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**Gender transformative
approaches**
Knowledge file

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1 Introduction

This whitepaper provides an overview of national and international knowledge, research and interventions regarding gender transformative approaches (GTA) as is considered relevant for Rutgers' sexual and reproductive health and rights (SRHR) programmes. Besides a definition of gender transformative approach, state of the art knowledge, evaluated practices and an overview of key interventions within the GTA field will be presented. The whitepaper is intended for SRHR professionals who want to learn more about what a gender transformative perspective implies for them in practice.

But why is gender transformative thinking and practice important for Rutgers and what does it actually entail? The main reason why Rutgers sees GTA as an overarching principle in its overall strategy is because "restrictive sexual and gender norms are preventing people from receiving the information and services they need to make safe and informed decisions and to fulfil their sexual and reproductive health and rights." (Rutgers, 2017).

Restrictive sexual and gender norms are motivated by religious, social and cultural views and beliefs, and have an impact on the sexuality of young people, women, people with a non-heterosexual orientation, and people with different gender identities. The heterosexual norm and the sexual double standard still very much prevail. Evidence is growing that patriarchal gender norms not only have negative implications for women and children but also for men themselves (WHO, 2007). As a consequence of these restrictive sexual and gender norms, many people worldwide are not acknowledged in their sexuality, and their sexual and reproductive rights are violated. (Rutgers Strategy 2017-2020).

Although the Netherlands has a reputation of tolerance and openness about sex, the double standard still exists among young people, meaning that boys have more sexual privileges than girls (Emmerink, 2018). Furthermore, although tolerance regarding homosexuality is relatively high in the Netherlands (Kuyper, 2016) negative attitudes among young people towards homosexuality are quite common: 57% of boys and 31% of girls between 12 and 25 disapprove of two boys having sex, and 24% of boys and 30% of girls feel the same about two girls having sex (De Graaf, 2012; Rutgers, 2017).

Restrictive sexual and gender norms and stereotypical perceptions of what it means to be a man or a woman can promote unequal gender relations that often put men in a position of sexual dominance and can limit women's ability to control their reproductive and sexual health and rights. The core of a GTA is therefore changing these restrictive norms and the often unequal power relations that maintain these norms.

The following working definition of the Rutgers GTA has been informed by the work of Roller (2014).

The Rutgers Gender Transformative Approach actively strives to examine, question, and change rigid gender norms and imbalances of power as a means of achieving SRHR objectives, as well as gender equality objectives at all levels of the socio ecological model. Gender transformative programs and policies..

1. *..encourage critical awareness of gender roles, norms and power relations.*
2. *..question and evince the costs (financial, social, psychological etc.) of harmful, inequitable gender norms and power relations in relation to SRHR and making explicit the advantages of changing them.*
3. *..empower women/girls and people with diverse sexual orientation, gender identity, gender expression and/or sex characteristics (SOGIESC).*
4. *..engage boys and men in SRHR and gender equality.*
5. *..engage duty bearers on gender and power relations.*

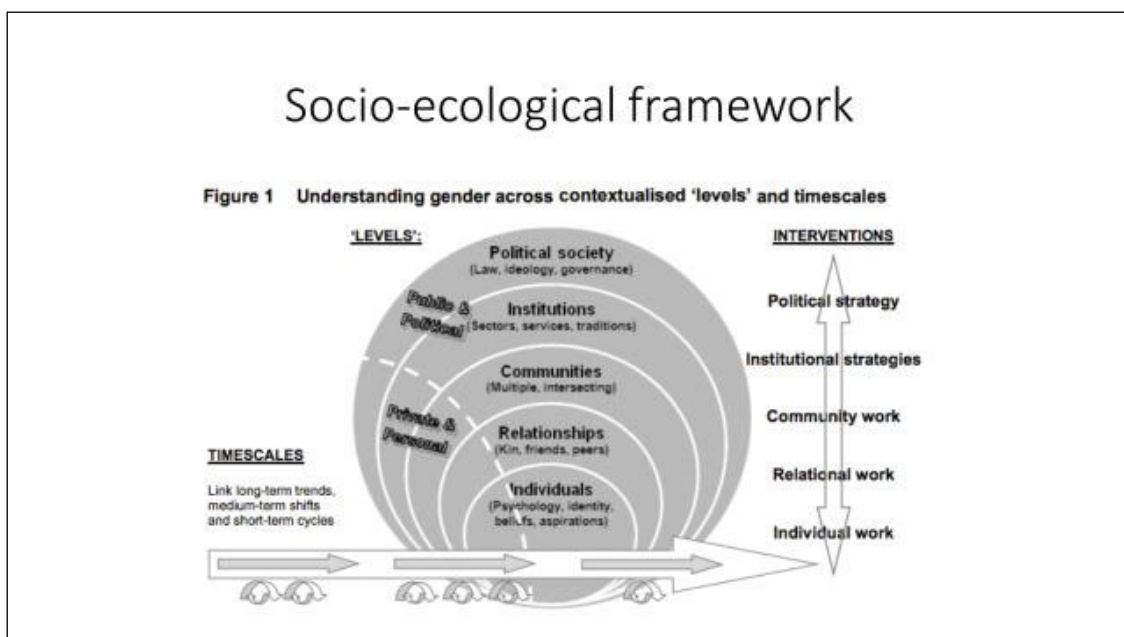
In 2000, Gupta coined a now familiar conceptual framework with the aim to classify the degree to which SRHR interventions engage critically with gender related issues in their design, implementation

and evaluation (Gupta, 2000), which has been further developed by the Inter-Agency Gender Working Group from USAID (IGWG, 2016) and distinguishes the following categories:

- **Gender Exploitative Programs** may reinforce or take advantage of traditional gender roles and norms. E.g. a campaign that uses aggressive images of masculinity to sell condoms may reproduce traditional roles of men being the dominant partner in sexual relationships.
- **Gender Neutral or Gender Blind Programs** may fail to acknowledge the role of power. By ignoring socio-economic and political inequalities they may, often unintentionally, condone harmful gender norms. E.g. condoms are distributed to boys and men, while the option of distributing them to girls and women, including the female condom, is not considered. This could reinforce contextual norms that men control condom use.
- **Gender Sensitive Programs** gender sensitive programs recognize existing inequities, but may fail to actively seek to change gender norms and power relations. For example, girls may be taught to defend themselves against sexual violence, but the program fails to challenge patriarchal norms or include boys and men in discussions around violence.
- **Gender Transformative Programs** aim to transform gender roles, norms and power relations to create more gender equitable outcomes, fostering constructive roles for men, women and SOGIESC in and gender equality and SRHR.

1.1 The role of the socio-ecological model in a GTA

Research on SRHR programmes has shown that multilevel approaches, i.e. working simultaneously on different levels of the socio-ecological model, are more effective than focusing on interventions at a single level (SRHR Alliance, 2015; Martens, 2015). This 'system thinking' is supported by a meta-evaluation of the World Health Organisation covering 58 evaluation studies, which provides evidence that gender transformative SRHR programmes that are integrated and therefore address gender inequality at the individual, community and institutional level at the same time have better outcomes than programs that ignore the surrounding environment (WHO, 2007).



