

TECHNICAL BRIEF

# Gender-Transformative AYSRHR Approaches Across Life Stages

*Lessons from the Act With Her, Impacto, and YUVAA Projects*

NOVEMBER 2022



## SUMMARY

This brief highlights three Pathfinder-led gender-transformative projects that build on the models, learnings, and successes of earlier projects including [PRACHAR](#), [GREAT](#), and [Geração Biz](#), to address adolescent and youth sexual and reproductive health and rights (AYSRRH) across the life stages: [Act With Her](#), [Supporting Family Planning and Abortion Services \(Impacto\)](#), and [Youth Voices for Agency and Access \(YUVAA\)](#).

## INTRODUCTION

As children enter and progress through adolescence, gender norms shape and influence the trajectories of their lives. Gender-inequitable patterns established in infancy and early childhood, such as differential feeding or health-seeking behaviors and gendered toys or activities, are reinforced and internalized as adolescents come into their identities and begin to engage in sexual, economic, and other relational activity. For example, gender norms may prevent girls from speaking out against child, early, and forced marriage and unions (CEFMU); gender-based violence (GBV); and other practices that affect their health and lives. These same norms may put pressure on boys to exhibit masculinity by engaging in violence, sex with multiple partners, and other risky behaviors.

Peers, families, communities, and the institutional structures that surround adolescents can drive and reinforce inequitable gender norms and power dynamics, but they can also facilitate positive change. Without holistic attention to, and change in, gender attitudes and norms throughout the life stages of a young person, and in the structures and institutions that surround them, improved outcomes within the transition from childhood to adulthood are unlikely to be sustained. The life stage approach recognizes the importance of considering the unique needs of young people at each stage to foster the development of positive social and gender norms, build appropriate linkages to community programs, and increase access to health services. For example, very young adolescents (VYAs) and young married couples have very different needs. Tailored interventions are a valuable strategy to address these needs and accelerate progress toward achieving health

and life goals. SRHR programs that support young people in critical periods of their lives have demonstrated success in improving their health, educational, and life outcomes.

Because it is a social construct, concepts of **gender** vary by context and evolve with time.<sup>1</sup> As these concepts evolve, so can the opportunity for girls and women to thrive. For many, adolescence is a time during which lifelong patterns of thought and behavior are established. Therefore, the life stages of youth are crucial periods during which interventions can prevent the perpetuation of gender inequality.<sup>2</sup> **Gender-transformative** programs provide the space for communities to reflect on and begin to better understand how gender norms influence adolescent trajectories. Those who work to improve the lives of girls recognize that, regardless of context, failure to work with those who influence the lives of girls severely limits opportunities for meaningful, sustainable improvements in girls' lives. Achieving gender equality and the improved health and development outcomes it will yield requires not just one approach to reach one segment of the population but a multitude of layered, mutually reinforcing, **gender-synchronized**, inclusive approaches to reach young people across life stages and to reach those who influence their decisions and lives.

<sup>1</sup> "Gender and Health." Geneva, Switzerland: World Health Organization. Accessed January 3, 2022. [https://www.who.int/health-topics/gender#tab=tab\\_1](https://www.who.int/health-topics/gender#tab=tab_1).

<sup>2</sup> Levy, Jessica K, Gary L Darmstadt, Caitlin Ashby, Mary Quandt, Erika Halsey, Aishwarya Nagar, and Margaret E Greene. "Characteristics of Successful Programmes Targeting Gender Inequality and Restrictive Gender Norms for the Health and Wellbeing of Children, Adolescents, and Young Adults: A Systematic Review." *The Lancet Global Health* 8, no. 2 (February 2020): e225–36. [https://doi.org/10.1016/S2214-109X\(19\)30495-4](https://doi.org/10.1016/S2214-109X(19)30495-4).

**Pathfinder defines gender as the roles, responsibilities, characteristics, and behaviors that a given society associates with our identities as women, girls, men, boys, or non-binary people.** Gender is socially and culturally constructed, so our understandings of gender differ across contexts and over time. Gender influences what is expected of us, the power we have in society, how we relate to others, and the norms to which we are expected to conform. Gender is not the same as sex classification assigned at birth.

