

Chapter 4

Gender, sexual behaviour and vulnerability among young people

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Introduction

Gender – defined here as the socially constructed roles, identities and attributes of men and women – is recognised as a key issue for understanding the sexual behaviour and vulnerabilities of young people (Mensch *et al.*, 1998; WHO, 2000; UNFPA, 2005). Furthermore, it is increasingly acknowledged that gender needs to be taken into account when developing programmes in the area of sexual health (Boender *et al.*, 2004; Schueller *et al.*, 2005). However, gender is a complex concept, and this complexity is seldom taken into account during programme planning and implementation. Indeed, in most initiatives, gender is seen as an external factor, beyond the scope of direct intervention, or is acknowledged as an important cross-cutting issue, but is not addressed explicitly or directly.

In addition, discussions of gender have often focused exclusively on the challenges facing young women, too often ignoring the gender-specific vulnerabilities of men and boys. Although young women are generally more at risk of health and development problems, young men in most places suffer from higher morbidity and mortality rates, and are disproportionately perpetrators and victims of violence, with the exception of sexual violence (WHO, 2000). Furthermore, in the last decade, there has been a growing international consensus regarding the key role that men and boys play in empowering women and girls and achieving gender equality as reflected in a series of milestone meetings and documents, including the 1994 International Conference on Population and Development (UNFPA, 1994) and the 1995 Fourth World Conference on Women (UN, 1995).

In this chapter, we illustrate how gender represents a complex interplay of contextual and individual factors, which create advantages and disadvantages for both young women and young men in terms of sexuality and related health issues. We apply an ecological model to emphasise how gender norms, as they relate to sexual behaviour, are internalised by the individual through an interaction of factors including cognitive processes, relationships with family, peer groups, intimate partners, and access to and

quality of available social supports, services, and policies. Based on this discussion, we also highlight examples of how programmes can successfully operationalise strategies that address gender and identify some promising programme directions.

Gender and the construction of sexuality

Gender shapes attitudes and behaviours related to sexuality by the different norms and expectations it imparts on young women and young men. For young women, there continue to be strict socio-cultural norms in many settings regarding their sexuality, particularly relating to virginity before marriage and numbers of sexual partners (Weiss and Gupta, 1998). Puberty may bring marked attention to a young woman's ability to reproduce and, in some cultures, may signal a period of greater social exclusion, more attention to movements outside the home and more protection from boys (Mensch *et al.*, 1998). At the same time, between 10 and 60 per cent of women report having had premarital sex in surveys conducted in poorer countries around the world (Mensch *et al.*, 1998). Underlying these statistics are several contextual factors, including the influence of norms on the accurate reporting of female sexual activity, the extent of non-consensual relations, as well as an increased sexual assertiveness amongst young women in many settings.

Moreover, it is important to consider the role of rigid gender norms in reinforcing violence and impacting upon unsafe sexual behaviour. Often considered the most disturbing form of traditional gender roles and unequal power distribution, violence against women underlies a great part of women's vulnerability to sexual and reproductive health problems, including HIV infection (Heise *et al.*, 1999). Research from around the world has also shown that sexual initiation is involuntary for many girls (Jeejeebhoy and Bott, 2003). In a recent population-based survey in the Caribbean, nearly 50 per cent of young women (between the ages of 10 and 18 years) reported that their first sexual experience was 'forced' or 'somewhat forced' (UN Millennium Project, 2005). Furthermore, some research has found that sexual coercion is more common in settings where traditional gender roles of masculinity and dominance are more rigid (Heise, 1998).

Research also suggests that many young women have been socialised to accept male control of sexual decision-making (Jeejeebhoy and Bott, 2003). A study in South Africa found that young women identified their ideal relationship as one in which the male made the decisions, including the use of condoms and the timing of sex (Harrison *et al.*, 2001). Among 11- to 15-year-old school-going young people in Jamaica, 69 per cent of boys and 32 per cent of girls agreed with the statement that 'if you really love your [partner], you should have sex with them' and more than half (58 per cent) of boys and 30 per cent of girls said that if a boy 'spends a

lot of money on a girl' she should have sex with him (Eggleston and Hardee, 1999).

