

**THE**  
**GENDER**  
guide

**for health  
communication  
programs**

**Population Communication Services**

## Center for Communication Programs

As part of the Johns Hopkins Bloomberg School of Public Health, the Center for Communication Programs (CCP) helps people worldwide make important decisions about their health behavior. Through a Cooperative Agreement funded by the U.S. Agency for International Development (USAID), the Population Communication Services (PCS) project works with its partner agencies—The Centre for Development and Population Activities (CEDPA), The Academy for Educational Development (AED), Prospect Associates, and Save the Children—to provide: communication needs assessments, strategic program design, training, technical assistance, materials production, community mobilization, mass-media programs, interpersonal communication and counseling, and other communication needs.

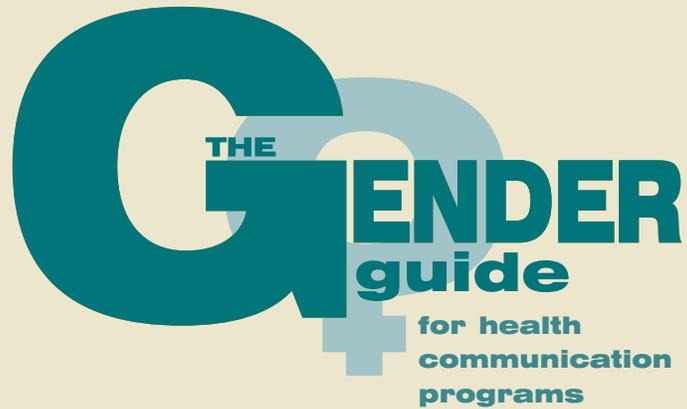
**Jane T. Bertrand**, Director

**Jose G. Rimon II**, Senior Deputy Director



This publication was made possible through support provided by the Office of Population, Health and Nutrition, Bureau for Health, U.S. Agency for International Development (USAID), under the Population Communication Services (PCS) project CCP-A-00-96-90001-00.

This guide may be reproduced without permission provided the material is distributed free of charge and the Johns Hopkins Bloomberg School of Public Health / Center for Communication Programs (CCP) and The Centre for Development and Population Activities (CEDPA) are acknowledged. Opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID.



**CONTENTS**

**The Gender Guide for Health Communication Programs . . . . . 1**

- What is the definition of “gender?” . . . . . 1*
- Why consider “gender?” . . . . . 1*
- What is the purpose of the Gender Guide? . . . . . 1*
- Who should use the Gender Guide? . . . . . 2*
- How to use the Gender Guide . . . . . 2*

**Gender Questions for Each Step of Program Development . . . . . 3**

- Step One: Analysis . . . . . 3**
- Step Two: Strategic Design . . . . . 6**
- Step Three: Message/Materials Development, Pretesting & Production . . . . . 9**
- Step Four: Management, Implementation & Monitoring . . . . . 11**
- Step Five: Evaluation . . . . . 13**

**Gender Concepts and Terminology . . . . 17**

**Examples of Good Gender Practices . . 19**



## Acknowledgments

This guide is the culmination of efforts by many individuals and organizations who are committed to gender equity. In particular, the authors wish to acknowledge the following: CCP staff Alice Payne Merritt, Gary Saffitz, and Patricia Poppe who recognized the need for this guide and contributed to it in many important ways; senior staff members of the USAID/ Interagency Gender Working Group who offered insightful recommendations over the course of its development; health communicators in Nepal and Ghana as well as in the Asia, Africa, Latin America, and Near East Divisions in Baltimore were eager and perceptive participants in field tests of the guide. Everyone's suggestions and support as well as their commitment to gender equity, were invaluable to the development of the gender guide.

**Faria Zaman**

Senior Advisor, PCS, CEDPA

**Carol Underwood**, PhD

Senior Research Associate, CCP

March 2003



# **The Gender Guide**

## **for health communication programs**

### **What is the definition of “gender?”**

“Gender” refers to the socially constructed roles and responsibilities assigned to women and men in a given culture. Thus, gender is distinct from sex, which is biologically determined.

