

Social Analysis and Action: integrating gender and sexuality



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www.care.org/reprohealth

Beyond Lip Service

- What do we mean by gender and sexuality?
- Why integrate gender and sexuality?
- How to practically integrate gender and sexuality
- Results of integration
- Lessons learned

**Gender
and
sexuality**

Individual
knowledge,
attitudes and
behaviors

Health
service
quality,
accessibility

Enabling
environment

**Domestic
roles and
tasks**

Reproductive
health choices

Gender and Sexuality

Livelihood,
productive role

Violence

Sexuality
(agency, body
integrity,
identity)

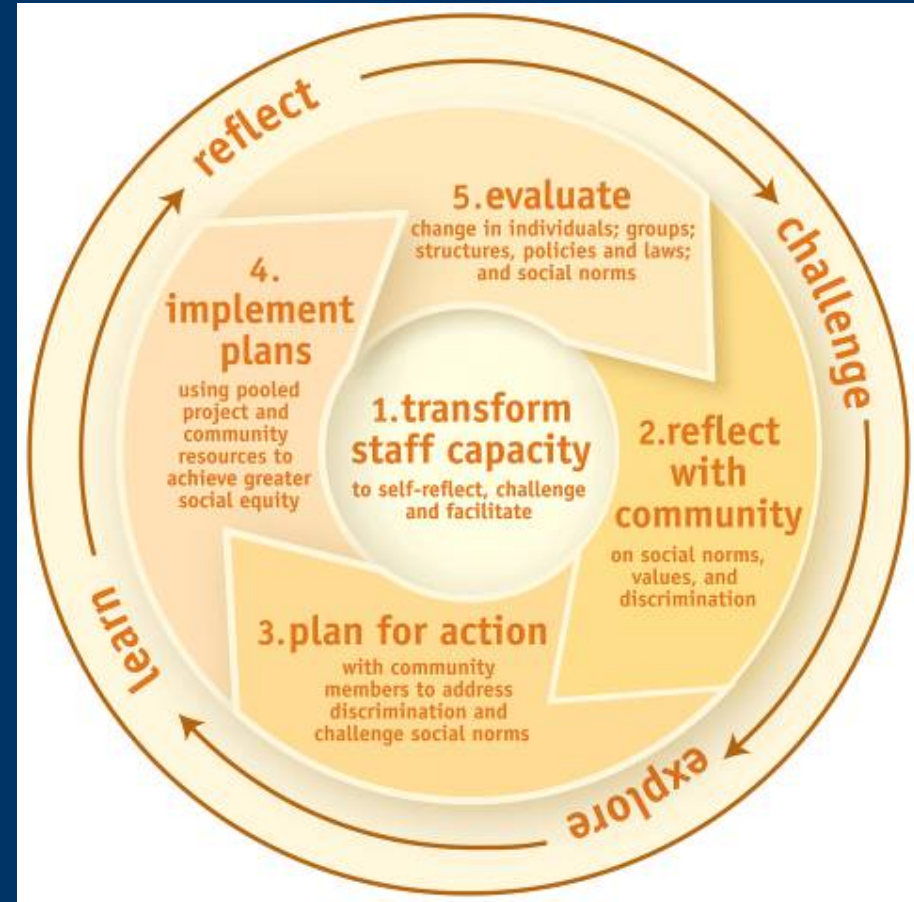
Gender or sexuality factors that may influence RH /HIV

- Household decision-making power (over finances, over children's education, over livelihood, over family size)
- Restricted mobility
- Gendered division of household chores
- Domestic violence
- Son preference
- Early marriage
- How and what of couple communication
- Who decides about sex, who "needs" sex more, who gets information about sex

Steps for integrating gender and sexuality

1. Transform staff capacity
2. Reflect with community
3. Plan for action
4. Implement plans
5. Evaluate

Each step is repeated many times



Social Analysis and Action

Step 1: Personal reflection and transformation



Create a safe & non-judgmental space for staff to explore and critically analyze social expectations for gender and sexuality in their own lives

Step 2: Reflect on gender and sexuality with community

- Initiate exploratory and participatory exercises with community members, using PLA tools
- Explore attitudes, social expectations, policies and procedures that may reinforce inequities
- Keep asking “why?”
- Ask: “what would you like to see changed?”