Source: Edström & Shahrokh/Reframing Men and Boys in Policy for Gender Equality: Conceptual Guidance and an Agenda for Change. - EMERGE Framing Paper: Promundo-US, Sonke Gender Justice and the Institute of Development Studies, Brighton: IDS, 2016.

There is a growing body of evidence that a multi-component programmes, informed by this model can lead to improved SRHR of men/boys and women/girls, the prevention of GBV and gender equality and works better than approaches that focus on for instance the individual level only (Doyle, 2014). Hence Rutgers' GTA includes a socio-ecological approach in all of its SRHR programmes. Elements in a gender transformative approach (GTA).

2 Theoretical insights - awareness of social dimension of gender and sex

The first element within a gender transformative approach, if we broadly follow Rolerri's definition, is to raise critical awareness on the social dimensions of sex and gender. Broadly speaking, within the scientific endeavour there are two ways of understanding difference and the complex relationship between gender and sexuality, both with different epistemological and ontological assumptions, often referred to as the nature-nurture debate.

An essentialist view beliefs in factual observation, biological determinism, stability, 'hardwiredness' of human behaviour, simplistic explanations and cross-cultural similarities (i.e. the 'nature' position) It stresses difference between the sexes in terms of gender. In contrast, a social-constructionist perspective sees reality and knowledge as socially constructed, under the influence of social-cultural influences, and stresses cross-cultural diversity, complexity and multiplicity (i.e. the 'nurture' position). In addition, generally speaking, a move from modern to postmodern approaches to understand the concept of gender can be distinguished. The dominant scientific paradigm is moving beyond unilinear relationships and recognises that the relationship between nature and nurture is dynamic rather than static. Generally the focus seems to move from "socialization to performativity, from difference to diversity etc." (Vanwesenbeeck, 2009).

As a result, contemporary research endeavours try to understand the complex relationship between sex, gender and the social environment through multi-and interdisciplinary research, which provides different partially overlapping and often complementary perspectives on gender and sexuality. Some of the more prominent theoretical insights that are useful for a theoretically informed gender transformative approach are, for instance, social learning theory (Bandura, 1977; Miller, 2011; Ryle, 2011), sexual script theory (Wiederman, 2005; Simon and Gagnon, 1984) gender schema theory (Bem, 1981), the post-structuralist perspectives (Foucault, 1984), post-structuralist feminist theory (Butler, 1984; Braidotti, 2011) and neuroscientific accounts of difference (Baron-Cohen, 2003).

For example Sandra Bem's gender schema theory suggests that children learn about what it means to be male and female from their culture (cultural norms) from the earliest stages of development onwards. According to her theory children adjust their behaviour to fit with the gender norms and expectations (i.e. through rewards and punishments) of their culture. This theory is a merger of Piaget's cognitive development approach (Ryle, 2011) and the social learning approach (Bandura, 1969) that stresses observational learning. Bandura's account of gender allows for more than cognitive factors in predicting gendered behaviour. For Bandura, motivational factors and a broad network of social influences determine if, when, and where gender knowledge is expressed (Miller, 2011). These insights point to the need for early interventions and the involvement of role-models in the direct environment of a child or young person, such as teachers, care givers, peers etc. to positively influence gender attitudes and behaviour. Sexual script theory will be further detailed below, as it exemplifies how the sexual double standard for boys and men, and women and girl is persistently continuing to create inequalities.

Post-structuralist understandings of the social and the 'self' explain that a person's relationship with the complex network of power relations is always mediated by a web of imaginary relations, situationally embodied into the potentially constructive or destructive web of relations of power (Braidotti, 2011). The concept of the imaginary which Braidotti sees as a complex network of interrelated social and discursive effects is central to understanding the relationship between the social and the self. Inspired by Deleuze and Foucault, Braidotti also embraces feminist intersectional theory as our open ended ever changing, multiple and "complex structures of identity, are lived out differently depending on one's specific positionality with the global economy and global power relations" (Goswami, 2014). Positioned within a gender transformative approach this suggests a GTA should take in account the intersectionality with other social markers of difference like class, race, age, poverty etc. in line with Cernshaw's theory of intersectionality (Crenshaw, 1989). In addition, also building on Foucault, according to Butler (Butler, 2006) gender is not ontological (i.e. there is no inner essence to gender identity) but is situationally 'performed' through actions (i.e. gender is

'performative'). Simply put gender and sex are considered a social construction rather than an essential part of one's being.

Even within the exact sciences such as biology, scholars now recognise that sex is more fluid than previously assumed. For example there is vast evidence from the biological and behavioural sciences that from the earliest points in development, gene activity interacts with events and experiences in the environment (Carlson, 2005). Hence neuropsychological arguments that essentialise differences (men are from Mars, women from Venus) are not only erroneous, but in their neuro-sexism potentially also reinforce the sexual double standards (Fine, 2010). In addition, Fine (2010, 2017) highlights methodological faults in popular, Mars versus Venus discourse like that of Baron-Cohen and others. Her conclusion is further buttressed by research by Joel et al. (2015) who convincingly show that there is no clear 'male' or 'female' brain or personality for that matter. Men can be caring and women can be competitive - gender is fluid and diverse. For a gender transformative approach this implies that new empowering ways of thinking and social acting, or 'doing gender' (West, 1987; Vanwesenbeeck, 2009), are possible without stressing essentialist and potentially discriminatory differences (Grosz, 2011).

In summary these joint theoretical insights suggest that there is more to sexual difference than the 'male' 'female' divide alone. "Rather, it should be acknowledged that gendered sexuality (broadly defined as all sexually tainted social interaction informed by gender norms) is a multifaceted, multidetermined social process, strongly affected by societal and personality factors, showing huge within-sex diversity and intra-individual variability, and, ultimately, put into effect on a day-to-day basis in various sorts of human social relations and spheres" (Vanwesenbeeck, 2009). This supports a gender transformative approach that operates on different levels of the socio-ecological model simultaneously and allows for 'doing more positive and more equitable gender'.

2.1.1 Social norms

Generally sociology emphasises the role norms play in organising society and influencing social behaviour, whilst social psychology and game theory tend to emphasise why people comply with social and gender norms. Much recent research on social norms has drawn primarily on the latter two traditions (Marcus, 2014).

Recent insights in social norms highlight two elements: beliefs of what is normal in a group, the descriptive norm (generally accepted gender roles in a virtual or real community) and beliefs about what people should do, the conjunctive norm (broadly linked to gender ideologies like patriarchy) (Ball, 2012; Paluk, 2010). This insight may help to understand why some aspects of gender norms may transform more quickly than others. In general it is easier to change attitudes (which are personal), more difficult to change gender roles and most difficult to change ideologies (i.e. injunctive normative ideal that operate on a largely non-conscious level) (Marcus, 2014). A growing body of feminist analysis helps to understand the factors that facilitate or inhibit norm change. That is, their level of so called 'stickiness'. A key observation from Mackie et. al. (2009) highlights that social norms are often over determined (sticky) by multiple factors often operating at different levels of the socio-ecological model simultaneously. Hence transformation of one factor may not change the harmful gender norm.

