STARTING YOUNG: DEVELOPING EGALITARIAN GENDER NORMS AND RELATIONS TO PROMOTE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) OF ADOLESCENTS AND ADULTS

Twenty years ago, the Cairo International Conference on Population and Development (1994) Programme of Action shifted the paradigm of population control to a rights-based approach to sexual and reproductive health (SRH) and recognized the importance of promoting gender equality as critical to these efforts. Evidence shows that the SRH of adults and adolescents alike are influenced by gender inequalities in the following ways: a) unequal power between women and men and girls and boys in reproductive, sexual and other household decision-making; b) social norms that promote dominant masculinity and female subordination (i.e. unequal and harmful gender norms); c) unequal access to and control over resources by women and girls; and d) laws and policies that perpetuate women's and girls' low status in society (1-3).

The following examples illustrate how gender inequalities shape the SRH of adolescents and adults. In sub-Saharan Africa, girls and young women (age 15-24) are twice as likely to become infected with HIV compared to their male counterparts (4). Their disproportionate vulnerability is driven by early exposure to sex, often coerced, and a pattern of transactional sex with older men with whom they may have less power to negotiate condom use. Globally, adolescent girls experience high rates of early and unwanted pregnancies with consequences ranging from maternal morbidity and mortality to resorting to unsafe abortion and having to drop out of school. Their vulnerability stems from gender norms that force them into marrying early, pressure them into early sexual activity and deny them the knowledge and skills to protect themselves (5). Globally 1 in 3 women have experienced physical and/or sexual violence by an intimate partner. Such violence starts early in the lives of girls with nearly 30% of girls 15-19 years experiencing intimate partner violence (6). Studies show women's attitudes justifying a man beating his wife (a proxy for norms tolerant of violence) are a significant risk factor for women's victimization to intimate partner violence (7). Adolescent boys and young men start sexual activity early and take sexual (e.g. unprotected, multiple sexual partners or paid sex) and other risks (e.g. harmful alcohol and substance use) (8). These behaviours are influenced by peers, older men and other societal messages (e.g. media, sports, religious, military institutions) that validate masculine norms and identities (9). Population-based surveys from 10 countries show that rigid gender attitudes are formed early, with 50-83% of boys (15-19 years old) reporting that it is justifiable for a man to beat his wife under certain circumstances (10).

Based on evidence, there is a growing consensus among many experts that efforts to develop mutually respectful, supportive and egalitarian relationships between women and men need to start early in the lives of adolescents. Hence, they can address behaviours during adolescence (e.g. poor health care seeking among boys, early sexual debut among girls) and shape the trajectory of SRH of adults (11). Gender socialization starts in early childhood when boys and girls are treated differently and given gender specific toys and messages that boys don't cry and girls must behave lady like. In addition, adolescence is a crucial period when both boys and girls go through puberty related changes, explore their sexuality, further develop their gender identities, attitudes and behaviours and may begin to form intimate relationships. As such, it provides a critical opportunity to shape positive and egalitarian attitudes and norms and healthy SRH behaviours before these become rigid and entrenched.

A number of agencies including the United Nations, donors and many community-based and international NGOs have undertaken programmes and interventions to promote gender equality. There is emerging evidence of what works to promote, change and sustain egalitarian gender norms and attitudes and behaviours among adolescents as they transition into adulthood. For example, recognizing the particular vulnerabilities of adolescent girls, there is a growing global effort to implement programmes to empower girls and young women by: keeping them in schools through conditional cash transfer programmes (CCT); building their confidence, skills and assets; or providing them livelihood, life skills education and social and mentoring support. While a small number of these have been rigorously evaluated (e.g. CCT with girls in Malawi and a combined livelihood and life-skills education intervention in Zimbabwe) and shown to have positive impacts on behaviours and SRH outcomes (e.g. decrease in HIV prevalence, unwanted pregnancies) several others are yet to be evaluated (12-14).

In parallel, there are also several programmes being implemented with boys and young men to challenge notions of dominant masculinities, promote egalitarian gender attitudes and norms and improve their SRH behaviours including reducing perpetration of violence against women. Interventions with boys and men include individual or small group school-based and community-based participatory education to build critical reflection on what it means to be a man and challenge gender stereotypes, attitudes and acceptability of violence, as well as, mass media campaigns to raise awareness and challenge masculine norms (e.g. soap operas, lifestyle campaigns) (15-17). Reviews of interventions with men and boys have examined their impact on SRH and HIV behaviours and prevention of sexual violence. There are a small number of rigorously evaluated interventions with a positive impact on men and boys' behaviours and health outcomes and a larger pool of less rigorously evaluated studies showing improvements in attitudes of men towards gender equality, but not behaviours (15-17).

The evidence base on what works to promote empowerment and egalitarian gender attitudes, norms and behaviours among adolescent girls and boys and improve their SRH needs further strengthening. First, programmes need to be evaluated and evaluated with stronger designs where possible (e.g. experimental designs with individual or cluster randomization). Second, outcomes need to

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go beyond measuring individual attitudes to changes in community level norms and in behaviours. Lastly, evaluations need to consider sustained behaviour changes over time beyond the typical 6 to 12 months post-interventions that most studies have done so far.

There are a couple of important lessons learned for promoting gender equality to achieve SRH. First, there is an emerging consensus that it is no longer enough to work only with girls or only with boys. The literature on gender equality has been polarized by a focus on a women and girls only approach versus an argument for an approach focusing on boys and men (11, 18). Research shows that success is more likely where interventions have worked with both boys and girls and men and women in a synergistic or synchronized manner. While there has been considerable emphasis on challenging dominant masculinities, there is an equally critical need to challenge "passive femininities" or norms that perpetuate female subordination and have devastating impacts on girls' self-esteem, body image and their ability to assert themselves in their relationships. Lastly, challenging harmful gender norms (both masculine and feminine) and unequal power between women and men and boys and girls, requires going beyond efforts at the individual level (i.e. working with girls or boys) to challenging gender inequalities at the structural level. Specifically, this requires implementing strategies with whole communities (e.g. community and religious leaders, parents, family members, peers) and institutions (e.g. schools, sports, media, religious, health, law enforcement, justice, political) to support and sustain widespread societal changes in harmful gender norms and in discriminatory practices in order to create an enabling environment for adolescent SRHR.

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