



How Do Understandings of Gender and Youth Translate into Practice?

Examining EngenderHealth's Teen Pregnancy Prevention Program 'Gender Matters'

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Laura Dominguez

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Members of the Examining Committee:

Dr. Dubravka Zarkov (Supervisor)

Dr. Wendy Harcourt (Reader)

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Disclaimer:

This document represents part of the author's study programme while at the Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

Inquiries:

Postal address:

Institute of Social Studies
P.O. Box 29776
2502 LT The Hague
The Netherlands

Location:

Kortenaerkade 12
2518 AX The Hague
The Netherlands

Telephone: +31 70 426 0460

Fax: +31 70 426 0799

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List of Acronyms

CRC	Convention on the Rights of the Child
DHHS	Department of Health and Human Services
FP	Family Planning
GAD	Gender and Development
Gen.M	Gender Matters
GMDoI	Gender Matters Declaration of Independence
ICPD	International Conference on Population and Development
IGWG	Interagency Gender Working Group
INGO	International Non-governmental Organization
ISS	International Institute of Social Studies
MAP	Men as Partners
NGO	Non-governmental Organization
OAH	Office of Adolescent Health
RH	Reproductive Health
SGS	Synchronizing Gender Strategies
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USG	United States Government

Abstract

Gender has come to be understood as a key consideration in most development interventions. However, the concept of gender has largely become equated with women only. This has significant effects for how programs are designed and on associated outcomes. In order to promote more comprehensive and nuanced conceptualizations of gender, it is key to understand the process by which an organization translates its understanding of gender from an idea to actual practice, including how this interacts with understandings of other key concepts, such as youth, that are utilized and addressed in an intervention. This paper examines how these two concepts play out in a gender-transformative teen pregnancy prevention program called Gender Matters, implemented in Austin, Texas, United States, by the large international women's health organization, EngenderHealth. The concepts were explored and compared through three main sets of data: organizational documents and the Gender Matters curriculum, interviews with staff, and workshop observations. Findings were then framed within the broader literature on gender, masculinities, and youth in development. Additional areas explored include consideration of the gender-transformative nature of the program, the new concept of gender synchronization, and the influence of donors on understandings of the key concepts. The overarching purpose of the study was to examine the case of one organization that utilizes a comprehensive understanding of gender in its programming and to learn what implications this may have for the broader field of gender and development practice.

Relevance to Development Studies

Given the fact that gender is now considered an essential element in program design, but that it is still mainly equated with "women," it is important to understand how an organization turns its particular understanding of gender into reality and from where these ideas originate. Within gender programming, gender as a concept is rarely the sole focus, and therefore it is key to also examine how it interacts with other concepts that are part of an intervention. As gender-transformative interventions are not the norm, learning from one such program can provide valuable insights into how other organizations might enhance their own gender interventions. In addition, consideration of the implications of the new concept of gender synchronization for gender programming as well as how the assumptions and philosophies of donors may shape an organization's programmatic approach are critical issues in development. Finally, as a so-called 'developed' country, the United States is often overlooked as a site of development itself, despite its being most worthy of examination.

Keywords

Gender, youth, masculinities, gender-transformative, gender synchronization, teen pregnancy prevention, donors, Texas, United States

Chapter 1: Introduction

1.1 Nature of the Research Problem

Gender relations are incredibly complex and involve both women and men, girls and boys, and consideration of those outside the gender binary and the power relations and structures that shape them. However, gender in the development world has come to be mostly equated with women only. This significantly impacts how programs are designed and on associated outcomes. The Gender and Development (GAD) approach attempted to move beyond this simplistic notion of gender and to analyze development processes as gendered at all levels (Jones 2006, Rai 2002). Not only did this approach attempt to bring about social justice for women as inherently valuable beings, but to do so by acknowledging the predominantly unequal relations between women and men that are responsible for the disadvantages plaguing so many women worldwide (Rai 2002). Further, two major international gatherings, the 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth Conference on Women in Beijing, heralded a new recognition of the need to engage men and boys in sexual and reproductive health (SRH) initiatives and generated pledges to put this into real practice. The ICPD especially promoted a rights-based framework and highlighted male engagement as important in achieving positive health outcomes for women and men, and that this engagement is key in the promotion of gender equality (Promundo et al. 2010). This led to the creation of programs focusing on strategic gender partnerships in which alternative male role models are utilized, and cooperation and negotiations between women and men are seen as vital (Cleaver 2002).

However, the GAD agenda has largely been co-opted within the international aid and donor industry, including by INGOs, states, and international financial institutions, some of which have misinterpreted this expanded understanding of gender and others which have purposefully clung to the ‘gender equals women’ conceptualization as the more benign approach to gender equality interventions (Rai 2002, Women and Gender Equity Knowledge Network (WGEKN) 2007).

This research is an attempt to understand the process by which one organization that goes beyond the simple ‘gender equals women’ approach translates its conceptualization of gender into practice. I ask what happens along the way as different actors are involved, and how the concept of gender interacts with other concepts, such as youth, that an intervention addresses. The organization in question is EngenderHealth, with focus on its Gender Matters (*Gen.M*) program for youth.

1.2 Contextual Background

1.2.1 Teen Pregnancy in the U.S. and Texas

Teen pregnancy is one issue among many others in the realm of SRH on which the U.S. government (USG) formulates its international and domestic policies that are linked to different types of funding. The United States Agency for In-

ternational Development (USAID) is a significant implementer and recipient of USG funds for international issues, and its funding depends on the U.S. Congress, inextricably linking it to political dynamics (Potts 1996). Since the mid-1980's, socio-religious conservatives have gained increasing influence over SRH policy (Crane and Dusenberry 2004). Consequently, as Kelly and Geller (2008: e35) state: "...the current situation is one of reduced or canceled funding to agencies and an insistence on linking funding with adherence to religious faith-based values." Three policies particularly illustrate this influence. The first is the "Global Gag Rule," a policy: "...which restricts...NGOs...in developing countries that receive USAID family planning funding from engaging in most abortion-related activities, even with their own funds" (Crane and Dusenberry 2004: 128). The result was restriction of abortion-related activities and cut funding for many organizations providing vital services in other areas of reproductive health/family planning (RH/FP) (Crane and Dusenberry 2004). The second is the withholding of U.S. funds from the United Nations Population Fund (UNFPA) since 2002 due to uncorroborated claims that UNFPA funds were used in China for forced sterilization and abortions. Since the U.S. previously supplied one-third of the agency's funds, this has important implications for RH programs worldwide (Kelly and Geller 2008). Finally, there is the policy that "...one-third of the US HIV/AIDS prevention funds—more than \$133 million annually—must be used to promote abstinence and 'faithfulness...'" – and, despite their ineffectiveness, such programs continue to be implemented (Kelly and Geller 2008: e37). It is within this context of U.S. stances on SRH policy that I examine the problem of teen pregnancy.

