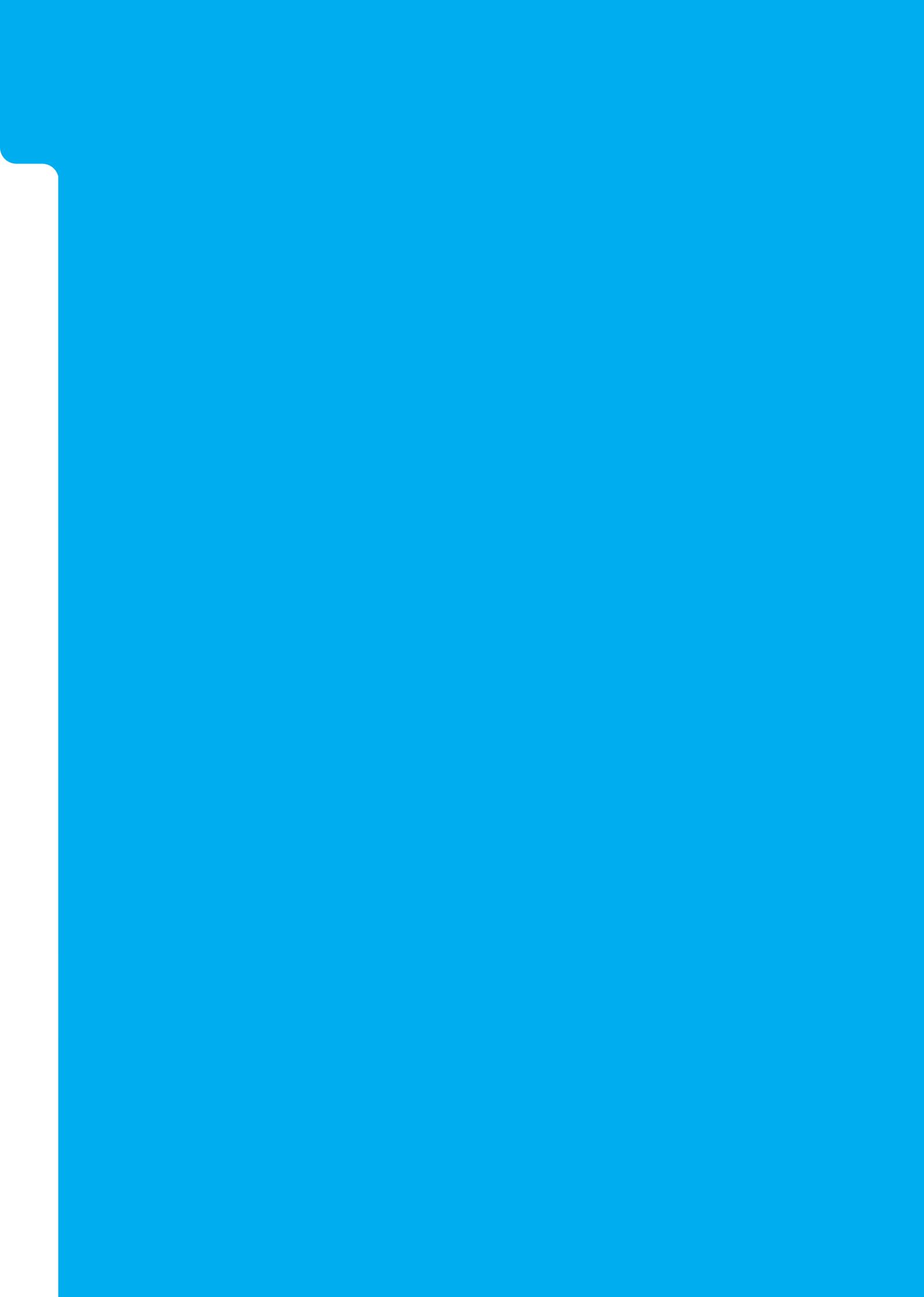


Gender Transformative Programming



Education: Understanding the Gender Continuum¹

OBJECTIVE

To understand the continuum of gender as it relates to media campaigns and programmes

