Lessons Learned in

GENDER TRANSFORMATIVE HEALTH PROGRAMMING

A **Rapid Literature Review**

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AUGUST 2022

Acknowledgments

Overview

Research on the effectiveness of gender transformative health programs has increased in the past two decades. As implementers and researchers use the term gender transformative as evaluative criteria for gender equality programs, with expanding evaluation data and evidence, the need for a clear understanding of what meets the definition becomes increasingly important.

This brief summarizes the methods, findings, and conclusions of a rapid literature review of systematic reviews of evaluated gender transformative health programs. It sheds light on how best to achieve gender equality and health outcomes through gender transformative programming. The brief provides recommendations for program implementers, health advocates, and funders for improving the effectiveness and sustainability of gender transformative health programs.

Background

Ideas and frameworks for gender transformative health programming emerged following the International Conference on Population and Development in 1994, in part to inform effective approaches to power and systemic change in health programs designed to address gender inequities.[1] Geeta Rao Gupta is credited with introducing a conceptual framework classifying a continuum of approaches by which health interventions address core and fundamental gender-related issues, including gender transformative approaches to gender and health.[2]

The Interagency Gender Working Group (IGWG) adapted Gupta's gender framework and introduced the Gender Integration Continuum in 2001 as part of a training module to engage health programmers, planners, and researchers on the range of approaches for gender integration (see Figure, page 2).[3] The IGWG definition of the term gender transformative is shown in the Box.

In the past two decades, use of the term gender transformative by policymakers, donors, implementing agencies, and civil society actors has increased dramatically. Many health donors, bilateral and global institutions, and implementing agencies have endorsed their commitment to realizing gender transformative programs, although the definitions used by global health institutions vary.[4]

Research on the effectiveness of gender transformative programs as it relates to health and gender equality outcomes has accelerated in the last decade, and evaluation data and evidence continue to expand significantly. Hundreds of published evaluations of health programs have applied gender transformative

> **BOX**
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> **IGWG Definition of Gender Transformative Policies and Programs**
>
> Transformative policies and programs seek to transform gender relations to promote equality and achieve program objectives by:
>
> • Fostering critical examination of inequalities and gender norms, roles, and dynamics.
>
> • Recognizing and strengthening positive norms that support equality and an enabling environment.
>
> • Promoting the relative position of women, girls, and marginalized groups.
>
> • Transforming the underlying social structures, policies, and broadly held social norms that perpetuate gender inequalities.

