October 2014

# PROMOTING EQUITABLE RELATIONSHIPS AND DECISION MAKING

*Evidence-based Strategies to Transform Gender Norms, Roles, and Power Dynamics for Better Health*

Photo by: Arundati Muralidharan

Recognizing the influence of gender-based inequality on health outcomes, international organizations have advocated integrating a gender perspective into health programs.[1] To recommend evidence-based strategies to accomplish this, the Gender, Policy and Measurement (GPM) program—funded by the Asia bureau of USAID—conducted a systematic review of published and unpublished literature documenting gender-aware programs. GPM wished to identify strategies that health programs had used either to accommodate (work around) or transform areas of gender inequality, and whose influence on key health outcomes had been measured. This review yielded 145 gender-integrated interventions conducted in low- and middle-income countries worldwide—32 of them in India—that had been evaluated for their impact on

- Reproductive, maternal, neonatal, and child health, plus adolescent health
- HIV and AIDS
- Gender-based violence
- Tuberculosis
- Universal health coverage

Five gender strategies that have been demonstrated to improve health emerged from the systematic review. This brief presents the highlights of one of them: promoting equitable relationships and decision making. (The other strategy briefs are available at: www.healthpolicyproject.com?zp=382.)

To read the full report—*Transforming Gender Norms, Roles, and Power Dynamics for Better Health: Findings from a Systematic Review of Gender-integrated Health Programs in Low- and Middle-Income Countries*—please visit www.healthpolicyproject.com?zp=381.

## Changing How Decisions Are Made and By Whom

Influencing how decisions are made, and by whom, can have a profound effect on health status. In many societies, men are the primary decisionmakers—controlling both the communication and decisions around sex and the health of their wives and children. Parents can also exert significant control over the health and health-seeking behaviors of their children—in particular, their daughters and daughters-in-law. Their influence is especially evident in the areas of healthy timing and spacing of pregnancy and adolescent and reproductive sexual health.

Health interventions that promote equitable relationships and decision making facilitate positive shifts in attitudes, engendering healthy behaviors across a range of health areas.

### Five gender-based strategies that improve health

Strategies that transform gender inequality

- Challenge gender norms
- Create the conditions for change through structural interventions
- Promote equitable relationships and decision making

Strategies that accommodate gender inequality

- Improve health systems to work around barriers grounded in gender norms
- Engage communities in behavior change for gender equity

### Increasing spousal support for healthy sexual and reproductive health behaviors

These interventions typically focus on men and provide them with sexual and reproductive health information. Activities encourage men to support their partners in healthy behaviors and the use of health services, overcoming women's barriers to access.

### Strengthening communication and negotiation skills of men, women, and couples

These interventions equip girls, women, boys, and men with the decision-making skills necessary to overcome gender-specific barriers and make healthy choices. Most often, they consist of activities designed to increase contraceptive use, promote safer sex practices, delay age at marriage, and reduce gender-based violence. Many of these programs aim to improve the power dynamics between heterosexual partners, but they are also used to improve communication between adolescents and their parents, especially in matters related to early marriage and sexual and reproductive health.

## Learning from Case Studies

In the literature review, many programs that promoted equitable relationships and decision-making processes were addressed to young couples, young women, and authority figures such as mothers-in-law or parents of young women. Often, these interventions were combined with strategies to challenge inequitable gender norms, such as critical reflection, women's empowerment, and social and behavior change communication. Although strategies to challenge gender norms seek to alter unequal norms and dynamics, these strategies go further, and show couples and/or adolescents and parents how to engage in equitable interpersonal communication, negotiation, and decision making. They also promote more equitable division of household labor and shared responsibility for managing maternal and child health. Of the 24 interventions whose goals were equitable relationships and decision making, eight had been implemented in India.

### Shared decision making by partners promotes healthy timing and spacing of births

Interventions that tackle gender-specific barriers such as women's lack of decision-making power equip both women and men with communication and negotiation skills and promote shared decision making.