For a general understanding of how sexual and gender norms are related to culture and norms, a gender transformative approach can learn a thing or two from sexual script theory.

2.1.2 The relationship between sexual scripts and harmful traditional gender norms

Sexual script theory argues that sexual behaviour in hetero-sexual relations follow a given social script that represents the social norm in a given context. Generally, traditional sexual scripts tend to ascribe men with greater power and control during sexual interactions (Wiederman, 2005). In contrast, most often women are expected to be submissive and wait for their male partners to initiate sexual activity (Rutter, 2000). From a social psychological perspective, the sexual script- and the sexual cognition literature shows that, "despite evidence that men and women's sex roles are

becoming more egalitarian over time, empirical evidence suggests that traditional sex roles continue to dominate heterosexual relations" (Sanchez, 2012).

The question is whether these Euro-American findings can also be generalised for lower and middle income countries in which Rutgers implements part of its programmes. A recent systematic review of 82 peer-reviewed studies suggest that this indeed the case and that regardless of cultural setting, the majority of early adolescents (10-14 years of age) generally support norms that reproduce and maintain gender inequalities, and that teachers, caregivers and peers are especially central in shaping such attitudes. Early adolescents around the world support a type of masculinity "predicated on toughness/competitiveness and heterosexual prowess, in contradistinction to femininity predicated on weakness, physical appearance and the control and shaming of female sexuality" (Kågesten, 2016). However, the same review also mentions evidence of young people challenging stereotypical gender norms, suggesting that gender attitudes (among this age group) are subject to change. For the GTA, this implies a 'window of opportunity' to influence gender norms during the formation of gender identities in early adolescence (Kågesten, 2017).

Generally speaking, the sociopsychological perspective shows that (hetero-sexual) gender typical behaviour is most likely when there are strong social scripts in a given context, when the specific context makes gender differences salient and when a sexual partner (and subject for that matter) has more traditional gender beliefs and expectations (Sanchez, 2012; Vanwesenbeeck, 2009). According to Sanchez et. al. (2012) interventions should therefore focus on the perceptions of sexual partners. In relation to gender transformative approaches this would imply critically engaging boys and men in raising awareness of their attitudes and harmful gender norms. More on this element of the gender transformative approach will follow below.

2.1.3 The sexual double standard

As has become clear in the previous section, sexual scripts are strongly influenced by a double standard or double moral. The sexual double standard (SDS) can be defined as a "divergent set of expectations for boys and men, and girls and women for engaging in romantic and sexual behaviour" (Emmerink, 2017; Vanwesenbeeck, 2009). These gender norms determine largely what is considered appropriate behaviour for each category in a certain time or context. They influence cognition, attitudes and behaviour throughout the life cycle. In general, romantic and sexual engagements are most affected by sexual double standards (Emmerink, 2017). Furthermore this double moral is often reinforced and maintained through many social factors like (social) media et cetera (Vanwesenbeeck, 2009). Recent research on the SDS suggest that it entails more than conscious thinking and acting. Implicit (unconscious) and explicit (conscious) measures of the sexual double standards suggest that it also operates partially on a non-conscious level. Hence the SDS "may, like other stereotypes, operate as a self-fulfilling prophecy" (Emmerink, 2017).

Given all of the theoretical underpinnings mentioned above, Rutgers' gender transformative involvements should counteract or interact with popular hegemonic discourses that stress and essentialise heteronormative differences, objectify girls and women (e.g. Fredrickson, 1997) and affirm a so called 'male sexual drive discourse' (Hollway, 1984). The male sexual drive discourse argues that boys can't help themselves and makes girls responsible to say no to sexually transgressive behaviour.

2.2 The harmful effects of traditional gender norms and the sexual double standard on (adolescent) sexual and reproductive health (ASRH)

In line with the GTA definition used for this paper, the second element of a gender transformative approach creates critical awareness of the harmful SRHR effects of traditional gender roles and norms. The objective here is to illustrate the scientific evidence on the harmful effects of traditional gender norms and the sexual double standard (SDS). It should be noted however, it might be more difficult to find direct evidence for causality when we move from individual, intrapsychic and interpersonal dimensions, mentioned above, to the wider socio-political realm.

First, a general overview is provided of harmful effects of the SDS for SRHR. Followed by an overview of the effects of traditional gender roles and norms on Rutgers' strategic priorities as defined in Rutgers strategic plan 2017-2020. These broad SRHR topics are 1) sexual violence, 2) contraceptives, 3) safe abortion and 4) population issues. Rutgers' key target group concerns adolescents. Hence where possible or available evidence is provide in relation to this target group. Given Rutgers' human rights and diversity agenda, a specific section is included that focuses on the effects of traditional gender norms for SOGIESC. Finally, this section will also zoom in on the Dutch context specifically.

2.2.1 Gender norms and ASRH

Influenced by standard sexual scrips and the sexual double standard, adolescent males aged 15-19 are more likely than young females to engage in risky, casual, non-marital sexual behaviour (Patton, 2012). Norms of daring masculinity increase the risks of unsafe sex and infection with HIV/AIDS, which was identified as one of the leading causes of adolescent deaths globally in 2013 (Mokhad, 2016). Risk factors like unsafe sex are influenced by gendered attitudes and behaviour learned through the process of gender socialization (Stoebenau, 2017). American research shows that adolescent boys often exhibit negative (sexual) behaviour that they do not (fully) support to prove their masculinity, including: have more sex, blaming the victim for sexual assault, talking and acting in sexist or homophobic ways and watching passively when other men humiliate women physically or verbally (Berkowitz, 2011).

2.2.2 Gender norms and gender based violence

Beyond sexual consequences, the dominant sexual script for men is problematic for society because it plays a role in socialising men into a culture of violence. Especially when men feel a threat to their masculinity, men may be prone to use violence when they are pressured to prove their status as a man" (Sanchez, 2012). Globally an estimated 35% of women experience either physical and/or sexual intimate partner (IPV) violence, or non-partner sexual violence in their lifetime. 50% of women have reported not to seek help in case of violence (WHO, 2017). A landmark multi-country study by the WHO looked at individual, partner and contextual factors either protecting or putting women at risk of sexual and gender based violence. The WHO research provides evidence that attitudes towards gender roles and violence against women are one of the contributing risk factors, along with women's levels of education, empowerment and social support (at the individual level). Partner factors included communication skills, alcohol and drug use, employment status, whether a partner has witnessed violence as a child and if the partner would be typically aggressive to other men. At the immediate social level the degree of economic equality, level of female mobility are cited next to traditional harmful gender norms, as potential risk factors for (sexual) violence against women (WHO, 2005).

