

# RESEARCH



★ **fACTS** and

# FINDINGS

A collaboration of Cornell University, University of Rochester, and New York State Center for School Safety

*Gender & Sexual Health  
Part Three*

## Can Gender Norms Change?

by Lori A. Roller, MSW, MPH

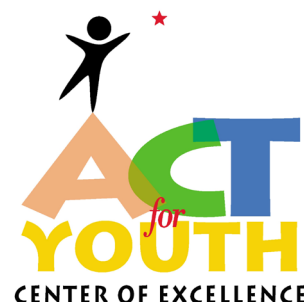
Rigid gender norms can have a harmful impact on well-being, particularly in the area of sexual and reproductive health. In this series on gender and health, we have examined the meaning of gender and gender equality (Part One) and explored how we are socialized to adopt gendered attitudes and behaviors (Part Two). In this article we will focus on the available evidence from the field of adolescent reproductive and sexual health (United States) on changing gender norms. For the full series, visit [www.actforyouth.net/gender](http://www.actforyouth.net/gender).

### Can gender norms change?

Yes! Gender norms can change as we age (Byrnes et al., 1999), over time within a society, and from culture to culture. For example, think about child rearing during your grandparents' generation. For them, it was usually up to mother to do almost all childcare. Today, it is quite common to see childcare responsibilities divided (although not necessarily equally) between both parents. Today, more women work outside the home, hold positions of power in business and government, and serve in active military duty compared to generations past. Because gender is a learned concept it can also be unlearned or learned differently.

### Can gender norms be changed through curriculum-based interventions?

While United States researchers have produced strong evidence demonstrating the link between inequitable, unhealthy gender norms and adolescent sexual



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risk-taking behavior, there have been few U.S.-based groups who have developed adolescent pregnancy and sexually transmitted infection (STI) prevention curricula that: a) include learning activities designed to affect gender norms, and b) have been rigorously evaluated. One excellent example of an HIV prevention curriculum that does address unhealthy gender norms among young women and has been rigorously evaluated is the SIHLE program (DiClemente et al., 1995).

## SIHLE

SIHLE (Sisters Informing, Healing, Living, and Empowering) is a curriculum-based intervention aimed at reducing HIV sexual risk behavior among sexually experienced African American girls ages 14-18. The curriculum consists of four 3-hour sessions (total of 12 hours) delivered by facilitators who are close in age to the participants (age 18-21), as well as an adult facilitator, in community settings. SIHLE is based on the theory of gender and power and social cognitive theory.

Compared to young women in the dose- and time-equivalent placebo-attention control group that focused on healthy nutrition, young women in SIHLE demonstrated a marked reduction in STI incidence, a 38% reduction in pregnancy, increased consistent condom use, greater sexual self-control, greater sexual communication, greater sexual assertiveness, and increased partners' adoption of norms supporting consistent condom use.

SIHLE was developed by a team at Emory University. For more information about SIHLE, contact Nikia Braxton at [nbraxto@emory.edu](mailto:nbraxto@emory.edu).

At the time of this writing, there are three other curricula that are being studied. These programs include Gender Matters, Wise Guys 2013, and Streetwise to Sexwise. Preliminary evaluation findings for these programs are promising. The adolescent reproductive health field is advised to follow these programs to see what evaluation findings emerge about their effects. More rigorous evaluation research examining if, and how, curriculum-based programs can change harmful gender norms is needed in the United States.

## Gender Matters

The Gender Matters program (also known as Gen.M) is a science-informed program that incorporates research on inequitable gender norms and attitudes and their relation to sexual risk taking behavior among adolescents (Levack et al., 2013). The intervention targets youth ages 14 to 16 (boys and girls) who are participating in the Travis County Summer Youth Employment Program in Austin, TX. The majority of participating youth reside in the 12 zip codes with the county's highest rates of teen pregnancy, placing them at high risk of becoming teenage parents themselves. The program is comprised of three components including: 1) a 20-hour curriculum, 2) an SMS text and Facebook campaign designed to reinforce key messages of the curriculum, and 3) youth-generated videos also designed to reinforce key messages of the curriculum. The program uses a gender transformative approach and is based on social cognitive theory, the theory of reasoned action, and fuzzy-trace theory.