TIME

60 minutes

MATERIALS

Copies Handout 1: Project Case Studies

PROCEDURE

1. Explain that we've been exploring the importance of understanding how gender can affect our project outcomes and why male involvement is critical to a successful outcome. Many people in this field use a continuum to assess how gender is addressed: on one end it is harmful and promotes gender inequity but then it gradually moves towards actively promoting equality between the genders. This continuum includes four categories. Display flipchart with the continuum and the categories:

Exploitative: Projects that exploit gender inequalities and stereotypes in pursuit of health and demographic outcomes.

Neutral (blind): The project does not attempt to address gender.

Sensitive (accommodating): Projects that accommodate gender differences in pursuit of health and demographic outcomes.

Transformative: Projects that seek to transform gender relations to promote equity as a means to reach health outcomes.

2. Briefly review the following examples to illustrate these categories:

- The goal of a social marketing campaign undertaken in Latin America and the Caribbean was designed to increase condom sales. The campaign capitalized on social and cultural values that focus on male virility, sexual conquest, and control. It depicted macho men having multiple female partners and thus reinforced gender inequality—thus it could be defined as "gender exploitative".

- A social marketing campaign in Brazil utilized images of men in caring and equitable roles with the tag line roughly translated to mean "A real man....cares, respects and takes on responsibility." Though the campaign marketed condoms it also marketed a gender equitable lifestyle to young men that would also be seen as "cool" —i.e. a "gender transformative" intervention.

Tell the participants that next they will have an opportunity to look at a project description and determine where it falls on the continuum.

3. Do the following:

- Divide the large group into an even number of pairs or triads (sets of three).
- Explain that you have four to six project examples (once again, it depends on the size of the group), with two copies of each example.
- Give each set of pairs/triads a project description.
- Tell the triads/pairs to read their project description and, as a triad/pair, determine where the project fits on the gender continuum. When they have decided, they should tape their description where they believe it belongs on the continuum: exploitative, neutral, accommodating, or transformative.
- Tell the group they have 15 minutes for this activity.

* Facilitator Note: You want to have at least one project description for each category.

4. After the triads/pairs have placed their project where they believe it belongs on the continuum, moving across the continuum, ask a representative from each triad to come up and read their project description and explain why they decided it belonged on that spot on the continuum. Ask if people agree with the placement. If not, discuss where it should go.

5. Once this has been done, explain to the groups that you are going to be discussing various media campaigns and where they fit on the continuum. Explain that you will be doing this as a group. Give them examples of other programs either in discussion, as handouts or on a powerpoint

¹ Adapted from a training curriculum developed by EngenderHealth

presentation and discuss where they would fit on the continuum. If any of them are examples of a gender transformative approaches, ask the participants how they could have been made more gender transformative.

DISCUSSION QUESTIONS

Debrief the activity by asking the following questions:

- Was this exercise easy? Difficult? Why?
- What helped you determine where it needed to be placed?
- Could the project descriptions or campaigns fit in more than one place on the continuum?
- Were there any surprises?
- What is the "take home" message from this exercise? (It's a missed opportunity if we do not build gender into our projects. If we do not build it in, it can have a negative effect or unintended consequences.)

CLOSING

End the discussion by reminding the participants that we should always be working towards developing gender transformative projects. It may not always be possible right away, but we should aim for it. Additionally, it is important to ensure that programmes and campaigns are never gender exploitative even if they can assist you to reach your programme goals.

Handout 1

FEMALE CONDOM PROMOTION IN PROJECT CASE STUDIES

A pilot programme 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 programme decided to try an innovative approach: Promoting the female condom to men via 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.

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". 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 although the campaign did indeed correspond to increased contraceptive use it resulted in some unintended consequences. To wit: "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."

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 public school system to incorporate a reproductive health curriculum in the high schools, the programme decided to instead recruit volunteer peer educators to conduct charlas, or informal discussion groups. In order to do so peer educators held after-school neighbourhood 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.