Though men are studied much less as possible victims, evidence indicates that boys and men also endure sexual violence and abuse. It is estimated that one in seven boys experiences sexual violence as a child (Kato-Wallace, 2015). Whilst women and girls remain by far the majority of those affected, boys experience sexual violence in gender typical ways (Barker, 2011; UNICEF, 2014). Perpetrators are most often other men. Hegemonic norms of masculinity further complicate things because they may hinder boys from seeking support and deep-seated homophobia may make it difficult for boys and men to speak out against sexual violence (Promundo, 2012).

2.2.3 Harmful effects of traditional gender norms and SDS on contraceptive use

Gender norms and unequal power relations play an important role in reproductive decision-making. Approval and demand for use of contraception may differ between men women, with women's non-use of contraception, or sometimes their covert use, as potential consequences (Blanc, 2001). A wide range of studies have found that women's empowerment and increased autonomy is associated with lower fertility rates and/or increased contraceptive use (e.g. Do, 2012; Gage, 1995; Schuler, 1994, 1997). In other research, perceived spousal disapproval was found to be related to an increase in unmet need for contraceptives by women (Wolff, 2000). Furthermore the absence of

direct couple communication about reproductive intentions has been linked to unmet need or incorrect statements about partners' agreement or disagreement with contraceptive use (Wolff, 2000; DeRose, 2004).

There is also evidence that female survivors of sexual and gender based violence are less likely to use condoms and other contraceptives (IFPP, 2004; Campbell, 2004). This can lead to other sexual health issues like HIV infection, unwanted pregnancy, school dropout by girls etcetera. For adolescent girls, they are mostly norms of submissive femininity and lack of control over sexual interaction that increase SRH risks, not least the risk of early and unplanned pregnancy. By their nineteenth birthday, eleven percent of adolescent girls around the world have given birth for the first time (WHO, 2016), while 27 per cent are married by age 18 (UNICEF, 2014). In addition adolescent girls and young women are one of the groups most severely affected by HIV (UNAIDS, 2014).

2.2.4 Harmful effects of traditional gender norms and SDS on abortion

Female survivors of sexual and gender based violence often experience physical injuries. They are also more likely than other women to have multiple- and concurrent sexual partnerships and experience unintended pregnancies (IFPP, 2004; Campbell, 2004). Women who have been physically or sexually abused by their partners are more than twice as likely to undergo an abortion (WHO, 2013).

Research into gendered attitudes towards support for legal abortion, indicate that religious beliefs can act as a suppressive factor, explaining why women and men in much research hold similar views, even though it theoretically it is expected that women should be more supportive of legal abortion (Barkan, 2014). In addition, research shows that that (negative) gendered attitudes regarding women's competency have affected debates about abortion policies and have limited the ability to equality of citizenship with men (Nossif, 2007). Even though safe abortion is a necessary prerequisite of the right to health and gender non-discrimination, about half of abortions world-wide are still unsafe, contributing to about thirteen percent of maternal mortality (Mosley, 2016).

Current research efforts are not clear on how access to abortion services is related to abortion stigma or in what ways unsafe abortion might be patterned by gender, race, socio-economic position and/or HIV inequities. Thus far, research on abortion stigma and poor access to services has focused predominantly on mechanisms at the individual level of the socio-ecological model (i.e. anxiety around discrimination, poverty etc.). Additional research is needed to further examine processes that unfold at the other levels of society (i.e. social, policy and institution) (Mosley, 2016).

2.2.5 Harmful effects of traditional gender norms and SDS on population issues

With the Guttmacher Institute estimating the world wide unmet need for contraceptives for women at 222 million (Sedgh, 2016) and given the relationship between gender and contraceptive use highlighted above, it may be inferred that there are causal associations of some sort regarding population, gender and contraceptive use. In strongly patriarchal and gender unequal societies, women are much less likely to have (affordable) access to (women and youth-friendly) reproductive health services including abortion which can have a range of negative sexual and reproductive health consequences including higher fertility rates.

Whereas in Europe there generally are policy concerns regarding the link between gender equality and low fertility rates (Neyer, 2011), in most African and less developed Asian countries there are concerns with high fertility rates and its correlation with gender, poverty, sustainability and other social factors.

There are different aspects of women's empowerment strategies that are found to have effects on women's fertility. This includes female education, women's equal participation in decision-making process, female contraceptive use in combination with population policy and increased labour force participation by women. However, patriarchal cultural factors, like preference for high fertility and son preference are generally linked negatively to both lower female empowerment indicators and higher

fertility rates. Increase in women's empowerment has often been associated with lower fertility levels (Phan, 2013).

2.2.6 Harmful effects of heteronormativity and homophobia on SOGIESC

Research regarding the impact of hetero-sexual scripts and gender norms on the sexual health of people with diverse sexual orientation, gender identity and/or sex characteristics (SOGIESC) (CDC, 2010) indicates that individuals who self-identify as lesbian, gay, and bisexual have an equal or higher prevalence of experiencing intimate partner violence, sexual violence, and stalking as compared to self-identified heterosexuals. Bi-sexual women seem to be disproportionately impacted, experiencing a higher life-time change of rape, violence and/or stalking, compared to lesbian and hetero-sexual women. That is, 44% percent of lesbian women, 61% of bisexual women, and 35% of heterosexual women experienced rape and/or physical violence by an intimate partner in their lifetime. Twenty-six percent of gay men, 37% of bisexual men, and 29% of heterosexual men experienced rape and/or physical violence by an intimate partner at some point in their lifetime (CDC, 2010).

Due to discrimination, criminalization and (self)-stigmatization, people with diverse SOGIESC who may experience homophobia, biphobia or transphobia, often are forced to have covert sexual relations. Homophobia and transphobia prevent people from accessing the information and SRHR services they need, often because of fear of discrimination and lack of support (Beyrer, 2014).

2.2.7 Effects of the double standard and traditional gender norms in the Netherlands

The Netherlands are known for their relative positive SRHR outcomes, but also in the Netherlands there is still much room for improvement. For example, 53% of women and 19% of men experience sexual violence or harassment, one in five women becomes pregnant unintentionally (Graaf, 2017a) and almost half of homo- or bisexual boys experience discrimination or violence on a regular basis (Graaf, 2017b). Although gender inequalities are less prominent and gender norms less strict in the Netherlands, they still have a major impact on SRHR outcomes. The double standard still exists among young people, meaning that boys have more sexual privileges than girls (Emmerink, 2018).

Heteronormative gender roles continue to be relevant to sexual negotiations and dictate different rules for women and men (Sense, 2018). Research on Dutch adolescent boys indicates that they feel pressured to conform to masculinity norms of a macho culture where homosexuality has no place (Sense, 2015), which could lead to boys (and young men) talking and acting in sexist or homophobic ways and watching passively when other men humiliate SOGIESC (and women for that matter).