Gender Matters was developed by EngenderHealth, and at the time of this writing is undergoing a randomized control trial with funding from the U.S. Office of Adolescent Health. For more information about Gender Matters, contact Project Director Andrew Levack at [alevack@engenderhealth.org](mailto:alevack@engenderhealth.org).



## Wise Guys 2013

Wise Guys 2013 is a science-informed, curriculum-based intervention designed for young men ages 13-15 in school-based settings in North Carolina (Children's Home Society of North Carolina, 2013). Previous editions of Wise Guys have been implemented throughout the United States. The curriculum is currently comprised of 14 45-minute sessions and four homework assignments designed to increase parent-child communication about gender, healthy relationships, and adolescent sexuality. It has recently undergone a revision to strengthen its theory of change and messages on healthy masculinity. Using a gender transformative approach, Wise Guys is based on social cognitive theory and the theory of reasoned action with the primary goals of preventing adolescent pregnancy and STIs. At this writing, the program is completing a pilot test and preparing for a randomized control trial with funding from a private foundation.

Wise Guys was developed by the Family Life Education Services Division of the Children's Home Society of North Carolina. For more information about Wise Guys, contact Project Director Rick Brown at [rbrown@chsnc.org](mailto:rbrown@chsnc.org).

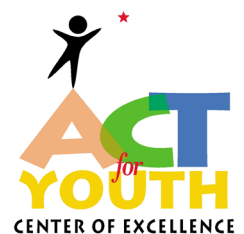
## Streetwise to Sexwise

The Streetwise to Sexwise curriculum was evaluated in a public middle school in the central coast region of California (Grose et al., 2013). The study was implemented with male and female eighth grade students (20-30 per class) by a female and male facilitator for 50 minutes a day for 10 days during the students' science period. The program had multiple goals: reducing teen pregnancy by delaying the initiation of sex; reducing the frequency of sex; increasing use of contraception; increasing students' feelings of self-worth and self-respect; improving perceptions of peer norms and behaviors about sex; building communication and dating skills so youth can make their own informed choices; and addressing assumptions and beliefs about gender and sexuality. The intersection of sexuality and gender norms is major focus of the curriculum, as well as teaching skills that help to bring greater gender equality to both sexes. While the research design did not include a comparison group and its study sample size was relatively small ( $n < 100$ ), findings indicate that gender attitudes changed toward more equitable views which were associated with safer sex behavior.

More information about this study can be obtained by contacting Rose Grace Grose at [rgrose@ucsc.edu](mailto:rgrose@ucsc.edu). More information about the Streetwise to Sexwise curriculum can be found at [www.sexedstore.com/service\\_item/streetwise-to-sex-wise](http://www.sexedstore.com/service_item/streetwise-to-sex-wise).

## What can we learn from our colleagues in the developing world?

The developing world has been much more active in examining the link between traditional, inequitable gender norms and sexual and reproductive health outcomes compared to the United States. Barker and colleagues (2007) summarized the evidence for programs addressing sexual and reproductive health through a gender lens in a report titled *Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Interventions*. The report reviews 58 interventions and concludes that programs using a gender transformative approach were



more effective at reaching positive health outcomes compared to programs that only raise awareness about gender.

