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Gender Integration in Social and Behavior Change: what does it take?

Social and behavior change (SBC) programs and interventions across health and non-health sectors seek to shift behaviors of individuals, as well as the norms that underpin them. These programs include a range of activities that address key determinants (e.g., knowledge and attitudes), critical to ensuring that target populations, including the most marginalized, can demand and access needed resources and services that can lead to behavior change and improvements in their own and their family's health and development.¹ A range of social and structural factors, such as unequal power in sexual relationships; unbalanced agency in household decision-making; and disproportionate economic, educational, and legal resources, systematically disadvantage women and girls, and can negatively affect men and boys, too.²

As such, SBC programs are uniquely placed to make a difference in achieving gender transformative goals. Integrating gender into SBC programs and interventions is key to promoting gender equality and achieving intended outcomes among men and women, and boys and girls. The USAID Interagency Gender Working Group (IGWG) highlights the importance of using a gender lens for developing project approaches and understanding the steps along the [Gender Integration Continuum](#) (moving away from gender exploitative to gender transformative approaches).³ Additionally, the process of incorporating a gender lens at the organizational level ([gender mainstreaming](#)) can result in meaningful gender integration. This document pulls from a recent review of SBC-focused literature⁴ and highlights eight promising practices regarding how to integrate gender considerations in health and non-health SBC interventions. The practices are operationalized at different levels of the Socio-Ecological Model for Change and are mutually reinforcing. The purpose of this document is to share these promising practices with SBC partners to strengthen gender integration and mainstreaming efforts in SBC programming.

Promising practices for health and non-health SBC interventions



Use a gender lens throughout the SBC program cycle to improve outcomes.

Gender needs to be considered throughout the SBC program cycle: assessment, planning, design, implementation, and monitoring, evaluation, and learning. Limited attention to gender throughout the program cycle can unintentionally lead to gender-blind or gender-exploitative interventions.⁵

- Conduct a gender analysis to explore how gender relations affect the targeted population and related health and non-health outcomes.
- Design and implement SBC interventions to improve agency and capacity, shift gender norms and attitudes, and transform systems and structures, ensuring a space for women and girls' perspectives, as well as men and boys'.
- Monitor the process through routine data collection on gender factors addressed in the intervention, such as attitudes and norms, gender-based violence (GBV), and relationship power dynamics to refine and improve program outputs.
- Evaluate the impact of SBC interventions on gender norms, gender inequalities (e.g., childcare responsibilities), and potential unintended consequences.
- Develop processes to ensure translation and use of gender-related results for SBC program adaptation and scale.



Synchronize gender strategies to ensure inclusion of men and women, and boys and girls.

Efforts at gender integration sometimes focus solely on reaching women and girls, or sometimes

men and boys. However, engagement of men and women, and boys and girls, in an intentional and mutually reinforcing way in SBC programs and interventions can assist in challenging restrictive gender norms, catalyzing the achievement of gender equality, and improving health and non-health outcomes.^{6–8}

- Create a platform for women and girls and men and boys to participate in governance and decision-making that empowers them to identify and understand prevalent gender norms and become leaders and advocates for gender equality for improved outcomes in their communities.
- Foster meaningful discussion among **men and boys** and women and girls (e.g., **new fathers groups**) to challenge and shift gender norms and expectations that affect their own lives and that of their partners.
- Bring men and women together, e.g., through couple-based interventions and community dialogues, to discuss and address social norms that influence masculinity and femininity to affect key behaviors and expectations.



Address gendered health disparities that affect use of services.

Gender disparities in access to, provision, and use of health services are persistent and influence a range of health and non-health outcomes. Gender inequalities can limit women's agency to be the decision-makers about their health as well as their access to care and resources needed for care.⁸ At the same time gender norms may also influence men's access to and use of services based on their perceptions around the intended audience for the service. Many of these disparities are often exacerbated during times of crisis.

- Mobilize formal and informal leaders to help shift perceptions and debunk myths that negatively affect health care seeking behaviors of men and women, and boys and girls.
- Work with service providers to address their own biases and power dynamics and ensure they have the knowledge, skills, and tools to support meaningful client-provider interaction and counseling among men and women, and boys and girls to achieve their health and well-being.
- Pay close attention to the different social and structural barriers (e.g., mobility, economic agency) that influence behavioral determinants, especially during times of conflict and emergency response.



Reduce harmful traditional practices.

In many settings, harmful traditional practices (e.g., early and forced marriage and childbearing and female genital mutilation/cutting) and practices like GBV and human trafficking disproportionately affect women and girls. Even when policies and legal frameworks exist to prevent these harmful practices, women and girls continue to bear a heavy burden, which negatively impacts their health and other development outcomes.

