

Gender Integration Table 1: Data Collection and Analysis, Marie

Program goal and/or overall health objective: Reduce prevalence of GBV.

Step 1: Conduct a gender analysis of your program by answering the following questions for your program goal or objective. Be sure to consider these relations in different contexts—individual, partners, family and communities, healthcare and other institutions, policies.

A. What are the key <u>gender relations</u> inherent in <u>each domain</u> (the domains are listed below) that affect women and girls and men and boys?	B. What other potential information is missing but needed about gender relations?	C. What are the <u>gender-based constraints</u> to reaching program objectives?	D. What are the <u>gender-based opportunities</u> to reaching program objectives?
<p>Access to Assets</p> <ul style="list-style-type: none"> • Girls, especially those with lower economic status, may face pressure to quit school to help with family needs. • Women can earn wages, especially through selling food in the markets and working as housekeepers. • Women may exchange sex for money or economic support. • Services for survivors of GBV (health, legal, psychological, etc.) may not exist, or people may not know how to access them. Even if there is knowledge about these services, men may prohibit women from accessing them. 	<p>Access to Assets</p> <ul style="list-style-type: none"> • Do boys have access to education for a longer period of time than girls? • How do men, especially young men, become economically stable? • What other economic opportunities exist for young women? 	<p>Access to Assets</p> <ul style="list-style-type: none"> • Women have comparatively less access to resources, including education, information, and economic resources. This lower access to resources increases women’s vulnerability to GBV, STIs, and other health problems. • Transactional sexual relationships may put women at a greater risk for violence since they are dependent on men for money. • Women may not have access to health care or GBV services. 	<p>Access to Assets</p> <ul style="list-style-type: none"> • There are some options for women to gain a degree of economic independence; especially through female-dominated professions like domestic labor and selling food at the market. • There appear to be at least some health services available for no cost.

<p>Power and Decision making</p> <ul style="list-style-type: none"> • Women may be forced by their partners to have sex even when they do not want to. • Women often do not have control over condom use (even if their partner is infected). • Social norms around masculinity allow men to have multiple partners without their wives' consent. Women may not have as much power in the relationship and as a result they may not be able to prohibit their partners from having other relationships or be independent enough leave the relationship. • Women may not always have the power to seek health services. When Marie fell sick and was later diagnosed with HIV, she sought medical care. However, when she was beaten by her boyfriend her father did not allow her to seek medical treatment. 	<p>Power and Decision making</p> <ul style="list-style-type: none"> • What informs men's decision about whether to allow their female partners or family members to seek medical care or to access GBV-related services? • Do women have control over their own wages? 	<p>Power and Decision making</p> <ul style="list-style-type: none"> • Unequitable power relations between men and women contribute to and perpetuate GBV. • Gender norms related to sexual decisionmaking can make it difficult to negotiate safer sex practices. 	<p>Power and Decision making</p> <ul style="list-style-type: none"> • Norms of masculinity related to sexual decisionmaking are harmful to men themselves; this provides an opportunity to challenge those norms by focusing on positive benefits to men and women of more equitable relationships.
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<p>Knowledge, Beliefs, and Perceptions</p> <ul style="list-style-type: none"> • Though community norms may disapprove of men having multiple partners, it is not outright forbidden. In the example of Marie’s story, the older people in the community were uncomfortable with her relationship with the soldier, but they never explicitly told her to stop. • For women and girls, supporting the family is seen as more important than getting an education. • It is acceptable for men to have multiple partners, but not for women. • GBV seems to be accepted as normal. Marie’s father refused to take her to a doctor when she was beaten, or report that she had been beaten. Marie never sought legal, psychosocial, or any services for women experiencing GBV. 	<p>Knowledge, Beliefs, and Perceptions</p> <ul style="list-style-type: none"> • What and how are adolescent boys versus girls taught about sexual relationships, health, and safety? • Do women have knowledge about available services for GBV survivors? (Legal counsel, shelters, psychosocial services?) • What are community perceptions of transactional sex? • Are women who experience GBV stigmatized in the community? • Are there gender differences in stigma and discrimination against HIV-positive people? 	<p>Knowledge, Beliefs, and Perceptions</p> <ul style="list-style-type: none"> • Social norms encourage male dominance and use of violence to assert power. Women are expected to be submissive and accept male dominance. • GBV is accepted as a normal occurrence. 	<p>Knowledge, Beliefs, and Perceptions</p> <ul style="list-style-type: none"> • To some degree, cultural beliefs may discourage men’s multiple concurrent partnerships, at least in the context of marriage.
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<p>Practices, Roles, and Participation</p> <ul style="list-style-type: none"> • Men that are not married to their baby's mother do not necessarily have to play a role in their children's lives (we saw this with Marie's boyfriend leaving her after she got pregnant). • Men are expected to provide financially for their families. • Women are expected to nurture and financially provide for their children even without the support of a partner. • Though women may engage in waged employment, they may be limited to female-dominated professions like domestic labor and selling food in the market. Men seem to engage in a wider variety of paid work. 	<p>Practices, Roles, and Participation</p> <ul style="list-style-type: none"> • What are young men taught about their familial responsibilities? • Do men have responsibilities in the household beyond financial ones? • Do men seek health care? • Do women participate in social or religious functions, development activities, municipal or state-level politics? Do men? 	<p>Practices, Roles, and Participation</p> <ul style="list-style-type: none"> • Men's roles as the primary economic providers in the household may cause stress if they cannot or will not fully meet those expectations. 	<p>Practices, Roles, and Participation</p> <ul style="list-style-type: none"> • Women do move about with some degree of freedom in the public sphere. • Interaction between women and men in public seems commonplace.
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<p>Legal Rights and Status</p> <ul style="list-style-type: none"> • Civil marriage may obligate men to financially support children they have with their wives, but there appears to be no legal obligation for fathers to provide for their children of non-marital partners. • Women can be fired from their jobs when they become pregnant. 	<p>Legal Rights and Status</p> <ul style="list-style-type: none"> • Do women have the legal right to child support for children born outside of marriage? • Is GBV illegal? Are there legal mechanisms for justice, treatment services, etc. available for women who experience GBV? • How do women versus men participate in politics? 	<p>Legal Rights and Status</p> <ul style="list-style-type: none"> • Women appear to have little legal recourse against GBV. • Men may not be legally obligated to support children they father with partners to whom they are not married. • Women can be fired from their jobs if they become pregnant. 	
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