### **Why consider “gender” when developing health communication programs?**

Gender concerns are gaining increasing importance. Gender perspectives arise from communities’ knowledge, beliefs, and attitudes. Communication messages and interventions can reinforce existing beliefs and social norms or ultimately establish new beliefs, attitudes, and social norms. Health communication can markedly affect the understanding and acceptance of new health behaviors and revised gender perspectives. People worldwide often respond to messages to improve their health. Including gender concerns in health communication programs can make health messages more effective and stimulate awareness of the need for equity in gender roles. Gender awareness also can help communities find culturally appropriate ways to change existing beliefs, attitudes, and social norms that restrict gender equity and equality.

### **What is the purpose of the Gender Guide for health communication programs?**

The purpose of the Gender Guide is to encourage the incorporation of gender-based roles and responsibilities in the design,

implementation, and evaluation of health communication programs. *The guide does not directly address broad-based issues of gender equity.* It does, however, provide questions to help program managers determine how gender roles, for both women and men, may impede access to health information, restrict use of health services, or limit beneficial health outcomes. By identifying this information, health communication programs can encourage individuals and communities to pay attention to resolving gender inequities. Program planners should be aware that health behaviors, practices, or actions promoted by health communication programs may precipitate direct or indirect changes in gender roles. If program planners anticipate changes in gender attitudes or roles, they should define those changes clearly and include them in outcome indicators to measure changes.

### **Who should use the Gender Guide?**

Professionals engaged in the development of health communication programs—program managers, designers, planners, implementers, and evaluators—should use the Gender Guide.

### **How to use the Gender Guide**

The Gender Guide is easy to use. It follows the five steps for developing a health communication program: 1) Analysis; 2) Strategic Design; 3) Message /Materials Development, Pretesting & Production; 4) Management, Implementation, & Monitoring; and 5) Evaluation. The guide provides questions to identify and address gender issues to ensure that gender awareness is part of a program's design, implementation, and evaluation. The questions will promote a dialogue in communities that will lead to increased understanding of gender issues. The guide is flexible; questions for each step can be used independently of other steps at any stage of the program.



# Gender Questions

## for each step of program development

### Step One **Analysis**

The first step in developing an effective communication program is analysis. Changing health knowledge, behavior, and attitudes starts with accurate information and in-depth understanding of needs, social norms, roles, responsibilities, and constraints of people and their view of the issue being addressed by the program. To encourage gender sensitivity through health communication programs, it is necessary to analyze the community from a gender perspective.

Analysis with a gender perspective examines the ways in which gender influences health needs and concerns, the reception of health messages, and access to and control over health communication interventions. To obtain a reliable gender perspective, it is essential for program researchers to speak separately and directly to women and men, obtaining qualitative and quantitative information. Focus group discussions, structured and unstructured interviews, mapping exercises, and role-playing are some ways to inform gender-sensitive analysis. Gender-based analysis needs to be conducted at every step of the program cycle: analysis, strategic design, development, pretesting, production, management, implementation, monitoring, and evaluation.

Incorporate the following information learned from analysis with a gender perspective into health communication programs:

- **Different needs, roles, and interests** of women and men
- **Relations between women and men** pertaining to access to and control of resources and services

- **Benefits for women and men** from health communication programs
- **Spousal communication** to support changing norms
- **Power dynamics** between men and women
- **Decision-making** processes
- **Social and cultural** constraints and opportunities
- **Positive and negative** program impacts

**MAIN ACTIVITIES  
of Step One: Analysis**

- ♀ **Understand the problem.**
- ♀ **Know and profile the audience.**
- ♀ **Assess communication capacity.**

We need to step into our audience's shoes.

## QUESTIONS FOR ANALYSIS

### Understand the problem.

Understand how the community perceives the issue by identifying existing health concerns of both women and men and any barriers to addressing these concerns.