Although young men's sexual experiences are, in general, more self-determined than those of women, it is important to acknowledge the extent to which gender norms and social pressures influence how they act in intimate relationships. Boys or young men who display their emotions or who show interest in caring or domestic roles might be ridiculed by peers and others in the community as being 'sissies' or not 'real men'; in this way, societal expectation might restrict their ability to see themselves as caring, non-violent and responsible partners (UNFPA, 2000).

For many young men worldwide, sexual experience is frequently associated with initiation into a socially recognised manhood. In much of Africa, for example, there are explicit rites of passage where much attention is given to boys' needs to become sexually active and to prove they have achieved an adult version of manhood. This fosters a perception of sex as performance, specifically a means by which to demonstrate masculine prowess. Sexual experiences may be viewed among peers as displays of sexual competence or accomplishment, rather than acts of intimacy (Marsiglio, 1988; Nzioka, 2001). This pattern of sexual bravado as a means to peer acceptance often continues into manhood (Khan *et al.*, 1998).

Gender affects sexuality not just for heterosexual men and women, but also for same-sex or bi-sexually attracted men and women, and it is clearly linked to homophobia. For boys and young men in much of the world, homophobia is often part of gender socialisation and sexual roles. Often, boys are enjoined to act in certain ways, or risk being stigmatised by being labelled homosexual or gay (Rivers and Aggleton, 1999). For young men who are gay, or who have sex with men, this stigmatisation can lead them to practice their sexuality clandestinely and inhibit them from seeking out sexual health information and services, thus creating situations of extreme vulnerability to STIs and HIV. Furthermore, due to this stigmatisation, health services and regular sexual education programmes might not be welcoming to same-sex or bi-sexually attracted young men and young women or might not be prepared to deal with questions and concerns related to sexual diversity.

The complexities of gender: using an ecological model to discuss gender-specific vulnerabilities

An ecological framework can be used to map the dynamic interrelationships with family, peers, structural factors and wider socio-cultural norms that impact the behaviours, and vulnerability, of both young men and young women (Sallis and Owen, 2002). These interrelationships are commonly portrayed as multiple levels of factors that influence the development, attitudes and behaviours of the individual, who is represented at the centre. It

is important to note that there have been various descriptions and applications of ecological models (for example, Bronfenbrenner, 1979; McLeroy *et al.*, 1988). For the purpose of our discussion, we will use an ecological model that highlights how socio-cultural, structural, inter-personal and individual factors are relevant for understanding and addressing gender-specific vulnerabilities.

In the outer level of this ecological model is the macro-environment. This encompasses the larger culture, which, we would argue, permeates throughout all levels of the model and influences interactions between the individual and different contextual factors. Our discussion of the macro-environment here will focus on socio-cultural norms around gender. The next level in the model can be described as a grouping of community and structural factors that includes access to and quality of institutions such as schools, religious centres, health clinics and non-governmental organisations (NGOs). For our discussion of this level, we will highlight how socio-economic opportunities, access to and quality of health services, and policy help shape the gender-specific vulnerabilities of young women and young men in terms of sexuality and health.

In the level closest to the individual, or most direct level of influence, are family and peers. At the centre is the individual young woman and young man, whose development in relation to their gender-specific vulnerabilities is a confluence of dynamic interactions across the multiple levels of the model.

In this discussion, we will start with socio-cultural norms and move inwards toward the individual. However, the interactions of the different levels in the model are dynamic and multi-directional and, just as socio-cultural norms help to shape the attitudes and behaviours of young women and young men, so do these young people, in turn, help to construct socio-cultural norms. As articulated by Diffusion of Innovations (DOI) theory, it is a critical mass, or tipping point, of changes in the attitudes and behaviours of individuals that can catalyse a process of change in societal norms (Rogers, 1995; White *et al.*, 2003).