2.3 Empowering women, girls and people with diverse SOGIESC

Ideally, gender transformative approaches are based on a Human Rights Based Approach (HRBA). The Rights Based Approach is based on two premises. On the one hand it strengthens the capacity of duty bearers, such as government institutions, to respect, protect and fulfil the human rights of everyone on the gender spectrum. On the other hand it facilitates the empowerment of women and marginalized groups, such as adolescents and sexual or gender diverse people to claim their rights (Jonsson, 2003). For an introduction and practical exercises on the Rights Based Approach and how it links to GTA, we refer to "Adopting a gender transformative approach (GTA) in sexual and reproductive health rights and gender-based violence programmes" developed by Rutgers (Rutgers, 2018).

As we have touched upon in the previous sections regarding the costs of harmful traditional gender norms and the SDS in relation to SRHR, women, girls and sexual and gender minorities (SOGIESC) often do not have the capabilities to choose when and with whom to have sex (or to say no to sex), to use contraceptive, to access services, SRHR education and information and often lack bodily autonomy and integrity. These are all rights violations and are often based on patriarchal and hetero-normative institutions and norms which maintain unequal gender roles and responsibilities. These

inequities have their roots in unequal economic, political, ideological and social power relationships (Marcus, 2014) and display themselves in the negative SRHR outcomes mentioned above. For disempowered groups and individuals to have the capabilities to claim their rights therefore requires equity and equality in the political, economic and social spheres, as well as critical (collective) awareness and self-esteem to address inequalities and claim their rights (Kabeer, 2015).

"Empowerment is the expansion of choice and the strengthening of voice through the transformation of power relations, so women and girls have more control over their lives and futures" (Eerdewijk, 2017). This is only one in a range of existing definitions of 'empowerment'. Eerdewijk et. al. base this definition on a series of approaches that have emphasised different dimensions of empowerment. In the 1980s and 90s, empowerment was perceived as an unfolding process that would lead to changes in consciousness and collective power, reflecting a radical feminist view that was concerned with transforming power relations in favour of women's rights and greater equality between women and men. Many writings from that period insist that empowerment is relational and that it cannot be bestowed by others: it is about self-image, self-consciousness, personal and collective action and change in the structural basis of gender inequalities. 'The personal is political and the political is personal' was the motto (Rowlands, 1997; Sen, 1997; Kabeer, 1994).

The emphasis of contemporary development policies no longer reflects these elements of empowerment. 'Rights', 'equality', 'justice' and 'collective action' have been replaced with 'efficiency', 'investment', 'returns' and 'smart economics'. Economic empowerment and the 'business case' are the new hegemony, and it is believed that success for women in business or economic terms is enough to overcome other barriers to equality. Ferguson (2004) makes the distinction between 'liberal' and 'liberating' empowerment, the first referring to 'a process individuals engage in to have access to resources so as to achieve outcomes in their self-interest' (power to), while the second is 'the increased material and personal power that comes about when groups of people organise themselves to challenge the status quo through some kind of self-organisation of the group' (Cornwall, 2014). This last definition points to power as a relational construct - individual agency becomes collective, relational agency (Kabeer, 1999). Power over, to, within and with are fundamental aspects of empowerment. For a detailed working definition of the different kinds of power refer to "The Gender Transformative Approach in Sexual and Reproductive Health and Rights and Gender Based Violence Programmes" (Rutgers, 2018).

Disempowerment implies a denied ability to make and influence choices that affect your life and future (Kabeer, 1999). Choice is empowering when, for example, women and girls have freedom to choose from a range of options regarding contraceptive use or when and whom to marry. In addition, empowered choice challenges social inequalities. This is called 'critical consciousness', defined as women and girls identifying and questioning how inequalities in power operate in their lives, and asserting and affirming their sense of self and their entitlements (power-within). For empowerment to happen, choices need to materialise in actions and outcomes (Kabeer, 1999).

Another core feature of empowerment is the amplification of women's and girls' voice, i.e. the capacity of women and girls to speak up, be heard and share in discussions and decisions (in public and private domains) that affect their lives. Voice is important to contest existing gender norms and power relations. It can be realised through (Gamage, 2015):

1. The participation and representation of women and girls in political and economic decision-making institutions.
2. Collective organising in favour of gender equality.
3. Strengthened leadership of women and girls (individually and collectively) to pursue own interests and needs.
4. Holding institutions accountable.

Agency relates to choice and voice, implying that women and girls have the capability to pursue goals, express voice, influence and make decisions free from violence or retribution. More than voice, it is about making informed decisions, implying awareness and 'imagining the previously unimaginable' (Kabeer, 1999). Regarding SRHR, this entails, for example, that women and girls can decide whether, when and whom to marry or whether, when and with whom to have sex. These types

of decisions are strongly affected by gender and age, in intersection with other social markers such as socioeconomic status, gender identity, sexual orientation, ethnicity, race, or caste. Empowered decision-making involves negotiating, influencing and bargaining (Gammage, 2015).

Another dimension of agency in the empowerment literature concerns leadership. It distinguishes formal leadership concerning women's political participation or representation in leadership and management positions, and informal leadership defined as "the ability to inspire and guide others in order to bring about change" (Debebe, 2007). Leadership can manifest itself individually and collectively and it can encompass power over, power within, power to and, in the case of collective action, power with (Cornwall, 2014). Leadership, an expression of choice and voice, requires empowerment and greater control by women and girls over their lives.

Hence, a gender transformative approach that takes the empowerment of disempowered groups in account includes a proper power analysis that facilitates all of the above mentioned empowerment dimensions, including the intersectionality with other social markers of inequality.

2.4 Engaging boys and men in SRHR and gender equality

For many years, gender equality has been seen as women's domain (Cornwall, 2000, 2011). However, within the SRHR field and within international agreements¹ there is a growing understanding that, due to the relational and power dynamics of gender, men and boys are crucial partners in effectively reducing the vulnerabilities of women, girls and people with diverse SOGIESC, as well as their own. By leaving men and boys out we have often failed to effectively challenge the systems and processes that control and limit the SRHR of vulnerable groups and restrict their access to services and information. Boys and men also are affected by their own gender specific vulnerabilities, which until recently has been neglected in programming (Cornwall, 2011).

In order to transform harmful masculinities (i.e. what it means to be a man) a mind-shift is required in how programmes work with men and boys. Whereas men have often been framed as part of the problem there is a need to start seeing boys and men as part of the solution (Kato-Wallace, 2015). As has become clear in the theory and evidence section above, gender is socially constructed and learned behaviour and can therefore, in principle, be unlearned and changed for the better. Confirmed by evidence that when men internalise and practice more gender equitable norms, this can have a positive impact on the SRH and wellbeing of men, women and boys and girls (WHO, 2007; Doyle, 2018). Rutgers has developed a guide on the skills required to work with adolescent boys in the area of sexuality: <https://www.rutgers.international/what-we-do/positive-masculinities/new-manual-adolescent-boys-and-young-men-sexuality-and>

Besides the need to reframe how programmes portray men and women, i.e. as more than perpetrators and victims only (Cornwall et. al., 2011), in their work "Men and Development", call for re-politicising masculinities. This implies going beyond the current emphasis on individual men's behaviour and to go back to the critical feminist roots of Gender and Development (GAD). That is, to reconsider elemental economic, political and social power relations that have been ignored by the gender justice movement over recent years, in their attempts to change men's individual behaviour and attitudes.

