



COMMUNITY OF PRACTICE :
ADDRESSING YOUTH DATING VIOLENCE

Gender-Transformative Interventions: Research Summary

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Glossary

Note: All concepts in the glossary are bolded throughout the text.

Gender: “Roles, behaviours, and attributes that a given society may construct or consider appropriate for the categories of ‘men’ and ‘women’” (Government of Canada, 2018 para. 3). Gender is a spectrum, and individuals can and do identify with a gender that differs from their sex assigned at birth. It is not the intention of this summary to exclude individuals with a non-binary and/or transgender identity. However, gender-transformative interventions tend to operate from a binary understanding, because we live in a world that is predominantly binary when defining and talking about gender. For this summary, we will thus primarily discuss cisgender male and female gender roles and expectations.

Gender norms: Social expectations of what is considered appropriate or desirable behaviour for women and men in a given time, culture and place (WHO, 2007).

Health behaviours: Intentional or unintentional actions that can improve or decrease a person’s and others’ health (Short & Mollborn, 2015).

Health outcomes: These outcomes are the benefits from a specific intervention (Barnsbee et al., 2018). For example, a reduction in sexually transmitted infections after an intervention focused on providing sexual health education.

Ideology: Set of thoughts or beliefs that guide an individual, group, or organization (Merriam-Webster, 2020).

Intersectionality: Kimberlé Williams Crenshaw and other feminist scholars of colour defined this framework. From an intersectional perspective, it is important to recognize different aspects of a person’s identity, and how systems of oppression overlap as a result of the multiple identities a person holds (as opposed to studying those systems separately; Carastathis, 2014). For example, an individual can be oppressed because of their gender, sexual orientation, and race.

Masculinity: Ideas or qualities that are considered to be characteristic of a man or male (e.g., men are in charge; Merriam-Webster, 2021). Sometimes the plural term “masculinities” is used to represent that there is not just one way of expressing masculinity, and that it varies across time and place.

Social determinants: Cultural and social factors that affect an individual’s wellbeing.

Social location: “The groups people belong to because of their place or position in history or society” (University of Victoria, n.d.).

Social norms: “...rules or expectations on how to behave” (Dozois & Wells, 2020, p. 30) that are shared by a group and that are context-specific.

Introduction

The purpose of this summary is to provide an introductory guide to Gender Transformative Interventions (GTIs). This summary provides information in the following areas:

- an explanation of GTIs
- a review of the evidence that supports the use of GTIs
- recommendations for practitioners

If you are new to GTIs, we recommend reading **Appendix A** for definitions of gender and gender's impact on health from a social science perspective before reading this summary.

Gender-Transformative Interventions

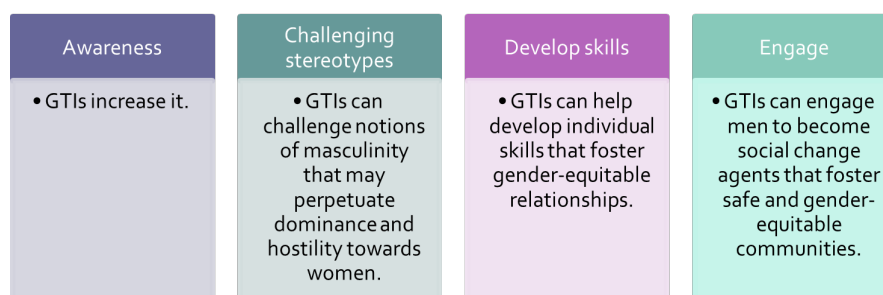
Gupta (2001) coined the term gender-transformative approaches by describing a continuum of interventions to promote social change. In gender-transformative approaches, the main goal is "to transform gender roles and create more gender equitable relationships" (Gupta, 2001, p. 4). These interventions can target all genders and communities to promote wide-scale change. Examples of this type of work include interventions that provide a safe space for men to challenge stereotypical roles or norms associated with dominant ideas about masculinity in their society. For example, Program H is an intervention that aims to foster gender-equitable behaviours by providing opportunities for men to challenge rigid ideas about what it means to be a man (PROMUNDO, n.d.). By providing opportunities for education and discussion, it has been found to improve men's attitudes around caregiving and household responsibilities (PROMUNDO, n.d.; UNICEF, 2019).

The World Health Organization (WHO, 2007) defines GTIs as programs that focus on increasing equitable relationships between men and women. Brush and Miller (2019a) note that GTIs "feature programs, policies, and leadership designed specifically to encourage men and boys to adopt and enact gender-equitable, nonviolent attitudes, and behaviours" (pp. 1635-1636). WHO (2007) has endorsed the use of GTIs to prevent violence against women and girls, by concluding that these interventions show higher effectiveness as compared to other programs.