approaches across a wide variety of topics, including family planning and reproductive health, gender-based violence (GBV) prevention and response, and engaging men and boys.
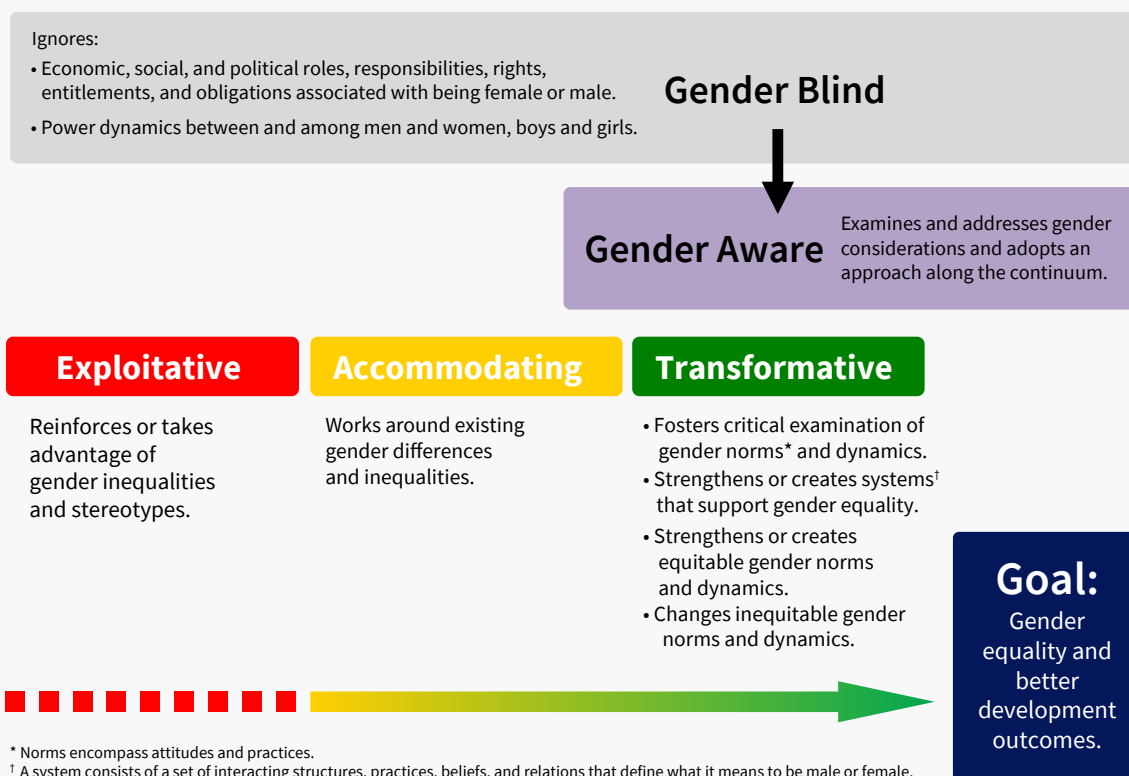
The number of systematic reviews of this evaluative literature has also increased in the past five years, allowing a broad synthesis of lessons across this diverse field of research and programming. These systematic reviews of the evaluations of gender transformative programs highlight the emergence of new lessons, questions, tensions, and critiques about gender transformative programs. They explore if and how these programs accomplish changes in power dynamics, gender norms, structures, and systems, and sustained improvements in health.

As implementers and researchers use the term gender transformative as evaluative criteria for gender equality programs, a clear understanding of what meets the definition is increasingly important. At the 20-year anniversary of the IGWG Gender Integration Continuum, this research brief addresses the following questions:

- **How effective is gender transformative programming?**

- **What program elements are key to successful programs?**

- **What questions or limitations have emerged about the implementation of gender transformative programs?**

- **What lessons and conclusions can we take away from programming that aims to change gender and social norms, advance gender equality, and sustain improvements in health?**

Gender-Integration Continuum Tool

Ignores:
- Economic, social, and political roles, responsibilities, rights, entitlements, and obligations associated with being female or male.
- Power dynamics between and among men and women, boys and girls.

Gender Blind

Gender Aware — Examines and addresses gender considerations and adopts an approach along the continuum.

Exploitative
Reinforces or takes advantage of gender inequalities and stereotypes.

Accommodating
Works around existing gender differences and inequalities.

Transformative
- Fosters critical examination of gender norms* and dynamics.
- Strengthens or creates systems† that support gender equality.
- Strengthens or creates equitable gender norms and dynamics.
- Changes inequitable gender norms and dynamics.

Goal: Gender equality and better development outcomes.

* Norms encompass attitudes and practices.
† A system consists of a set of interacting structures, practices, beliefs, and relations that define what it means to be male or female.

Source: *Interagency Gender Working Group, 2009; updated 2019.*

Methods

This rapid review examined peer-reviewed and gray literature to identify published and systematic reviews of evaluated gender transformative health programs. Studies published between January 2000 and July 2021 were identified through a search of two databases. Additional reviews were retrieved from the bibliographies of identified papers and through web searches on institutional web pages.

Seventeen review studies that met the criteria were identified. Eight of the 17 (47%) focused on gender transformative interventions in family planning and reproductive health and/or GBV programming; one (6%) focused on interventions in reproductive and maternal and child health, five (29%) focused on gender transformative interventions in health programs in any area; and three (18%) focused on interventions in health systems. The reviews were divided fairly evenly between a review of programs in low-to-middle-income countries (47%) and those drawing on programs globally (53%). Three studies (18%) compared programs deemed gender transformative with programs that were gender-aware, while 14 (82%) focused only on those meeting the definitional criteria of gender transformative.