Socio-cultural norms

Gender is the set of social roles and symbolic meanings accorded to males and females. As a concept, gender helps us understand how social relations are hierarchical and asymmetrical, how they produce unequal power relations, and how they interact with other factors, such as age, religion, sexuality, race and social class. For example, not only do many aspects of the masculine identity frequently constrain young men and make them more vulnerable to certain high-risk situations, there are at times interactions with other variables that might prove even more constraining. For example, young bisexual or homosexual men may be subject to discrimination from

male peers, which can have a direct impact on their decision to seek information or support regarding HIV prevention. Similarly, a low-income young woman has a much lower chance of having access to proper medical and neonatal care than a financially well-to-do woman, thus increasing chances of morbidity or death to her and/or her newborn baby.

Numerous researchers have affirmed that gender norms are among the strongest underlying social factors that influence sexual behaviours, including violence against women (Gupta, 2000; Varga, 2003). The internalisation of gender norms happens through a process of socialisation with family, peer groups and communities in a dynamic, bidirectional interaction with the individual. This internalisation often defines how men and women treat each other in relationships and has substantial implications for the nature of sexual relations (Rivers and Aggleton, 1999; Varga, 2003). For example, boys are often raised to meet an ideal of masculinity characterised by being aggressive and competitive, and during 'adolescence' they often gain more autonomy and mobility to fulfil the masculine mandate of being successful providers and protectors. By contrast, ideals of femininity often dictate that women be sexually coy and passive with partners.

We would also like to clarify that although the emphasis of this chapter is the construction of gender norms as a key issue in the sexual behaviour and vulnerabilities of young people, we acknowledge that it is not the only issue that shapes young people's sexual behaviours and vulnerability – race, ethnicity and social class, among other factors, are also key influences. Moreover, gender norms are constructed and learned differently in different settings, and it is important that we keep in mind this cultural variability even as we discuss common tendencies in how norms shape the sexual vulnerability and health of young women and young men. Although prescribed norms in terms of gender roles and sexuality for women and for men seem to be nearly universal in some aspects, cultural differences would suggest that making universal conclusions about this body of research would be imprudent. To give just one example, young women have nearly equal sexual 'freedom' – that is, freedom to have sexual relations before marriage or outside stable unions – in some parts of the world and in some cultural groups, while there is a rigidity of separation of the sexes and enforcement of differences between males and females in other contexts (and of course major differences within these settings). What is fairly consistent in most developing country settings and many industrialised settings is the sex-specific segregation of boys and girls. Time-use studies in many settings find that boys spend more of their time outside the home, while girls are more likely to stay in or around the home – what some researchers have called a 'culture of the street', or external sphere for boys, and a 'culture of the bedroom' or the house for girls (Emler and Reicher, 1995; Mensch *et al.*, 1998).

Similarly, we must also keep in mind the variability of gender norms across history. As we have tried to emphasise, gender norms are complex and

dynamic across cultural and historical realities and, in contemporary times, there have been many notable transformations in gender roles, particularly for young women. For example, one of the most cited gains in the movement for gender-equity has been the increased participation of women in the labour force. In many urban, Western contexts (and some other contexts as well) there has been increased attention to expanding opportunities for young women, and even a loosely defined movement around ‘girl power’ and the new femininities associated with it. Indeed, there is evidence that girls and women are finding new voices and new spaces (in the world of sports, in positions of leadership, in universities, and in other settings) with implications (generally positive) for their sexual and reproductive health and opportunities. These changes provide examples of the dynamic nature of gender, and further highlight the need to avoid painting a picture of women and girls as merely powerless victims of male oppression or patriarchy.