When men's and boys' engagement is promoted within SRHR programmes, it is important to include the principle of accountability to the Women's Movement. This includes taking into account the priorities of women's rights and other social justice groups, and to elevate their voices, particularly of those who are active in the field of preventing GBV and are advocating for the rights of sexual and gender minorities. Accountability to the women's movement and participation of women's rights organisations in design and governance of SRHR interventions is essential to ensure that patriarchal norms do not (unconsciously) prevail in programming and that interventions which engage boys and men are not at the detriment of SRHR outcomes for girls and women (MenEngage, 2014).

¹ I.e. The ICPD Program of Action, the Beijing Platform of Action, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the 48th session of the Commission on the Status of Women (CSW).

As mentioned before, there is convincing evidence from a meta-evaluation study conducted by the World Health Organisation (2007) that when boys and men are engaged on multiple levels of the socio-ecological model simultaneously there this can have benefits for health outcomes for both men, women and children. The key findings of this WHO meta-evaluation of 58 SRHR and GBV programmes were the following:

- Integrated, multilevel, programs are most effective: i.e. groupwork, couple work, community outreach, mass media (i.e. using the socio-ecological model).
- Evidence of behaviour change in all program areas (SRH and HIV; fatherhood; GBV, Maternal and Child Health (MNCH) and gender socialization).
- Evidence of behaviour change through all types of program interventions (group education; services based; community outreach, mobilization and mass-media campaigns).
- Relatively few programmes with men and boys go beyond the pilot stage or a short-term time frame.

Questions that followed from this WHO research were:

- How can programs take a more relational perspective; integrating efforts of engaging boys/men with empowerment of girls women?
- What is the evidence for the impact of such relational perspectives?
- What is required for programmes to be able to scale up and sustain their efforts?
- What kinds of structural changes and policies have led to or could lead to large-scale change in men and masculinity?

A randomised control trial (RCT) by Doyle et. al. on the Dutch funded MenCare+ Program, in which Rutgers operated as the lead agency, indicates that that the engagement of men within SRHR programs can contribute to 40% less violence against a partner, greater contraceptive use (i.e. 70% of women in the MenCare programme versus 61% in the comparison group report currently using modern contraception) and greater involvement of women in decision-making in the household (i.e. 56% of women in the MenCare+ programme reported that the man has the final say about the use of weekly/monthly income and expenses versus 79% who say so in the comparison group) (Doyle, 2018).

2.5 Strengthening the capacity of duty bearers in a GTA

In 2009-2010 the Centre for International Development Issues Nijmegen (CIDIN/ Radboud University Nijmegen), Hivos, Oxfam Novib and the Gender Division of the Ministry for Development Cooperation organized the 'On Track with Gender Trajectory' in The Netherlands.² This intersectoral policy review initiative suggested several recommendations which could inform Rutgers' efforts to mainstream GTA into its programmes. These recommendations are:

1. Maintain a dual approach, i.e. targeting women's empowerment and gender equality (i.e. a standalone track) and integrate gender equality as a cross-cutting issue into policies, programs, and budgetary decisions (i.e. a gender mainstreaming track).
2. Involve and consult thematic women's organisations or groups, external experts and individual activist brokers when working on gender equality issues.
3. Apply gender mainstreaming to the own organization and partner organizations at the institutional level, making strategic choices and making explicit what it means for specific organizational procedures, structures and decision making.
4. Relate the mainstreaming of gender clearly to specific themes, activities and contexts.
5. Combine a Rights Based Approach (RBA) and social justice arguments with gender efficiency arguments.
6. Be clear that gender mainstreaming is not a value free exercise, it concerns power relationships and may cause friction before change happens.
7. Assess and develop staff competences on gender. Ensure that resulting efforts are tailor made, theme specific and focused on 'the how'.

² See Policy brief Gender Mainstreaming 2010. On Track with Gender - Taking stock phase. The 'On Track with Gender Trajectory' was financed and supported by the Development Policy Review Network as one of the three-year DPRN processes aiming at intersectoral cooperation and policy review.

Knowledge management using practice based, tacit knowledge, and specifying the connection of gender to other development objectives are key in all of the above (Mukhopadhyay, 2007).

Organisations and institutions that implement comprehensive sexuality education (CSE) and youth friendly services (YFS), and the people in these organisations, are key duty bearers and ideally should have fully internalised the values underlying a gender transformative and human rights based SRHR programme. According to the Gender at Work model (Rao, 2005; Gender at Work, 2017) we have to take four interrelated dimensions of change in account:

1. **Critical Consciousness for All Involved:** The first dimension of change 'Critical Consciousness for All Involved' implies change on an individual and informal level, like the partially implicit sexual double standards (SDS) etc. (Emmerink, 2017).
2. **Access to Resources:** For the GTA to be integrated effectively programs need the required budget, the required staff and skills and equitable representation, fairly including disempowered groups like young people, women and sexual- and gender minorities.
3. **Organisational Culture and Ideology:** This is about the so called hidden culture, the often unconscious ideologies of gender, class, race etc that maintain inequalities. This includes addressing the complex structures of beliefs, values, attitudes, and ways of perceiving that maintain and reproduce harmful gendered norms, the SDS and related practices.
4. **Formal Rules, Policies:** If SRHR programmes truly want to facilitate processes to 'gender transform' institutions and the organisations of duty bearers, their official vision, mission, policies, guidelines etc. should reflect gender equity and equality and they should have accountability measures in place ensuring a safe work environment.