Nine of the 17 (53%) reviewed studies applied the IGWG definition for gender transformative programs; four (24%) cited Gupta's definition; two (12%) cited the definition from the World Health Organization; and two (12%) did not cite a source but applied three of the four criteria named in the IGWG definition. Across all reviews and definitions, three criteria were commonly applied as a definition for gender transformative programs: (1) address underlying gender inequalities; (2) promote the position of women, girls, and marginalized groups; and (3) work to change structures, policies, and gender norms. These three characteristics of gender transformative programs comprise the criteria for the definition of gender transformative for this rapid review.

Some reviews may have been inadvertently missed given the rapid review's limited scope.

Key Findings

Are Gender Transformative Programs Effective?

The systematic reviews demonstrate that well-designed and implemented gender transformative programs can positively affect gender-specific attitudes and behaviors as well as health behaviors and outcomes.[5] A smaller subset of all evaluated programs (ranging from 16% to 19%) showed evidence of changes in gender norms.[6]

Gender transformative programs achieved significant gender-focused outcomes, such as improved women's self-confidence, self-efficacy to reduce sexual risk, increased partner communication, beliefs about women's right to refuse sex, and decreases in social acceptance for GBV.[7] Despite intent to transform gender norms, most programs focused on improving the power of individuals to act (individual locus of control), and measured individual level outcomes, with limited evidence of broader system change, such as changes in gender norms.[8] In contrast, programs that worked to improve enabling environment factors (such as health systems' policies and practices and community-wide collective efficacy) showed specific promise of effectiveness.[9]

The reviews found that gender transformative programs were effective in improving some health behaviors, such as contraceptive use and birth planning, as well as reducing HIV risk behaviors (for example, consistent condom use) and reducing perpetration and/or exposure to violence against women (VAW).[10]

Gender transformative programs achieved significant health outcomes such as declines in maternal and neonatal mortality, and improved mental health, age at first birth, and child stunting outcomes in some cases, although across all reviews, health outcome data were mixed.[11]

Limitations in program evaluation methods often constrained the programs' ability to explain how the gender-focused interventions affected health outcomes.[12]

Policies that were shown to improve gender equality and health focused explicitly on equal access to education and increasing economic opportunities for women by addressing their time burden for caregiving.[13]

What Program Elements Are Key to Successful Programs?

High-quality and effective gender transformative programs share several key program elements that provide guideposts for good practice.[14] These include:

Elements Key to Successful Programs	Examples
Programs that incorporate multiple-level interventions, at the individual, community, institutional, and policy levels, aligned with an ecological framework, seem to optimize outcomes by combining opportunities for individual and institutional change with elements that improve the enabling environment.[15]	*Group education plus health services improvement plus health policy advocacy.*
Programs that reach program participants through diverse intervention strategies, such as mass media messaging campaigns and interpersonal group education, allow program messages to be reinforced from multiple avenues and perspectives.[16]	*Mass-media campaigns plus group education.*
Programs that foster critical consciousness and active mobilization efforts among affected community members provide opportunities for individuals to become active agents in shaping their own health and creating an enabling environment.[17]	*Group education and support for group members to mobilize their own community.*
Programs that combine health interventions with other multisectoral interventions show synergistic effects across multiple outcomes.[18]	*Health plus education, or health plus economic empowerment.*

What Lessons Are Learned From Successful Policies to Advance Gender Equality?

While studies examining the effectiveness of policies on health and gender outcomes are less common, promising evidence shows that exposure to laws and/or policies aimed at reaching gender equality had significant and positive direct effects on health outcomes and proxy measures for gender norms (such as gender equality in

household decision-making).[19] In particular, policies supporting greater equality in education (such as free primary education) and the workplace (for example, paid parental leave) show promise for improving women's and children's health outcomes, particularly use of modern contraception methods, relative to women with no exposure to the policies.[20] Evidence shows that gender norm change augments the health benefits of laws and/or policies, pointing to the importance of addressing change in both policy and in the norms that influence behaviors.[21]