Brush and Miller (2019a) highlight two empirical findings as the basis for this endorsement: a) adherence to stereotypical masculine ideologies negatively impacts the health and well-being of people of all genders (e.g., through avoidance of help-seeking, perpetration of violence); and b) programs that foster gender equity have been found to create change in behaviours and attitudes that improve health outcomes (e.g., increasing communication, promoting the use of condoms).

Even though GTIs tend to focus on engaging individual boys and men, they can involve an entire community in a wide range of topics. Some of the topics are summarized in **Figure 1** (Casey et al., 2018).

Figure 1. Topics participants can be engaged in through GTIs.



Approaches and Theoretical Influences

GTIs can be impactful interventions to support men and boys to challenge and resist dominant masculinities, towards the goal of promoting social equality between men and women (Dozois & Wells, 2020; Dworkin et al., 2015). The activities and goals of GTIs are influenced by different theories. These theories are the basis for the way the intervention challenges restrictive ideas about masculinity among participants. While GTIs have been influenced by different theories and approaches, two primary underlying theories are 1) social norms theory and 2) intersectional feminism. More recently, the capabilities, opportunities, and motivations model of behaviour (COM-B), which is part of the Behaviour Change Wheel (BCW), has been identified as an important theory for GTIs (Ruane-McAteer et al., 2020). Key features of these theories are summarized in *Table 1*, but **Appendix C** contains more details on social norms and intersectional feminism.

Table 1. Summary of social norms theory and intersectional feminism.

<p>Social Norms Theory</p>	<p>Social norms are “rules or expectations on how to behave” (Dozois & Wells, 2020, p. 30) that are shared by a group and that are context-specific. Groups tend to reinforce social norms by pressuring their members to maintain expectations through social punishment or rewards (Dozois & Wells, 2020). When individuals follow a norm and then receive approval or encouragement from people who are important to them, it is more likely that they will follow the norm in the future. Social norms are impacted by context and thus can be labeled as acceptable or unacceptable in different settings. When GTIs have a social norms approach, it is important to distinguish between descriptive and injunctive norms.</p> <ul style="list-style-type: none"> • Descriptive norms are learned by observing others and “are based on what we think other people do” (Dozois & Wells, 2020, p. 33). A common descriptive norm is whether you shake hands with people when greeting them – if you observe others in your social group shake hands, you will probably shake other people’s hands to acknowledge them. In terms of gender interactions, men and boys can overestimate the presence of gender-inequitable attitudes (e.g., violence perpetration; Brush & Miller, 2019a). This overestimation can then make them less likely to stop others from engaging in violent acts towards women/peers. • Injunctive norms have to do with an individual’s estimation of whether their group will approve or disapprove of an action or idea (Dozois & Wells, 2020). In particular, men and boys can overestimate negative responses from their same-sex peers if they intervene in a specific situation (Brush & Miller, 2019b). Boys and men need positive feedback to encourage them to challenge gender-restrictive social norms. Feedback on norms can be provided individually, in groups, or through social marketing campaigns (Orchowski, 2019). <p><i>GTIs aim to modify negative attitudes, beliefs, and behaviours by challenging norms to promote positive health outcomes.</i></p>
<p>COM-B</p>	<p>The Behaviour Change Wheel (BCW) is a framework endorsed by the National Institute for Health and Care Excellence to evaluate and develop behaviour change interventions (Faija et al., 2021). The BCW helps identify the elements that are necessary to develop an intervention that focuses on behavioural change by providing steps that support intervention development (Faija et al., 2021). The core element of the BCW is the COM-B. This model of behaviour change stands for capabilities, which are physical and psychological, opportunities, which can be physical and social, and automatic and reflective motivations (Faija et al., 2021; Michie et al., n.d.). For the COM-B model, behaviour is the result of a system in which capabilities, opportunities, and motivations interact with one another (Michie et al., n.d.). One or more of the components of the COM-B need to change for the behavioural goals of the GTI to generate change in individuals or groups (Michie et al., n.d.). The COM-B was found to be commonly used in promising GTIs (Ruane-McAteer et al., 2020). A book that explains the BCW (including the COM-B) in detail can be found here: http://www.behaviourchangewheel.com/about-wheel.</p> <p><i>Effective GTIs include all the COM-B components to foster behavioural change (Ruane-McAteer et al., 2020).</i></p>