FGM/C PREVENTION PROGRAMME IN KENYA

A Female Genital Mutilation Cutting (FGM/C) intervention in Kenya sought to reduce the incidence of harmful cutting. Project staff realized that creating a law that would prohibit the practice would not be sufficient on its own for addressing 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 FGM/C ritual by eliminating the harmful cutting but keeping the positive values: Dance, story-telling, gift-giving, health and hygiene education, etc. As a result, a new right-of-passage ritual has been created for girls called “circumcision with words”, which has become accepted by the entire community.

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 behaviour during pregnancy. Research showed that one of the most important obstacles to maternal health care-seeking behaviours was the absence of discussion about pregnancy between husbands and wives, as well as with other members of the household.

Local women felt that they could not take advantage of maternal services because they could neither initiate conversations with their husbands nor solicit their consent and financial support as the heads of the household. The project staff asked a griot, (traditional story teller) to compose a song that educated people about maternal health care, 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, it also resulted in more positive attitudes and behaviours related to pregnancy at the household level. More husbands reported supporting their wives by helping them to reduce their workload, helping them to improve their nutrition, and urging them to seek medical attention and maternal health services.

HAND WASHING FOR DIARRHEAL DISEASE PREVENTION IN CENTRAL AMERICA

The Central American Hand washing Initiative aimed to reduce morbidity and mortality among children under the age of five through a communication campaign promoting proper hand washing with soap to prevent diarrheal disease. Four soap companies launched hand washing promotion campaigns; radio and television advertisements; posters and flyers; school, municipal and health centre programmes; 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 hand washing: before cooking or preparing food; before feeding a child or eating; and after defaecation, cleaning a baby, or changing a diaper. They also emphasized essential aspects of hand washing technique: use water and soap, rub one’s hands together at least three times, and dry them hygienically.

YOUTH ROLES IN CARE AND SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS (PLWHA)

In Zambia, one project has sought to involve young people in the care and support of People Living with HIV and AIDS. 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 felt more comfortable about undertaking, as well as what tasks People Living with HIV and AIDS themselves would prefer having a 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 People Living with HIV and AIDS.

Education: Learning About Gender²

OBJECTIVES

1. To understand the difference between the terms "sex" and "gender"
2. To understand the terms "gender equity" and "gender equality"

TIME

45 to 60 minutes

MATERIALS

- Flipchart
- Marker
- Tape
- Enough copies of Handout 2: The Gender Game for all participants

PROCEDURE

1. Explain that this session will help clarify some of the terminology that we will be using in the workshop. It will also help us to understand what these terms mean in our own lives.
2. Ask participants if they can explain the difference between "sex" and "gender." After soliciting feedback, provide the following definitions:
 - Sex refers to physiological attributes that identify a person as male or female.
 - Gender refers to widely shared ideas and expectations concerning women and men. These include ideas about typically feminine/female and masculine/male characteristics and abilities in addition to commonly shared expectations about how women and men should behave in various situations.
3. Distribute the handout and ask the participants to indicate if the statements are referring to "sex" or "gender." After giving the participants a chance to read and answer the statements on their own, discuss each of the answers with the entire group.
4. Explain that there are several terms related to the word "gender", that also need to be explained. Ask the group if they have ever heard the term

"gender equality". Ask them what they think it means. Allow plenty of time for discussion.

5. After getting their feedback provide the following definition:

Gender Equality means that men and women enjoy the same status. They share the same opportunities to realize their human rights and the potential to contribute and benefit from all spheres of society (economic, political, social, cultural).