The Promoting Change in Reproductive Behavior of Adolescents (PRACHAR ) intervention, in Bihar, India, worked with young couples to delay first birth and increase spacing between the first and second births. The intervention promoted spousal communication, joint decision making, and male involvement in family planning and contraceptive use through a welcome ("Nav Dampati") ceremony for newly married couples. By focusing on the gender norms and inequities that work against healthy timing and spacing, the intervention increased contraceptive use and decreased rates of adolescent pregnancy (Pathfinder International, 2011).

### Improving intergenerational communication delays marriage and prevents gender-based violence

Working with powerful community stakeholders and gatekeepers—such as parents, mothers-in-law, and community and religious leaders—can break down gender-specific barriers to healthy behaviors, lead to greater equity between men and women, and increase women's agency—their capacity to think and act for themselves—and decision-making power. Improving intergenerational communication can have a positive impact on the sexual and reproductive health of adolescents and youth, the rate of gender-based violence, healthy timing and spacing of births, and HIV outcomes.

In a domestic violence intervention in southern India, female lay health educators conducted small group sessions with young married women and their mothers-in-law (Krishnan et al., 2012). Many women who experience gender-based violence are isolated and live in communities where violence has been normalized. By engaging mothers-in-law, the sessions sought to empower women with the knowledge, skills, and social support needed to mitigate domestic violence. Evaluation results showed mothers-in-law intervening in domestic conflicts and more of those conflicts being managed by negotiation rather than in anger.

In another program, girls between ages 12 and 18 in Maharashtra, India, completed a five-module course and conducted informal education in their communities, such as teaching basic literacy to illiterate girls (Pande et al., 2006). Because adolescent girls' primary barrier to delaying marriage and continuing their education is their parents, girls and their mothers were engaged to determine the program's content. Parents were
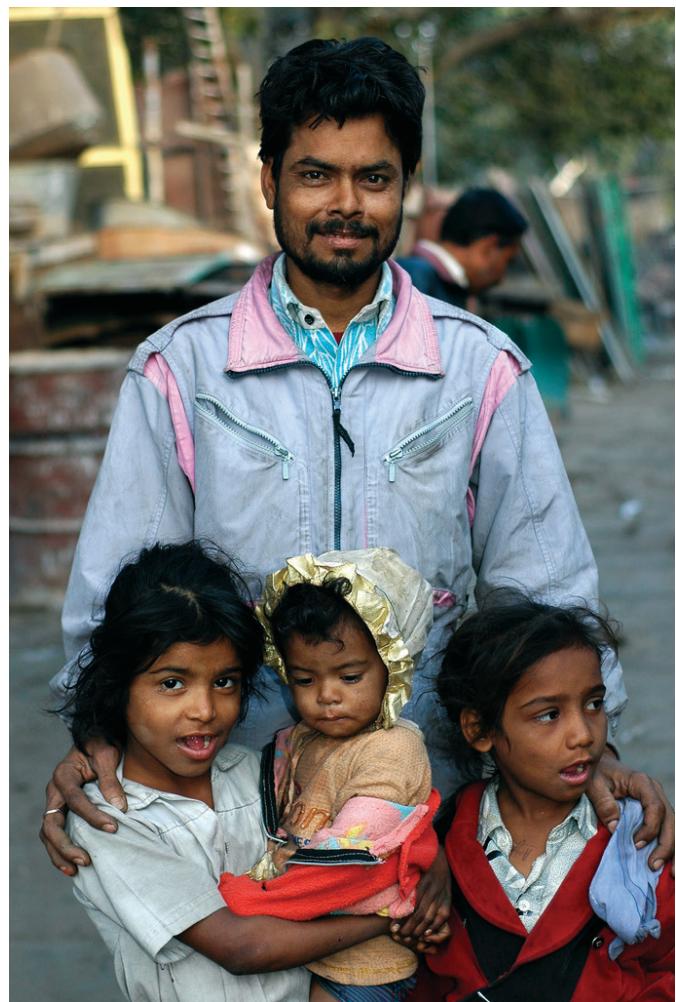


Photo by: Shreyans Bhansali

encouraged to continue giving feedback throughout the intervention. In the end, the project succeeded in delaying marriage.