Another point of complexity is the variability across individuals. As previously mentioned, gender is not an amorphous force, but rather an interaction of the many levels of the ecological model, such that individuals can reconstruct norms and can influence socio-cultural norms, even as they are shaped by them. It is also important to highlight that the ways by which individuals internalise gender norms are neither simple nor automatic; individuals are not empty vessels who are ‘filled up’ with external social norms. Gender role development consists of a dynamic process involving continuous construction and reconstruction of gender-related attitudes, values and behaviours.

Furthermore, ideas and attitudes about gender-related issues change over the course of the lifecycle, as well as across different life circumstances and different relationships. For example, girls and boys are raised and viewed differently from birth, but it is generally from puberty onward that the gender divide becomes more pronounced in terms of expectations, opportunities and behaviours (Mensch *et al.*, 1998; UNFPA, 2005). From a developmental perspective, ‘adolescence’ can be seen as a period in which gender role differentiation often intensifies, and attitudes, behaviours and hierarchies of power in intimate and sexual relationships are rehearsed (Mensch *et al.*, 1998; Barker *et al.*, 2004). Again, while these are common patterns, individuals vary widely, change over time (in ways that may follow normative patterns but may also defy them) and bring, as we will describe below, a tremendous degree of subjectivity to the extent to which they may adhere to extant gender norms.

Structural factors

Among the various structural and community factors that have important implications for gender-specific vulnerabilities, there has been most discussion about access to and/or lack of socio-economic opportunities, health services, and social policies.

For young people, economic disempowerment has important implications for their sexual behaviour. For example, an ethnographic study in an Eastern Cape township in South Africa suggested that the lack of economic and recreational opportunities for youth led to sexual relations being used as a means of gaining respect and social status (Wood and Jewkes, 2001). It is also important to note that, while poverty has a negative influence on the health and behaviour of all young people, its impact is greater on young women who, in general, have less access to information and less negotiating power to influence decisions, including protecting themselves from HIV. Research has shown that the economic vulnerability of women makes it more likely that they will exchange sex for money or favours, less likely that they will succeed in negotiating protection, less likely that they will leave a relationship that they perceive to be risky, and less likely that they will be able to access formal support services (Heise and Elias, 1995; Weiss and Gupta, 1998).

In turn, for low-income young men who often lack other means of affirming their identity, being without work and income is not merely a question of poverty, unemployment, or underemployment, but it can also be an affront to their very sense of self. Work is how they define who they are in their social settings. Young women in these same settings may find meaningful, albeit limited, social roles and a sense of self as mothers or partners of men, but young men rarely find a socially recognised identity through carrying out domestic chores or caring for children. For most young and adult men, work is the chief basis of their identity, or the main cultural and personal requisite for achieving 'manhood'. For a young man, being able to financially support himself and his family is generally a precursor to reproduction. Thus, achieving the provider role (that is, acquiring gainful employment) may be a signal event for many young males to begin reproduction. For other males, having an unplanned child may be an impetus to acquire employment. For the most part, however, there is limited research on the links between young males' education, employment, and reproduction indicating a need for additional research and programmatic attention to this topic.

In some settings in parts of Latin America and the Caribbean, North America and Western Europe, and even in a few settings in Africa, the gender gap at the level of primary education has been narrowed and we begin to see gendered vulnerabilities of young men and boys; these include difficulties in staying focused on task, being socialised around a street-oriented version of manhood (as opposed to an academic-version of manhood), aggressive behaviour and school performance issues. In these settings, young men (particularly low income, urban-based young men and boys) are dropping out or leaving school at rates higher than young women, a trend which has implications for their access to information and services related to sexual health (WHO, 2000).

Another important structural factor related to the vulnerability of young women and young men is access to information and services. In many settings, information and resources related to sexuality and reproductive health are taboo, particularly in relation to adolescents. A recent (as yet unpublished) operations research study in public health clinics in Rio de Janeiro, coordinated by Instituto Promundo and PAHO, concluded that a lack of facilities with adequately trained health care professionals inhibited young people's use of health care (unpublished report, 2005). Similarly, scant informational materials for young people about sexuality and self-care signalled health care professionals' lack of readiness to work with young men and women.