6. Ask the group if the definition makes sense. Allow them to ask questions.

7. Ask the group to discuss whether or not gender equality actually exists in their country.

As the group discusses this, write down any statements that explain why women do not share equal status with men. Be sure to include some of the following points if they are not mentioned by the group:

- Women in many countries are more likely than men to experience sexual and domestic violence.
 - Men are paid more than women for the same work (in most cases).
 - Men occupy more positions of power within the business sector.
 - Women bear the brunt of the AIDS epidemic, both in terms of total infections, but also with respect to caring and supporting those living with HIV.
8. Ask the group if they have ever heard the term "gender equity." Ask them what they think it means and how it is different from gender equality. Allow plenty of time for discussion. After collecting their feedback provide the following definition:

Gender Equity is the process of being fair to men and women. Gender equity leads to gender equality. For example, an affirmative action gender policy that increases support to female-owned businesses may be gender equitable because it contributes to equal rights between men and women.

² Adapted from "Engaging Men and Boys in Gender Transformation: The Group Education Manual", developed by EngenderHealth and Promundo for USAID

DISCUSSION QUESTIONS

After clarifying the definitions of gender equality and gender equity, ask the group the following questions:

- Why should men work towards achieving gender equality?
 - What benefits does gender equality bring to men's lives?
 - How does gender inequity contribute to HIV infection?
 - How can gender equity contribute to preventing HIV?
 - Ask the group to identify gender-equitable actions that men can take to help create gender equality.
5. Many women do not make decisions with freedom, especially regarding sexuality and couple relationships.
 6. The number of women with HIV (human immunodeficiency virus) infection and AIDS (acquired immunodeficiency syndrome) has increased steadily worldwide.
 7. Four-fifths of the world's injecting drug users are men.
 8. Women get paid less than men for doing the same work.

CLOSING

A major goal of promoting gender equality is to encourage communities to be more gender-sensitive and to prevent HIV infection so that men and women can live healthier and happier lives.

To achieve this, we must encourage gender-equitable behaviours. These include joint decision-making about health issues that affect both men and women, respect for the right of a woman to refuse sex, settling differences without violence, and shared responsibility with respect to parenting and taking care of others.

Handout 2

THE GENDER GAME

Identify if the statement refers to gender or sex:

1. Women give birth to babies, men don't.
2. Girls should be gentle: boys should be tough.
3. Women or girls are the primary caregivers for those sick with AIDS-related illnesses in more than two-thirds of households worldwide.
4. Women can breastfeed babies, men can bottle feed babies.

ANSWERS:

1. Sex
2. Gender
3. Gender
4. Sex
5. Gender
6. Sex and Gender
7. Gender
8. Gender

Education:

Act like a man, Act like a woman³

OBJECTIVE

To recognize the challenges men and women face in trying to fulfill societal expectations about gender roles, understand the costs and convey that it is possible to change.

MATERIALS

Flipchart paper, markers, and tape

TIME

45 minutes

PROCEDURE

1. Ask the participants if they have ever been told to "act like a man" or "act like a woman" based on their gender. Ask them to share some experiences in which someone has either made the same remark or said something similar to them. Why did the individual say this? How did it make the participant feel?

2. Tell the participants that we are going to look more closely at these two phrases. By looking at them, we can begin to see how society can make it very difficult to be either male or female.

In large letters, print out on a piece of flipchart paper the phrase: "Act Like a Man." Ask the participants to share their ideas about what this means. These are society's expectations of who men should be, how men should act, and what men should feel and say. Draw a box and write what it means to "act like a man" inside this box. Some responses might include the following:

- Be tough.

- Be passive.
- Be the caretaker.
- Act sexy, but not too sexy.
- Be the homemaker.

4. Next, draw another table that includes columns representing men and women. Label it: "Transformed Men/Women." Ask the participants to list characteristics of men who are "living outside the box." Record their answers. Once you get seven or so responses, ask the same about women who are, "living outside the box." Help the participants recognize that, in the end, characteristics of gender equitable men and women are actually similar.

5. Once you have brainstormed your list, initiate a discussion by asking the questions below.

DISCUSSION QUESTIONS

- Can it be limiting for a man or woman to be expected to behave in this manner? Why?
- What emotions are women not allowed to express?
- How can, "acting like a woman" affect a woman's relationship with her partner and children?
- How can social norms and expectations to, "act like a woman" have a negative impact on a woman's sexual and reproductive health?

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