

October 2014

# ENGAGING COMMUNITIES FOR BEHAVIOR CHANGE



*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.<sup>1</sup> 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Policy and Measurement (GPM) program—funded by the Asia bureau of USAID—conducted a systematic review of published and unpublished literature documenting gender-aware programs.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 strategy: engaging communities for behavior change. (The other strategy briefs are available here: [www.healthpolicyproject.com?zp=382](http://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?zp381](http://www.healthpolicyproject.com?zp381).

## Summoning Families and Communities to Support Equal Access to Health Services

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 in the following ways:

- Create demand within these groups for better health services by sharing information about them.
- Encourage these groups to support the dissemination of this information and the uptake of services.
- Promote healthy behaviors through mixed media (e.g., street theater and wall paintings) and mass media communication (for example, radio and television).

### 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

## Learning from Case Studies

GPM found 16 community interventions that intentionally addressed gender-based health inequities by strengthening household- and community-level support for women’s and men’s health and access to health services. Two were conducted in India, but their evaluations were poorly described so their effectiveness is unclear. Effective and promising interventions conducted in other low- and middle-income countries are discussed below. Interventions that employed this strategy often did so in combination with another, such as adjusting health systems to work around gender-based barriers.

### *Community-level activities improve maternal and newborn child health and HIV prevention*

Community activities—including those that involve key stakeholders as husbands, community and religious leaders, and parents—can create support and demand for the dissemination and uptake of health information and services. Many traditional health interventions employ such activities, but gender-aware programs also recognize barriers created by gender norms: for example, women’s inability to access health services without their husbands’ permission; social norms that devalue women’s health; and masculinity norms that limit men’s health-seeking behavior. Gender-aware programs work around these barriers by increasing community support and normalizing the behavior rather than challenging it directly.

In recognition that husbands often mediate women’s access to healthcare, in Bangladesh, an intervention to improve maternal, neonatal, and child survival focused on improving men’s support of and involvement in maternal, neonatal, and child health (Nasreen et al., 2012). For instance, to improve safe motherhood outcomes, project staff conducted safe delivery information and planning sessions with pregnant women in the presence of their husbands and families. This provided women with crucial information; encouraged families to support pregnancy care and maternal, newborn, and child health services; and encouraged husbands to advocate on behalf of their wives. Project staff also engaged imams and village doctors and attended union advocacy meetings to reach and involve even more men. The intervention increased knowledge about the importance of saving money to

prepare for a birth, finding a healthcare provider to attend the delivery, buying a delivery kit, initiating breastfeeding early, and continuing breastfeeding during childhood illness. The project also showed promise in improving joint decision making about family planning and men's awareness of their wives' use of maternal healthcare.

Another safe motherhood intervention in Tanzania trained “safe motherhood promoters” to conduct education and awareness activities (Mushi et al., 2010). To integrate gender awareness in the project, the organizers employed both women and men as promoters. The involvement of men helped to create a supportive environment for maternal health and showed promise for increasing early antenatal care and delivery by a skilled attendant.

In Zimbabwe, the Sahwira HIV Prevention program sought to protect men from acquiring HIV through high-risk sexual behavior associated with drinking alcohol. Recognizing that social interactions among men are central to masculinity, this intervention promoted the idea that men should take responsibility for their friends' well-being by helping each other avoid high-risk sexual encounters. The program used male peer educators to lead one-on-one and group education sessions on topics such as intervening when a friend is involved in a high-risk situation and correct condom use. Sahwira also used quiz shows, drama, poetry, and musical performances to disseminate health information and HIV prevention messages and support the uptake of services. Using this combined approach, the intervention improved knowledge of HIV transmission and prevention and reduced sexual risk behaviors (Fritz et al., 2011).