<p>Intersectional feminism</p>	<p>Feminist theory focuses on ending oppressive practices based on gender, sexism, and sexual exploitation, by focusing on patriarchy, power, and privilege (Dozois & Wells, 2020). Within feminist thought, patriarchy is considered the structural basis for gender inequality (Dozois & Wells, 2020). In patriarchal systems, anything masculine is given more value than anything feminine (Dozois & Wells, 2020). Due to this appraisal, men have power and privilege over women. Feminist theory tries to challenge societal systems that are advantageous for men.</p> <p>Intersectionality describes the way in which overlapping identities intersect with oppressive, discriminating, and dominating systems and structures (Dozois & Wells, 2020). Although the theory is attributed to women's studies and feminist theory as a whole, feminists of colour were the first to consider the impact of race while being a woman (Carastathis, 2014). Specifically, Crenshaw's description of the concept highlighted for the first time the importance of recognizing how systems of oppression overlap (as opposed to studying those systems separately; Carastathis, 2014). For example, an individual can be oppressed because of their gender, sexual orientation, and race. Crenshaw argued that definitions of discrimination that are not intersectional tend to be too simplistic and reduce events to one category, without taking into account an individual's unique experiences (Carastathis, 2014).</p> <p><i>Intersectional feminism influences GTIs by demonstrating that men's and women's experiences need to be understood through the intersection of gender with other identify factors (e.g., race, class). For example, discussing racialized masculinities can be an important aspect of GTIs.</i></p>
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Intervention Goals

Because gender is considered a root cause of many health issues, GTIs may have a range of intervention goals (e.g., reducing violence in relationships by challenging social norms, promoting the use of contraceptives). The goals can also change depending on the theoretical approach behind the intervention. However, there are some common goals that can be identified across GTIs:

1. **Provide participants with skills to help them analyze social norms that impact their relationships** (Brush & Miller, 2019a). GTIs offer the opportunity for participants to engage in discussions that help them challenge and resist harmful social norms.
2. **Finding different ways to interpret what “being a man” is by promoting gender-equity and nonviolence as a “new normal”** (Brush & Miller, 2019a). Men and boys are encouraged to challenge stereotypical views on masculinity and engage non-violently with others. This focus provides an opportunity to create safe environments for all genders that foster new “nets of accountability” (Hollander & Pascoe, 2019). These nets are created in a social group and are the systems by which people feel they are answerable to others in a specific social context (Hollander, 2013). Nets of accountability are commonly used in communities to enforce gender-related expectations, and as such they hold power over the individuals in the group (Hollander, 2013). Hollander (2013) notes that boys encouraging others to be violent as a proof of their toughness is an example of this type of ‘net’. Thus, GTIs try to create new nets of accountability where individuals are accountable to others in their social system for prosocial and non-violent behaviors (Hollander, 2013).

Best Practices to Engage Men and Boys in Gender-Transformative Programming

In 2007, the WHO conducted a review of different interventions that engaged men around the world to foster gender equality in health. This report summarized evidence from 58 programs around the world, and included gender-transformative interventions (WHO, 2007). The report included gender-neutral (i.e., interventions that do not target a specific gender), gender-sensitive, and gender-transformative interventions that targeted gender-based violence, sexual and reproductive health, gender socialization, fatherhood, and maternal, newborn, and child health (WHO, 2007). From this, the WHO (2007), Casey et al. (2018), and Ruane-McAteer et al. (2020) provide some information on promising practices for GTIs:

- **Group Education.** Engaging participants in multiple sessions appears to be tied to program effectiveness. In terms of length, programs that were offered for ten to sixteen weeks in sessions that spanned for two to two-and-a-half hours appeared to be the most effective (WHO, 2007). In a more recent review, researchers found that most effective GTIs were delivered in under three months (Ruane-McAteer et al., 2020). Training facilitators and engaging participants in discussions to reflect on masculinity and gender norms was also highlighted as key to program success (WHO, 2007). Facilitators play a critical role in program effectiveness. They can be important role models for gender-equitable behaviour and they need to be trained in gender and masculinity (WHO, 2007). Further, it is vital that they reflect on their own behaviours and attitudes so that they can create an environment that is welcoming and safe, and can encourage discussions that engage men and boys in sharing their thoughts without feeling judged by those around them (WHO, 2007). Although GTIs can be designed for men only, depending on their aim, it is common to deliver interventions in groups that include both men and women (Ruane-McAteer et al., 2020). Sessions can mix genders or group them separately.