Within the 'developed' world, the U.S. has the dubious distinction of having not only the highest rate of teen pregnancy but also of sexually transmitted infections (STIs). This holds true for the teen birth rate (Stanger-Hall and Hall 2011). Among a sample of five other developed nations comparing

Map 1.1: Texas, U.S.



Credit: Google Maps

rates over the period 2002-2005, the U.S.' teen pregnancy rate was 72.2 per 1,000 births among 15-19 year-olds, six times higher than the lowest rate of 11.8 in the Netherlands, and nearly twice the next highest rate of 41.3 in the U.K. Comparing 2006 birth rates among these same nations, the U.S. (41.9)

had eleven times the rate of the country with the lowest rate, again the Netherlands (3.8), and about 1.5 times the next highest rate of 26.7, again in the U.K. (Stanger-Hall and Hall 2011: 2). Although the teen birth rate has decreased significantly since the beginning of the 1990s, in 2009 it was still 37.9, significantly higher than comparable countries (The National Campaign to Prevent Teen and Unplanned Pregnancy 2012). Although the age of sexual onset is now quite similar among many of these countries, it appears that the major difference is the frequency of contraceptive use (Santelli et al. 2007).

Within the U.S., Texas has the third highest teen birth rate. Comparing the U.S. national rate with that of the state of Texas in 2010, the contrast is startling: among 15-19 year-old females, the rate was 39.1/1,000 nationally and 63.4/1,000 in Texas (Smith et al. 2011: 1). Pregnancy rates are usually higher than birth rates due to early termination of pregnancies. In 2008, Texas ranked 48th out of 50 states, with 85 pregnancies per 1,000 girls aged 15-19 (Smith et al. 2011, The National Campaign to Prevent Teen and Unplanned Pregnancy 2013). The teens most likely to become pregnant, both nationally and in Texas, are minorities, particularly Hispanics and African Americans, in that order (Smith et al. 2011, Tortolero et al. 2011). While the African American teen birth rate has decreased markedly since 1981 (although still high), the Hispanic teen birth rate has remained above average and continues to be higher compared to other groups (Tortolero et al. 2011).¹ High rates of teen pregnancy also often correlate with lower socio-economic status although there are clearly other factors that can impact the incidence of teen pregnancy, such as cultural context, education level, and degree of contraceptive access (Smith et al. 2011, Stanger-Hall and Hall 2011).

This leads us to the local context of the Gender Matters program: Travis County, Texas. In 2010, Travis County, hosting the Texas capital of Austin, had a teen pregnancy rate of 21.0/1,000 among the 13-17 age group, slightly lower than the Texas state average of 21.4/1,000 (Texas Department of State Health Services 2012b). By comparison, out of over 250 Texas counties, Travis County ranked 8th in teen births to mothers age 17 and younger. Hispanic births accounted for over 80% of these, followed by 10% African American, and 8% Caucasian (Texas Department of State Health Services 2012a). Demographically, in 2012 the county was approximately 50% Caucasian, 34% Hispanic, and 9% African American (U.S. Census Bureau 2013). Thus, despite its essentially average teen pregnancy rate within the state, its teen birth rate far exceeds those of most other counties, and Hispanics account for a disproportionate percentage thereof. The top 12 zip codes in Travis County for teen pregnancy are where most of the Gender Matters participants live. These same zip codes are also of lower socio-economic status, with families residing there earning Travis County's lowest median incomes.² Most participants are either Hispanic or African American, although the latter comprise the majority.³ Alt-

¹ The teen birth rate for non-Hispanic white females was approximately 58/1,000 in 1981 versus about 40/1,000 in 2008; for Hispanic females, it was 100/1,000 in 1981 and in the high 90's/1,000 in 2008; for non-Hispanic African American females, it was about 105/1,000 in 1981 versus about 65/1,000 in 2008 (Tortolero et al. 2011: 3-4).

² EngenderHealth 'Gender Matters Program Brief,' hereafter 'GMPB.'

³ Author's fieldwork.

though overall teen pregnancy rates are higher for Hispanics than for African Americans, because the program relies on the Travis County Summer Youth Employment Program for participants, the program composition depends upon who enrolls in the employment program and agrees to participate in Gender Matters.⁴

1.2.2 EngenderHealth

EngenderHealth⁵ defines itself as a U.S.-based, international non-profit organization focusing primarily on global women's health issues. Headquartered in New York, it has 12 offices in Africa and 3 in Asia. It currently works in more than 20 countries in Africa and Asia and also in the U.S. Its focus areas include FP, maternal health, HIV/AIDS and STIs, strategic gender partnerships – working with men – to promote RH, improving healthcare quality (clinical), and policy advocacy. EngenderHealth's mission statement is the following:

EngenderHealth works to improve the health and well-being of people in the poorest communities of the world. We do this by sharing our expertise in sexual and reproductive health and transforming the quality of health care. We promote gender equity, advocate for sound practices and policies, and inspire people to assert their rights to better, healthier lives. Working in partnership with local organizations, we adapt our work in response to local needs (EngenderHealth n.d.b).

In 2011, EngenderHealth's total operating revenue was over US \$59 million. Its primary funder (approximately \$46 million) was USAID, followed by individual and institutional donations (about \$13 million), and "Other (non-U.S.) government grants, contracts, and miscellaneous income" (about \$224,000) (EngenderHealth 2011: 14). It also had non-operating revenue of approximately \$1 million. About 82% of its expenses were for program services, 17% for administration, and 1% for fundraising. Its Board of Directors includes an Executive Committee, regular members, and Directors Emeriti (EngenderHealth 2011: 14, 19).

EngenderHealth⁶ was originally founded in the U.S. in 1943 as a small volunteer group focused on advocacy for access to voluntary surgical sterilization, as contraception was illegal at the time. An institutional history document states:

The centerpiece of our mission then, and still today, was ensuring that individuals considering sterilization had all of the information they needed to make a real choice as to whether it was right for them. We opposed forced sterilization....⁷

It specifically targeted everyday individuals, healthcare staff, and legislators and used an evidence-based advocacy approach. This work was its focus for its ini-

⁴ J. DeAtley, 26 August 2013, hereafter 'DeAtley-26-08-13.'

⁵ Information in this paragraph taken from www.engenderhealth.org, especially: 'Financial Information,' 'Our Countries,' 'Our Offices,' 'Our Work,' and 'Who We Are.' No page numbers or dates indicated on the website.

⁶ EngenderHealth 'Our History (as of 2008),' hereafter 'OH2008.'