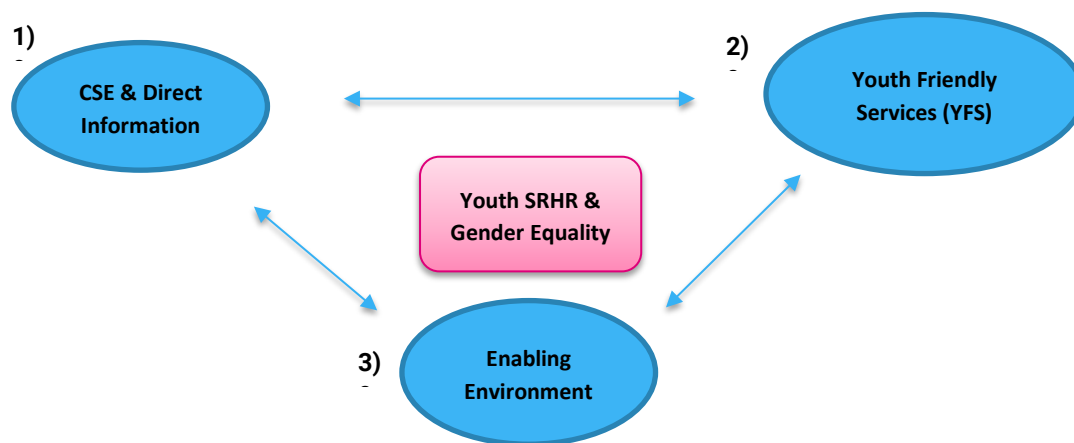
INDIVIDUAL CHANGE

	INDIVIDUAL CHANGE	
	<p>Critical Consciousness for All Involved:</p> <ul style="list-style-type: none"> ▪ Staff knowledge and commitment to gender equality and the GTA ▪ Commitment of Leadership for GTA ▪ Capacity for dialogue and conflict management around changing (gender) norms 	<p>Access to Resources:</p> <ul style="list-style-type: none"> ▪ Budget and other resources devoted to projects to advance GTA. ▪ All groups equally represented in leadership positions ▪ Freedom from fear of abuse of power
INFORMAL	<p>Organisational Culture and Ideology:</p> <ul style="list-style-type: none"> ▪ Acceptance of gender equality ▪ Organizational ownership and internalisation of the GTA ▪ Acceptance of needed work-family adjustments ▪ GTA issues, including empowerment of disempowered groups, firmly on the agenda 	<p>Formal Rules, Policies:</p> <ul style="list-style-type: none"> ▪ Vision and Mission include gender equality and GTA ▪ Gender equitable organisational policies including GTA ▪ Accountability mechanisms (accountability to disempowered groups and movements) <p><small>Adapted from: Rao, Kelleher (2005). Is there life after gender mainstreaming? In: Gender and Development Vol. 13, No. 2.</small></p>
		FORMAL

INSTITUTIONAL CHANGE

3 Transforming inequitable gender norms: A listing of most relevant GTA practices for Rutgers' Theory of Change

Theory of Change for Adolescent SRHR Programming



Now that we have ‘deconstructed’ the GTA definition into theory and evidence regarding the main elements required to transform harmful and rigid gender norms, that is; 1) Encouraging critical awareness of gender roles and norms and power relations; 2) Questioning the ‘costs’ of the SDS and harmful traditional norms; 2) Empowering women/girls and people with diverse SOGIESC; 3) Engaging boys and men in SRHR and gender equality and 5. Strengthen the capacity of duty bearers, we now can look at the different ways these elements can be operationalised through practical interventions. Given all of the above it should be highlighted that often within a GTA, when SRHR programmes try to address harmful and rigid gendered norms, because of their ‘stickiness’, there is a need to address these on different levels of the socio-ecological model simultaneously (Marcus, 2014). Most of Rutgers’ interventions to improve the sexual and reproductive health and rights of young people can be captured by the Theory of Change depicted above, which also reflects these multiple levels in society.

1. **Interventions focused on improving education and information on SRHR:** Besides promoting informed choice regarding the SRHR of young people, Rutgers’ strategic focus on CSE and information aims to raise awareness and knowledge and aims at increasing uptake of sexual and reproductive health services.
2. **Interventions focused on improving (Youth Friendly) SRH Services:** Youth-friendly services build on those offered by general sexual and reproductive health service providers in that they recognise and respect the diversity of young people and their specific needs, promote gender equality and offer positive approaches to sexuality and relationships. In this they complement CSE and SRHR information strategies. For this the capacity of service providers often requires strengthening so that they know their roles and responsibilities as duty bearers within a rights based framework. Both strategy one and two require an enabling environment.
3. **Interventions focused on improving the Enabling Environment:** Political, social, cultural and/or economic environments (socio-ecological model) can enable or inhibit young people’s access to and knowledge about SRHR services. Creating an enabling environment includes activities at multiple levels - at individual, institutional, community, district, national and international levels - and addresses structural as well as informal norms.

Below an overview of most promising interventions are given that attempt to address harmful gender norms and inequitable power relations. Where available evaluation data is include and the listing concerns both Rutgers’ and other interventions. The overview starts with a more general intervention before diving into CSE, YFS and the enabling environment.

3.1 General Interventions

3.1.1 Rutgers' Gender Transformative Approach: Six interrelated topics, as part of the GTA Toolkit

Module 1 forms the 'core' of Rutgers' GTA. It explains what Rutgers understands by a gender transformative approach for SRHR programming, why it is important to apply GTA to SRHR interventions and starts to explore how to do this through experiential learning exercises aimed at SRHR practitioners and Trainers of Trainers (ToTs).

The module contains six chapters on the following interrelated topics:

1. The human rights-based approach.
2. Power.
3. Norms and values.
4. Gender and diversity.
5. Empowerment of women and girls.
6. Engaging men and boys.

Each topic has a short theoretical introduction, followed by several participatory sessions. This module has been piloted in several countries and even though it is not formally evaluated its focus beyond the individual to include the wider community, institutions and policy is based on evidence of several (meta)evaluations. This body of research suggests that programmes that operate simultaneously on the different levels of the socio-ecological model are more effective than focusing on interventions at a single level (WHO, 2007; SRHR Alliance, 2015; Martens, 2015; Doyle, 2018).

Module 2 connects the GTA to SRHR programme implementation: comprehensive sexuality education (CSE), youth-friendly services and the prevention of gender-based violence (GBV). Here Rutgers explores how to apply the knowledge obtained in Module 1 to its practice/SRHR programmes.

Module 3 deals with GTA and the enabling environment, focusing on community dialogues, community campaigns and advocacy at the structural/institutional level. This module invites participants to apply a gender transformative perspective through practical sessions for the community level and for the design or adaptation of advocacy strategies related to structural, institutional levels.

3.2 Key gender transformative interventions focused on improving education and information on SRHR

3.2.1 Adolescent Boys and Young Men - Sexuality and Relationships

Adolescent boys and young men: sexuality and relationships and the Dutch version 'Jongens en seks' supports professionals in discussing sexuality and relationships with adolescent boys and young men, aged 12-25 years. This documents includes practical tips and is situated within comprehensive sexuality education frameworks of UNESCO (UNESCO, 2018) and IPPF (Haberland, 2009).

3.2.2 Beat the Macho/LEFgozers

Research (Rutgers, 2016) on Rutgers Dutch campaign 'Beat the Macho', which is now called 'LEFgozers' shows that the way teachers or facilitators relate to boys and young men is crucial if you want to address gender norms and stimulate positives ways of being a man (also called positive masculinities in literature). Key findings that facilitate the positive transformation of 'harmful gender norms are':

- **Facilitation Skills:** Humour, being able to show vulnerability, equality and empathic listening skills play an important role in facilitating change. Even though female facilitators can be

effective the research also suggests that male facilitators may be able to relate better to the issues that young men and adolescent boys deal with in everyday life.

- **Small and safe groups:** When the group feels unsafe adolescent boys start using macho behaviour to deal with the situation. A safe space is therefore a pre-requisite for reflection and change.
- **Co-creation:** The research also suggests that an 'action perspective' in which the young men co-create the campaign and related music motivates and helps to change gendered attitudes.