**Gender-transformative programs** aim to deliberately and directly challenge and shift gender relations and norms to promote equality by doing the following:

- Facilitating critical examination of gender inequalities, norms, roles, and dynamics;
- Acknowledging and strengthening equitable norms;
- Elevating the relative position of women, girls, and marginalized groups; and
- Transforming the social structures, policies, and norms that perpetuate gender inequality.

Effective gender-transformative programs often engage various sectors and stakeholders at different levels of the social ecological model; diversify programming with activities and perspectives that reinforce each other; and foster critical awareness and participation among affected community members.<sup>3</sup>

**Gender-synchronized programs** are gender-transformative and work with young people and adults of all genders in an intentional and mutually reinforcing way that challenges gender norms, catalyzes the achievement of gender equality, and improves health.<sup>4</sup>

<sup>3</sup> Bartel, Doris, Francesca Alvarez, and Stephanie Perlson. "Lessons Learned in Gender Transformative Health Programming: A Rapid Literature Review." Washington, DC, USA: Population Reference Bureau, August 2022. Levy, Jessica K, Gary L Darmstadt, Caitlin Ashby, Mary Quandt, Erika Halsey, Aishwarya Nagar, and Margaret E Greene. "Characteristics of Successful Programmes Targeting Gender Inequality and Restrictive Gender Norms for the Health and Wellbeing of Children, Adolescents, and Young Adults: A Systematic Review." *The Lancet Global Health* 8, no. 2 (February 2020): e225–36.

<sup>4</sup> Greene, Margaret E, and Andrew Levack. "Synchronizing Gender Strategies: A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations." Interagency Gender Working Group, 2010.



Photo credit: Pathfinder International Ethiopia. Village savings and loan association committee members meet in Amhara.

# ACT WITH HER

## ACT WITH HER

With funding from the Bill & Melinda Gates Foundation and the Elsa & Peter Soderberg Charitable Foundation, *Act With Her* (AWH) supports both very young and older adolescent girls and boys in Ethiopia and Jordan in a “safe spaces” program designed to provide them with the diverse range of knowledge, life skills, and networks of peers and adult allies that they need to thrive. AHW’s gender-transformative activities include the following:

- Connecting adolescent girls and boys in age-segmented programming (ages 10 to 14 and 15 to 19) led by trained young adult mentors who host a series of group meetings to enhance their knowledge and life skills and intentionally reflect on the ways gender norms affect their lives; and
- Engaging gatekeepers and influencers, such as parents, caregivers, community leaders, and key stakeholders, to devise locally generated solutions for challenging, rigid gender beliefs and norms through reflection, problem-solving, and dialogue.

In Ethiopia, the AWH team routinely collected “Most Significant Change” stories from participants across each region. Girls reported greater communication skills and confidence to set goals, express themselves at home and in school, advocate for their safety and wellbeing, and engage in healthy friendships. Girls also reported better awareness of menstrual hygiene management, other good hygiene and nutrition practices, and financial savings and management, leading to better health and ability to engage in school and other activities. Boys described greater awareness of the importance of good nutrition and saving money, and a commitment to sharing the burden of household chores.

Ongoing research across 11 countries shows that gender beliefs and norms are solidified before age 14. Reaching boys with gender-synchronized programming is critical to inspire them to grow into men who live by gender-equitable principles. AHW’s gender-synchronized design underscores the reality that addressing girls’ and women’s issues is everyone’s responsibility. After a short

## 2017 - 2023

### Context

- Amhara, Oromia, SNNP, and Afar regions in Ethiopia
- Amman and five other governorates in Jordan

### Goal

To lay the foundations, through multi-sector collaboration, that girls need to thrive during the transition to adulthood

### Populations of focus

- VYA girls and boys ages 10 to 14
- Older adolescent girls and boys ages 15 to 19

### For more information

See Pathfinder’s series of [AWH Learning Snapshots](#)

time, dozens of boys across different regions reported not only getting the marriages of their adolescent sisters and neighbors canceled, but also committing to marrying girls older than 18 later in their own life. In addition to their roles as allies, Pathfinder recognizes that boys face their own gendered challenges, such as substance abuse and violence. AWH revised its project curriculum to include modules on these topics.



