

Guidance on Activities using Gender-Transformative Approaches

Why Gender-Transformative Approaches?

Many adolescent girls and young women face barriers that limit their ability to make informed decisions about their sexual and reproductive health and rights (SRHR). These barriers can contribute to unintended pregnancies, early marriage, school dropout, gender-based violence, limited access to family planning and delayed use of health services. The situation is even worse among youth with disability.

The SRHEYW programme therefore promotes Gender-Transformative Approaches (GTA) that contribute to reducing teenage pregnancies, increasing access to and use of SRHR information and services, strengthening reproductive autonomy and informed decision-making, promoting healthy relationships and gender equality, increasing participation of young women and girls in decisions affecting their lives and improving inclusion of persons with disabilities in SRHR programmes and services.

What is a Gender-Transformative Approach?

A GTA goes beyond providing information or services. It seeks to address and transform the underlying social norms, attitudes, practices and power relations that limit the health, rights and opportunities of women, girls and persons with disabilities. A GTA enables women, girls and people living with disabilities (PWD) to exercise their rights, influence decisions and access services without discrimination.

What Types of GTA Does SRHEYW Support?

There is no single way to implement a GTA. Different organizations may contribute through different approaches. Common denominators of GTA include a gender/power analysis, participatory processes, youth and women leadership in the process, multi-level and interlocking repeat interventions, engagement of men and boys as clients, partners and change agent, and safeguarding against gender-backlash. Among many others, "[SASA!](#)", "[Men as Partners](#)", "[Girl-Led Advocacy](#)" and "[Community Conversations](#)" are examples of GTA.

1. Empowerment and Reproductive Autonomy

Activities strengthen the ability of young women, girls and PWD to make informed decisions about their health and lives.

Examples:

- SRHR education programmes
- Girls' clubs
- Peer educator programmes

- Advocacy, leadership and public speaking empowerment
- Reproductive autonomy programmes

Expected contribution:

- Increased confidence and self-efficacy
- Better knowledge of SRHR rights
- Improved ability to seek and use SRHR services
- Increased ability to make informed decisions regarding family planning, relationships and education

2. Community Norms Transformation

Activities challenge harmful social norms and practices that contribute to poor SRHR outcomes.

Examples:

- Community dialogues
- Faith leader engagement
- Discussions on adolescent SRHR
- Community campaigns against stigma and discrimination

Expected contribution:

- Reduced acceptance of harmful norms and misconceptions on gender and disability
- Greater community support for girls' education and SRHR
- Increased acceptance of young people's access to SRHR services

3. Male Engagement

Activities engage men and boys as positive partners and allies.

Examples:

- Male champion programmes
- Father engagement initiatives
- Couple communication sessions
- Community role-model campaigns

Expected contribution:

- Greater support for girls' and women's choices
- Shared decision-making
- Reduced resistance to SRHR service use

4. Leadership and Representation

Activities increase participation and influence of women, girls and PWD.

Examples:

- Youth participation in community structures
- PWD advocacy groups
- Youth-led campaigns

Expected contribution:

- Increased voice and representation

- Greater influence on decisions affecting health and wellbeing
- Increased participation in community leadership positions

5. Systems and Service Transformation

Activities improve responsiveness and accessibility of institutions and services.

Examples:

- Advocacy for youth-friendly services
- Disability-inclusive health services
- Citizen feedback mechanisms
- Evidence generation and use

Expected contribution:

- Improved access to quality SRHR services
- Reduced barriers to care
- More responsive health systems

What Does NOT Qualify as GTA?

The following activities alone are generally not considered gender-transformative:

- One-off awareness sessions
- Distribution of information materials only
- Activities that generate information without support to remedial action
- Activities that focus only on knowledge transfer
- Activities that do not address barriers, norms or power relations
- Activities that do not involve meaningful participation of beneficiaries

Such activities may still be valuable and contribute to SRHR outcomes but are not considered gender-transformative on their own.

Principles for All GTA Activities

All SRHEYW-supported GTA activities should have an evidence base that they:

- Analyse power relationships and work towards balancing them
- Promote reproductive autonomy and informed choice
- Contribute to improved SRHR outcomes
- Meaningfully involve young women, girls and/or PWD
- Engage men and boys as clients, partners and change agent
- Promote inclusion and accessibility
- Challenge harmful norms, barriers or discrimination
- Support sustainable community-led change
- Use multi-level and interlocking repeat interventions
- Follow a do-no-harm approach