Integrating Gender Into Family Planning and Reproductive Health Interventions

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The Role of Gender in Population, Health, and Environment Programs, Woodrow Wilson Center
June 19, 2007
Outline

- What is Gender Integration
- A Study of the Effect of Integration
- A Policy Initiative to Promote Male Involvement
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Gender Integration

Strategies applied in program assessment, design, and evaluation take gender norms into account and compensate for gender-based inequalities that create barriers to RH for men and women.
Gender Norms and Inequalities

- Gender-based Division of Labor
- Gender Norms and Roles
- Access to and Control over Resources
  - Economic
  - Political
  - Social
  - Information and Education
  - Time and Mobility
  - Internal
- Power and Decision-making
Outline

• What is Gender Integration

• A Study of the Effect of Integration

• A Policy Initiative to Promote Male Involvement
Integrating Gender: So What? Methods

• Reviewed the literature
• Contacted 170 experts
• Reviewed around 400 RH interventions:
  o RH programs
  o Development programs with RH components
  o Clinical trials
  o Operations research studies

Criteria for Inclusion

1. Measured RH outcomes:
   - Unintended pregnancy
   - Maternal morbidity/mortality
   - STIs/HIV/AIDS
   - Quality of care

2. Undergone systematic evaluation, qualitative or quantitative

3. Integrated gender
Three Types of Gender Integration

- Transforming gender relations to promote equity
- Accommodating gender differences
- Exploiting gender inequalities
25 Interventions Sought to Transform Gender Relations

• Unintended pregnancy (9)
• Maternal mortality/morbidity (3)
• STI/HIV/AIDS (10)
• QOC (3)
• Target groups
  – All included women
  – 14 included men
  – 4 focused on youth
## Target Groups by Topic

<table>
<thead>
<tr>
<th>Topic</th>
<th>Group</th>
<th>Women</th>
<th>Women &amp; men</th>
<th>Youth: female</th>
<th>Youth: female &amp; male</th>
</tr>
</thead>
<tbody>
<tr>
<td>STI/HIV/AIDS (10)</td>
<td>Youth: female</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>MM&amp;M (3)</td>
<td>Women</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FP (9)</td>
<td>Youth: female &amp; male</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
## 21 Countries Represented

<table>
<thead>
<tr>
<th>LAC</th>
<th>ANE</th>
<th>Africa</th>
<th>N America</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolivia</td>
<td>Egypt</td>
<td>Botswana</td>
<td>USA</td>
</tr>
<tr>
<td>Brazil (3)</td>
<td>Turkey</td>
<td>Senegal</td>
<td></td>
</tr>
<tr>
<td>Guatemala (2)</td>
<td>India (4)</td>
<td>South Africa</td>
<td></td>
</tr>
<tr>
<td>Honduras</td>
<td>Indonesia</td>
<td>Zambia</td>
<td></td>
</tr>
<tr>
<td>Jamaica</td>
<td>Thailand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexico (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peru (2)</td>
<td></td>
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</tr>
</tbody>
</table>
Interventions: FP

- TOT in Health and Environment (Mexico)
- Husbands and PAC (Egypt)
- Mayan lang. educators in Gender and FP (Guatemala)
- Reaching men through ag. extension (Honduras)
- Autodiagnosis through RepoSalud (Peru)
- Father’s role in PP FP (Turkey)
- Stimulating dialogue through radio (Zambia)
- Better Life Options Program (youth) (India)
- Program for Adolescent Mothers (Jamaica)
## Selected RH Outcomes Among 25 Interventions that Sought to Transform Gender Relations

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Outcome</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Knowledge of HIV/AIDS transmission and prevention</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>+ Contraceptive knowledge</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>+ Knowledge of warning signs</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ FP use</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>+ condom use</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>+ skilled attendance at birth</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- STI</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>
## Selected Gender Outcomes In 25 Interventions that Sought to Transform Gender Relations

<table>
<thead>
<tr>
<th>Category</th>
<th>Outcome</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attitudes</strong></td>
<td>+ equitable gender attitudes/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>awareness of rights</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>+ self-confidence/esteem</td>
<td>5</td>
</tr>
<tr>
<td><strong>Behavior</strong></td>
<td>+ participation in leadership roles</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>+ partner communication</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>+ support from partners</td>
<td>3</td>
</tr>
</tbody>
</table>
Husbands and Post-Abortion Care in Egypt

**Gender-related barriers to RH**: Postabortion women face pressures from husbands and in-laws to become pregnant again soon after the abortion to prove fertility. Without an adequate recovery period, more likely to experience obstetrical complications.

**Strategy**: When a consenting postabortion care patient was ready to be discharged from the hospital, physician spoke to husband privately about need to care for wife, return to fertility, etc.

**Evaluation**: Post-intervention control group design

Husbands and Post-Abortion Care in Egypt

RH outcomes (odds ratio):

- Good physical recovery of PA women associated with husband counseling: OR 1.3

- Counseling had effect on FP use in smaller hospitals (better training): OR 3.8

Gender outcomes (logistic regression):

- Counseled husbands were:
  - 1.5 times more likely to provide higher than average instrumental support to wives,
  - 1.3 times more likely to provide emotional support
  - 1.6 times more likely to provide FP support.
Conclusions

• Interventions to transform gender relations report positive RH outcomes
• Gender impact rarely measured; changes overwhelmingly positive
• There are more initiatives with demonstrated results in STIs/HIV prevention than in other health issue areas
Conclusions

- Many programs promoting gender equity also use community participation strategy
- Few RH programs promoting equity evaluated
- Isolating the effects of a gender perspective in programming is difficult
Outline

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• A Study of the Effect of Integration

• A Policy Initiative to Promote Male Involvement
Moving male involvement policy forward in Cambodia: A civil society advocacy initiative

Anne Jorgensen, Margaret E. Greene, Karen Hardee, Naomi Walston, and Mean Reatanak Sambath, POLICY Project
Why are male involvement policies important?

- Institutionalize male involvement Rather than leaving it to pilot programs
- Increase program consistency
- Broaden program approaches
- Facilitate multisectoral implementation
Important stakeholders

- **Reproductive Health Promotion Working Group**
  - 17 NGOs identify the issue

- **International projects & donors**
  - POLICY Project & UNFPA as partners

- **Interagency Gender Working Group (IGWG)**
  - Supports global training and assistance

- **Key ministerial representatives**
  - Expands beyond health officials
Milestones

- **2003-2004:** RHPWG formed, small grant awarded, series of advocacy and MI skill building workshops
  
  ✓ **Outcome:** NGOs organized and ready for advocacy

- **2004-2005:** RHPWG stakeholder meetings and policy roundtables
  
  ✓ **Outcome:** broad support and senior policymaker endorsement

- **2005-2006:** key informant study, workshop to draft guidelines, ongoing advocacy
  
  ✓ **Result:** Male involvement guidelines referenced in national *Strategic Plan for RH in Cambodia 2006-2010*
Future Opportunities

- **Next steps in Cambodia**
  - Key RH implementing groups increase focus on male involvement
  - Systematic approach will need funding and focus

- **Vetting male involvement guidelines in Mali**
  - USAID | Health Policy Initiative
Future directions

• Stronger integration of gender in designing program interventions

• More rigorous evaluation of interventions that integrate gender