In addition to the taboos and lack of resources to deal with young men's and women's reproductive health and sexuality, reproductive health is often seen as a 'female' concern and cultural norms might restrict the possibility for men to be involved in their partners' health or to voice concerns about their own health. Findings suggest that boys in many settings (North America, parts of Europe, Latin America and parts of sub-Saharan Africa) may delay seeking help longer than women and girls and may only seek help when the need has already led to significant personal consequences (Kutcher *et al.*, 1996). This might be partially attributed to traditional gender norms that perpetuate ideals of risk and self-reliance, such that young men may have hesitations about seeking health services. In turn, public health workers may perceive that young men are disinterested and direct their efforts primarily to women (WHO, 2000).

Girls and young women, on the other hand, are more likely to use social support systems and pay attention to health-related issues and use health services (Frydenberg, 1997). However, in some settings, including parts of South Asia, the Middle East and parts of Africa, particularly northern Africa and rural areas, the ability of young women to access health services is limited by their relative lack of mobility. Other studies suggest that gender norms – along with age hierarchies, and taboos related to sexuality or other health issues, such as suicidal ideation or substance use – affect the nature of trust between young people and adults, and whether or not a young person turns to a parent or other adult, including health providers, for help (WHO, 1997).

Services are but one component of promoting sexual and reproductive health amongst young people. Various studies have confirmed that, while offering 'youth friendly' services is a vital component of any integrated and holistic public health system, simply offering quality and youth-friendly services will not promote health-seeking behaviours. Operations research by WHO and others confirms that most young people need information, counselling, and the ability to question rigid gender norms (and other rigid social norms) probably more so than they need health services (WHO, 2002). Clearly, some young people have a need for more and better health services,

and health professionals often lack the skills and attitudes to work with young people in sensitive ways. But research would suggest that services are not the panacea for the sexual and reproductive health needs of young people and that community and peer spaces seem to be the most influential and effective in reaching youth, particularly in terms of promoting changes in norms around sexual behaviours (FOCUS, 2001; WHO, 2002).

Many of the contextual factors discussed thus far raise important policy issues linked to the vulnerability of young women and young men, including poverty, violence, education and discrimination. It is important, for example, that policies should actively promote the dissemination of information and access to services to promote the sexual and reproductive health of young people, as well as attempting to combat underlying societal inequities that can hinder young people's access to information and important social service supports. The promotion and protection of education can both have direct positive impacts on the lives of young men and young women as well as broader effects on the socio-cultural norms that might define their vulnerability. In a similar vein, education can also be a channel for teaching and reinforcing gender equitable norms and attitudes.

Interpersonal relationships

At the interpersonal level, family, peers and partners play a substantial role in the development of gender-related attitudes and sexual behaviours. Across settings, family is usually the primary or most proximal social institution within which gender norms and roles are learned and reinforced. In particular, parents and relatives have a profound influence on the differentiated development of sexual behaviours among young men and young women. The most proximal and influential models for marital and parental roles in a young person's life are often the practices he or she witnesses within his or her own family. In a qualitative study conducted in Rio de Janeiro, a common factor among young men who demonstrated gender-equitable attitudes was the presence of nurturing male role models in their family or extended family setting (Barker, 2000). Female family members also have an important role in influencing how young men understand gender roles in the manner that they either reinforce or challenge traditional gender norms. For young women, families and societies may often restrict their access to information about sex or discourage related discussions out of fear that these might encourage sexual activity (Vasconcelos *et al.*, 1997; Petchesky and Judd, 1998). By contrast, young men are expected to be knowledgeable, aggressive, and experienced regarding sexuality and reproductive health issues (WHO, 2000).