### Training peer educators and community health workers to promote equitable relationships increases contraceptive use and safer sex practices

By recruiting and training peer educators and community health workers to address such gender-specific barriers as young women's limited mobility, interventions can better reach vulnerable groups.

In India, the Inner Spaces, Outer Faces Initiative (ISOFI) trained frontline health workers to integrate an "analysis-reflection-action" cycle. This approach enables healthcare providers at all levels to critically analyze the social construction of gender and explore how gender influences personal values and beliefs and programmatic

3

Photo by: Arundati Muralidharan

design and choices. Health workers used the approach to counsel husbands about their roles in maternal and neonatal health, stimulate discussions to get men involved, organize interactive forums for couples, and facilitate discussions for women and communities on gender-related barriers (Bartel et al., 2010).

The Malawi Male Motivators project used male peer outreach workers, referred to as male motivators, to shift men's attitudes in favor of family planning and increase their willingness to adopt family planning (Hartmann et al., 2012; Shattuck et al., 2011). Sharing their own experiences, male motivators engaged men in discussions of gender roles and masculinity, encouraged joint decision making and men's involvement in family planning, and helped men practice discussing sensitive issues. By normalizing and promoting men's communication and involvement with their partners, and giving them the necessary skills to effectively engage, the project improved partner communication and support. It also had a positive effect on the healthy

timing and spacing of births and HIV outcomes—most notably, increases in contraceptive use and safer sex practices.

## Measuring Improvements in Health and Gender Equity

GPM developed a scale to rate the strength of evidence for each intervention—"effective," "promising," or "unclear"—based on combined ratings of an intervention's impact on health outcomes and rigor of evaluation design.[2]

Interventions that promote equitable relationships and decision making among women, men, boys, and girls are proven to be effective in improving health status. All but one of the interventions that sought to strengthen communication and negotiation skills were rated effective or promising in improving health outcomes in adolescent and youth sexual and reproductive health, gender-based violence, HIV, healthy timing and spacing of births, and safe motherhood (reducing the number of

women who died or experienced serious complications in pregnancy or childbirth). The most common HIV outcomes were increased use of safer sex practices, condom use, and the uptake of voluntary counseling and testing services, particularly among male partners. Interventions also led to decreased gender-based violence, increased contraceptive use for healthy timing and spacing of births, and greater use of antenatal care for safe motherhood.

Interventions targeting adolescents were found to be promising or effective in delaying marriage (improving sexual and reproductive health) and increasing the interval between marriage and first birth.

All but one of the interventions that centered on increasing spousal support for healthy sexual and reproductive health behaviors were effective or promising in improving health outcomes. Notably, evaluations of these interventions showed improved availability and use of contraceptives and increased condom use and uptake of voluntary counseling and testing and antenatal services.

Nearly all of the interventions promoting equitable relationships and decision making were implemented in combination with strategies to challenge gender norms,[3] either at the community level or through individual empowerment or critical reflection on gender norms. Therefore, the effectiveness of a gender program cannot be attributed to the use of a single gender strategy, but rather in the layering of multiple gender strategies that complement and reinforce one another.

These interventions also had a significant impact on gender outcomes. Overall, program evaluations showed improved negotiation capacities, increased community and/or partner support (both emotional and instrumental), and enhanced life and social skills. In some instances, interventions to create more equitable relationships and decision-making dynamics also improved outcomes in intergenerational communication and enhanced leadership, self-confidence, self-esteem, and/or self-determination among women and girls.[4]

## Recommendations

By integrating evidence-based, gender-aware strategies that promote equitable relationships and decision making into health programming, in combination

with strategies to challenge inequitable gender norms, planners can

- **Equip women and men with communication and negotiation skills** and promote shared decision making among couples to improve HIV outcomes and the healthy timing and spacing of births.