- *What are the main health concerns of women/men?*
- *What are women's and men's responsibilities related to the health issue?*
- *What barriers (e.g., self confidence, mobility, financial resources, role in making decisions) do women/men encounter in performing their responsibilities related to the health issue?*
- *What support systems or services currently exist to help with the health-related problem? Are these systems and services available to meet the needs of women/men?*



### **Know and profile the audience.**

Program planners should determine which audience segment(s) the program will address. They should develop separate profiles for women and men including the social, cultural, psychological, economic, demographic, and geographic factors that influence their behaviors. Profiles should include differences in women's and men's knowledge, attitudes, and practices related to the health issue. Other differences to examine include:

- *Where do women/men usually meet or gather?*
- *Where could women/men go to learn more about ways to address their health concerns?*
- *What organizations can women/men turn to for their health concerns?*
- *How do health concerns vary by age, socioeconomic status, residence, and gender?*
- *What social networks exist in the community for women/men? Can these networks help with health concerns?*
- *Who are the religious and community leaders? How can they address health concerns for women/men?*

### **Assess communication capacity.**

Determine local communication capacity as it relates to the chosen audience(s). Identify access to media for women and men and their media habits.

- *Which communication channels (radio, TV, print, talks, community meetings) do women/men access for health information? Does this differ by age, education, income, or residence?*
- *What media would best reach women/men? And why?*
- *How might communities use small media, such as audio or video cassettes, to reach women/men?*
- *Who controls access to communication sources (i.e., who selects the stations or programs to listen to or watch)?*

## Step Two **Strategic Design**

Use the findings from Step One to incorporate gender issues in the strategic design step of the program. Communication designs may differ for programs intended to reach either women or men depending on their respective needs. For example, it may be necessary to use different communication channels and design separate messages for women and men.



**MAIN ACTIVITIES**  
**of Step Two: Strategic Design**

- ♀ **Develop SMART objectives.**
- ♀ **Position the program to present a clear benefit.**
- ♀ **Follow a proven and appropriate behavior change model.**
- ♀ **Select appropriate media and community activities.**
- ♀ **Prepare a strategic design brief.**
- ♀ **Plan for evaluation.**

### **QUESTIONS FOR STRATEGIC DESIGN**

#### **Develop SMART objectives.**

Design communication objectives that are:

- S**pecific
- M**easurable
- A**ppropriate
- R**ealistic
- T**ime-bound.

- *Will SMART objectives differ for women/men?*



### **Position the program to present a clear benefit.**

Design communication objectives to show intended audiences a clear benefit from the services, supplies, or practices being promoted.

- *What benefits do the promoted services, supplies, or practices have for women/men?*
- *Will equal access to services, supplies, practices, and media be available to both women and men?*

### **Follow a proven and appropriate behavior change model.**

State assumptions about the behavior of women and men underlying the strategy and positioning of the program.

- *Is the program theory-based?*
- *Does the theory or conceptual framework address gender concerns?*

### **Select appropriate media and community activities.**

Select media appropriate for and accessible to women/men.

- *What media are appropriate for women? What media are appropriate for men?*
- *What community-based activities do women/men prefer?*
- *Can the program use the same media and community activities for women/men?*

Ensure that services, supplies, and practices of chosen media do not reinforce gender stereotypes.

### **Prepare a strategic design brief.**

A brief describing the strategic design of the program should answer the following questions:

- *What is the communication program trying to accomplish?*
- *What are the program's health goals and objectives?*
- *Does the program have any specific gender goals or objectives? How do they relate to the program's overall goals/objectives?*
- *Who is the program's key audience and why?*
- *What communication channels (radio, TV, print, talks, community meetings) are available for the intervention?*
- *How will women/men access these channels?*
- *How do access and control issues affect women's/men's participation in the program, and how do women/men benefit from the program?*
- *What are the constraints for women/men to participate in the program?*
- *How does the proposed program affect gender issues identified in the analysis?*
- *How do gender roles (workload, time, mobility) influence the ability of women/men to participate in the proposed program?*
- *How do gender roles affect the likelihood that women/men will internalize the program's health messages?*

### **Plan for evaluation.**

Plan to use multiple sources to measure expected changes in the audience(s).