3.2.3 Can you fix it?

"Can you fix it?" is a so called 'serious game', in which young people can determine the story-line of a video by intervening in a situation that constitutes sexually transgressive behaviour, and by 'fixing' the outcome of the story by choosing a different story-line. Through the intervention socio-sexual relational competencies are practiced. The intervention is based on the sexual interaction competency model of Vanwesenbeeck et. al. (Vanwesenbeeck, 1999).

'Can You Fix It?' is expected to contribute to an increase in sexual and interaction competence. Sexual competence can be described as the ability, based on the pertinent skills and knowledge, to be involved in sexual activities with successful outcomes and in which sexual health and rights are preserved (Hirst, 2008; Wellings, 2001). Interaction competence includes expressing desires and boundaries in sexual activities (Bakker, 2006). This body of evidence suggests that both sexual competence and interaction competence contribute to positive sexual health outcomes.

3.2.4 Respect Limits

Juvenile sex offenders who have been arrested in the Netherlands for a first-time sexual offence may be obliged to take part in Respect Limits, a behavioural intervention on sexual boundaries developed by Rutgers. Complex situational factors such as group pressure and ambiguous sexual communication are important risk factors for this group (Hoing, 2010). Respect Limits is evidence-based (Haas, 2011) and has been approved by the Ministry of Justice (Accreditation Panel, March 2012) demonstrating that the intervention meets the necessary quality requirements in making a contribution towards decreasing recidivism.

3.2.5 Program H, M

The Program H methodology promotes group education sessions combined with youth-led campaigns and activism to transform stereotypical roles associated with gender (such as prevalence of contraceptive use or distribution of household responsibilities). Program H is named after *homens* and *hombres*, the words for men in Portuguese and Spanish. Program H is accompanied by a video 'Once Upon a Boy' which functions as an introduction for reflection and discussion. Facilitators can pick from around seventy validated Program H activities to adapt to the needs of their specific programming context.

Research (Barker, 2005) on Program H provides evidence of positive changes among program participants; including more gender-equitable attitudes and behaviours generally, improved couple communication, reduced gender-based violence, increased condom use and improved attitudes around caregiving.

Recognizing the need to work with and empower young women alongside men, and based on input from female partners of Program H participants, Promundo and partners launched Program M in 2006. The 'M' in Program M stands for *mulheres* and *mujeres*, the words for women in Portuguese and Spanish. Program M engages young women in similar critical reflection about gender norms and empowerment.

3.3 Key gender transformative interventions focused on improving (Youth Friendly) SRH Services

3.3.1 Program P

Program P is named after padre and pai, the words for father in Spanish and Portuguese. It provides a direct and targeted intervention regarding the need for concrete strategies to engage men in involved fatherhood, from prenatal care, delivery, childbirth, to children's early childhood (and beyond).

With support from the Dutch Foreign Ministry, Program P has been adapted in Brazil, Indonesia, Rwanda, and South Africa in both rural and urban settings as part of the MenCare+ program. MenCare+, a collaboration between Promundo and Rutgers, is a multi-component program working at individual, community, and policy levels to engage men and women as partners in maternal, newborn, and child health; in sexual and reproductive health and rights; and in violence prevention. Program P is also being adapted and scaled up by Save the Children in Ethiopia and India.

Qualitative results (Rutgers, Promundo, 2016) as well as a randomised control trial (RCT) (Doyle, 2018) in Rwanda regarding the implementation of Program P have provided evidence regarding positive changes in the lives of men and their families, of which the most significant ones are:

- Greater contraceptive use: 70% of women in the MenCare+ program vs. 61% in the comparison group report currently using modern contraception.
- Lower rates of violence against children by both men and women in the MenCare+ program than by those in the comparison group, among couples who already have children.
- Greater involvement of women in decision-making in the household: 56% of women in the MenCare+ program say that the man has the final say about the use of weekly/monthly income and expenses vs. 79% who say so in the comparison group, a difference of about 30%.

This is the first study of a program to engage men that has shown at least some impact on women's attendance at prenatal health visits: Women in the MenCare+ program attended an average of 3.4 visits vs. those in the comparison group, who attended an average of 3.1 visits.

These results support emerging evidence which shows that engaging men as they become fathers and focusing on improving couple relationships can be an effective strategy to reduce men's use of violence against women and to improve relationships within the household.

3.3.2 Toolkit for Men: Male Counselling

The Toolkit for Men can be used for counselling abusers who want to stop intimate partner violence and become a more respectful partner. This toolkit was developed and piloted in South Africa and Indonesia by Rutgers in partnership with 3 partner organisations in these countries. The Toolkit for Men consists of a Facilitator's Guide (to train counsellors to develop the knowledge, skills and techniques necessary for individual intervention), a Counsellor's Workbook (to provide counsellors with the theory they need to conduct a counselling session with a male client, including monitoring and evaluation), and a Counselling Guide (to guide counsellors in conducting counselling sessions with male clients).

A qualitative end of project evaluation conducted with both male and their female partners in South Africa (Phillips, 2016) indicated that the Toolkit for Men has resulted in:

- Positive outcomes regarding men's management of anger.
- Improved communication between partners.
- Improved relationship between partners and children.

In addition when the 12 counselling sessions were all successfully completed the Toolkit had a positive influence on the reconstruction of masculinity and gender roles. On the downside uptake of counselling by men who have used violence is low and drop out quite high, which called for more research on how to overcome these demand related issues.

3.3.3 Alliantie Gezondheidszorg op Maat

Funded by the Ministry of Education, Culture and Science, Rutgers, COC and WOMEN Inc together form the 'Alliantie Gezondheidszorg op Maat'. This alliance adopts a person centered approach to health care. The expected knowledge will be translated into quality standards and guidelines for LGBT and gender sensitive health care. This alliance programme has not yet been evaluated, but is informed by evidence.

3.4 Key gender transformative interventions focused on improving the Enabling Environment

3.4.1 Act4Respect

In the alliance programme 'Act4Respect' Rutgers and Atria join forces to implement the following four change strategies to prevent gender based violence against women, girls and LGBT in the Netherlands:

1. A social-norm campaign to reinforce and strengthen norms that condemn gender based violence.
2. Training of professionals with knowledge, tools like school guidelines etc. so that professionals feel capable to support young people to prevent gender based violence.
3. Interventions and impact evaluations of risk groups so that tailor made interventions help vulnerable groups to deal with gender based violence.
4. Development of an interactive online knowledge hub for professionals including e-learning, tools, tips and discussions around interventions and policy to prevent gender based violence.

3.4.2 Module 4: Toolkit on GTA and advocacy

This, largely evidence informed module guides SRHR advocates and their organisations through steps to strengthen their knowledge, skills and practices to bring into focus injustice that would otherwise be rendered invisible. In the context of SRHR advocacy, the toolkit helps advocates to zoom in on gender highlighting the intersecting, overlapping and compounding disadvantages faced by individuals of every gender. It subsequently links gender transformative SRHR advocacy to the engagement of men and boys, CSE, YFS and other SRHR issues. The module is being piloted at the time of compilation of this whitepaper.

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