- **Community Outreach.** The use of positive and affirmative messages that model what men and boys can do to change is crucial when using social marketing or wide-spread community outreach (WHO, 2007). Testing the materials and messages that will be used for campaigns, although costly, is recommended (WHO, 2007). Cost appears to be one of the biggest barriers when considering community campaigns, especially because effective campaigns in this review lasted between four to six months and were more effective when combined with group-based programs (WHO, 2007). Community programs and school and after-school programs are the most common approaches to GTIs (Ruane-McAteer et al., 2020).
- **Engaging Men in GTIs.** Casey et al. (2018) provide relevant recommendations to engage men in GTIs. To engage them, it can be helpful for the practitioner to understand that discussions on gender and violence may not be perceived as relevant in the community that is being targeted for change (Casey et al., 2018). Outreach strategies need to consider the context the intervention will take place in (e.g., could men perceive participation as a sign of weakness?). Some promising outreach strategies include: a) the use of community role models as ambassadors to create social networks; b) considering the cultural and social norms where the intervention will take place; c) establishing emotional connections between the intervention and the participants' lived experiences of violence; d) establishing hope as a basis for change; and e) initiating conversations on topics that are perceived as highly relevant by participants (Casey et al., 2018). It is also important for programs to be aware of the risk of giving more power to one gender over another when engaging men in GTIs, because this can perpetuate harmful gender norms (Casey et al., 2018). For example, sexual health programs have been criticized in the past for promoting an image of men as being more powerful than woman when promoting condom use.
- **Characteristics found in effective interventions.** Ruane-McAteer and colleagues (2020) found that the most effective GTIs incorporate multicomponent activities (i.e., education, modelling) to promote the three elements of the COM-B model (i.e., capacity, opportunity, motivation). Education can increase knowledge, while persuasion (i.e., stimulating a behaviour) can foster action by creating positive and negative feelings through communication. Effective interventions also incorporate modelling, or behavioral examples for people to follow (e.g., showing an effective way to intervene in a situation where someone is making misogynistic comments). Finally, effective GTIs provide enablement (i.e., increasing opportunities for change) by reducing barriers to prevent violence (Ruane-McAteer et al., 2020). It is also important in GTIs to target multiple populations in programming (e.g., the individual, the community), as creating gender equity requires the work of many people (Ruane-McAteer et al., 2020).

Effectiveness of Gender-Transformative Interventions

The evidence base for GTIs is promising but mixed (Brush & Miller, 2019a). In terms of promise, GTIs are more effective than other violence prevention programs (e.g., gender-sensitive interventions; WHO, 2007). In terms of the mixed findings in GTIs' effectiveness, these are sometimes attributed to the variability of contexts in which these interventions take place, and how this variability influences implementation fidelity (e.g., different levels of training amongst facilitators, differences in how information is presented/introduced; Dworkin & Barker, 2019) although effects of GTIs can be positive or mixed, a recent review of 61 studies on GTIs found that there were no negative effects resulting from the use of these interventions (Ruane-McAteer et al., 2020).

Another element that could be impacting the effectiveness of these interventions is the limited change that can occur when programs only focus on gender norms, without taking into account the way power impacts gender-based violence within the larger community and/or institutions (Brush & Miller, 2019a). Another limitation that has been discussed in the literature is that global health programs are still heavily influenced by the language used in epidemiology (Pease, 2019). In epidemiology, diseases can be quantified and followed across time. When public health and global health programs designed to prevent violence against women are based on epidemiological models, this can result in a lack of focus on the social aspects that foster gender inequality (Pease, 2019). The public health approach is commonly used by governments to inform their global health programs, but Pease (2019) argues that it can lead to a decontextualized understanding of gender-based violence. In other words, this perspective might keep track of violent incidents against women, but it would not consider some of the local norms and other contextual variables that sustain gender-based violence in the community.

From evaluations conducted to date, there is evidence that GTIs can:

- **Promote change** in behaviours and attitudes when they target gender-based violence (Casey et al., 2018; Ruane-McAteer et al., 2020; two examples of promising programs can be found in Box 1 and 2.). These types of programs show more support for behavioural change in men and boys as opposed to gender-sensitive approaches, particularly when gender and masculinity are discussed explicitly and community outreach and media campaigns are integrated with group-based programs (WHO 2007). Gender-sensitive approaches are programs that support gender-based individual needs (Gupta, 2009). A campaign that supports women to understand methods to protect themselves against sexually transmitted infections is an example of a gender-sensitive program.
- **Be effective in diverse settings** around the world (Brush & Miller, 2019a).

However, given the mixed evidence across individual GTIs, on-going evaluation of these interventions is critical (Dworkin et al., 2015).

Box 1

Program H Summary

Name of the Program: Program H

Target Population: Men and boys ages 15 to 24

Program Description: This program was first launched in 2002 (PROMUNDO, n.d.). Program H is the result of a partnership between four non-governmental organizations: Promundo, ECOS-Comunicação em Sexualidade, Instituto PAPAI in Brazil and Salud y Género in Mexico (Promundo et al., 2013). Since then, it has been used in over 32 countries and been adopted by several ministries of health (PROMUNDO, n.d.). The program provides a combination of group-based educational sessions, youth-led campaigns, and activism that target stereotypical gender norms (PROMUNDO, n.d.). Program H is meant to include between 10 to 16 activities on a weekly basis over several months (PROMUNDO, n.d.).

Program Effectiveness: Multiple evaluation studies have been conducted in Latin America, Africa, Asia, and the Balkans (Promundo et al., 2013). Changes for participants have been reported in terms of attitudes toward gender equality and behaviours (e.g., condom use, intimate partner violence; Promundo et al., 2013). Program H has been endorsed as a best practice approach program in promoting gender equality by the World Bank, WHO, and UNICEF (PROMUNDO, n.d.).