⁷ OH2008: 1.

tial 25 years; once sterilization became a commonly accepted practice, its attention shifted to helping people utilize these services. In 1962, its official name became the Association for Voluntary Sterilization (AVS). In 1972, it moved from being a domestically-focused organization working on education and advocacy on sterilization issues to an international organization working on both women and men's reproductive health, with the focus remaining on voluntary sterilization services. EngenderHealth worked with healthcare staff, partner organizations, and governments to set standards for basic, quality RH services, such as clinic safety, sanitation, and informed consent. It became increasingly recognized for its technical expertise on surgical sterilization and associated consent processes. In 1984, the organization again changed its name, to the Association for Voluntary Surgical Contraception (AVSC). In 1993, the AVSC expanded its work to include post-abortion care for women. As its services had expanded into additional areas within reproductive health, albeit still emphasizing sterilization and family planning, the AVSC changed its name again to EngenderHealth in 2001. As of 2008, EngenderHealth had worked in more than 100 countries and extended its services to over 100 million individuals.

In 1996, EngenderHealth's "Men as Partners" (MAP) program was founded, in order to simultaneously advance gender equality and achieve positive reproductive health outcomes for families and communities (EngenderHealth n.d.a). Some of the MAP strategies include:

- Holding interactive, skills-building workshops that confront harmful stereotypes of what it means to be a man
- Enhancing health care facilities' capacity to provide men with quality care by training health care professionals to offer male-friendly services
- Leading local and national public education campaigns, using murals, street theater, rallies, and media, which explore the theme of partnership
- Building national and international advocacy networks to create a global movement" (EngenderHealth n.d.a).

MAP programs have mostly been implemented internationally, in Latin America, Asia, and Africa, although there is one program in the U.S. (EngenderHealth n.d.a).

1.2.3 Gender Matters (Gen.M)⁸

In 2010, the U.S. Department of Health and Human Services (DHHS) Office of Adolescent Health (OAH) awarded EngenderHealth a research and demonstration grant to implement the Gender Matters program in Travis County, Texas, for a 5-year period, ending in 2015. The OAH was established under the Obama administration's DHHS, and EngenderHealth was awarded the grant in order:

⁸ Unless indicated otherwise, information in sections 1.2.3 and 1.2.4 comes from GMPB, field observation, and interviews with A. Levack, J. DeAtley, and facilitators that took place in July/August 2013.

...to develop, replicate, and test a new and innovative teen pregnancy prevention strategy. The project is part of a larger effort instituted by HHS to implement contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teenage pregnancy.⁹

EngenderHealth describes Gender Matters as “...an innovative, science-based intervention that incorporates cutting-edge research on gender-based attitudes and behaviors to prevent teenage pregnancy,” designed to be a gender-transformative program (Levack et al. 2013).¹⁰ Teens between the ages of 14 and 16 are the target audience and are also part of the Travis County Summer Youth Employment Program, from which they are recruited. Most are at particular risk of teen parenthood, as they predominantly come from the top 12 zip codes in the county regarding teen pregnancy rates. As part of its effort to improve these statistics, Gender Matters focuses on altering three key behaviors among its target audience:

- Youth delay the onset of sexual intercourse
- Youth increase the use of the most effective contraceptive methods, including hormonal contraception and the IUD
- Youth increase consistent and correct use of condoms.”¹¹



Credit: EngenderHealth

The abbreviation *Gen.M* is the informal term for the program, “...a youth-friendly terminology that also

refers to the newest generation of young people, which is often called Generation M, because of their intense exposure to media” (Levack et al. 2013: 1). The program is comprised of three main components. First, youth participate in a curriculum-based workshop that takes place over half-days during a period of one week (20 hours total, 4 hours per day). The second component is video material, in which participants create their own messages throughout the week about topics they have learned. Footage is edited and compiled into a short film that is later screened to the community (Levack et al. 2013). A Facebook and SMS text campaign comprises the third component.

A series of *Gen.M* workshops takes place during the summer on a staggered schedule, with a week in between workshops so that staff can prepare for the next one. Three groups of participants run concurrently in the mornings for four hours, and three more run concurrently in the afternoons, with 10-15 participants per group. Each group has two facilitators, one female and one male. During the rest of the year, program staff work on reporting/compiling program data, reviewing feedback from recent workshops to make adjustments, and implementing facilitator trainings to prepare for next summer’s workshops, among other standard project management activities. The first set of workshops took place in the summer of 2011, and the last set will take place in 2014. The final year of the program, 2015, will be spent on

⁹ GMPB: 2.

¹⁰ GMPB: 1.

¹¹ GMPB: 1.

finalizing the replication guide and the evaluation of data gathered by Columbia University. EngenderHealth is hoping to replicate *Gen.M*, both domestically and abroad, after the program ends. Currently, no concrete plans or funding exist, but it is clear that the evaluation results will be an important foundation for future roll-outs.

EngenderHealth is working on *Gen.M* with three partners in different capacities. The first is SafePlace, an organization working to combat sexual and domestic violence and its effects on individuals and communities. It works:

...through safety, healing, prevention and social change, and accomplishes this goal by offering a breadth of programs and services, including case management and counseling services, supportive housing and emergency shelter, and the notable Expect Respect program which provides school-based support groups and counseling, youth leadership activities, and educational programs in schools and community settings.¹²

SafePlace has been involved with *Gen.M* since the curriculum was first developed, providing key feedback on the content. Its facilitators are contracted to carry out the workshops. The Travis County Summer Youth Employment Program is also a partner. It is described as:

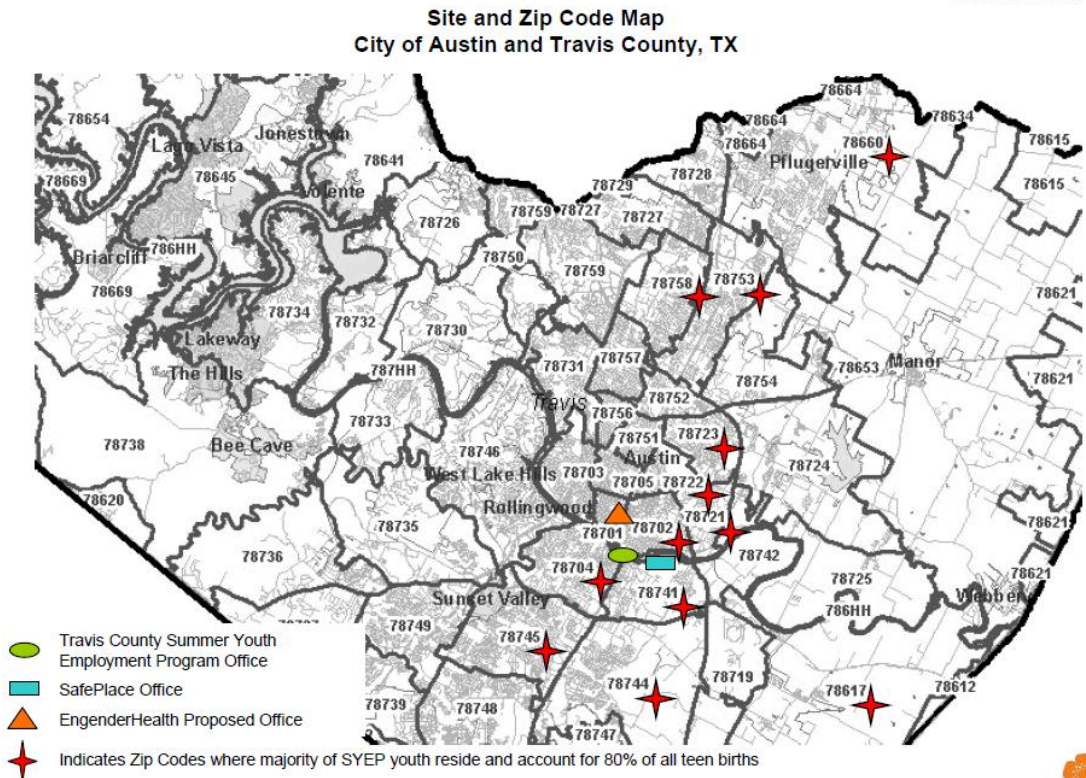
...a work-based youth development program that places youth between the ages of 14 and 17 in meaningful, community enhancing work which develops positive work habits and prepares them for a future as productive citizens.¹³