In addition to the family, peer groups become increasingly influential with age in the construction and questioning of gender roles and development of attitudes, knowledge and behaviours of young men and young

women, including sexual behaviour. In a developmental framework, these are the years when young men are socially pressured to gain autonomy from their parents (WHO, 2000). Often, peers will become the primary source for information on issues related to sex and sexuality, and particularly young men's perceptions of risky sexual behaviours (Moore and Rosenthal, 1993). Peer groups can also function as protective forces in the development of young men and young women. For young men who may not have male figures within their families, peers can serve as positive role models (WHO, 2000). Also, as young men progressively gain more autonomy from their families, peer groups provide an important social network within which they can seek support and a sense of belonging (WHO, 2000). For young women, peer environment plays an important role in the decision to use condoms. Young women in stable relationships are likely to be influenced by their girlfriends' decisions to use condoms or to engage in risky sexual behaviour (Norris and Ford, 1998). Similarly, for young men, believing that one's male peers use condoms has been found to be associated with higher levels of reported condom use (WHO, 2000).

In intimate relationships, gender roles are inextricably linked to interpersonal power dynamics, and gender-based power dynamics have important implications for the sexual behaviour and vulnerability of both women and men. Research in the USA and South Africa, for example, has found that women who perceive that they have less power in their romantic relationships are less likely to be able to negotiate safer sexual practices, and are more likely to be HIV positive (Pulerwitz *et al.*, 2002; Pettifor *et al.*, 2004). Similarly, women's perceptions of higher power in their intimate relationships have been linked to higher self-efficacy about using condoms and more positive expectancies of condom use (Soet *et al.*, 1999). In the wake of the HIV epidemic, there has been increasing attention to women's economic dependency on men and its power-related implication for contexts such as marriage, and in transactional sex.

Individual factors

Around the time of puberty, individuals acquire more complex cognitive abilities, including the capacity for abstract thinking. This can lead to a questioning of gender norms, such that, while socio-cultural norms, structural factors and inter-personal relations have a definite weight on sexual behaviour, the individual also has the capacity to reflect on the potential to act in ways counter to prevailing gender norms. As discussed above, individuals are not empty vessels for the passive reception of gender norms or social norms of any kind; rather, they have the capacity to develop their own gender consciousness, or critical attitudes about gender norms. Moreover, they can develop the belief in their ability to act (self-efficacy) in more gender equitable or gender empowered ways than prevalent social

norms might generally suggest. In this way, while young people may be vulnerable because of a series of social and structural factors, they can also reflect about gender norms critically and alter their own behaviour and the institutions around them through collective action. Gender-consciousness, as we use the term here, is an individual factor that refers to how individuals act on, question or live out gender norms in their social setting.

The concept of 'gender consciousness' originates from the idea of critical consciousness first developed by Paulo Freire. The process of 'conscientisation', according to Freire, links to the capacity of individuals to reflect on the world and to choose a given course of future action (Blackburn, 2000). This process of reflecting critically on the history of cultural conditions and class structures that support and frame experiences of gender inequality can help to promote personal growth, political awareness and activism that can create the conditions to change gender role prescriptions. In short, gender consciousness, through a process of critical reflection, can empower individuals to believe in their ability to act in more gender equitable ways, or in other words, to develop a high sense of self-efficacy.

At the risk of oversimplifying what is a complex social phenomenon, there is a relevant metaphor in *Matrix*, the 1999 movie by Andy and Larry Wachowski. In this film, most of the characters live their lives unaware that all of their experiences and actions are constructs of a computer programme. Pursuing the metaphor, we can argue that gender norms form a matrix that influences human relationships and interactions, and which for many persons is unperceived. Most young women and men can perceive, and tell us about, the social pressures to act and behave in certain ways. But most young women and men do not have the ability to see beyond the matrix or to see the gender matrix for what it truly is – a socially constructed set of mandates shaped and created by individuals, social structures and historical and local contexts.