Photo credit: Pathfinder International Ethiopia. Mentors facilitate a session in SNNPR.



## IMPACTO

The Global Affairs Canada-funded [Supporting Family Planning and Abortion Access \(Impacto\)](#) project supports adolescent girls and young women (AGYW) in Mozambique to make SRHR decisions, foster girls’ and women’s bodily autonomy and integrity, and improve access to rights-based, gender-sensitive SRHR services. Impacto’s gender-transformative approaches include the following:

- Training primary school teachers to mentor girls and boys ages 10 to 14 on gender equality and health;
- Conducting small-group discussions with adolescent girls in secondary schools and girls out of school, and facilitating interactive games with boy peers to reflect and debate on adolescent changes, goals and aspirations, bodily integrity, and gender disparities;
- Building AGYWs’ skills, voice, and agency in civic engagement and supporting their active participation in local, district, and provincial decision making;
- Facilitating dialogues and community accountability practices with local leaders and other influential community members that analyze harmful gender norms and practices and their ill effects on AGYW;
- Holding small-group sessions with men, usually fathers or partners of AGYW, to sensitize them to the importance of contraception; shared decision making; girls’ education; and prevention of early pregnancy, early marriage, and GBV; and
- Hosting community debates with men and women caregivers on gender equality, GBV, and AYSRHR.

In its 2021 midline survey of young women (YW) ages 18 to 24 and men ages 18 and over, Impacto used the Gender Equitable Men (GEM) scale to measure programmatic impact on gender norms and beliefs among both YW and men compared to the 2019 baseline. The results



Photo credit: Pathfinder International in Mozambique, 2022

## Supporting Family Planning and Abortion Services

### 2018 - 2024

### Context

Nine districts in Tete and Manica provinces in Mozambique

### Goal

To improve gender equality in selected districts of Mozambique such that AGYW can exercise their rights to bodily integrity and SRHR

### Populations of focus

Adolescent girls ages 10 to 19 and adolescent boys and men ages 15 and up

### For more information

See the brief [Advancing Gender Equity Through the Supporting Family Planning and Abortion \(Impacto\) Project in Mozambique](#).

were promising. The percent of YW who had high equity—or positive attitudes toward equitable gender norms—jumped from 17% at baseline to 60% at midline, while the percent of men with high equity rose from 33% to 43%. The percent of men who believe it is a man’s right to have sex with his wife even if she refuses dropped from 39.5% to 16.5%. The percent of YW who agree it is safe for nulliparous YW to use contraception rose from 25% to 49%, and the percent of men who agreed rose from 40% to 48%. The percent of YW using a modern contraceptive method grew from 40% to 56%.

# YUVAa

Youth Voices for Agency and Access

## YUVAa

Funded by the Bill & Melinda Gates Foundation, YUVAa works with women, men, and their influencers to promote agency among young women; gender-equitable relationships among young married couples (YMCs); awareness, reflection, and dialogue on gender roles; and favorable shifts in perceived gender norms around healthy timing and spacing of pregnancy (HTSP) and contraception at individual, couple, family, and community levels. YUVAa employed segmentation<sup>5</sup> research to elicit deep insights into attitudes and behaviors that influence couples' family planning (FP) choices. The findings informed innovative physical and digital interventions and content, including behavior-modeling films, interactive games, and group-counseling sessions supported by interactive voice-response-based radio, SMS, and WhatsApp, to encourage positive behavior change. YUVAa's gender-transformative approaches include the following

- Training young couple entrepreneurs, or YUVAaKars, to engage young women and men in FP—providing information, counseling, referrals, and contraceptive options—and creating digital and physical opportunities for dialogue and reflection



Photo credit: Pathfinder International in India. A YUVAaKars uses digital tools for group family planning counseling.