Although participation in *Gen.M* is voluntary, participants are paid \$150 for the week spent in the workshops, pro-rated based on attendance. *Gen.M*'s third partner is the Mailman School of Public Health of Columbia University, which is implementing a process evaluation of *Gen.M*. For the evaluation, which is part of making *Gen.M* an evidence-based program that may be replicated, facilitators fill out a daily 'fidelity log' (fidelity is to what degree the curriculum is followed according to what is written), which tracks if activities were completed, and, if any changes were made in the implementation, what those were.

¹² GMPB: 2.

¹³ GMPB: 3.

Map 1.2: Top 12 *Gen.M* Zip Codes



FOA No. OPHS/OAH-TPP PREP Tier2-2010: EngenderHealth Gender Matters Project
Credit: EngenderHealth



1.2.4 EngenderHealth and *Gen.M* Staff

To understand the process of translation, it is key to understand who the individuals are who bring *Gen.M* to life. Andrew Levack is the Director of U.S. Programs and *Gen.M*'s Project Director (also the former Director of the global MAP program); he has a Master's in Public Health. Jenifer DeAtley is a U.S. Programs Manager and coordinates *Gen.M*.; she is a Licensed Master Social Worker. Mr. Levack and Ms. DeAtley are two of the three primary authors of the curriculum, along with former global MAP Director, Lori Roller, now an independent consultant; she has two Master's – in Public Health and Social Work (Levack et al. 2013). This summer, there were twelve facilitators, six women and six men. *Gen.M* strives for racial/ethnic diversity of facilitators to reflect the diversity of participants, and one woman and one man comprise each pair to enhance their relate-ability to the workshop groups, which include both sexes. Facilitators include African Americans, Hispanics, one Asian American, and Caucasians (Caucasians are the majority), and their ages range from early 20's to mid-40's. They have a diversity of educational backgrounds: three have a Master's in social work, one has a Bachelor's in theater, two are licensed counselors, and two have no undergraduate degree.

1.2.5 Socio-Political Context of EngenderHealth's/Gen.M's Programming: U.S. Sexual Politics

EngenderHealth is influenced by its primary donor, the U.S. government, via USAID and DHHS, and linked to prevailing global and U.S. political discourses around gender, sexuality, and reproductive health. As an international actor, the U.S. tilts global discourses and actions according to its domestic priorities, which are highly politicized and have resulted in restrictions enacted on development contractors receiving USG funding. Like other organizations, EngenderHealth is not immune to these influences despite its own vision and priorities.

“Public health is political,”¹⁴ Mr. Levack stated in our first conversation. Males (2010) describes how both the media and politicians in the U.S. constantly instigate so-called moral panics among the public, warning of the need for regulation of youth sexuality and the dangers of inaction. Much discourse in the media is uninformed and linked to one end or the other of the political spectrum, and can include racialized discussions within which, for example, black sexuality is often seen as uncontrolled and socially dangerous.

One of the first markers of the rise to dominance of sexual conservatives in domestic politics was 1996 legislation that provided federal funding for abstinence-only sex education programs to tackle teen pregnancy (Gilbert 2004). Although this funding has decreased since then, it is still one of only two categories of federal funding for sex-education from which states may select. The second is the already-mentioned Obama administration funding that *Gen.M* received as part of more comprehensive sex education programs, supported by several large reproductive rights organizations, such as Planned Parenthood and NARAL Pro-Choice America, which also promote public access to RH/FP services (di Mauro and Joffe 2009). Their work is intimately linked to both state and national politics. A prime example is from the Texas legislature during my field visit in Austin. At issue was stringent abortion legislation – which ultimately passed - with wide-ranging implications for women’s abortion access and to other RH/FP services in Texas (DeLuca 2013). The event mobilized the public in ways not seen in years. Thus, when the law changes, programs such as *Gen.M* must adjust their content to new regulations. It is in such ways that international, national, and state political dynamics profoundly shape how sex education is taught in the U.S and by U.S.-sponsored organizations internationally.

1.3 Research Questions

My primary research question is:

How do EngenderHealth’s assumptions regarding gender and youth translate into intervention practice, as illustrated in the teen pregnancy prevention program Gender Matters?

My sub-questions are:

¹⁴ A. Levack, 10 June 2013.

1. What are the meanings of the main concepts used by EngenderHealth in the *Gen.M* program - gender, masculinities, gender-transformative, gender synchronization, and youth - in relevant **organizational and program documents**?
2. How does the EngenderHealth and *Gen.M* **staff** (from managers to workshop facilitators) understand those concepts?
3. How are those concepts ‘translated’ into intervention **practice** in the workshops with youth?
4. What are the influences of **donor politics** on the meanings of the concepts and their implementation?
5. How do those different understandings and implementations of the concepts relate to the **larger socio-cultural-political context of U.S./Texas** sexual politics?

1.4 Research Objectives and Justification

My main research objective is to contribute to current academic literature on how NGO and donor conceptualizations/assumptions about and practices regarding gender and related concepts are implicated in strategies for promoting the transformation of gender relations. I also hope that my findings will be of practical and policy use to NGOs working in the field of gender equality and youth.

I strongly believe that academic literature within the social justice arena can, and should, contain an activist element, serving as a springboard for examining critical issues within the world of human rights, and in my particular case, gender justice. There are countless expressions of power and elements of diversity along the line connecting academic, activist, and intervention policies and practices, and donor priorities. In addition, there is a need for consideration of how the new concept of gender synchronization may impact the field of gender programming. As a so-called ‘developed’ country, the U.S. is often seen only as a donor, overlooked as a site of development intervention. This research suggests that those two issues are linked, and that U.S. sexual politics is important both domestically and internationally. Finally, much research on development interventions focuses on the ‘beneficiaries,’ while I believe it is also critical to interview the individuals from ‘development industry’ practice who design, manage, and implement programs. I believe that my personal experience working for a large INGO, including in a health unit (which allowed me to see how gender is understood and implemented in certain interventions), has enriched my contribution.