In the case of young men, we need to consider their ability to question idealised norms around manhood (particularly within their peer group) and, for young women, the ability to question norms that make them subservient. We also need to work with young men to enable them to have 'voice' to question traditional norms and to give 'voice' to the numerous existing individuals (perhaps even a majority in some settings) who already question gender inequities but do not feel empowered to state this or show this publicly. Although we cannot affirm that critical attitudes about gender norms automatically lead individuals to develop increased self-efficacy and/or engage in healthy sexual relationships, raising one's awareness about gender equity (and about existing inequities), and encouraging reflection about one's ability to act upon more equitable gender norms, are fundamental prerequisites.

Self-efficacy has long been identified as a key factor in reducing vulnerabilities for sexual and reproductive health (Bandura, 1977; Mantell *et al.*,

1997). Studies on sexuality have mostly focused on self-efficacy only in the realm of sexual behaviour, but it is important to note that the confidence in one's ability to act in other domains, including mobility and management of financial resources, also has important implications for sexual behaviours. While clearly related to the internalisation of gender norms, self-efficacy is also affected by other realms of an individual's life, such as educational attainment and employment, as well as the nature of a relationship.

Many studies have shown that self-efficacy is a complex multi-faceted concept, and that gender differences in the belief in one's ability to act vary strongly across cultures (Parsons *et al.*, 2000; Soler *et al.*, 2000). However, while there have been studies analysing the links between self-efficacy and specific sexual and reproductive health indicators, such as condom use, there is less known about gender differences in self-efficacy (Meekers and Klein, 2002). The research that does exist, particularly relating to condom use, has reinforced the links between traditional gender norms and power dynamics and self-efficacy. For example, a study with young people in urban Cameroon found that young women were significantly less likely than young men to believe that they can actually convince their partner to use condoms (Meekers and Klein, 2002). Moreover, women who lacked confidence in their ability to purchase condoms and negotiate their use tended to have a higher likelihood of engaging in unprotected intercourse, pointing to the default power men usually hold in the negotiation of sexual relations and condom use.

We want to be careful, however, not to overstate the potential or power of individuals to question or change social norms (see also the chapter by Ingham in this same volume). For both young men and young women, questioning gender norms also requires changes at the external or structural level. A young woman in Pakistan, with limited freedom to move outside her home, for example, may have limited 'space' to question social norms. That is, she may question them and abhor them but have limited instrumental ability to act on her questioning. In such settings, increasing young women's self-efficacy and assertiveness can run the risk of causing friction with parents and families. This conflict can arise in more traditional settings as well as in cases such as immigrant families from Central America and Mexico in the USA, or South Asian immigrant families in the UK, where traditional cultural values might clash with newer ideas about young women's rights (Tohid, 2003; Hondagneu-Sotelo, 2005).

Integrating gender positively in programme development

Using the ecological model, we have sought to demonstrate how structural and social 'sources' of gender norms interact with individuals, who have significant but not unlimited ability to question, criticise and reshape norms. At the nexus of this interaction between the individual and their

social context, we have argued for the importance of gender consciousness and self-efficacy. We have also sought to highlight the limitations of this model for explaining the complexity of individual young people in diverse and dynamic contexts.

As mentioned in the introduction, there has been an increasing consensus in the last two decades on the need to integrate gender into programming. To a lesser degree, there has also been increasing evidence on the effectiveness of specific approaches. Building upon our discussion of gender within the context of the ecological model, we would like to highlight those approaches that most closely apply to what has been called 'gender transformative' programming, that is, programming that seeks to challenge rigid gender norms and relations and promote women's empowerment and male involvement (Gupta 2000; Gupta *et al.*, 2002). As gender norms and gender-related attitudes and behaviours are complex constructs that represent an interplay of socio-cultural, structural, community, interpersonal and individual factors, programming should address these various 'ecological' factors broadly and simultaneously. Emerging lessons from such programmes that have explicitly addressed gender with such a ecological perspective point to the importance of (i) promoting critical reflections of gender and socialisation in educational activities, (ii) the creation of environments in which individual and group-level changes are supported by changes in social norms and institutions and (iii) broader alliance-building across Government, civil society and local communities to contribute to and reinforce positive changes in norms around gender and sexuality.