Resources: PROMUNDO has created different materials to implement the program. The Program H methodology manual (PROMUNDO et al., n.d.) and Implementation Toolkit (Promundo et al., 2013) are available online.

Box 2

Coaching Boys into Men (CBIM) Summary

Name of the Program: Coaching Boys into Men (CBIM)

Target Population: High school student athletes

Program Description: CBIM recognizes the influence coaches have in the lives of young athletes (Coaching Boys into Men, n.d.-b). This program trains high school coaches to model and provide information to their students about healthy relationships, and supports coaches to challenge the link between masculinity and violence with their players (Coaching Boys into Men, n.d.-b). The program includes four principles that recognize that a) the values of sports are a good basis to teach about healthy relationships, b) partnerships with local agencies are important to foster change, c) it is important for athletes to have the vocabulary and knowledge to intervene when they witness violent behaviour, and d) coaches are influential models for their teams (Coaching Boys into Men, n.d.-c).

Program Effectiveness: The program was evaluated over a three-year period in a sample of 2006 athletes (Miller et al., 2012). The youth who were involved in CBIM improved their intentions to intervene when they identified harmful/violent behaviours and reported more gender-equitable attitudes compared to the group that did not receive CBIM (Miller et al., 2012). One year after the intervention, participants also reported less perpetration of dating violence (Miller et al., 2013).

Resources: The Coaches Kit (Coaching Boys into Men, n.d.-a) and other program information are available online: <https://www.coachescorner.org/tools/#clinickit>

Moving Forward in Gender-Transformative Interventions

As research has developed, several areas of need have been identified for future GTIs. First, although gender-transformative programs have been described, **an operational definition of what GTIs are is still needed** (Casey et al., 2018). Providing more detail on what GTIs are is important to increase consistency in the conceptualization of terms and methodologies, and in guiding future research. It is also important to be more rigorous in the evaluation of GTIs (Dworkin et al., 2015). Other areas that need to be targeted in GTIs are to **consider the social context** and how social rules and expectations can impact individual behaviour (Hollander & Pascoe, 2019). Norms that are commonly used in a social group can be difficult to change because groups tend to engage in actions that maintain these norms over time (Hollander & Pascoe, 2019).

When interventions include campaigns or information shared with the community, it is also important to **flood the system with signals that foster change** (Dozois & Wells, 2020). In other words, information needs to be transmitted consistently over a prolonged period of time to promote change (i.e., not just a one-off campaign; Dozois & Wells, 2020). Others argue it is important to have interventions that **use a social-ecological approach** (i.e., an approach that considers influences beyond the individual, like interpersonal relationships and the community; Centers for Disease Control and Prevention [CDC], 2020), because it is often considered a best practice approach in violence prevention. Another element to consider is participants' exposure to violence prior to engaging in the intervention to change gender-related beliefs (Brush & Miller, 2019a). Many men and boys have been affected and exposed to violence and trauma prior to engaging in programming (Brush & Miller, 2019a). **Using a trauma-informed lens** is helpful to identify skills individuals need to develop: although the trauma or experience cannot be taken away, research has shown that the consequences of traumatic events are modifiable (Brush & Miller, 2019a). Brush and Miller (2019a) suggest that trauma-informed spaces can promote resilience, conflict resolution, and foster interpersonal skills. Further, to challenge norms and dominant views of masculinity, men need to feel safe to discuss their past experiences and consider new ways of connecting to each other in a non-violent way (Brush & Miller, 2019a).

Finally, it is also critical that future GTIs directly address homophobic and transphobic teasing and harassment (Brush & Miller, 2019a). Including this type of aggression in GTIs is vital because it is connected to the policing of masculinity (Brush & Miller, 2019a). Policing in this context means that the group regulates or makes sure masculinity ideals that are valuable to the group are maintained (Reigeluth & Addis, 2016), and many masculinity ideals are associated with being heterosexual, violent, and strong (Hollander & Pascoe, 2019). These notions of masculinity thus perpetuate inequality and make people who are not heterosexual vulnerable to violence.

Figure 2. Areas of need in GTIs

Conclusions

Gender-transformative interventions are a promising approach to promote the health and wellbeing of all genders. Since GTIs are a newer field of study, researchers and practitioners are encouraged to go beyond challenging gender norms alone and include an intersectional lens so that programming accurately reflects the multiple ways in which gender is experienced.