Several studies noted that gender inequality permeates all aspects of health systems, including policies that govern their workforce, budgets, and service delivery.[22] Studies examining the effects of health sector workforce policies on health outcomes showed that a higher share of female physicians is associated with lower maternal and infant mortality and longer life expectancies. However, further analyses replicating models that adjusted for physicians per capita found that female physician share was no longer significant in most models. These and other health policy findings indicate that policies reinforcing parity in the workforce have value, but gender parity alone will not result in gender equality without other systemic, political, and policy efforts, such as those seeking to shift pay gaps and address disrespect and abuse in the workforce culture.[23]

Studies analyzing whether health system policies were gender transformative showed that, although many health policies mention gender factors limiting clients' access to or utilization of health care services, few policy actions were taken to remedy those barriers.[24] For example, in one study, gender inequality in women's decision-making and access to financial resources was identified as a barrier to accessing health services, yet no policy guideline was developed to address these barriers.[25]

What Were the Limitations of the Evaluated Programs?

1. **Few programs addressed broad systems of inequality or strategies for scale-up.**

    Too few programs worked to shift broader systems of inequality such as norms, policy, or institutional protocols. Programs frequently focused on improving individual attitudes or sense of empowerment, without addressing broader systems of change.[26]

    While the programs aiming to change individual and interpersonal attitudes can improve health, those changes at the individual level did not necessarily lead to systemic change in gender equality or norms.[27] Many programs were operating at a small scale, without applicable platforms for replication.[28] Few programs involved government partners, or were scaled through government initiatives.[29] One study found that only 18% of evaluated programs met all four of its criteria for high-quality gender transformative programming (multiplicity, sustainability, spread-ability, and scalability), showing evidence of potential for broader norm change and sustained improvements in health.[30]

2. **Few programs addressed gender inequality in health systems.**

    Most programs addressed gender inequalities in community and household settings; but a significant gap persists in gender transformative programs within health care interventions and health systems more broadly.[31] Not enough attention has been focused on gender transformative interventions targeting the health system, including workforce issues (such as workplace sexual harassment and violence, and pay gaps), health budget allocation, governance and leadership, accountability mechanisms, and gaps in the health information management systems.[32]

3. **The quality of many program design and evaluation methods was weak.**

Many programs do not operate under a clear theory of change and therefore have weaknesses in program design.[33] One study of gender transformative family planning, maternal, neonatal, or child health programs found that 24% did not measure any gender equality outcomes, such as changes in gender norms, access to resources, or shifts in power dynamics.[34] Program designs and evaluations can be improved by strengthening the logic of how the interventions will address gender problems in that context, and will result in improvements in gender inequities and health outcomes.[35]

Several reviews called for stronger qualitative data collection and analysis to facilitate a deeper understanding of how interventions are working and to understand and monitor any unintended consequences.[36] Examples of unintended consequences include: reinforcing gender stereotypes, excluding certain groups from services or benefits, and reinforcing power dynamics that benefit one group over another.

Reviews noted that program outcome measures tended to be limited to a narrow scope of focus at the level of individual locus of control, with limited attention to system-wide changes.[37] Measures of individual change are rarely reported from perspectives from all gender identities and expressions.[38]

4. **Many programs had short intervention timeframes, with limited long-term follow-up.**

Too many programs have limited implementation and evaluation timeframes, often less than three to five years.[39] The complex nature of gender inequalities and deeply rooted restrictive gender norms demands longer-term approaches.[40] Full assessments of program impact across health- and gender-related outcomes are needed at longer intervals, for example, at the end of the program interventions, and at multiple times over subsequent years.[41]

5. **Many programs missed opportunities to bring principles of inclusion and local leadership into program designs.**

Some trends indicate that programs missed opportunities to integrate principles of inclusion and local leadership. Many programs failed to recognize the spectrum of gender identities and sexual expression, and seemed to reinforce binary and heteronormative conceptions of gender and sexuality.[42] Few programs appeared to address power and privilege factors beyond gender, such as discrimination or bias based on age, ethnicity, (dis)ability, or income.[43] One study showed that only 9% of programs addressed these intersectional factors.[44] While many programs were implemented at community level, many programs missed opportunities for ensuring community leadership in program planning and implementation.[45] Few programs supported collective change processes, such as partnering with local social movement actors.[46] One study noted that community-wide collective efforts can bring positive changes and strengthen accountability to fairness in the health system.[47]

Recommendations

The review of the literature highlighted key recommendations to help program implementers, health advocates, and funders improve the effectiveness and sustainability of gender transformative health programs.