- *What are the most important program-related results that are expected for women/men?*
- *What are the best ways to collect information from women/men?*
- *How can the program define management responsibilities and assign one or more staff members to design questions to assess whether or not participation in the program is accompanied by changes in gender roles?*

## Step Three **Message/Materials Development, Pretesting & Production**

Develop messages and materials based on information from the analysis step and guided by the strategic design plan.



**MAIN ACTIVITIES**  
**of Step Three: Message/Materials Development, Pretesting & Production**

- ♂ **Develop message concepts.**
- ♀ **Pretest and re-test messages and materials with intended audiences.**
- ♂ **Revise to respond to audiences and gatekeepers, and be careful not to reinforce gender stereotypes.**

### **QUESTIONS FOR MESSAGE/MATERIALS DEVELOPMENT, PRETESTING & PRODUCTION**

#### **Develop message concepts.**

Work with health and communication professionals to ensure that messages reflect analysis findings and strategic directions are technically correct. While some messages that highlight gender stereotypes may appeal to certain audiences, such messages must be avoided. Better health is the primary goal of

health communication programs but should not be sought by exploiting gender inequity.

- *Do messages reinforce inequitable gender roles or stereotypes?*
- *Do messages and materials include positive female role models? Do they include positive male role models?*
- *Are staff members sufficiently aware of gender roles to ensure that gender issues are addressed in messages and materials?*
- *How will women/men perceive messages?*
- *What gender roles do the messages convey?*

### **Pretest and re-test messages and materials with intended audiences.**

Pretest and re-test messages, concepts, and intended program formats with women and men separately to determine what works well for women and what works well for men.

- *What are the constraints for women/men to accessing messages, activities, or products?*
- *Do messages, concepts, activities, and products consider workload, access to information and services, and mobility of women/men?*
- *Are messages appropriate for the needs and circumstances of women/men?*
- *Does the pretest include both female and male community members and healthcare workers?*
- *How do women/men interpret each message and material?*

### **Revise to respond to audiences and gatekeepers.**

Revise any confusing, irrelevant, or non-gender-sensitive materials for the audience(s).

- *Do messages reflect consideration of different needs, roles, responsibilities, and constraints of women/men?*

## Step Four **Management, Implementation & Monitoring**

Program managers must adequately address gender issues and recognize that successful program implementation calls for the community's active participation. Some programs will emphasize the participation of men; some will need women's involvement; and others will require the participation of both women and men.



### **MAIN ACTIVITIES**

#### **of Step Four: Management, Implementation & Monitoring**

- ♂ **Train managers and build institutional capacity.**
- ♂ **Monitor outputs and activities.**
- ♂ **Respond rapidly to feedback.**

### **QUESTIONS FOR MANAGEMENT, IMPLEMENTATION & MONITORING**

#### **Train managers and build institutional capacity.**

Include gender sensitivity as part of any training and institutional capacity-building efforts.

- *Do program managers provide their staff with gender-awareness training to increase understanding of gender issues?*

- *Do program managers ensure that staff members integrate gender issues in all steps of the projects and programs?*
- *Do the program staff work with community groups to enhance their understanding of the role gender plays in their activities?*

### **Monitor outputs and activities.**

Monitor outputs and activities separately for women and men. Identify gender-linked assumptions and risks that could affect the program or activity. Keep programs flexible, and adapt to gender-specific obstacles that may arise during implementation.

- *How many women and men does the program reach?*
- *How many women and men does the program encourage to participate in activities?*
- *How many brochures, leaflets, or posters does the program produce and disseminate?*
- *How many activities (e.g., community meetings, workshops, TV or radio programs, TV or radio health promotional spots) take place for women/men?*
- *How many male/female health practitioners are receiving training through the program?*

### **Respond to feedback.**

Respond promptly to correct problems.