- **Involve men in programs** for healthy timing and spacing of births and maternal and child health, building their support for healthy reproductive health behaviors and improving couples' capacity for communication and joint decision making.

- **Work with powerful community stakeholders and gatekeepers** such as parents, mothers-in-law, and community and religious leaders to improve intergenerational communication about adolescent and youth sexual and reproductive health, gender-based violence, the healthy timing and spacing of births, and HIV.

- Engage with hard-to-reach groups such as men, migrant workers, and youth to **recruit and train peer educators to promote gender equality, equip couples with communication and negotiation skills, and elicit active participation by men in health programs** (especially for HIV, gender-based violence, and healthy timing and spacing of births). Because many countries' health systems involve community health workers, this mechanism may be a viable option for scale-up.

## Notes

1. World Health Organization. 2014. "Why Gender and Health?" Available at: http://www.who.int/gender/genderandhealth/en/.

2. Effectiveness ratings for each intervention are available in the *Transforming Gender Norms, Roles, and Dynamics for Better Health: Gender Integrated Programs Reference Document.* For an explanation of the effectiveness rating scale, refer to the full report: *Transforming Gender Norms, Roles, and Power Dynamics for Better Health: Evidence from a Systematic Review of Gender-integrated Health Programs in Low- and Middle-Income Countries.* Available at: www.healthpolicyproject.com?zp=381.

3. Public Health Foundation of India, Health Policy Project, MEASURE Evaluation, and International Center for Research on Women. 2014. T*ransforming*

5

*Gender Norms, Roles, and Power Dynamics for Better Health: Challenging Gender Norms and Inequalities to Improve Health*. Washington, DC: Futures Group, Health Policy Project; and Chapel Hill, North Carolina: MEASURE Evaluation.

4.  For a complete list of health and gender outcomes, refer to the *Transforming Gender Norms, Roles, and Dynamics for Better Health—Gender Integrated Programs Reference Document.*

## References

Bartel, D., C. Simon, and B. Barnes. 2010. *Meeting Challenges, Seeding Change: Integrating Gender and Sexuality into Maternal and Newborn Health Programming through the Inner Spaces, Outer Faces Initiative (ISOFI)*. New Delhi: CARE International and International Center for Research on Women.

Hartmann, M., K. Gilles, D. Shattuck, B. Kerner, and G. Guest. 2012. "Changes in Couples' Communication as a Result of a Male-Involvement Family Planning Intervention." *Journal of Health Communication* 17(7): 802–819.

Krishnan, S., K. Subbiah, S. Khanum, P. S. Chandra, and N. S. Padian. 2012. "An Intergenerational Women's Empowerment Intervention to Mitigate Domestic Violence: Results of a Pilot Study in Bengaluru, India." *Violence Against Women* 18(3): 346–370.

Pande, R., K. Kurz, S. Walia, K. MacQuarrie, S. Jain. 2006. "Building Life Skills to Improve Adolescent Girls' Reproductive and Sexual Health, Swaasthya, Delhi." Pp. 12–14 in *Improving Reproductive Health of Married and Unmarried Youth in India: Evidence of Effectiveness and Costs from Community-based Interventions, Final Report of the Adolescent Reproductive Health Program in India*. New Delhi, India: International Center for Research on Women.

Pathfinder International. 2011. *PRAGYA: Multisectoral, Gendered Approach to Improve Family Planning and Sexual and Reproductive Health for Young People*. Watertown, MA: Pathfinder International.

Shattuck, D., B. Kerner, K. Gilles, M. Hartmann, T. Ng'ombe, et al. 2011. "Encouraging Contraceptive Uptake by Motivating Men to Communicate about Family Planning: The Malawi Male Motivator Project." *American Journal of Public Health* 101(6): 1089–1095.

## Suggested Citation

Public Health Foundation of India, Health Policy Project, MEASURE Evaluation, and International Center for Research on Women. 2014. *Promoting Equitable Relationships and Decision Making*. Washington, DC: Futures Group, Health Policy Project.

## Contact