1.5 Research Process and Methodology

1.5.1 Data Collection Methods

This is qualitative research that entailed the use of several different methods of data generation and sources. These included direct observation of *Gen.M* workshops, interviews with EngenderHealth managers/technical experts and facilitators, and secondary data analysis of organizational and program documents as well as academic literature. Some quantitative secondary data is included to provide information on the context and the program.

Primary data collection was undertaken in July and August 2013. In the second week of July, I observed the first of three sets of *Gen.M* workshops in Austin, Texas, disclosing my presence and general purpose of my research to each group. I rotated workshop groups in order to observe different pairs of facilitators and participants. In July and August, I conducted interviews with Mr. Levack, Ms. DeAtley, Ms. Roller, two EngenderHealth staff who also serve as facilitators, and six facilitators from the partner organization SafePlace, with the goal of having opinions of a diverse group of individuals engaged in the program. Interviews with program staff are important since staff has practical implementation experience as well as specific understandings of gender and youth. Managers were the key source of information regarding donor influences. Direct interviews with participants were not undertaken at EngenderHealth's request, due to participants already undergoing interviews as part of the ongoing evaluation process.

Secondary data include the *Gen.M* curriculum, an institutional history document, a program overview document, EngenderHealth gender- and youth-related documents, and the EngenderHealth website. The gender document is 'Synchronizing Gender Strategies: A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations' (2010), co-authored by Mr. Levack - as an EngenderHealth employee - for the Interagency Gender Working Group (IGWG). The IGWG is "...a network comprising...NGOs...USAID...cooperating agencies...and the USAID Bureau for Global Health..." (Greene and Levack 2010: 33). The youth document is 'Youth-Friendly Services: A Manual for Service Providers' (2002), produced by EngenderHealth. These documents provide information regarding EngenderHealth's understandings of gender and youth and its assumptions about gender relations.

1.5.2 Methodological Strategies

The overarching methodological strategy entails a comparison of EngenderHealth's conceptualizations of gender (and the related concepts it uses) and youth with how these are viewed in the academic literature – thus, the concepts in-practice are explored with a critical academic lens. It is therefore first important to articulate what comprehensive understandings of these concepts and their relationships might be in academic literature and to then establish EngenderHealth's institutional understandings/meanings thereof for comparative analysis. An articulation of each concept was constructed based on documents and interviews. In examining EngenderHealth's 'understandings,' I equally consider the organization's written material, staff perspectives, and (observed) implementation, assessing the consistency between them. Lastly, I utilize an intersectional approach in order to consider gender and youth alongside other social categories.

I coded each type of data based on which of the specific concepts was discussed. For interviews, the questions were organized into different sections following the first four research questions: meanings of the concepts, processes of 'translation' into practice, and influence of donors. I did not ask facilitators about donor influences because they do not interact directly with the donor. I did not include specific questions on meanings of gender-transformative practices because I felt this information would be expressed in answers to oth-

er questions, and, because of the multi-level meaning of gender-transformative, this would be something I would need to interpret myself.

1.5.3 Limitations of the Research

EngenderHealth is one of many organizations that address gender in their programs, and also only one of a smaller, yet significant, group of organizations that promotes their programs as gender-transformative. As such, the findings of this study are particular to EngenderHealth and not generalizable to other organizations, although insights regarding their links may be made. In addition, my data collection was mostly limited to the Austin-based, U.S. programs *Gen.M* staff and contracted facilitators (with the exceptions of Mr. Levack and Ms. Roller, as former directors of the global MAP program). I did not interview headquarters-based staff, largely because the focus was this particular program based in Austin and also because of the strong perspective from headquarters brought by Mr. Levack. Further, I did not directly interview anyone from *Gen.M*'s donors but relied on reflections about donor influences from EngenderHealth managers. Finally, I did not interview workshop participants, as the main focus of my research is on those who design and implement *Gen.M*. Through my observations and facilitator interviews, some views of the participants are present, nevertheless.

1.6 Organization of the Paper

Chapter 1 provides an introduction to the research topic and information regarding the research process. Chapter 2 describes the theoretical perspectives informing the research, discussing connections to current academic literature relevant to the study topics. Chapter 3 specifically examines EngenderHealth's 'understandings' of the key concepts, while Chapter 4 analyzes how these 'understandings' translate into the workshops. Chapter 5 presents overall conclusions and final reflections.

Chapter 2: Theoretical Perspectives Informing the Research

To contextualize the research within the broader understanding of gender - moving beyond 'women-only' - a number of points are noteworthy. First, the inclusion of men in development programming is effective only if men are included "...as a gendered category in a feminist sense – involving unequal power relations between men and women and between men..." (Chant and Gutmann 2002: 271). Further, while there is significant support for engaging men, the action (and planning) needed to make this idea into reality has been insufficient. Despite this, many practitioners worry that women may be overshadowed or shut out if men are introduced to gender interventions on a wide scale (Chant and Gutmann 2002). This presents an interesting dilemma in program implementation.

In addition, when gender policy does mention men, they are mostly seen as oppressors of women and not as a heterogeneous group with potential for strategic gender partnerships that can improve the lives of both women and men. These partnerships are needed to achieve true gender equality. Among programs that do engage men, reproductive health is one of the most prevalent sectors (Cleaver 2002). Finally, there is a need to further explore the best ways to promote more gender-equitable behavior in men within different stages of the life cycle, and within the larger context of "...the implications of global political economy, structural inequalities, [and] radical multiculturalism..." (Cleaver 2002: 22).

It is for such reasons that EngenderHealth's *Gen.M* program, which attempts to address many of these issues, is worthy of examination. My research considers these concerns and recommendations as it explores the ways that one organization engages men – in this case, adolescents and youth – linking it with gender equality and within the specific context of the U.S. and the state of Texas. In order to examine this engagement, I will outline some of the contemporary theorizing of gender, masculinities, and youth that will serve as a springboard for my critical reflections on the *Gen.M* program.

2.1 Gender, Masculinities, and Gender-Transformative

To ground my discussion on gender, I begin with Joan Scott:

...gender is a constitutive element of social relationships based on perceived differences between the sexes, and...a primary way of signifying relationships of power (Scott 1986: 1067).

She maintains that the first portion of her definition includes four interconnected components, areas in and through which gender operates: "culturally available symbols," "normative concepts that set forth interpretations of the meanings of the symbols," "social institutions and organizations," and "subjective identity" (Scott 1986: 1067-68). She explains the second portion of her definition: "It might be better to say, gender is a primary field within which or by means of which power is articulated" (Scott 1986: 1069). This is significant because it considers not only the implications of gender as an instrument on

the micro-level but also possibilities for social change on a structural level. As such, I will use the levels of gender mentioned to examine the *Gen.M* program in order to see which of these levels it addresses, and, correspondingly, to what degree the program may be considered gender-transformative.