- *Do women and men continue to be involved in the process?*
- *Does the fine-tuning of operations consider women's and men's needs and interests?*



## Step Five Evaluation

Evaluation shows whether a program met its objectives by appropriately changing knowledge, attitudes, and/or behavior of the chosen audience(s). In this step, ask community members how the program affected their lives. It is critical to speak to women and men separately to obtain reliable, gender-informed perspectives.



**MAIN ACTIVITIES of Step Five: Evaluation**

- ♀ **Design evaluation early.**
- ♀ **Include behavior change indicators.**
- ♀ **Use appropriate evaluation methods.**
- ♀ **Disseminate evaluation results.**
- ♂ **Plan for continuity.**

### QUESTIONS FOR EVALUATION

#### Design evaluation early.

Include someone on the evaluation team to assess whether or not the evaluation design is gender sensitive. Ask:

- *Were data collected separately from women and from men for each outcome indicator?*
- *Were outcome indicators different for women and men?*

- *What health obstacles was the program trying to overcome? Did any of these obstacles have a gender dimension?*
- *Was the best time of day for reaching women different from the best time for reaching men?*

### **Include behavior change indicators.**

Design health communication programs to influence specific behaviors, practices, or actions. Include indicators to assess behavior changes in the evaluation. Because communication programs can affect audiences' knowledge, attitudes, beliefs, perceptions of risk, levels of self-efficacy, and perceptions of social norms, measure these factors to indicate whether, how, and why change occurred.

- *Did knowledge about the health issue improve among female/male program participants?*
- *Was participation in the program associated with more positive attitudes toward family planning, reproductive health, or preventive health practices among women/men?*
- *Which, if any, gender norms addressed in the program changed among women/men as a result of the program?*
- *Were changes in levels of self-efficacy noted for women/men?*
- *If there were differences in outcomes for women/men, what might account for those differences?*





- *Did women/men benefit from program messages, products, or activities? If so, how?*
- *Has women's access to any health-related resources and services increased? Which resources or services?*
- *If men's access had been limited, has it improved as a result of the program?*
- *If women's mobility had been a concern, do women have more mobility since participating in the program?*
- *Since the program began, which health practices—promoted by the program—have been adopted by significant numbers of women/men?*
- *Are program activities appropriate to the needs and circumstances of women/men?*
- *Did the program have any unintended consequences for community members? If so, what and for whom?*
- *What were positive and negative impacts of the program on communities?*
- *How can the program better meet needs and circumstances of female/male beneficiaries?*

### **Use appropriate evaluation methods.**

Use both qualitative and quantitative evaluation methods to assess impact of the program. Qualitative research, such as focus group discussions and in-depth interviews, can provide important information about the process that led to behavior change. Community members should be encouraged to participate in the evaluation process, to discuss whether the program has fully reflected their needs and concerns, and to suggest ways to improve future programs. Quantitative data can reveal what proportion of women and men participated in the program and benefited from it.

- *How involved were women/men in the evaluation process?*
- *To what extent did women/men feel that their needs and concerns were reflected in the program?*
- *How can men's/women's questions and interpretations of the findings be used for future program planning?*
- *What lessons were learned about how to improve future evaluations so that women and men alike participate freely in the evaluation process?*

### **Disseminate evaluation results.**

Share evaluation results with participants and colleagues, officials, donors, and experts. Make results understandable to audiences from diverse backgrounds. Write documents or develop presentations for specific audiences based on their educational levels and their particular concerns. If necessary, arrange to discuss evaluation findings with women separately from men.

- *How can the findings promote dialogue between men and women to address specific needs?*
- *How can the community use the findings to advocate for changes in local health programs so that the needs of both women and men are addressed?*
- *To what extent can men and women in the community use the findings to call for policy changes that will better address the specific needs of women/men?*

### **Plan for continuity.**

Continue to involve women and men at the community level in program planning, decision-making, and resource allocation. Use evaluation results to adapt programs to changing gender roles. Plan for long-term sustainability by ensuring that both human and financial resources will be used to develop gender-sensitive health communication programs.