Recommendations for **Program Implementers**

Long-term, systems-informed approaches show evidence of effectiveness and sustainability. To follow the key program elements found in successful programs, gender transformative programs should:

- **Foster critical consciousness** about gender norms through group discussions among affected community members and empower communities to take action about issues that affect them.

- Apply **multi-level interventions** at individual, relationship, community, and societal levels.

- Integrate **diverse intervention strategies** into program design (for example, combining activities such as group education, mass-media campaigns, and policy advocacy).

- Incorporate **multi-sectoral strategies**, such as combining health, education, and economic empowerment.

More attention to gender transformative programming in the health system is needed to advance gender equality within these systems. Increased attention and resources are needed to address:

- Gender discrimination in **health system workforce issues** such as equity in pay and career advancement.

- Prevention of health system **workplace GBV and sexual harassment**.

- Improved **tracking of gender data in the health management information systems**, identified as one of the weakest areas for gender equality in health systems.

To strengthen the design and evaluation components that will improve program quality, program designers should:

- Incorporate **theories of change**, with stronger designs that explain how interventions will result in expected changes.

- Build monitoring and evaluation systems that go beyond changes at individual level and assess system-wide changes, and in particular, **measure changes in laws, policies, and institutional practices and gendered (or gender-related) social norms**.

- Incorporate real-time monitoring systems that **assess unintended consequences** of program actions.

- Incorporate **principles of inclusion and local leadership into program designs** by including a full spectrum of gender identities and sexual expression, addressing discrimination and bias based on class, caste, (dis) ability, etc., and ensuring full leadership of affected community members, including social movement actors.

Recommendations for **Policy Advocates**

- Look beyond health, and **build cross-sectoral efforts** to press for laws and policies that ensure equal access to benefits such as primary education and parental leave, which can positively affect gender equality and health outcomes.

- Press for **more equitable health system policies** that govern the health system's workforce (for example, equitable leadership, pay, career progression, and occupational desegregation), budgets, delivery of services, and health information and data tracking systems.

- Promote policies that **ensure the health system is accountable to ALL its clients**; consider greater use of community accountability mechanisms that monitor and report on progress in achieving a more inclusive and equitable health system.

Recommendations for **Governments, Donors, and Multilateral Institutions**

- Invest in research and **interventions focused on addressing gender inequities in health systems, structures, and policies**.

- Consider timely investments in **research that explores gender inequities in health system reform processes**, such as universal health coverage.

- Use convening power and investments to **encourage more multisectoral coordination efforts and greater collaboration** between programmers, researchers, and gender social movement activists.

- Engage with and **learn from actors in the Global South** who are leaders in developing and implementing gender transformative strategies.

- Make strategic investments in action **research to explore how and to what extent changes in gender dynamics are linked with health outcomes**, and the cost, scalability, and long-term effects of gender transformative programs.

- Make more strategic investments in research and programming that explore multiple **issues of status and identity** (gender identity, class, ethnicity, caste, etc.) for specific populations and how these are linked with health and well-being.

Conclusion

In conclusion, evidence confirms that addressing gender inequality in health programs yields multiple benefits for both health and gender outcomes. High-quality gender transformative programs that apply systems-informed approaches provide evidence for effectiveness, and thus, good practice. Much remains to be explored. Some areas of weaknesses and gaps in program designs remain; these gaps need more attention, research, and resources. Further discussion and debates at all levels are also needed to improve our collective understanding of how programs can reflect and contribute to the values and realization of equitable societies.

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The Interagency Gender Working Group

The Interagency Gender Working Group (IGWG), established in 1997, is a network of multiple nongovernmental organizations, the United States Agency for International Development (USAID), cooperating agencies, and the Bureau for Global Health of USAID. The IGWG promotes gender equity in order to improve global health and foster sustainable development.