Scott further critically states that: "...gender must be redefined and re-structured in conjunction with a vision of political and social equality that includes not only sex, but class and race" (Scott 1986: 1075). This reference to other social relations of power, what would later be termed 'intersectionality,' is of key relevance to reflections on how programs can be most impactful. Citing Crenshaw, Winker and Degele (2011: 51) define intersectionality as follows:

...instead of merely summarizing the effects of one, two or three oppressive categories, adherents to the concept of intersectionality stress the interwoven nature of these categories and how they can mutually strengthen or weaken each other.

Utilizing an intersectional approach in this research is important in order to examine the relationship between gender and youth in the context of a community where race/ethnicity and class are significant elements of gender relations among youth, as well as directly related to the high rates of teen pregnancy (as the statistics presented earlier show).

A key concept in considering masculinities is that of 'hegemonic masculinity,' which also serves as commentary on the predominant gender structure in most societies and is applicable to multiple levels of relationships:

'Hegemonic masculinity' is always constructed in relation to various subordinated masculinities as well as in relation to women. The interplay between different forms of masculinity is an important part of how a patriarchal social order works (Connell 1987: 183).

This concept will also be relevant in my analysis. Connell (1987) specifically addresses class, race/ethnicity, and homosexuality as elements of marginalized and subordinated masculinities. Using her conceptualization of multiple but hierarchical masculinities, I will be able to analyze how *Gen.M* defines the masculinities of youth: only as a relation between male and female youth, or also as a relationship among male youth of different class, racial/ethnic, and sexuality backgrounds.

A relevant point for my research is Connell's (2005) discussion on the dilemma between specialized policies regarding women and men, girls and boys, versus integrated, equalizing policies that do not isolate a particular group. This dilemma is addressed by *Gen.M* through the use of the 'gender synchronization' concept (Chapter 3), which implies simultaneous work with both female and male youth. Indicating support of such programs as *Gen.M*, Tobing-Klein (2009) has also argued for the recognition of the importance of men and boys for work on gender equality. Sternberg and Hubley (2004) highlight that even the popular SRH sector lacks substantial male engagement activities. *Gen.M* thus provides a relevant example for consideration.

Gender-transformative practice is perhaps one of the most exciting for feminist contemplation. Kabeer (2001) discusses how power, the medium of change, may be expressed in three spaces: subjective (linked to socio-cultural-institutional norms/practices), interpersonal, and institutional. She notes that the subjective element affects "both dominant and subordinate" individuals

(Kabeer 2001: 227). The interpersonal exercise of power is the most visible, but the deepest transformation of gender relations requires the mobilization of power in all these areas (Kabeer 2001).

Kabeer (2001: 261) also discusses the “transformatory potential” of NGOs, noting the relevance of how individuals “...are positioned within NGO strategies - as needy clients or as socially constrained but competent actors” and an “...emphasis on new forms of collective awareness and association” in which individuals “...challenge the belief systems which legitimize their subordination, to analyse their own situations and problems, and to come up with their own strategies” (Kabeer 2001: 261-262). She notes that NGOs must empower individuals to mobilize for enduring change at the policy level (Kabeer 2001). Kabeer’s discussion of three levels of power can be related to Scott’s discussion on gender, and both will be relevant for assessing the claim of *Gen.M* as a gender-transformative program.

2.2 Gendering Youth

Regarding an understanding of the concept of youth, I believe it is key to see youth for who they are now, not only for who they may be in the future, a contrast expressed as “human-becomings.”¹⁵ To elaborate:

The lived experience of young people is not limited to the uneasy occupation of a developmental way station en route to full-fledged cultural standing. It also involves its own distinctive identities and practices, which are neither rehearsals for the adult “real thing” nor even necessarily oriented to adults at all (Bucholtz 2002: 531-532).

This relates to the challenge of defining (children and) youth. Within development, the most powerful model of childhood is described by White (2003: 13) as:

...a culturally and historically specific, Western, mainly middle-class model...based on a homogenising notion of childhood as a basically biologically driven ‘natural’ phenomenon in which children are separated from adults by specific physical and mental (as opposed to social) characteristics.

This model also equates childhood with victimhood and innocence, requiring adult protection and guidance in socialization. Yet children and youth may also be seen “...as threat to adult society (often with implicit reference to older, ‘deviant’ children and...the boy-child)...” (White 2003: 13-14). A final key point of the model is the focus on individual characteristics versus association with social groups. This model originates in developmental psychology and social work, while other academic traditions have explored ideas of childhood, such as anthropology, sociology, and development studies, but do not have such clear contributions as the others, despite their general adoption of the

¹⁵ Presentation by Auma Okwany: “Children, Youth and Social Policy,” at the Institute of Social Studies, 11 April 2013. http://moodle.iss.nl/pluginfile.php/34175/mod_folder/content/10/Session%20%20Children%20Youth%20and%20Social%20Policy%20Notes.pdf?forcedownload=1

dominant model. However, new ideas of childhood (and youth) have been put forth in fields such as child work and sexuality, among others. The former proposes that work may not always be dangerous or negative in children's lives and that education and work are not necessarily mutually exclusive. The latter has argued that information on SRH issues should be children's right, and adult control of children's sexuality is often based on morality rather than practicality (White 2003).

In addition, my understanding of youth entails a view of them not as a 'problem' but as individuals shaped by problematic structures (Ginwright et al. 2005). Bucholtz (2002: 534) states: "...it is not adolescent pregnancy itself but the community's response to it that creates a social problem." Further, related to seeing youth as agents, I believe youth participation is a key element in programming, although the type of participation may vary. Finally, a rights-based perspective towards youth is critical. This view originated with the creation of the Convention on the Rights of the Child (CRC) (Valentin and Meinert 2009). Considering this topic area of health, it seems especially fitting that a rights-based perspective should be adopted regarding youth, as we have already seen this same perspective so diligently struggled for with regard to adult sexual and reproductive health. All of these points are important in examining conceptualizations of youth within *Gen.M*.

Although youth studies have tended to focus more on male youth, neglecting female youth as equally legitimate objects of analysis, within SRH practice, young women have been the predominant focus, rooted partially in long-standing ideas about RH/FP as female issues (Bucholtz 2002, Chant and Gutmann 2002, Sternberg and Hubley 2004). Notably missing from much 'youth' scholarship is an intersectional approach to how youth's lives are uniquely shaped by individual circumstances/traits, while "...many scholars emphasize gender differences in the adolescent stage, in keeping with the perception that such patterns occur generally across cultures" (Bucholtz 2002: 528). Further, the communities from which they come are frequently depicted as "...static, apolitical, and bereft of the underlying social and economic factors that create and sustain youth marginalization," indicating a lack of acknowledgment of the ways in which youth are continuously impacted by these communities (Ginwright et al. 2005: 30). There is thus a tendency to homogenize youth, both as a group and as gendered binaries. Part of my research aims to explore the degree of *Gen.M*'s intersectional perspective.

