IMPROVING HEALTH IN INDIA:
A PLATFORM FOR CHANGE

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

Photo by: Marc A Garrett

The Gender, Policy and Measurement (GPM) program—funded by the Asia bureau of USAID—conducted the systematic review *Transforming Gender Norms, Roles, and Power Dynamics for Better Health* to examine the impact of integrating gender (see Box 1) on health outcomes in low-and middle-income countries. It found strong evidence that this practice yields many benefits. Globally, 145 gender-integrated interventions—32 in India alone—documented significant improvements in outcomes related to reproductive, maternal, neonatal, and child health, as well as adolescent health; HIV and AIDS; and gender-based violence. Already, many of India's policies address gender inequality. Incorporating evidence-based gender strategies would bolster current efforts and achieve even greater progress toward the country's health and development goals.

Five effective gender strategies for improving health emerged from the systematic review:

1. **Challenge** inequitable gender norms by facilitating critical reflection; empowering disadvantaged groups (girls, women, men who have sex with men, transgender people, and sex workers); and fostering social and behavioral change.

2. **Create** the conditions for change through structural interventions to enhance disadvantaged groups' economic opportunities, education, and collective action.

3. **Promote** equitable relationships and decision making between women and men and boys and girls.

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.

4. **Adjust** health systems to work around gender-based barriers to care.

5. **Engage** communities in behavior change for gender equity.

Why Gender Inequality Matters for Health

Throughout the global health community, gender inequality is increasingly recognized as a key barrier to positive health outcomes (see Box 2). For girls, women, men who have sex with men, transgender people, and sex workers, traditional gender norms translate to low

Box 1. What is gender, and what is gender integration?

Gender refers to a culturally-defined set of economic, social, and political roles, responsibilities, rights, entitlements, and obligations associated with being female and male, and the power relations between and among women and men and boys and girls.

Gender integration is the practice of applying strategies in programmatic design, implementation, and monitoring and evaluation to compensate for gender-based inequalities.

social status and power, limited access to resources and services, and barriers to the pursuit of health-related behaviors.

The resulting gender inequality places the health of these marginalized groups at risk across a wide spectrum of social, economic, and health domains. For example, women's lesser social status (in conjunction with their lack of education or low income) hinders their ability to obtain antenatal care. Because they do not conform to traditional gender norms and roles, men who have sex

with men and transgender people also face significant barriers in their access to sexual and reproductive health services. Furthermore, gender inequality creates health risks for boys and men who are not members of these groups. For example, men who adhere to rigid norms of masculinity are more likely to engage in sexual behaviors associated with higher risk of acquiring HIV.

How India's Health Policies and Programs Address Gender

In 2013, the government of India reaffirmed its commitment to improve the health of women—especially adolescent girls—and men and boys through the following policies, among others:

■ The reproductive, maternal, neonatal, child, and adolescent health strategy

■ The 2014 Rashtriya Kishor Swasthya Karyakram (RKSK adolescent health strategy)

■ The fourth phase of the National AIDS Control Programme

■ The Revised National Tuberculosis Control Programme

Some Indian policies already have gender components. Further integration of gender-aware strategies into current health policies could help the government carry out its recent commitments to strengthen outcomes related to reproductive, maternal, neonatal, child, and adolescent health and bolster HIV and tuberculosis prevention and control efforts.

How Evidence-based Gender Strategies Improve Health Outcomes

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.[1]

Five evidence-based gender strategies emerged from the analysis of effective and promising interventions. These strategies will improve health outcomes when incorporated into government policies.[2]

Box 2. What impact do gender disparities and inequality have on health in India?

- Adolescent girls in India are at a greater risk for nutritional problems, such as anemia and being underweight, than boys (UNICEF, 2011).

- The declining child sex ratio (the number of females per 1,000 males between the ages of zero and six)—particularly in Haryana, Punjab, and Delhi—indicate inequitable care of boys and girls (World Bank, 2013; IIPS and Macro International, 2007).

- The mortality of females in the postneonatal period is 36 percent higher than that of males, and 61 percent higher between the ages of one and four (IIPS and Macro International, 2007).

- Rates of tuberculosis are much higher for men than women, with 554 cases per 100,000 households among men and 334 per 100,000 among women (IIPS and Macro International, 2007).

- More than 25 percent of women in India are married before the age of 15, accounting for one-third of child brides worldwide (United Nations Children's Fund, 2014).

- Fifty percent of men and boys surveyed reported having perpetrated sexual violence against women and girls. Ninety-two percent of women and girls reported having experienced sexual violence (Bhatla et al., 2013).

- Nearly 36 percent of women report that their husband or some other person makes the decisions about their own healthcare (IIPS and Macro International, 2007).

- Kothi-identified men who have sex with men and *hijras* (transgender women) report that HIV stigma, sexual prejudice, and fears about the consequences of disclosure are powerful barriers to their willingness to seek treatment (Chakrapani et al., 2011).

Challenge inequitable gender norms by carrying out critical reflection, empowering disadvantaged groups, and fostering social and behavioral change

Interventions that actively challenge prevailing gender norms and inequalities—such as those that empower disadvantaged groups with knowledge and skills, promote critical reflection on how gender norms and barriers adversely affect health, and foster social and behavioral change—can significantly benefit health and lead to greater gender equality. Challenging gender norms was the most common gender strategy used by low- and middle-income countries everywhere and had the strongest evidence to support its effectiveness. In India, use of these interventions was effective or

promising in improving outcomes related to every area of health investigated in this study.