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Appendix A: An Introduction to Gender and Health

Gender¹ can be defined as “the roles, behaviours, and attributes that a given society may construct or consider appropriate for the categories of ‘men’ and ‘women’” (Government of Canada, 2018, para. 3). In the field of global health, gender is understood to include not only norms but also **ideologies** (i.e., ideas that guide the way we act; Dworkin et al., 2015). By understanding wellbeing from a gender lens, researchers and practitioners can more effectively promote **health outcomes** (World Health Organization [WHO], 2007), including violence prevention. The connection between violence and gender can be explained from different points of view. However, most researchers now recognize that there are many social, cultural, and contextual factors that influence violence against women (Pease, 2019). In particular, inequality between genders is one important factor influencing violence, and therefore it is important to promote gender equality in violence prevention programs. Gender equality is a complex concept, but can be generally understood as men and women having equal opportunity to reach their full potential (Government of Canada, 2017). Including a gender-informed perspective in health promotion programs can decrease gender inequality, which can then lead to a reduction in violence (Pease, 2019). Gender Transformative Interventions (GTIs) are interventions that focus on promoting gender equality to reduce violence.

Example: A gender-based violence perspective

From a feminist perspective, violence can emerge when ideas and behaviours connected to masculinity are valued over anything feminine.

Gender and Its Impacts on Health

In 2001, Geeta Rao Gupta provided a framework to understand the connection between gender-related issues and health programs or interventions. In this framework, she emphasizes that the concept of gender goes beyond sex (i.e., biological markers), and that gender is a social and cultural construct. This means that expectations and roles for genders are different across settings and cultures (Gupta, 2001). **Gender norms** are the social expectations of what is considered appropriate or desirable behaviour for women and men in a given time, culture and place (WHO, 2007).

Gender and Global Health Problems

Before discussing GTIs, it can be helpful to understand some basic aspects of how the study of gender has evolved, and how global health programs that focus on gender have been developed. Gender was first included in health programming through a consideration of something called sex roles (i.e., social expectations that are attached to someone’s biological sex; Dworkin et al., 2015). In sex role theory, men and women are expected to engage in roles that are specific to their gender (Dworkin et al., 2015; note this theory was developed at a time when someone’s sex and gender were assumed to be the same). This means that gender carries expectations and meaning for behavior (i.e., men and women can have expectations of what it means to be a member of a certain gender).

¹Gender is a spectrum, and individuals can and do identify with a gender that differs from their sex assigned at birth. It is not the intention of this summary to exclude individuals with a non-binary and/or transgender identity. However, gender-transformative interventions tend to operate from a binary understanding, because we live in a world that is predominantly binary when defining and talking about gender. For this summary, we will thus primarily discuss cisgender male and female gender roles and expectations.

However, the health promotion field quickly started to shift from a sex role theory perspective to an understanding that gender is more than just a specific set of roles. This change happened because activities that are assigned to a specific gender (e.g., a woman is only meant to engage in household activities) are now understood as simplistic by social science experts. According to these scholars, describing what someone is meant to do because of their gender (i.e., individual roles) does not take into account the relationships and power dynamics that are involved in social interactions (Dworkin et al., 2015). Despite its limitations, the sex role theory perspective allowed for global health programs to start to identify a niche in which interventions could focus on how gender is linked to negative **health outcomes** (Dworkin et al., 2015).

In global health, gender is believed to include not only norms but also ideologies (e.g. masculinity; Dworkin et al., 2015). Ideologies surrounding masculinity have been linked to poor health outcomes for all genders (Brush & Miller, 2019a). For example, men can be hesitant to use a condom because doing so could make others question their manhood, which can result in their partner contracting a sexually transmitted infection. Violence is also present in many beliefs related to masculinity (e.g., messaging that encourages boys to be strong and dominant; Hollander & Pascoe, 2019). The literature in this area suggests that men and boys can internalize harmful ideologies that create inequity across genders. These ideologies or beliefs include fostering female subordination and aggression amongst men and boys. This broader understanding of gender led to global health programs recognizing that gender is relational and dynamic (Dworkin et al., 2015); specifically, the way that gender is enacted is not the same across time and space (within or between individuals).

Focusing on men and masculinities. Poor **health outcomes** for men themselves are also connected to Western masculine ideologies (e.g., being tough and strong; Dworkin et al., 2015). As such, health programs now recognize the importance of promoting men's health by incorporating the way in which masculinities impact men's own well-being and illness (Evans et al., 2011), as well as the well-being of women and trans/non-binary individuals. Masculinities can be understood from different frameworks depending on the field of study they are researched in. For example, there are different theories that try to explain the ways in which men connect to masculinity. What is considered masculinity is different across cultures, settings, and time (Evans et al., 2011; this is why we use the plural term "masculinities," to represent that there is not just one way of expressing masculinity, and that it varies across time and place). When thinking about masculinities, it is important to understand that they are not a static concept – different societies have different views of what it means to be a man, and this understanding changes across time (Evans et al., 2011).

