



Success Story: EngenderHealth

Gender Matters: Changing Teen's Perspective on Gender Roles and Working to Decrease Teen Pregnancy in Travis County, Texas

Overview

Texas has the third highest teen pregnancy rate in the United States¹ and a teen birth rate of 46.9 per 1,000 females 15-19 (33% greater than the national average).² The Youth Risk Behavior Surveillance System helps to provide an explanation for this high teen pregnancy rate; Texas teens are less likely than their national peers to use condoms, birth control pills, or any other form of contraception during sexual intercourse.³

Addressing gender norms is essential to improving the health of teens, but often prevention programs leave out these discussions.⁴ Gender Matters (Gen.M), an innovative gender transformative program developed by EngenderHealth, is working to change these rigid norms and increase healthy behaviors of teens.

While many factors contribute to sexual and reproductive health of teens, strict gender norms can be detrimental. Adolescent males who hold traditional attitudes toward masculinity (i.e. males should be strong and independent) report more sexual partners, are less likely to use condoms consistently, and are less likely to access health care. Similarly, adolescent females who hold traditional attitudes toward femininity (i.e. females should be nurturing and sentimental) are more likely to have an unintended pregnancy, less likely to use condoms consistently, and more likely to accommodate the desires of men.^{5,6}

Program Description

With funds from the Office of Adolescent Health, EngenderHealth partnered with SafePlace, a local domestic violence organization in Austin, Texas to facilitate Gen.M. Program participants are ages 14 to 16 and enrolled in Travis County's Summer Youth Employment program. Gen.M consists of five 4-hour workshops of facilitated curriculum, covering topics such as 'Understanding Gender,' 'Healthy Relationships,' and 'Skills to Prevent Teen Pregnancy.' The program also reinforces workshop content through text messages and Facebook, encouraging youth to create and post new media with their peers.

On the first day of Gen.M, facilitators ask participants to define gender. This task, while seemingly simple, opens the door to a meaningful discussion about gender stereotypes and societal messages. Participants identify the difference between gender, biological sex, and sexual orientation, and then brainstorm a list of gender messages such as: girls are expected to be quiet, pretty, helpful, and take care of others; boys are expected to be dominant, be "players," and provide for their family. Facilitators next guide a discussion about these "gender boxes" and break down the harmful messages. How does the expectation for boys to be "players" impact a romantic relationship? How does the expectation of "being quiet" impact a girls ability to say no to sex?



Finally, the group brainstorms alternative gender messages, creating a new list of norms for themselves. The new list helps participants break out of the traditional “gender box,” confidently decide what being a man or woman means to them, and reinforces respect. Each subsequent lesson in Gen.M builds off of this fundamental activity, and throughout the week, participants examine topics through this lens of gender.

Program Impact

A survey administered to 135 participants immediately after program completion indicated that the areas of knowledge gained by participants affected their intentions regarding safe sex behavior. Ninety-two percent of participants indicated that participating in Gen.M made it more likely that they (or their partner) would use a condom if they had sex in the next year. Ninety percent indicated that it was more likely that they would use (or ask their female partner to use) a method of birth control.

In-depth interviews conducted with 24 participants within two weeks of program completion show that Gen.M’s summer workshops have also been successful in sparking a transition toward empowered teens. Male participants noted that Gen.M encouraged them to reflect on their own beliefs about masculinity and act according to those beliefs rather than prevailing cultural norms about masculinity. One young man commented, “I’ve learned new things outside of those gender messages, you know, that I’m in control of me, that gender messages are a whole collage of other people’s opinions, and I don’t want to be a part of that, I want to have my own opinion. So I’m the boss of me, so I don’t really have to fall behind those gender messages as in like the normal American guy.”

The new conviction and confidence in participants reveals the program’s success and gives Gen.M high hopes for its long term impact on teen pregnancy prevention.

In addition, Engender Health partners with Columbia University’s Mailman School of Public Health and Mathematica Policy Research, Inc. to rigorously evaluate the impact of Gen.M using a randomized intervention-control group design with data collected at baseline (before program participation) and at 6- and 12- months after participants completed the program. The evaluation is looking at delay in the onset of sexual activity and increase in the use of condoms and contraceptives, in addition to altered definitions of masculinity and femininity and equitable attitudes toward intimate relationships among participants. Data from this study will be available in early 2015.

Gender Matters was recently awarded the 2013 Outstanding Emerging Innovation Award from the Healthy Teen Network. The Network's annual awards program recognizes outstanding accomplishments in the adolescent sexual and reproductive health field.



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¹ Kost, K., & Henshaw, S. (2013). *U.S. teenage pregnancies, births and abortions, 2008: State trends by age, race and ethnicity*. New York, NY: Guttmacher Institute. from <http://www.guttmacher.org/pubs/USTPtrendsstate08.pdf>

² Martin, J. A., Hamilton, B. E., Ventura, S. J., Osterman, M. J. K., & Mathews, T. J. (2013). *Births: Final data for 2011*. National Vital Statistics Reports 62(1). Hyattsville, MD: National Center for Health Statistics. Retrieved September 6, 2013, from http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_01.pdf

³ Centers for Disease Control and Prevention. (2012). 1991-2011 High School Youth Risk Behavior Survey data. Retrieved September 12, 2013, from <http://apps.nccd.cdc.gov/youthonline>

⁴ Jewkes, R. (2010). Gender inequities must be addressed in HIV prevention. *Science*, 329(5988), 145-147.

⁵ Petitfor, A. (2012). 'If I buy the Kellogg's then he should [buy] the milk': young women's perspectives on relationship dynamics, gender power and HIV risk in Johannesburg, South Africa. *Culture, Health and Sexuality*, 14(5), 477-490.

⁶ Pleck, J., Sonenstein, F., & Ku, L. (1993). Masculinity ideology: Its impact on adolescent heterosexual relationships. *Journal of Social Issues*, 49(3), 11-30.