## 2018 - 2023

### Context

10 districts of Bihar and Maharashtra states in India

### Goal

To improve access to contraceptive choices and positively shift gender and social norms by delivering customized FP messages to YMCs using social entrepreneurship and innovative communication approaches

### Populations of focus

YMCs and first-time parents ages 15 to 24

### For more information

visit the YUVAa microsite at <https://safalcouple.org/>.

among YMCs and their influencers to critically examine and challenge prevalent, entrenched beliefs impeding healthy FP practices; and

- Promoting dialogue among men about the negative impacts of rigid gender roles and how to actively address gender inequalities and be a supportive partner to increase use of modern contraception, HTSP, and healthier family size.

In a mid-project assessment, the YUVAa team interviewed 35 YUVAaKars and accredited social health activists (ASHAs) and found that, while building trust, interacting with family members, and incorporating men into the program remains challenging, YUVAaKars are motivated by their interaction with YMCs and the social recognition they receive. Despite growing acceptance of spacing pregnancies, social norms prevent most newly married couples from considering delaying children. They also remain a barrier to couples' communication; men still lead most conversations about contraception. ASHAs are a key source of support for women who decide to use contraceptives without the knowledge or approval of their husbands. YUVAaKars are a source of support to couples who wish to convince their families to accept contraceptive use.

<sup>5</sup> The division of a larger population into sub-groups, or segments, based on a shared characteristic, such as shared needs, common interests, similar lifestyles, or even similar demographic profiles.

## An Early Example: Reaching Married Adolescents in Niger

Through the **Reaching Married Adolescents (RMA, 2016-2018) program in Niger** (where girls experience the highest rate of adolescent fertility in the world), Pathfinder and its partners deliberately included husbands in tested interventions to increase uptake of FP among married adolescent girls. This gender-synchronized approach also engaged women and men to challenge gender norms and explore and adopt gender-equitable attitudes, particularly related to women's and girls' autonomy and SRHR decision making.<sup>6</sup>



Photo credit: Adama Ali Zourkaleini for Pathfinder International, Niger, 2018. RMA participant Hassana Yaou and her husband have a healthy baby and use contraception.

The evidence from the cluster randomized control trial showed that among male participants, exposure to four or more household visits contributed to an 8% increase in use of contraception among their adolescent wives. A 2022 paper evaluating the sustained impact of RMA on modern and long-acting reversible contraceptive (LARC) use followed married adolescent girls and their husbands over three years.<sup>7</sup> Couples' participation in small-group discussions or a combination of small-group discussions and home visits led to statistically significant increases in the odds of using modern contraceptives at endline compared to the control group. Home visits and the combination led to statistically significant increases in the odds of using LARCs at endline compared to the control group.

<sup>6</sup> Challa, Sneha, Stephanie M. DeLong, Nicole Carter, Nicole Johns, Holly Shakya, Sabrina C. Boyce, Ricardo Vera-Monroy, et al. "Protocol for Cluster Randomized Evaluation of Reaching Married Adolescents - a Gender-Synchronized Intervention to Increase Modern Contraceptive Use among Married Adolescent Girls and Young Women and Their Husbands in Niger." *Reproductive Health* 16, no. 1 (December 2019): 180. <https://doi.org/10.1186/s12978-019-0841-3>.

<sup>7</sup> Erhardt-Ohren, Blake, Mohamad Brooks, Sani Aliou, Akim Assani Ossen, Alhassane Oumarou, Sneha Challa, Shweta Tomar, Nicole Johns, and Jay Silverman. "Sustained Impact of Community-based Interventions on Contraceptive Use among Married Adolescent Girls in Rural Niger: Results from a Cluster Randomized Controlled Trial." *International Journal of Gynecology & Obstetrics*, August 11, 2022, ijgo.14378.