Within masculinities, men can set ideals (i.e., what the 'ideal' man looks and acts like). This is known as hegemonic masculinity. These ideals can have a negative impact on men's health outcomes as they try to meet the masculine ideal in their society (Dworkin et al., 2015). For example, they might increase their alcohol intake or engage in risky driving to appear tough and fearless, among other behaviours that can endanger their life (Evans et al., 2011)

Hegemonic masculinity

This concept is linked to men believing that a set of practices or beliefs are the best way to be a man. This idea is not universal, and it changes in different places and time. In the Western world, this ideal of masculinity tends to include White, heterosexual middle-class men who are assertive, dominant and physically strong (Evans et al., 2011). In Western culture, this 'ideal' man controls his environment and emotions

From a mental health perspective, men and boys who adhere strongly to certain masculine norms (e.g., self-reliance, power over women) have worse mental health outcomes and social functioning than men who adhere less strongly (Exner-Cortens et al., 2021; Wong et al., 2017). Similarly, the more men attach to these norms, the less likely they are to seek help (Exner-Cortens et al., 2021; Wong et al., 2017). Thus, the physical and mental health impacts of certain masculinities make gender particularly important to understand as a determinant of health for all genders. Conforming to dominant expressions of masculinity can impact men's health outcomes in different ways. These outcomes are summarized in more detail in **Appendix B**.

Appendix B: Impact of Conforming to Dominant Expressions of Masculinity

The gender role norms model tries to understand men's conformity to dominant expressions of masculinity (Wong et al., 2017). From this psychological model, men's adherence to masculine norms can result in negative or positive outcomes. Wong et al. (2017) identified that certain attitudes like self-reliance and playboy behaviour in men are correlated with negative mental health outcomes. Stereotypical views of masculinity also mean men may be less likely to express their emotions than women (Courtenay, 2003). Physically, men have been found to underreport pain and they may hesitate to seek medical assistance (Courtenay, 2003). However, acting independently, being assertive and decisive can also be adaptive in some situations (Courtenay, 2003; Heller et al., 2016). For example, these characteristics have been linked to improving coping mechanisms in men when facing physical illness (Courtenay, 2003).

Research on the adverse health outcomes for all genders that can result from conformity of men and boys to health-harming masculine norms has led to a focus on masculinities in several global health programs. Research in this area is diverse, and is clear masculinities need to be framed within a specific context (i.e., the social construct of masculinity is not the same in Canada as the Middle East). Broadly, however, masculinity can be harmful to health and well-being when its ideas, attitudes, norms, and actions foster unhealthy views of what it means to be a man, including violence, homophobia and the subordination of women (Dozois & Wells, 2020). In addition, moving towards gender equality can be threatening to some men's sense of masculinity, which can lead to excessive use of violence and/or expressions of hypermasculinity in an effort to maintain the status quo (Pease, 2019).

Appendix C: Approaches and Theoretical Approaches of GTIs

GTIs are thought of as promising interventions to support men and boys to challenge and resist dominant masculinities², towards the goal of promoting social equality between men and women (Dozois & Wells, 2020; Dworkin et al., 2015). The activities and goals of GTIs are influenced by different theories that are the basis for the way in which restrictive ideas about masculinity are challenged within a specific intervention. While GTIs have been influenced by different theories and approaches, two primary underlying theories are 1) social norms theory and 2) intersectional feminism.

Social norms. Social norms are “rules or expectations on how to behave” (Dozois & Wells, 2020, p. 30) that are shared by a group and that are context-specific. Groups tend to reinforce social norms by pressuring their members to maintain expectations through social punishment or rewards (Dozois & Wells, 2020). When individuals follow a norm and then receive approval or encouragement from people who are important to them, it is more likely that they will follow the norm in the future. Social norms are impacted by context and thus can be labeled as acceptable or unacceptable in different settings.

The Social Norms Approach (SNA) was initially developed to address misperceptions around alcohol consumption (Orchowski, 2019). In the original approach, the theory suggested that people tend to over- or underestimate how often and how much other people drink (Orchowski, 2019). In the context of violence prevention, SNA suggests that individuals also under- or overestimate violent attitudes and behaviours other people engage in (Orchowski, 2019). For example, in terms of behaviours, youth tend to overestimate positive responses to peer violence within their social group (Orchowski, 2019). Similarly, adolescents can underestimate peer support for violence-free problem solving (Henry et al., 2013).

In GTIs that use a social norms approach, it is important to distinguish between descriptive and injunctive norms. Descriptive norms are learned by observing others and “are based on what we think other people do” (Dozois & Wells, 2020, p. 33). A common descriptive norm is whether you shake hands with people when greeting them – if you observe others in your social group shake hands, you will probably shake other people’s hands to acknowledge them. In terms of gender interactions, men and boys can overestimate the presence of gender-inequitable attitudes (e.g., violence perpetration; Brush & Miller, 2019a). This overestimation can then make them less likely to stop others from engaging in violent acts towards women/peers. Injunctive norms have to do with an individual’s estimation of whether their group will approve or disapprove of an action or idea (Dozois & Wells, 2020). In particular, men and boys can overestimate negative responses from their same-sex peers if they intervene in a specific situation (Brush & Miller, 2019b). Boys and men need positive feedback to encourage them to challenge gender-restrictive social norms. Feedback on norms can be provided individually, in groups, or through social marketing campaigns (Orchowski, 2019).