Step 3: Plan for social change action steps

- Modify existing tools and strategies
- Design comprehensive plan for individual behavior change, household, health services, community support / action groups and broader forum for public debate



Step 4: Implement integrated social change activities

- Individual gender attitudes and behaviors
- Household level power dynamics
- Service quality (dignity, respect, equity, accessibility)
- Social support / action groups to reduce discrimination
- Forum for public dialogue / debate
- Grass roots policy review / reform

Examples of tools and exercises that address gender discrimination



Bead game



Couple's meet

MIL-DIL debates

More examples: public debate about gender and sexuality norms and policies

Interactive Forum Theater



Puppet / Magic Shows

Film Shows / Discussions

Step 5: Monitor / Evaluate gender components

- Ongoing monitoring through mini-PLA inquiries (about every 3 months)
- Ongoing monitoring of content of public dialogue on gender norms
- Reflective Practice every quarter
- Pre- and post KAP questionnaires
 - GEM scale (men's, women's attitudes)
 - SRPS scale (relationship power)
 - Individual gender / sexuality equity behavior

Personal transformation results

- “[Before,] I looked down upon sexual relations outside or before marriage. As a result even while working with adolescents on reproductive and sexual health, I used to strongly oppose it on the grounds of morality. I used to blame the girls who got pregnant. Now I am not judgmental.”

Results: Transformation at home

“At the time of marriage, my in-laws wanted a house wife. However, when my husband’s business went down I decided to work. At that time I faced a lot of verbal harassment from my family. My in-laws were not too keen that I step out of the house. **They felt that if I become financially independent I will begin to control my husband.**

When I initially [started my job] I used to travel by bus but it was very difficult to negotiate the traffic then I put pressure on my family that I need a scooter to travel and finally they gave in and bought me a scooter.

I have become mobile. In the initial years of marriage, I never went out alone. My mother-in-law and later my daughter accompanied me everywhere. But, when my daughter refused to come with me I had to start going out alone. I never thought I would be able to do it. Now I travel 25-28 Kms everyday on my scooter.

In the beginning when I started working, my husband helped me with household chores. I used to feel very guilty about it. I felt that I was not being a good wife and mother. My in-laws also used to pass remarks about it. Now I don’t feel guilty, I feel that we are sharing family responsibilities. **Now he even helps me in the kitchen!”**



Behavior of young men in Peru

“Adolescent boys at the beginning of our work used to call nicknames to girls, to push them strongly...

....now they are different, evidencing a respectful behavior with girls, in learning and disseminating messages against violence and promoting self-esteem and family planning amongst their peers.

A parent told me: ‘My [son] Wilson is different now. He has totally changed, becoming more responsible. Before he did not care on making any house-hold tasks, he was just waiting for his mother or sister to do them. He now wants to help in the house work, he has completely changed. What are you teaching them? Please, continue with this change’.”

Staff reflections

“Initially we thought it would be burdensome, but later we were flying.”

“Most of our projects focus on the medical components. This is not wrong, but it’s incomplete. Now I wonder how we could have been so short-sighted as to design our programs without these components.”

“Our local NGO partners see the value of the G & S processes that we are using, and we see them applying these processes in their other because they think it’s more effective.”

Early results: field tests in India

| Indicator | Intervention | | Control | |
|---|--------------|------|---------|------|
| | 2007 | 2009 | 2007 | 2009 |
| Women report they have a right to say 'no' to sex | 32% | 67% | 41% | 62% |
| Women report they agree that husband has a right to beat her if she refuses sex | 52% | 10% | 34% | 31% |
| Women report they express sexual need to husband | 25% | 68% | 37% | 35% |
| Women report they get help with domestic chores | 56% | 79% | 79% | 76% |
| Women report discussion with husband about contraception | 42% | 90% | 55% | 86% |

Lessons

People are more open to discussing the taboo topics than you might think. If you make the discussions both fun and safe, you can break down a lot of barriers.

Role modeling worked well to encourage health providers to incorporate gender and sexuality.

The social environment of peer pressure can inhibit the changes that individuals want to make. If you open up the box of what is expected publicly, people feel freer to express equitable attitudes and behaviors.