## Developing gender transformative interventions

Readers who are thinking about developing a new curriculum that seeks to change gender norms, or who are thinking about adding a gender perspective to an existing curriculum, are advised to start with a logic model. Kirby and colleagues (2006) conducted a worldwide study examining the common characteristics of effective evidence-based sexuality education programs aimed at changing sexual risk taking behavior. Their study uncovered 17 characteristics common across effective programs, one of which was the development of a logic model to plan the development of the program. While each program used slightly different logic models, all the models did four things: 1) stated a clear health goal (e.g., decrease unintended pregnancy, decrease STIs), 2) selected sexual behaviors directly related to the health goal (e.g., delay sexual debut, increase condom use), 3) selected psychosocial determinants related to those behaviors (e.g. knowledge about STIs, skills to refuse unwanted sex), and 4) developed curriculum activities deliberately designed to change those determinants.

The partial theory of change logic models found in Figures 1 and 2 provide a starting place for developing a full logic model. It is important to note that human behavior is complex and there is no “magic” determinant that will change behavior on its own. Collectively, unhealthy gender norms, attitudes, and behaviors is one of multiple determinants that shape adolescent sexual behavior and is worth including in most adolescent reproductive and sexual health interventions.

**Gender transformative interventions** aim to accomplish three tasks:

- 1) raise awareness about unhealthy gender norms
- 2) question the costs of adhering to these norms
- 3) replace unhealthy, inequitable gender norms with redefined healthy ones

Further guidance on developing curriculum activities to change gender norms is available from ACT for Youth:

*PrACTice Matters: Gender Transformative Programing in Adolescent Reproductive and Sexual Health*

[www.actforyouth.net/gender](http://www.actforyouth.net/gender)

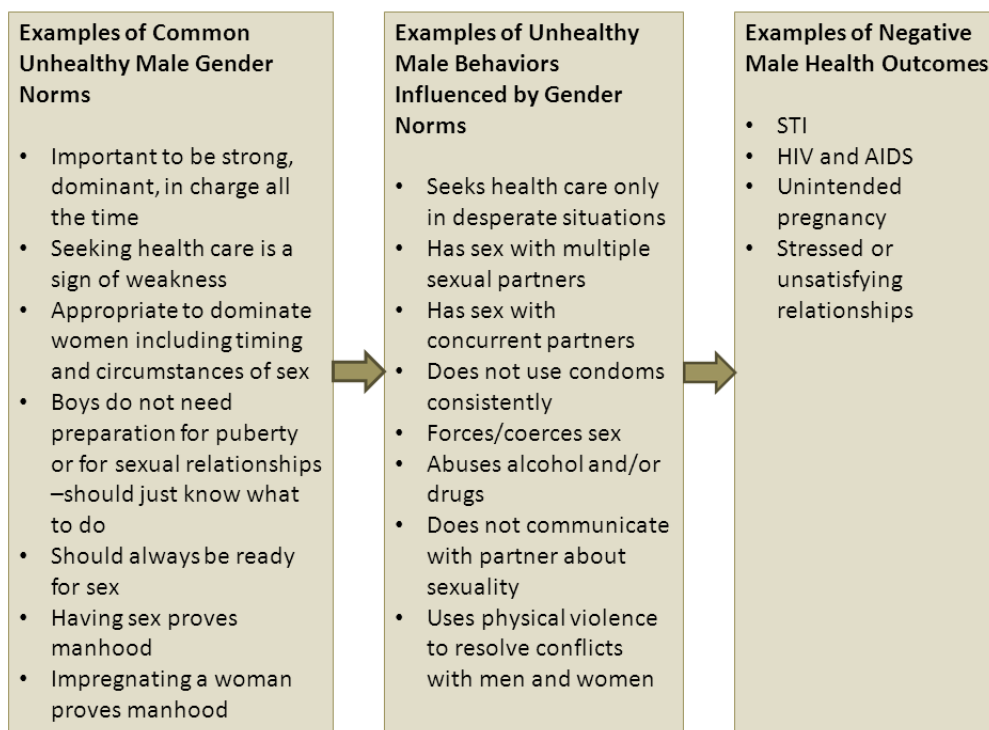
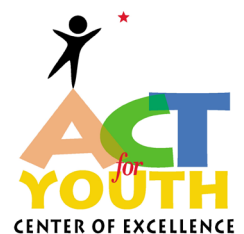