## Measuring Improvements in Health and Gender Equality

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

Interventions that are most successful in improving health outcomes directly address gender inequalities. However, these strategies are not feasible or appropriate

in some sociocultural contexts. In those instances, strategies that indirectly address gender—such as the ones described here—can help create the conditions for change, empowering communities and key stakeholders (often men) with information to support health-seeking behaviors.

Interventions focused on strengthening household- and community-level support were effective or promising in improving health outcomes in half the studies reviewed. Nonetheless, these interventions yielded significant incremental changes in knowledge—an important precursor to behavior change. All but one of the effective and promising interventions that used this strategy did so in combination with the other strategy to accommodate gender inequality: adjusting health systems to work around gender barriers.

In Bangladesh, a promising maternal, neonatal, and child health program used community engagement to work around gender-based inequities (Nasreen, 2012). It increased knowledge about the importance of saving money for birth preparedness, determining a delivery attendant, buying a delivery kit, initiating early breastfeeding, and continuing to breastfeed during childhood illness. The intervention also increased the number of couples making joint decisions about family planning and improved men's awareness of their wives' use of maternal healthcare services.

The remaining promising or effective interventions increased knowledge of HIV transmission and prevention, pregnancy prevention, safer sex practices, HIV testing, and condom use. To a lesser degree, some of these interventions achieved positive outcomes related to safe motherhood and adolescent and youth sexual and reproductive health: increased use of skilled pregnancy care and delivery and improved reproductive knowledge and attitudes toward female genital mutilation.

Even though many of these community-engagement interventions failed to directly impact gender norms, some achieved positive gender shifts. Most notably, they increased reports of joint decision making and women's self-confidence, self-esteem, capacity for self-determination, and participation in social networks.<sup>2</sup> Each of these changes is an important precursor to the larger shifts in gender norms that more directly impact health outcomes.

## Recommendations

In cultural contexts where it is difficult to actively challenge rigid gender norms, roles, and attitudes, program planners can consider using the evidence-based strategies outlined above to

- **Conduct community-level activities** with key stakeholders such as community and religious leaders and parents and the community as a whole to create demand for health information and services and support their dissemination and uptake. When used deliberately to work around gender norms that limit access to and use of health services, community engagement and mobilization is a promising strategy to create a favorable environment that stimulates and sustains healthy behaviors.
- **Engage men through community mobilization activities** to improve knowledge of antenatal care, use of skilled pregnancy care, and access to and use of maternal health services.

## Notes

1. World Health Organization. 2014. "Why Gender and Health?" Available at <http://www.who.int/gender/genderandhealth/en/>.
2. For a complete list of health and gender outcomes, refer to *Transforming Gender Norms, Roles and Power Dynamics for Better Health: Gender-Integrated Programs Reference Document*.

## References

- Fritz, K., W. McFarland, R. Wyrod, C. Chasakara, K. Makumbe, et al. 2011. "Evaluation of a Peer Network-based Sexual Risk Reduction Intervention for Men in Beer Halls in Zimbabwe: Results from a Randomized Controlled Trial." *AIDS and Behavior* 15(8): 1732–44.
- Mushi, D., R. Mpembeni, and A. Jahn. 2010. "Effectiveness of Community Based Safe Motherhood Promoters in Improving the Utilization of Obstetric Care. The Case of Mtwara Rural District in Tanzania." *BMC Pregnancy & Childbirth* 10(14).
- Nasreen, H. E., M. Leppard, M. Al Mamun, M. Billah, S. Kanti Mistry, et al. 2012. "Men's Knowledge and Awareness of Maternal, Neonatal and Child Health Care in Rural Bangladesh: A Comparative Cross Sectional Study." *Reproductive Health* 9(18): [9]p.

## Suggested Citation

Public Health Foundation of India, Health Policy Project, MEASURE Evaluation, and International Center for Research on Women. 2014. *Engaging Communities for Behavior Change*. Washington, DC: Futures Group, Health Policy Project.

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The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. HPP is implemented by Futures Group, in collaboration with Plan International USA, Futures Institute, Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

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