Gender Norms: A Key to Improving Life Outcomes in At-Risk Populations

An Overview Report

NATIONAL COUNCIL on GENDER
Research
Almost three decades of domestic and international research has found that rigid norms of femininity and masculinity can depress women’s and men’s health and well-being in very fundamental ways.

A Gateway
Traditional codes of femininity or masculinity are often referred to as “gateway belief systems” because they can impact inter-related aspects of health and well-being. For instance, belief in narrow, rigid codes of masculinity is not only connected to reproductive health and HIV/AIDS vulnerability\(^3,4\), but is also related to increased Intimate Partner Violence\(^3,7\), increased male-on-male and homophobic violence\(^8-10\), and poorer basic health outcomes.\(^3,15\)

Masculinity
Studies show that men who internalized traditional ideals of masculinity (as defined by attributes like strength, dominance aggression and sexual prowess) [footnotes]:

- Have earlier sex and more partners\(^3,5,16\);
- Are more likely to belief that sex is adversarial\(^4,5,17\);
- Are more likely to believe that pregnancy validates manhood\(^4,5,18\);
- Are less likely to use condoms\(^3,4,6,16\);
- Are more likely to believe in female responsibility to prevent conception\(^4,5,19\);
- Are more likely to believe that female insubordination justifies violence\(^3,7,17\);
- Are more likely to engage in partner abuse or sexual coercion\(^3,17\);
- More likely to equate illness with weakness, and postpone seeking medical advice until their bodies are in crisis\(^3,20\); and,
- Are more likely to avoid being tested for HIV\(^3,20\); and,
- Are more likely to engage in male-on-male or homophobic violence\(^8-10\).
Femininity

Studies show that women who internalize traditional feminine attributes of dependence, submission, and vulnerability, and believe that real women are thin, beautiful, and incomplete without a male and/or a baby:

- Are less likely to carry condoms \(^{21-25}\);
- Are less likely to have sexual knowledge \(^{22, 26, 27}\);
- Are less likely to be able to or know how to negotiate condom use \(^{21, 22, 25, 28, 29}\);
- Are more likely to develop eating disorders \(^{30, 31}\);
- Are more likely to objectify their bodies and lose touch with their own sexual needs \(^{26, 30, 31}\);
- Are more likely to have early and/or unplanned pregnancies \(^{21, 26, 27}\);
- Are more likely to engage in unwanted sexual practices to please a male partner \(^{17, 21-23, 31}\);
- Are more likely to tolerate male infidelity or Intimate Partner Violence (IPV) in order to keep and hold a male partner \(^{17, 23, 31}\).

MSM

Effects like these are not limited to heterosexuals. For instance, young gay men internalize many of the same masculine norms, and may strive all the harder to emulate them. For instance, studies show that narrow codes of masculinity among young men who sleep with men (MSM) are tied to down-low behavior, avoiding HIV testing, “bare-backing,” promiscuity, and eschewing safer behaviors during sex like caressing and touching that do not prioritize penetration but do involve emotional vulnerability. \(^{8, 33, 34}\)

Youth

Young people during the “gender intensification” years from late adolescence to early teens—when interest in traditional gender norms intensifies and accelerates and belief in them solidifies—are particularly vulnerable to internalizing harmful norms about masculinity and femininity. \(^{18, 31, 35}\)

At-Risk

The impact of gender norms can be exacerbated in under-resourced and disinvested communities, where codes of manhood and womanhood are apt to be particularly narrow, opportunities for constructively displaying public masculinity or femininity few, and penalties for transgressing gender norms additionally harsh. \(^{23, 36, 37}\)
Better Outcomes

In fact, integrating a strong, specific focus on challenging harmful gender norms appears to be a key factor in improving violence prevention and reproductive health outcomes among at-risk populations. 3, 4, 16, 21, 37-40