- Work with women and girls to build life skills, enhance their social support networks, and increase their self-esteem and agency.
- Engage communities in activities (e.g., health education, drama performances) that promote positive interactions between men and women to unpack the root causes of harmful practices and provide practical and contextually-feasible examples of how to change them.
- Assist communities in developing accountability measures, such as community pledges, to establish a new ritual for girls that maintains cultural and celebratory elements but otherwise eliminates harmful practices (e.g., female genital mutilation/cutting).



Ensure community involvement and accountability for promotion of gender equality.

SBC approaches that engage and mobilize communities can integrate gender at multiple levels in the community (e.g., couples, families) and with service providers (e.g., community and facility-based health workers, agriculture extension workers) to shift norms and hold everyone accountable. Community commitment to shift inequitable norms can ensure that men and women are supported and accepted equally, contributing to more sustainable **gender transformative** SBC outcomes.⁹

- Identify key male and female influencers in communities and strengthen their role as change agents to shift gender norms and transform gender inequality.
- Promote community dialogues to drive equitable civic engagement among women and girls, and men and boys (e.g., through neighborhood meetings, performances, community education sessions, support groups, mass media activities) and address entrenched gender norms.
- Work with both men and women change agents and community leaders to build social accountability mechanisms (e.g., parent support associations to support

school registration and retention) and reduce social disparities.



Consider gender dimensions during emergency preparedness and response.

Women and girls, men and boys are often affected differently by emergency and crisis situations, including during disease outbreaks, climate/natural disasters, and conflict. SBC programs and interventions play an important role to ensure timely and accurate information and resources meet men's and women's needs and address their unique risks.

- Rapidly assess the impact of shocks/stressors and how gender norms/inequalities influence risks for women and girls, men and boys, and the differing factors that enable or constrain individuals' resiliency.
- Respond to potential second order impacts in emergency situations, like GBV (e.g., physical, sexual, emotional, financial abuse), food insecurity, and health care access.
- Ensure women's representation in decision-making related to disaster risk management so that mitigation efforts are designed with multiple perspectives, respond more holistically to the needs of communities, and increase equitable access to resources.
- Build capacity of male and female leaders (e.g., in communities, nongovernmental organizations, ministries) to respond to crises that impact men and boys, and women and girls, differently for a more gender equitable response in risk management programs.



Account for the intersecting gendered vulnerabilities that influence health and development outcomes.

Men and women, boys and girls experience different intersecting vulnerabilities, such as varying access to economic resources, mobility, and technology. SBC programs and interventions need to consider the multiple layered factors that may influence knowledge, attitudes, and behaviors and their effect on health and non-health outcomes.

- Assess how inequitable access to financial and other resources influences desired behavioral or development outcomes for men and women.
- Leverage partnerships with key stakeholders (e.g., government, organizations, and programs) that help to address multiple vulnerabilities experienced by targeted populations.

- Create cross-sectoral mechanisms to address systemic gendered inequalities across SBC programs in health and non-health sectors (e.g., task force on menstrual hygiene involving education, health, and water, sanitation and hygiene sectors).



Build organizational capacity and systems for gender integration using a continuous learning approach.

Organizations and institutions implementing SBC programs should undertake regular internal assessments to ensure that their capacity, practices, and policies effectively advance gender equality and apply learning for continuous improvement.

- Build staff capacity on gender transformative concepts, using participatory and interactive methods, with an emphasis on personal reflection and growth.
- Engage staff and leadership to routinely assess their SBC programs and the impact of those programs to reinforce principles of gender. Examine policies, such as management roles and responsibilities, and ensure adequate resources are in place to promote gender equality to positively disrupt social and cultural attitudes that diminish women's role as key decision-makers.

Select Resources for Gender Integration in SBC

- USAID/IGWG. [The Gender Integration Continuum. Programmatic Guidance.](#)
- USAID/HC3. [Gender and Social and Behavior Change Communication Implementation Kit.](#)
- United Nations Development Programme. [Gender Mainstreaming in Practice: a toolkit.](#)
- Land O'Lakes International Development. [Integrating Gender throughout a Project's Life Cycle 2.0. A Guidance Document for International Development Organizations and Practitioners.](#)
- USAID/IGWG. [Do's & Don'ts for engaging men & boys.](#)
- CORE Group. [Enhancing Nutrition and Food Security during the First 1,000 Days through Gender-sensitive Social and Behavior Change: a technical resource guide.](#)
- The TOPS Program and CARE International. [REALIZE: Social and Behavioral Change for Gender Equity and Diversity.](#)
- PRB. [Pursuing Gender Equality Inside and Out: Gender Mainstreaming in International Development Organizations.](#)
- African Development Bank Group. [Checklist for Gender Mainstreaming in Governance Programmes.](#)

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