## Lessons and Recommendations for Effective Gender-Transformative AYSRHR Programming by Life Stage

Given the diversity among adolescents and youth, there are no one size fits all approaches, even within a given life stage. This is particularly true for gender-transformative programming, which must be context- and audience-responsive. While we begin with recommendations that apply across all life stages, we follow with a set of recommendations specific to three life stages: very young adolescence, older adolescence, and marriage in adolescence and youth.

### OVERARCHING RECOMMENDATIONS

- **Robust investment in community-based engagement with parents, influencers, and gatekeepers is necessary to gain access to VYAs and married AGYW and to sustain gender transformation.** Family and social networks can both hinder and facilitate shifting inequitable cultural norms and social stigma, particularly for VYAs. In both Ethiopia and Jordan, AWH hosts group sessions for parents and solicits their feedback for improvement. In Mozambique, Impacto engages community leaders as champions to promote the engagement of men and women—particularly those likely to reinforce barriers to meaningful change. The sooner programs engage with and get buy-in from communities, the more likely they are to accept and support AYSRHR, including VYA programming.
- **The duration of a project is critical to its ability to make and sustain social and gender norm change.** Projects implemented over seven years or longer allow for stronger monitoring with collection of baseline, midline, and endline data. They also allow the time needed to see norm shifts, which do not happen quickly. It is difficult to see visible social and gender-norm change over a three-year project, let alone sustain or scale it.
- **Invest in tools to measure shifts in gender norms throughout a program, and adapt programs based on findings.** Using tailored gender indicators or scales, such as the GEM scale, to measure change helps programs respond to the real needs of adolescents, ensure no harm is done, and advocate with donors and stakeholders to focus more resources to impactful gender-transformative AYSRHR approaches.

### Very Young Adolescents

- **Intentionally, constructively, and equitably including boys in girl-centered programming is integral to positive youth development and gender-norm transformation.** Programs that don't equitably engage boys can draw concern from community leaders, families, and boys. Evidence and program learning show that using robust, gender-synchronized approaches to engage adolescents in both separate and mixed-sex groups yields the best results.
- **Support gender-equitable norm formation at an early age using narrative and multiple reinforcing channels, such as mass media, games, interpersonal communication, and group reflection and dialogue.**

Frame gender norms and inequalities and their related manifestations (e.g., GBV, harmful traditional practices) in an age- and context- appropriate, accessible manner. Engaging VYAs helps break cycles of harmful norms before they are deeply ingrained and can reduce the stigma of talking about SRHR.

- **Puberty education, including menstrual hygiene management, can be an entry point and anchor for mutually reinforcing SRHR and gender-transformative objectives.** Pathfinder programs such as PRACHAR and, more recently, AWH, used puberty education as a foray into talking about broader SRH issues with VYAs in culturally conservative environments where discussions of contraception and sexual health would not be accepted.

### Older Adolescents

- **Training girls in civic engagement and public speaking strengthens girls' knowledge of their rights and recognition of the value of their own convictions.** Impacto found that after girls participated in these types of trainings, many became more active participants in co-management committees and meetings with community leaders—and their voices were increasingly taken into consideration by the adults in the room.
- **Harness the power of positive role models—peer mentors, community champions, trained facilitators, and other professionals—using community-based educational and outreach approaches.** Evidence indicates that peer mentors make healthier decisions than the general youth population. Peer and near-peer mentors are also effective in helping others make healthier choices by providing information, challenging harmful social norms, confronting unhealthy behavior, and making referrals. Community champions, because of their own healthy choices and willingness to talk about and model them with others, help create positive social norms and the foundation of an enabling environment. Findings from AWH have shown that serving in the mentor role (by leading VYA group discussions) develops confidence, skills, and leadership capacity for the near-peer mentor in addition to the participants. Mentors gain visibility, engagement, respect, and credibility, improving their access to economic, livelihood, social, or leadership opportunities.
- **Advancing adolescent girls' rights to bodily autonomy and consent is crucial to advancing gender equality and SRHR.** Globally, most adolescent girls lack basic ownership over their bodies, including the power to decide whether to have sex, live free from GBV, and make informed SRH decisions. Program investments made to shift rigid gender norms must go beyond awareness-raising to action, including unpacking and codifying rights around consent and bodily integrity in policies and actions and across the socio-ecological model to engage parents, health providers, community leaders/influencers, and AGYW.

