuss business plans, repay loans, and apply for additional credit. In addition, the groups took part in a participatory learning and action program with sessions on relationships, communication, cultural beliefs, gender-based violence, HIV prevention, critical thinking, and leadership. The microfinance groups elected leaders to participate in additional training on community mobilization. These leaders went on to organize dozens of community events to raise awareness on GBV and HIV.

## **HIV/AIDS and Sexuality**

(See also: Youth Outreach in the Dominican Republic; Integrating RH into Services for HIV-Positive Women in Cambodia; Gender-Based Violence, Microfinance, and HIV Prevention in South Africa; HIV Positive Mothers as Community Educators in Uganda; Integrating HIV into Reproductive and Child Health Work in South India.)

### **Youth Roles in Care and Support for PLWHA**

In Zambia, one project has sought to involve young people in the care and support of people living with HIV/AIDS (PLWHA). This project carried out formative research to assess young people's interest and to explore the gender dimensions of care. The assessment explored what care-giving tasks male and female youth feel more comfortable and able to carry-out, as well as what tasks PLWHA themselves would prefer to have male or female youth carry out. Based on this research, the project adopted an approach that incorporates preferred tasks for young women and young men in order to develop youth care and support activities for PLWHA.

### **Female Condom Promotion in South Africa**

A pilot program was designed to increase the acceptability and use of the female condom in South Africa. Historically, female condoms have been promoted to women. After acknowledging that in the African context men dictate the terms of heterosexual encounters, the program decided to try an innovative approach: the promotion of the female condom to men by male peer promoters. This involved (1) male promoters demonstrating to men the use of the female condom; (2) explaining to them that self-protection and sexual pleasure are completely compatible with the use of the female condom especially when compared to currently available barrier alternatives, and (3) giving men female condoms to use with their female partners. Staff based their programmatic approach on research that found that "Men are preponderantly concerned with retaining control over the means of protection (while remaining) ambivalent about female controlled methods; they wanted their women to be protected from STDs including HIV but the threat of infection was seen as ensuring that women remained faithful."

### **Sexual Enrichment for Married Couples in Mozambique**

An HIV prevention project in Mozambique sought to promote safer sex among married couples by tackling one of the reasons that husbands were having sex outside of their marriages: because they were bored with their sex lives at home. Preliminary research showed that men justified extra-marital sex by complaining that their wives would not agree to sexual experimentation, especially with regard to sex positions. Women, on the other hand, reported that, "I am never asked what I like in sex, if I like sex and if I even want sex, so why should I do anything that gives him pleasure?" The project successfully advocated with local churches (including Catholic churches) by explaining to church-affiliated participants the importance of talking more openly about sex and helping them understand that open dialogue among married couples about sex and pleasure is not a threat to culture, religion, or people's sensibilities. Religious leaders supported

the project, teaching couples about better sex by getting women and men to talk openly about what they like and do not like about sex in group and couple settings.

### **Working with MSM in India**

In India, men who have sex with men (MSM) face such severe stigma and discrimination in health settings they find it difficult to access sexual health services, including STI and HIV counseling, testing, and treatment. An organization working on HIV prevention and mitigation established a pilot program to work with MSM. The group focused on kothis—biological males who adopt feminine behaviors and attributes, including normatively feminine sexual roles. The project established a place where they could come to meet and support one another, providing information on health care and other resources, training local health care providers on how to provide services to kothis in a sensitive manner, and organizing medical visits at the meeting space itself. The approach reflected the National AIDS Control Program's focus on high-risk groups including sex workers, truck drivers and MSM. In focusing on kothis, staff decided not to work with penetrators whose numbers are much larger and who do not publically acknowledge having sex with men. They also made the decision to focus only on commercial sex workers and on sexual activity occurring in public spaces.

### **HIV Prevention in Thailand**

An HIV prevention project provided education, negotiation skills, and free condoms to sex workers (SW) in Thailand. Although knowledge and skills among SWs increased, actual condom use remained low. After further discussions with the SWs, project managers realized that SWs weren't successful in using condoms because they did not have the power to insist on condom use with their clients. The project then shifted its approach and enlisted brothel owners as proponents of a "100% condom-use policy." Brothel owners, who did have power and authority, were able to insist that all clients use condoms. Since the vast majority of brothels in the project region participated in the project, it resulted in significant increases in safe-sex practices.

### **HIV Prevention in Brazil**

An HIV/AIDS prevention project in Rio de Janeiro, Brazil worked with low-income young men, ages 14-25 to promote healthier sexual behavior. Adult men led weekly workshops using videos, roleplays, discussions, individual reflection, and other participatory activities. Through these activities the participants questioned norms related to manhood, the health and other "costs" of inequitable gender-related views to themselves and their partners, and the advantages of gender equitable and safer sex behaviors. Young men participating in this program reported having more respect for and understanding of women and girls, improved relationships, and improved attitudes towards safer sex behaviors. As one young man put it, "Used to be when I went out with a girl, if we didn't have sex within two weeks of going out, I would leave her. But now [after the workshop], I think differently. I want to construct something [a relationship] with her." As a result of their improved attitudes and behaviors, the young men participants were eight times less likely to report STI symptoms over time.