Figure 1:  
The Influence of Common Male Gender Norms on Sexual Behavior and Health Outcomes



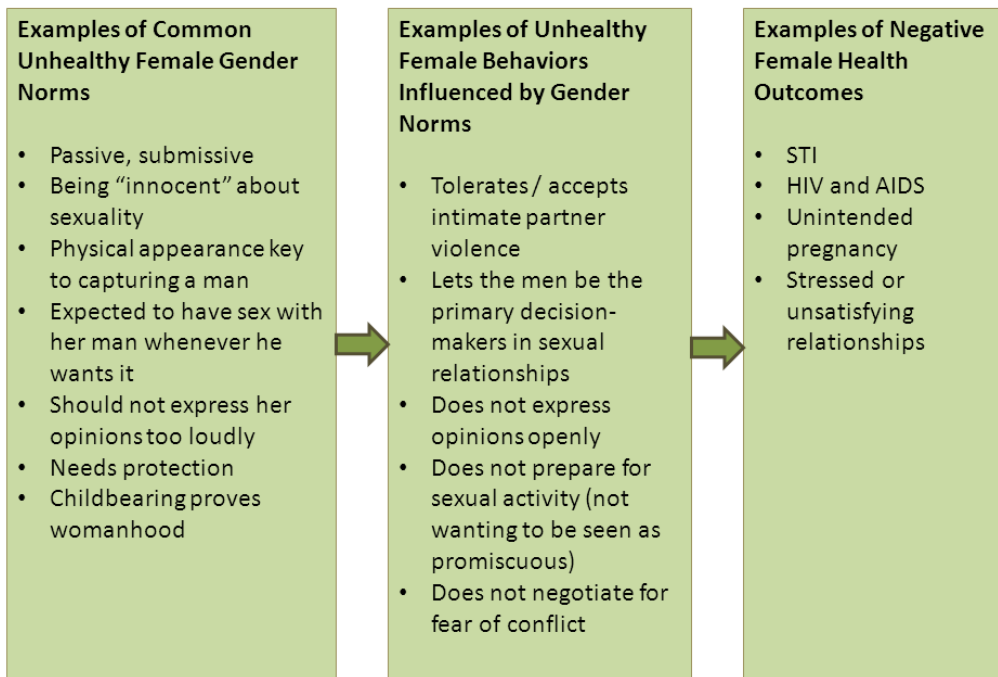


Figure 2:  
The Influence of Common Female Gender Norms on Sexual Behavior and Health Outcomes

## Conclusion

Changing unhealthy gender norms is one of the important keys to changing unhealthy sexual behaviors. Currently the field of adolescent reproductive and sexual health in the United States has few intervention studies that can demonstrate change of inequitable and unhealthy gender attitudes and norms. Program developers in the United States can learn more about changing gender norms from their international colleagues who have been addressing gender norms very deliberately in sexual and reproductive health programming for several decades. Internationally and in the U.S., the bank of studies is growing and provides encouraging evidence that gender norms can be changed through curriculum-based interventions. ★

### The *Gender and Sexual Health* series by Lori A. Rolleri

*Research fACTs and Findings: Understanding Gender and Gender Equality*

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*Research fACTs and Findings: Can Gender Norms Change?*

*PrACTice Matters: Gender Transformative Programing in Adolescent Reproductive and Sexual Health*

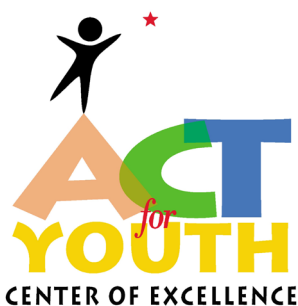
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This series is dedicated to the memory of Douglas B. Kirby, PhD.



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