### Married and in-Union Adolescents and Youth

- **Because the status of AGYW changes immediately upon marriage, focused investments are needed to ensure that married AGYW can exercise agency and decision making.** In many contexts, marriage erodes girls' agency and civic participation. Household responsibilities and limitations on mobility keep them at home and away from supportive social networks or access to health information and services. Decisions about contraceptive use and childbearing are rarely their own. Programs must ensure that once AGYW are married, they continue to be reached, engaged, and heard.
- **Creativity and diligence are needed to engage men in couple-focused SRHR programming.**<sup>8</sup> Male migration, scheduling conflicts, the perception of FP as a women's issue, restrictive gender norms, and lack of trust in program implementers, can pose barriers to meaningful engagement of men as partners. In communities where men and boys commonly migrate for work, YUVAA mapped households with migrants to collect information about return patterns and timing to plan and develop strategies to engage men as partners during key periods of return, such as festivals and celebrations. Digital platforms to continue engagement can be effective but must accommodate changing mobile numbers.
- **Work with social networks and family members to address their concerns related to gender norms and expectations of YMCs.** In settings like India, where YUVAA operates, the social standing of a couple and their family is conditional on the timely arrival of their first child. Therefore, it is often easier to promote HTSP than it is to promote delaying the first pregnancy. Spacing children for financial or health reasons is increasingly acceptable. Community health workers and social entrepreneurs can engage families and share success stories of couples making informed choices for HTSP in the best way for them. Because fears of infertility and other side effects pose barriers to contraceptive use, it is crucial for programs to address these concerns among YMCs and their influencers.

<sup>8</sup> Ramirez-Ferrero, Eric, Connie Lee, and Ginette Hounkanrin. "Couple-Focused Interventions: A Theory of Change." Washington, DC, USA: Evidence to Action Project, March 2021. <https://www.pathfinder.org/publications/couple-focused-interventions-a-theory-of-change/>.

**Contributors:**

Estrella Alcalde  
Cecelia Angelone  
Courtney Boudreau  
Dr. Mohamad Brooks  
Jodi DiProfio  
Elizabeth Futrell  
Kendra Hebert  
Connie Lee  
Manish Mitra  
Tricia Petruney  
Marta Pirzadeh  
Rachel Rifkin  
Dr. Luc Van der Veken

**Suggested citation:**

“Gender-Transformative AYSRH Approaches Across Life Stages  
Lessons from the Act With Her, Impacto, and YUVAA Projects.”  
Watertown, MA, USA: Pathfinder International, 2022.

**Pathfinder International**

9 Galen Street  
Watertown, MA 02472, USA  
+1 617 924 7200

**Cover photo credit:**

*Tricia Petruney, 2020. Pathfinder Act With Her staff, school staff, and health extension workers stand in the entryway to the new menstrual hygiene management (MHM) building of the Yewiha Midir Primary School, created by local teams after attending an MHM orientation from Act With Her and UNICEF.*

This publication is based in part on research funded by the Bill & Melinda Gates Foundation. The findings and conclusions contained within are those of the authors and do not necessarily reflect positions or policies of the Bill & Melinda Gates Foundation

*The contents of this publication are solely the responsibility of Pathfinder International.*

9 Galen St, Watertown, MA 02472, USA | +1 617 924 7200  
email: [technical@pathfinder.org](mailto:technical@pathfinder.org)

[pathfinder.org](http://pathfinder.org) | [@pathfinderInt](https://twitter.com/pathfinderInt): [f](https://www.facebook.com/pathfinder.org) [i](https://www.instagram.com/pathfinder.org)

**PATHFINDER**

**PATHFINDER**

**ACT  
WITH  
HER**



**Yuvaa**  
Youth Voices for Agency  
and Access