## **Human Rights and Sexuality Education for Women in Turkey**

In Turkey, women's sexuality is considered taboo. Patriarchal norms about women's sexuality—including norms around virginity until marriage and the underlying cultural belief that women's bodies and sexuality belong to men, their families, or society – continue to legitimize human rights violations in the domain of female sexuality and sexual health. A women's health and human rights organization in Turkey runs a four-month human rights training for women, which concludes with modules on women's sexual and reproductive health, sexual rights, and pleasure. Sessions on sexual rights and pleasure are presented separately, following sessions on sexual and reproductive health and sexual violence, in order to dissociate sexuality from coercion and oppression and to challenge the notion that women's sexuality and sexual health are limited to reproduction. One participant noted that, "Until I participated in this training, I didn't know that girls or women can feel sexual pleasure. Now I say, when women don't want to they can say no. You want it, I don't and right now I'm not available. Men have to respect that. When it is forced, it is like rape."

## **Constructive Men's Engagement**

(See also Working with MSM in India; Improving Maternal Health in Urban Slums in Delhi; Integrating HIV into Reproductive and Child Health Work in South India; Cultural Resources and Maternal/Child Health in Mali; and HIV Positive Mothers as Community Educators)

## **Campaign to Increase Male Involvement in Zimbabwe**

In an effort to increase contraceptive use and male involvement in Zimbabwe, a family planning project initiated a communication campaign promoting the importance of men's participation in family planning decision-making. Messages relied on sports images and metaphors, such as "Play the game right, once you are in control, it's easy to be a winner" and "It is your choice." The campaign increased the use of contraceptive methods. When evaluating impact, the project asked male respondents whether ideally they, their partners, or both members of the couple should be responsible for making family planning decisions. The evaluation found that: "Whereas men were far more likely to believe that they should take an active role in family planning matters after the campaign, they did not necessarily accept the concepts of joint decision-making. Men apparently misinterpreted the campaign messages to mean that family planning decisions should be made by men alone."

## **Strengthening Young Men's Support for Gender Equity in India**

A participatory, group intervention was piloted in Mumbai with young men aged 16-24 years of age. Data indicates that almost half of new HIV infections occur in young men below the age of 30 in India. Other data suggest most boys are socialized into a sense of masculinity characterized by male dominance in sexual and other relationships– and that these norms may promote poor sexual health and risk-taking for young men and their partners. Adapting an intervention (Program H) from Brazil, a behavior change interven-

tion sought to stimulate critical thinking about gender norms. Exposure to the program resulted in a decline in reported violence against any sexual partner and increased condom use. A social marketing campaign is also underway, with the tag line “Real men have the right attitude.”

## **Safe Motherhood**

(See also Integrating HIV into Reproductive and Child Health Work in South India)

### **Cultural Resources and Maternal/Child Health in Mali**

A child survival project in Mali, aiming to reduce morbidity and mortality rates among children and women of reproductive age, focused on using indigenous knowledge and cultural resources to increase and improve communication and health-seeking behavior during pregnancy. Research showed that one of the most important obstacles to women’s maternal healthcare-seeking behaviors was the absence of discussion about pregnancy between husbands and wives, as well as with other members of the household. The women in this area felt that they could not take advantage of maternal health services because they could not initiate conversations with their husbands nor solicit their consent and financial support, as the heads of the household. The project staff asked a griot to compose a song that educated people about maternal healthcare, along with promoting the *pendelu*—a traditional article of women’s clothing—as a symbol of pregnancy and couple communication. This campaign dramatically increased the level of communication between wives and husbands concerning maternal health. Additionally, the campaign resulted in more positive attitudes and behaviors related to pregnancy at the household level, including husbands supporting their wives by reducing their workloads, improving their nutrition, and urging them to seek medical attention and maternal health services.

### **HIV Positive Mothers as Community Educators in Uganda**

A group of HIV positive mothers of small children came together to become advocates for PMTCT and for positive mothers. The group encourages women to attend antenatal clinics, where they can access PMTCT services if they are positive. The group also educates positive mothers in their communities in life skills, PMTCT, infant care, and human rights. They use song, dance, and drama, as well as making appearances on television and radio where they share their experiences as positive mothers and call for a reduction in stigma and discrimination. The peer educators also increase women’s access to income by training positive mothers to look after their finances and to generate income by tailoring, farming, and selling handicrafts. Finally, the group partners with HIV-positive men’s networks to encourage men to value fatherhood and to become involved in PMTCT.

### **Integrating HIV into Reproductive and Child Health Work in South India**

The Government of India began integrating HIV into the National Rural Health Mission in April 2008. They issued a circular to district Reproductive and Child Health (RCH) officers

asking whether they were willing to work on HIV and to report cases of HIV-positive women who came for antenatal care (ANC). One intervention developed subsequently is working to improve quality of antenatal care for HIV-positive women by addressing gender and quality of care issues. For example, special spousal counseling exists for women in ANC who test positive for HIV. The husband is encouraged to come in for a variety of tests, and the program divulges his status to him first. They also put HIV-positive women in contact with a lawyers' network and NGOs in the area working with people living with HIV. The program also introduces the woman and the healthcare worker to the specific obstetrician who will attend her labor and birth. This doctor gives the woman her fourth and extra ANC checkup in the third trimester and registers her name on the books to receive Nevirapine prophylaxis when she goes into labor.

### **Improving Maternal Health in Urban Slums in Delhi**

A multi-pronged program to improve maternal and child health in several Delhi slums works on diarrheal case management, increasing institutional births, and increasing immunization, among other things. They conduct community outreach through the formation of women's groups focused on health, and have also provided some limited access to credit. While women of reproductive age and children are the target of the program, it also reaches out to men as decision-makers. The program runs local TV ads for services, encouraging men to support their partners in taking children for prevention and treatment, and also runs prevention messages directed at men and women. The program reaches out to religious leaders and men at mosques on the subject of the need to take their wives for services.