Critical reflections of gender and socialisation

Research and programme findings suggest that the binomial of internalised gender norms and self-efficacy is key to understanding how gender relates to the sexual behaviour and vulnerabilities of young people. Thus, at the individual level, it is important to promote both men's and women's gender consciousness and help them develop skills so they can feel more capable of acting in more gender-equitable and empowered ways, including the ability to negotiate with partners, question peer groups and seek services.

A handful of concrete and deliberate efforts in different parts of the world have demonstrated measurable changes in attitudes and behaviours among young people as a result of including discussions of gender norms and socialisation in educational activities. These efforts include the *Girls Power Initiative* in Nigeria (Irvin, 2000), the *Men as Partners* in South Africa (Mehta *et al.*, 2004), *Program H* in Latin America (Barker *et al.*, 2004) and *Stepping Stones* (White *et al.*, 2003), originally developed in Uganda but now implemented regionally. Moreover, these programmes, among others, have shown that the workshop format provides the best example of dynamic discussion spaces in which individuals can reflect critically and build gender

consciousness, as well as 'rehearse' the skills and abilities necessary to act in more equitable and/or empowered ways (Gupta, 2002; Barker *et al.*, 2004).

In the case of the *Program H* and *Men As Partners* programmes, these discussions are systematised in curricula, which are made available to partner organisations, who in turn can incorporate gender reflections into their own activities. It is important to emphasise that these discussions about gender norms and relations are not simply 'feel-good' discussion groups or group therapy. Rather, they are concrete and deliberate efforts to engage young women and young men in critical analyses of gender roles which, when adequately structured, can lead to measurable changes in attitudes and behaviours.

Creating enabling environments

In addition to working with small groups of young men and young women, it is important to also seek to change the social environment and engage peer groups, social groups, and entire communities in the questioning, criticism and reconstruction of norms related to gender and sexual and reproductive health. *Puntos de Encuentro* in Nicaragua (White *et al.*, 2003) and *Soul City* in South Africa (White *et al.*, *op. cit.*) use multimedia strategies, including radio and television, to generate debate amongst diverse groups of viewers and to foster enabling environments for cultural change, especially related to gender and sexuality norms, stigma, and social support systems.

Broader alliance building

Changing gender norms is a slow process, and the reality is that without active government and civil society commitment through legislative, administrative, and financial means, there can be few profound changes in gender norms or the other contextual factors linked to the vulnerabilities of young women and young men. Therefore, initiatives on a large scale will only be as effective as such efforts to eradicate negative social and economic factors, including gender, racial, and socio-economic inequalities. In response, many programmes have sought to additionally build broad-based alliances with Government and civil society at the local and sometimes national level to promote more equitable policy and social environments. In this way, messages offered through group educational activities, community campaigns, educational materials, and social service settings can be echoed and reinforced at several levels.

Conclusions

Factoring gender into sexual health programming means moving beyond simplistic intervention models of information or service provision.

Instead, programmes should include critical discussions of norms and provide spaces in which young men and young women can build skills that allow them to act in more equitable and/or empowered ways. Similarly, it is not enough to only offer services but, rather, programmes should also work to change attitudes around gender-related norms of the providers offering them. Furthermore, while individuals are capable of challenging rigid norms, we cannot expect that merely teaching young people to question norms is sufficient, particularly if they have no objective means – freedom of movement, access to services – to do so. It is important to also carry out more broad-reaching efforts, from community-level mobilisation to advocacy, to overcome structural and other environmental factors that create gender-related vulnerabilities for young men and young women.

Above all, however, the challenge lies in tapping into the voices of resistance and change that exist in diverse contexts– those young men and young women who demonstrate and advocate more equitable and more empowered ways of living together. Ultimately, it will be these voices that will promote the necessary individual, community and social changes.

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