²Masculinity is a social construct that is affected by different cultures, settings, and time (Evans et al., 2011; we use the plural term “masculinities” to represent that there is not just one way of expressing masculinity, and that it varies across time and place).

In public health, social norms are considered important factors that need to change in order to stop violence towards women and girls (Brush & Miller, 2019a). GTIs that take a social norms focus within the public health model tend to be guided by the Reasoned Action Approach (RAA; Brush & Miller, 2019a). According to the RAA, individuals carry out a cost/benefit analysis of engaging in a behaviour (Brush & Miller, 2019a). This analysis takes into account whether a specific behaviour will be acceptable or unacceptable in the person's social group (and, whether someone is rewarded or punished by the group depends on whether the behaviour follows or goes against a social norm; Brush & Miller, 2019a). Based on this analysis, a person then decides whether or not to carry out or avoid a behaviour. The RAA targets injunctive and descriptive norms to create change in the way in which individuals analyse their behaviours and attitudes. In some situations, men and boys may believe that their involvement will result in shame, emasculation, and/or condemnation (Brush & Miller, 2019b). In contexts that promote dominant views of masculinity, these estimations tend to be true, and they protect men from being excluded from their social group. Thus, if the system is not challenged, it will be difficult for these men to question harmful views of masculinity. As such, it is critical to offer group interventions that challenge these norms within the broader peer environment. Many GTIs aim to modify these negative attitudes, beliefs, and behaviours to promote positive health outcomes by challenging social norms.

Intersectional feminism. Feminist theory strives to end oppressive practices based on gender, sexism, and sexual exploitation, by focusing on patriarchy, power, and privilege (Dozois & Wells, 2020). Within feminist thought, patriarchy is considered the structural basis for gender inequality (Dozois & Wells, 2020). In patriarchal systems, anything masculine is given more value than anything feminine (Dozois & Wells, 2020). Due to this appraisal, men have power and privilege over women. Feminist theory tries to challenge societal systems that are advantageous for men. It also acknowledges that patriarchy creates a violent environment for women (Dozois & Wells, 2020). Thus, feminist theory argues that violence against women will decrease when economic, employment, and income opportunities are more equal with the opportunities provided to men (Pease, 2019).

Intersectionality has roots in feminist thought from scholars of colour (Carastathis, 2014). The concept was first articulated by Kimberlé Williams Crenshaw (1991), and has had a significant influence on supporting women's rights around the world (Carastathis, 2014). **Intersectionality** describes the way in which overlapping identities intersect with oppressive, discriminating, and dominating systems and structures (Dozois & Wells, 2020). Although the theory is attributed to women's studies and feminist theory as a whole, Black feminists were the first to consider the impact of race while being a woman (Carastathis, 2014). Specifically, Crenshaw's description of the concept highlighted for the first time the importance of recognizing how systems of oppression overlap (as opposed to studying those systems separately; Carastathis, 2014). For example, an individual can be oppressed because of their gender, sexual orientation, and race. Crenshaw argued that definitions of discrimination that are not intersectional tend to be too simplistic and reduce events to one category, without taking into account an individual's unique experiences (Carastathis, 2014).

Carastathis (2014) describes four components that make intersectionality a strong methodological approach:

- Intersectionality considers multiple categories simultaneously. Someone can experience oppression due to their race, ethnicity, gender, socioeconomic status, etc. This theory provides an opportunity to understand the experiences of individuals that can be oppressed for different reasons.
- It acknowledges experiential and structural complexity by framing individuals in their social group.
- It avoids analysing phenomena by reducing them to one category. If a Black woman is being oppressed, both gender and race need to be considered to understand the systems of oppression and the structures that maintain these systems.
- Intersectionality is inclusive because it brings forward **social locations** that tend to be overshadowed by dominant systems and stories.

Combining feminism and intersectionality means recognizing the multiple and overlapping sources of power and oppression that individuals experience simultaneously (e.g., a Black man may experience power and privilege due to his gender, but oppression due to his race; Tatum, 2017). Intersectional feminism influences GTIs by demonstrating that men's and women's experiences need to be understood through the intersection of gender with other identify factors (e.g., race, class). For example, challenging dominant masculinities and discussing the impact of power and influence are important aspects of GTIs. However, GTIs that incorporate intersectional feminism understand that these discussions of power, privilege and patriarchy will not be the same with a group of White, heterosexual men living in poverty as with a group of Black, heterosexual, middle-class men, and that intervention content needs to be tailored to the group's social location in order to most meaningfully affect social change.



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