In the U.S., youth are often confronted with contradictory messages about gender roles, as an increasingly gender-equal society still frequently promotes traditional messages. This influence extends to the realm of sexuality, in which females particularly experience these conflicting ideas, encouraged to maintain a virginal image while still satisfying the sexual needs of male partners. For male youth, gender messages are often more consistent – sexual confidence, strength, etc. - yet not necessarily easy to attain. While the media often promotes conflicting messages, parents - key in shaping youth's gendered notions of self – also communicate confusing gendered ideas of youth sexuality (Epstein 2008). Regarding sexuality education, Allen (2011: 69-70) notes:

Research indicates that boys are more positive than girls about...mixed-gender classes. [However,...]both young men and women acknowledge that being in a mixed gender environment affords the possibility of learning about the other gender.

Some female youth cited a preference for single-sex groups for fear of being seen as promiscuous if expressing sexual knowledge/interest and due to immature male behavior, yet not all female youth share these views (Allen 2011). Gendered messages can therefore affect the internal dynamics of sex education classes. *Gen.M* provides a unique opportunity to study mixed-sex groups that explicitly discuss gender in the content.

Chapter 3: EngenderHealth’s ‘Understandings’ of Key Concepts¹⁶

3.1 Gender, Masculinities, Gender-Transformative, Gender Synchronization

To begin, I shall articulate EngenderHealth’s understandings of the concepts of gender and masculinities, including analysis of the two related concepts: gender-transformative and gender synchronization. I will first present the ways those are defined in key documents, and then how staff reflects on them.

In the *Gen.M* curriculum, it states that “...unlike sex, [gender] is society’s expectations about how you are supposed to act based upon your sex” and “Gender roles are learned, and gender attitudes can change over time” (Levack et al. 2013: 45). The concept of gender is further explained in the ‘Synchronizing Gender Strategies’ (SGS) document, where gender “...refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women” (Greene and Levack 2010: 28). In the curriculum, a note to facilitators on Day 1 addresses the diversity of gender norms in society:

It is important to emphasize that most of us receive mixed messages about gender. Families in the same culture may have different ideas about gender, just as individuals within the same family may have different ideas about how men and women should behave. Despite this diversity, some common gender messages persist. The purpose of this activity is to identify these common gender messages and decide whether we want to adhere to them (Levack et al. 2013: 46).

Three related concepts are addressed in the SGS document. First is gender equality: “... equal treatment of women and men in laws and policies, and equal access to resources and services within families, communities, and society at large” (Greene and Levack 2010: 28). The second concept, ‘constructive men’s engagement:’

...promotes gender equity; increases men’s support for women’s sexual and reproductive health and children’s well being; and advances the reproductive health of both men and women. Men can be constructively engaged as clients, supportive partners, and as agents of change (Greene and Levack 2010: 28).

Third is a gender relational perspective:

...reflects the idea that gender norms, roles, and vulnerabilities—and the meanings of masculinities and femininities—are constructed through the individual and collective interactions between women and men and...between everyone in society. The social meanings of mascu-

¹⁶ Beyond documents cited or other sources noted, information in this chapter comes from interviews with A. Levack, J. DeAtley, L. Roller, and facilitators that took place in July/August 2013.

linities and femininities—and all that happens because of these meanings—are constructed in contrast and relation to each other (Greene and Levack 2010: 29).

Above, the document thus also explains a conceptualization of masculinity and further notes that, “Masculine and feminine roles and norms are so often complementary and mutually reinforcing...” (Greene and Levack 2010: 21). It is worth noting that the *Gen.M* curriculum also explicitly addresses the question of masculinity as “...societal norms about being a man...” (Levack et al. 2013: 5).

In order to fully comprehend EngenderHealth’s ‘understanding’ of gender, it is necessary to examine its conceptualization of a ‘gender-transformative’ approach and ‘gender synchronization’ as a strategy for transformation. *Gen.M* is designed to be gender-transformative by using an ecological model, meaning that it attempts to address multiple levels of society that shape gender norms, from the individual level to “...diverse and interconnected social groups, systems, and structures...” (Promundo et al. 2010: 15).¹⁷ Within the field of gender-transformative programming, it is commonly described with reference to practices that:

...seek to transform gender relations through critical reflection and the questioning of individual attitudes, institutional practices and broader social norms that create and reinforce gender inequalities and vulnerabilities (Promundo et al. 2010: 14).

The curriculum includes an introduction that presents the concept of ‘gender-transformative’ actions and practices and explains why it is an important way of designing interventions, including why EngenderHealth embraces this approach:

...reproductive health interventions can make explicit connections between societal constructions of gender and reproductive health. This approach...provides a way of reflecting on the emotional and societal context within which sexual behaviors are enacted, in particular the broader struggles, aspirations, desires, and needs that motivate men’s and women’s behaviors. These types of interventions have been defined as “gender transformative”...because they bring groups of young men and women together to explore rigid societal messages about masculinity and femininity; examine the costs that these norms have for men, women, and communities; and redefine social norms regarding gender roles (Levack et al. 2013: 6).

In this discussion, the focus is clearly on gender roles. Gender power relations are only mentioned in the section regarding why gender is important in programming, within the context of power inequities in heterosexual relationships linked to negative health outcomes (lower condom use, etc.) and gender-based violence. There is discussion of ‘acquiescent femininity,’ “...characterized by accommodating the interests and desires of men” and mention of different types of masculinity that allude to gender hierarchies, but no further discussion on those hierarchies and specific (economic, political, institutional) gendered

¹⁷ A. Levack, 11 July 2013.

social structures (Levack et al. 2013: 6). The notion of unequal power relations and their connection to teen pregnancy are implied, but the significance of these power relations, beyond different ideas about gender roles, is not further reflected upon, despite their vital role in determining health outcomes. Finally, in all the above definitions of gender-transformative, an intersectional lens is not visible.

However, the importance of power within structures is described in the SGS document in discussing women-focused gender-transformative programs:

...work with women often focuses more prominently on deconstructing the sources of power that perpetuate the oppression of women. This power exists within various levels of society, and includes: 1) individual access to information, education, and skills; 2) access to economic resources and assets; 3) social capital and support; 4) political agency; and 5) empowering policies...By addressing these power dynamics, women are more able to ensure their health and well-being (Greene and Levack 2010: 4).

Thus, EngenderHealth's understanding of gender-transformative interventions in relevant documents entails the following: substantial attention to gender roles; linking gender norms and roles produced by society to their impacts, particularly those that are harmful; consideration of multiple levels of society that shape behavior; a process of reflection followed by a need to redefine prevailing gender norms and roles; improvement of power inequities between women and others in society; progressing women's standing in society; and promoting equity.