# Gender **Concepts & Terminology**



**Empowerment:** The process of generating and building capacities to exercise control over one's life.

**Gender:** The socially constructed roles and responsibilities assigned to women and men in a given culture.

**Gender Bias:** The tendency to make decisions or take actions based on preconceived notions of capability according to gender.

**Gender Discrimination:** Prejudicial treatment of an individual based on a gender stereotype.

**Gender Division of Labor:** The work roles, responsibilities, and activities assigned to women and men as determined by a given culture.

**Gender Equality:** The same status, rights, and responsibilities accorded to women and men.

**Gender Equity:** The quality of being fair to both women and men. A gender equity approach considers different needs, responsibilities, and social expectations of men and women in designing health systems and allocating resources for health.

**Gender Relations:** Ways in which a culture or society defines rights, responsibilities, and identities of women and men in relation to one another.

**Gender Roles:** Socially determined roles assigned to individuals on the basis of their biological sex that often reflect local stereotypes, ideologies, values, attitudes, beliefs, and practices. Gender roles become established through the influence of families, communities, schools, religious institutions, culture, tradition, history, media, policies, and peer groups.

**Gender Sensitivity:** The recognition that socially determined differences between women and men often lead to inequities in their respective access to and control of resources. Gender sensitivity includes willingness to address these inequities through strategies and actions for social change and economic development. It also includes awareness of differences between women's and men's needs, roles, responsibilities, and constraints.

**Practical Gender Needs:** Needs that are immediate and material and can be met in the short-term through practical solutions. Responding to practical gender needs can improve quality of life without challenging gender divisions of labor or the position of men and women in society. Practical needs generally involve issues of access or condition. Condition refers to the material circumstances in which men and women live.

**Sex:** The biological differences between women and men that are universal, generally obvious, and permanent.

**Strategic Gender Interests:** The interests concerning the positions of women and men in relation to each other in a given society. Strategic gender interests generally involve decision-making power, control over resources, position, and status. Addressing strategic gender interests helps women and men change existing gender roles and stereotypes to achieve greater equality.



# Examples of Good Gender Practices

## in health communication programs



**Arab Women Speak Out** (Near East) The stark contrast between media images of Arab women and the everyday experiences of actual Arab women prompted the development of the Arab Women Speak Out (AWSO) project. It is an advocacy and training program that features ten video profiles of women relating their life histories in their own words. Realistic role models can contribute to higher levels of self-efficacy and, by extension, can enhance the likelihood that individuals or communities will take goal-oriented action. By featuring women who have been change agents in their own communities, the program encourages women throughout the Arab region to explore ways to overcome gender-related constraints so that they too can participate actively to change or improve the health, economic, political or social conditions in which they live. Since its launch in 1999, nearly 100,000 women from six Arab countries—Egypt, Jordan, Lebanon,

Algeria, Tunisia, and Yemen as well as Palestine—have participated in the program. During training workshops, facilitators convey critical thinking skills and encourage women to analyze and openly discuss changing social roles and gender issues, develop and use negotiating skills, strengthen social networks, participate in public life, and safeguard their reproductive health. A 2001 evaluation found AWSO participation broadens a woman's understanding of gender roles and improves her self-image. Participants were more than twice as likely as non-participants to engage in health-related community activities and 2.5 times more likely to have started their own business when compared with women who had not yet participated in the program. AWSO empowers women by providing an environment in which they critically examine media stereotypes of women, discuss obstacles, explore opportunities, and plan for action.