Create the conditions for change through structural interventions to enhance economic opportunities, education, and collective action

These strategies—each a type of structural intervention—create the conditions for change, reduce gender barriers, and enable people to make healthy choices. While they focus on creating change at the individual level, they simultaneously work to shape supportive structures within families, communities, and health systems to encourage and sustain health benefits. In India, the interventions that employed this strategy were effective or promising in improving the sexual and

Box 3. Call to Action

Develop and implement integrated women's empowerment and livelihoods policies and programs and promote girls' education to improve outcomes related to adolescent health, HIV, and gender-based violence. These approaches should also engage men, boys, and communities.

Explore opportunities for collaboration in development sectors such as education and commerce to improve women's health and other socioeconomic outcomes.

Recognize men's roles, responsibilities, and needs in policies and programs related to reproductive, maternal, neonatal, child, and adolescent health. Maintain the involvement of men as policies are implemented and translated into programs.

Equip healthcare providers with the skills necessary for understanding and addressing the constraints that gender inequalities impose on everyone's access to health services.

Recruit and train male and female peer educators to promote gender equality in households and communities. This can include equipping couples with communication and negotiation skills and eliciting active participation in health programs by men and influential community stakeholders.

Mobilize resources for and implement India's policies, guidelines, and strategies to prevent and respond to gender-based violence. By incorporating strategies to challenge gender norms in the country's gender-based violence prevention and response policies and programs, India can address the underlying factors that fuel gender-based violence.

reproductive health of adolescents and youth as well as HIV outcomes for female sex workers.

Promote equitable relationships and decision making between women and men and boys and girls

These interventions can facilitate positive shifts in attitudes and engender healthy behaviors across the range of health areas. Two popular approaches are to increase spousal support for healthy sexual and reproductive health behaviors to strengthen the communication and negotiation skills of males, females, and couples. In India, both approaches were found to be effective and/or promising, but a much larger number of programs focused on strengthening communication and negotiation skills. These interventions improved outcomes related to healthy timing and spacing of births, the sexual and reproductive health of adolescents and youth, gender-based violence, and safe motherhood.

Adjust health systems to work around gender-based barriers to care

Women and men alike face significant barriers to accessing and using health services. When it is not feasible to challenge these barriers directly, interventions can work around them. Many such interventions adjust

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health systems by addressing inequalities in access to health information by vulnerable populations and building and reinforcing links between communities and local health services. Globally, 76 percent of the interventions using this strategy were effective or promising in improving health outcomes. The most successful of these programs were in South Asia and improved outcomes related to safe motherhood, neonatal and child health, nutrition, and healthy timing and spacing of births.

Engage communities in behavior change for gender equity

Families and communities play powerful roles in influencing individual health behaviors and outcomes. Directly challenging familial and community norms and power dynamics can be difficult. An alternative strategy is to identify gender barriers to health that are rooted in these norms and mobilize household- and community-level support to break them down. These types of interventions typically engage key stakeholders (e.g.,

spouses, community and religious leaders, and parents) and/or communities as a whole to create demand for these services, increase the dissemination of information about them, and promote their uptake. Although GPM found only two programs that used this strategy in India, low- and middle-income countries elsewhere used it extensively—an indication of the strategy's importance and potential for increased application in the Indian setting.

What India Can Do

By integrating evidence-based gender strategies into existing health policies, India can improve the health of all of its people, joining a global community that has turned to gender integration to achieve sustainable development goals (see Box 3). As India, like many other countries, moves toward universal health coverage, early consideration of gender-specific barriers can improve access to health services and bring India closer to its goal. Gender integration does not require new programs. Instead, it calls for blending evidence-based gender

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strategies in existing policies and programs to increase their impact. Intersectoral collaboration can push this agenda further by helping to operationalize many gender strategies.

Notes

1. Effectiveness ratings for each intervention are available in the program overview 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*.

2. Five briefs (available here: www.healthpolicyproject.com?zp=382) help program managers integrate each of these strategies into new and existing health programs.

References

Chakrapani, V., P.A. Newman, M. Shunmugam, and R. Dubrow. 2011. "Barriers to Free Antiretroviral Treatment Access among Kothi-Identified Men Who Have Sex with Men and Aravanis (Transgender Women) in Chennai, India." *AIDS Care* 23(12): 1687–1694.

Bhatla, N., P. Achyut, S. Ghosh, A. Gautam, and R. Verma. 2013. *Safe Cities Free From Violence Against Women and Girls: Baseline Findings from the 'Safe City Delhi Programme*. New Delhi, India: United Nations Women and International Center for Research on Women.

International Institute for Population Sciences (IIPS) and Macro International. 2007. *National Family Health Survey (NFHS-3), 2005-06: India: Volume I*. Mumbai: IIPS.

United Nation's Children's Fund (UNICEF). 2011. *The State of the World's Children 2011: Adolescence, An Age of Opportunity*. New York: UNICEF.

United Nations Children's Fund (UNICEF). 2014. *Ending Child Marriage: Progress and Prospects*. New York: UNICEF.

World Bank. 2013. "Helping India Combat Persistently High Rates of Malnutrition." Available at http://www.worldbank.org/en/news/feature/2013/05/13/helping-india-combat-persistently-high-rates-of-malnutrition.

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