For instance, the “So What” report from the World Health Organization (WHO) found in considering 25 programs, that gender transformative reproductive health programs showed improved outcomes, decreased partner violence, and increased gender equity. 41 “What Men have to Do With It” from the International Center for Research on Women (ICRW) and Promundo found that interventions which challenged masculine norms were more likely to change harmful attitudes and behaviors. 42 In assessing 58 programs, the “Engaging Men & Boys” report from WHO and Promundo also found that gender transformative interventions which challenge gender norms produce greater improvement in behavior and attitudes. 43

This is why international agencies like UNAIDS, WHO, UNFPA and PEPFAR have already adopted gender transformative initiatives that increase gender equity and improve life outcomes.

For instance:

- USAID now requires all new programs to have a strong gender analysis, and maintains a website (www.IGWG.org) specifically to promote gender equitable approaches to health outcomes.
- PEPFAR now includes addressing male norms as one of its five key areas to address the gender inequalities that area fueling the HIV epidemic.
- WHO and IGWG have compiled reports documenting the evidence of increased effectiveness of interventions with gender focus. 41

Prominent NGOs like EngenderHealth, International Council for Research on Women, International Planned Parenthood, MenEngage, and Population Council have created their own programs which demonstrate the increased effectiveness of gender transformative approaches.

US Lags Behind

Yet the US still lags behind. In 1995 Hortensia Amaro, a leading expert on young people of color, noted that cultural gender norms influence, if not define, young people’s behavior in sexual relationships, Noting that the US still pursues improved reproductive health outcomes and gender equity for at-risk youth “in a gender vacuum,” she adds that “astounding as it may seem, the central role…of gender roles has been largely ignored.” Although her paper has been cited over 700 times, this statement remain true today. 4
**Disconnect**

Policies and programs in the US have a huge and growing disconnect between research and actual practice. For instance, none of the dozens of Evidence-Based Programs certified for reproductive health has a strong, specific focus on gender norms, and none of their oft-cited “Characteristics of Effective Programs” specifically mentions feminine or masculine norms.

Moreover, important national policy documents preventing teen pregnancy fail to mention the words “masculinity” or “femininity,” except in footnotes. By ignoring gender norms and inequities, such policies and programs miss critical opportunities to be more effective and sustainable.

**Coming Change**

But that is all starting to change. Gender transformative approaches are beginning to gain wider domestic acceptance. For instance, there are a small number of programmatic initiatives which integrate a strong focus on gender roles and norms. Although they are not always described as such, the number continues to grow. 37, 38

There is also new interest among policy-makers as well. For instance, in the last year the White House Office of National AIDS Policy, the Domestic Policy Council, and the Centers for Disease Control all requested and/or received briefings gender transformative work, and the Office on Women’s Health at the Department of Health and Human Services is releasing its first Gender Toolkit.

**National Council**

Recognizing the vital opportunity, 47 researchers, funders, policymakers and organizations have come together in a National Council on Gender to promote gender transformative approaches to improving life outcomes, especially in at-risk communities. This paper is one of the first products of that Council, and more are to follow. For more information, or to join, please visit us at [www.gendercouncil.org](http://www.gendercouncil.org)

The research shows that addressing gender norms is the key to improving reproductive health outcomes for young women and men. The National Council on Gender is dedicated to building the attention, understanding and support necessary to bring gender transformative approaches to life in the US.

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“Gender norms are integral to individual’s vulnerability to infection, ability to access treatment and cope with infection.” 1

“Boys Will Be Boys”

Saying that gender norms are socially constructed does not mean that most boys won’t want to be masculine. It means challenging whether being a real man means caring for your wife and children or getting many women pregnant, dominating your girlfriend (by force if necessary) or giving her an equal say in sexual decision-making.


33. Boykin, K. and E.L. Harris, Beyond the down low: Sex, lies, and denial in Black America2006: Da Capo Press.


42. What men have to do with it: Public policies to promote gender equality, 2010, Men and Gender Equality Policy Project.