### **Door-to-Door Behavior Change Communication Package** (Nepal)

The Door-to-Door Behavior Change Communication (BCC) Package (Ghar Dailo Sanchar in Nepali) is a gender-sensitive health communication package. It is designed for community-based health workers to help extend the reach of a radio serial, which highlights reproductive health and family planning messages. Program staff analyzed the roles, needs, and responsibilities of women and of men as they prepared the materials and messages. The purpose of the package is to improve the skills of community-based health workers and expand demand for reproductive health services, particularly in rural areas, by creating awareness among communities and maximizing access to information, health promotion, and advocacy. The package reinforces radio-based reproductive health and family planning messages through group meetings, which organize listening times, literacy classes, dramas, discussions, and homework exercises. The package consists of a workbook, designed for newly



literate adults as well as for adolescent male and female group members; aprons printed with male and female reproductive organs, which can be worn by facilitators to review the male and female organs and to help facilitate group discussions; facilitator guidelines, used to guide the facilitator in conducting group sessions; radio drama serial cassette tapes; a cassette player; and a bag to carry all of the materials.

**HEART** (Zambia) A multifaceted program, the HEART (Helping Each other Act Responsibly Together) campaign encourages youth to protect themselves from HIV transmission by adopting risk-reduction practices. Specifically, it portrays abstinence as a viable option and encourages consistent condom use for sexually active youth. The Zambian youth advisory group guides the HEART campaign and designs different messages for young women and men. The designers recognize that gender norms and power dynamics differentially influence needs and concerns of men and women. The campaign: 1) encourages young women to recognize and act upon their right to refuse unwanted sexual advances; 2) gives young men and women positive reasons for choosing abstinence; 3) conveys the message that you cannot tell who is HIV+ by looking at them; 4) positions condom use as “cool”; and 5) promotes consistent condom use with regular and casual partners. Research found campaign viewers were more likely than non-viewers to use condoms, report they were abstinent, and, among young women, understand they have a right to refuse sex.

**Jiggasha** (Bangladesh) Jiggasha is a social network approach to community mobilization and sustainability. The Jiggasha approach extends field workers’ reach by improving their ability to provide family planning (FP) and maternal and child health (MCH) communication programs and support through existing social networks and group meetings. The approach supports women’s empowerment by providing a

comfortable forum for open discussion of FP and MCH issues. The use of existing rural communication networks makes sensitive discussions more culturally acceptable. To maintain comfort levels, women's and men's Jiggashas take place separately. Jiggasha is the Bangla word for "inquire." In Jiggasha meetings participants feel free to ask questions about family planning, contraceptive methods, and reproductive health. Specially trained field workers collaborate with male and female opinion leaders in the village to teach about contraception, answer questions, distribute contraceptives, and make referrals. Field workers also encourage both men and women to talk with their spouses about family planning. Men's participation in the jiggashas helps create an environment of approval for family planning.

**Andrea: Time for Love** (Peru) *Time for Love*, a TV mini-series, follows two young couples as they deal with their turbulent adolescence, including romantic relationships and parental-teen strife. The series: 1) offers positive modeling behavior for girls who encounter sexual pressure from their partners; 2) reinforces the practice of safer sex as the smart thing to do; 3) positions delayed sexual intercourse as a legitimate alternative for girls; 4) shows that safer sex and the consequences of unprotected sex are both men's and women's responsibilities; and 5) promotes parent/teen dialogue on sex-related topics. The mini-series addresses some of the ways in which gender norms and power imbalances may motivate women to make different choices from those men make.

**Suggested Citation:**

Zaman, F. and Underwood, C. (March 2003). The gender guide for health communication programs. Center Publication No. 102. Baltimore: Johns Hopkins Bloomberg School of Public Health / Center for Communication Programs.

**Design and Illustration:**

Rita C. Meyer, CCP Materials Development Manager



**Johns Hopkins Bloomberg School of Public Health  
Center for Communication Programs  
Population Communication Services  
111 Market Place, Suite 310  
Baltimore, Maryland 21202, USA  
Fax: 410-659-6300  
E-mail: [orders@jhuccp.org](mailto:orders@jhuccp.org)**



**Centre for Development and Population Activities  
1400 16th Street NW  
Washington, DC 20036  
Tel: 202-667-1142  
Fax: 202-332-4496**