The SGS document introduces the concept of 'gender synchronization' as a higher level of gender-transformative programming. It explains that while single-sex programming may be effective, gender-synchronized programs are important for more meaningful social change. This is because harmful gender norms are produced and reinforced by women and men and thus both must work to deconstruct, examine, and reconstruct them. A basic definition of gender synchronization is provided:

Gender-synchronized approaches are the intentional intersection of gender-transformative efforts reaching both men and boys and women and girls of all sexual orientations and gender identities. They engage people in challenging harmful and restrictive constructions of masculinity and femininity that drive gender-related vulnerabilities and inequities and hinder health and well-being (Greene and Levack 2010: 5).

Gender synchronization may take place in three different ways:

- “• Programs that start with addressing the needs and vulnerabilities of women and girls, and then identify constructive ways to engage men in these efforts;
- Programs that start with men and boys to deconstruct harmful gender norms, and then expand this work to engage both sexes; and
- Programs designed to engage both sexes from their inception” (Greene and Levack 2010: 8).

Gen.M falls into the third category, in which female and male youth are engaged jointly from the beginning, in the same workshops. To clarify, men and

women do not necessarily need to be in the same space in order for an approach to be considered gender-synchronized:

There are very good reasons why women and men should be given their own spaces to learn and process information. In addition, certain organizations may have the skills to address one group vs. the other...So a gender synchronized approach requires intentional work with both men and women, but could be implemented in separate spaces or by even by separate organizations, as long as it is done in an intentional and coordinated manner.¹⁸

This concept was coined in 2009 during a meeting of gender programming practitioners, the output of which was the SGS document.¹⁹ In addition, part of the inspiration for *Gen.M* came from this meeting's discussions about gender synchronization.

Program staff's understanding of meanings of the main concepts is also important. The Project Director, Mr. Levack, stated that while his own experience has predominantly involved working with men and boys, gender must be seen as beyond only this group, that the inherently relational nature of gender necessitates working with women as well as men. Both must "...really question and redefine gender norms..." although since gender permeates all of society, gender norms must change not only on the individual level but also within communities and institutions. He also described the importance of utilizing an ecological model in gender-transformative programming to effect the greatest change because the workshops can only be successful if the outside world facilitates the practice of these new ideas about gender norms and equality. Further, he cited the usefulness of women and men listening to and learning from one another in the same space as part of gender-synchronized practice to transform gender norms.

Program Manager Ms. DeAtley also acknowledged the need for gender to include both women and men and the importance of both sexes exploring gender norms in the same space, especially since "...teen pregnancy prevention is constantly being looked at as a girls' problem." She also noted EngenderHealth's push to ensure that work on gender included community mobilization. When asked about the absence of an explicit LGBT element in the program, she acknowledged the challenge of heteronormativity faced by these participants and how *Gen.M* attempts to show youth that how they express their gender should be up to them.

Curriculum co-author Lori Rollerer also highlighted the need for gender to include both women and men and noted the contradictory messages that American girls receive. She further mentioned the need for gender-transformative interventions using the ecological model in order to challenge current gender norms and noted the difficulty of working in the U.S. context due to less obvious gender inequality. Finally, she stated that the term 'gender' is confusing to many and may need to be reframed: with youth, it is an abstract concept and has to be made more concrete, perhaps by equating it with 'respect,' which most teenagers understand.

¹⁸ M. Avni, 9 October 2013.

¹⁹ A. Levack, 10 October 2013.

Regarding the engagement of boys, when asked about obstacles, staff noted that initially it can be more difficult to get boys to share their true feelings on emotional/intimate topics. There might be greater discomfort with same-sex interactions, and female-victim blaming and male bashing must be monitored. Responses to a question about indicators of success in boys' engagement included more respectful language and behavior, greater comfort in same-sex interactions, increased participation and attentiveness, ability to demonstrate knowledge learned, personal goal articulation (regarding teen pregnancy prevention), and positive change in key indicators (attitudes regarding gender norms, decrease in teen pregnancy, etc.).

Gen.M facilitators' discussion about gender within *Gen.M* focused primarily on the societal sex-based expectations for women and men, on gender as learned behavior that influences one's actions. Several noted that it is flexible/temporal, and one cited her use of the "Genderbread Person"²⁰ (a visual tool that differentiates between gender identity, gender expression, biological sex, and attraction) to explain gender. Notable was how most facilitators distinguished between societal expectations regarding gender versus *Gen.M* teaching youth that gender is something they must decide for themselves. Significantly, one facilitator also noted that 'gender' is not always used consistently in *Gen.M*, and that this can be confusing for participants; for example, in the Gender Fishbowl activity, participants are separated based on biological sex, not asked which gender group they most identify with.

3.1.1 Discussion

EngenderHealth thus understands gender to be: a sex-based societal reference entailing certain expectations for each sex and subsequent constructions of gender roles; something that is flexible and temporally-specific; a relational concept that necessarily involves both women and men; necessitating consideration of multiple levels of construction, from the individual-level to the societal; and involves consideration of social structures that can limit or promote gender equality. What is also clear, however, is that there is some variation in the conceptualization depending on the source and the actor. For example, the organizational gender documents and individuals with the most experience in gender programming (who were also curriculum authors) communicated the most comprehensive understandings of gender, close to Scott's (1986) different levels of gender: subjective identities, norms/ideology, and institutions/structures. Although *most* facilitators focused on norms/ideology and subjective identities, there was an awareness of the institutional level, although primarily related to how this impacts subjective identities versus actual structural relations of power.

There are, however, two areas that are less visible. First is the issue of power. The curriculum briefly mentions *individual power dynamics*, and *structural relations of power* are noted in the organizational document and by curriculum authors with past gender experience, but the curriculum itself does not focus explicitly on power relations and their significance. It alludes to power by dis-

²⁰ S. Killermann: <http://itspronouncedmetrosexual.com/2012/03/the-genderbread-person-v2-0/>

cussing how gender norms and roles can restrict or expand ones possibilities, but there is not an outright discussion about power imbalances in relationships. Structural relations of power are also suggested in the references to media and in interviews, when Texas' conservative political environment is linked to restrictive health laws, but other aspects (such as economic structures) are not explored in the curriculum. Awareness of these structural relations of power appears to be expressed more in the ecological design of the program (e.g. workshops, videos/community film, and social media) than as part of the curriculum itself. What is not present are more substantive discussions on how gender permeates other areas of society, such as the state, education, and the market – a broader discussion on how gender operates in powerful ways through the structures that shape everyone's existence, beyond gender roles, on a daily basis.

Second, an intersectional approach is absent. Although the different challenges confronting women and men are consistently discussed, and there is mention of different gender norms and roles within 'cultures' and families, no mention is made of the mutually reinforcing disadvantages faced by women and men regarding race/ethnicity, socio-economic status, sexuality, age, etc. Although the *Gen.M* curriculum and interviewees acknowledge the social and economic diversity of participants, with the exception of one interviewee (discussed in Section 3.2), this acknowledgment does not delve further into how the combination of these differences along with gender shape the lives of participants in unique ways that make addressing their individual risks for teen pregnancy distinctly challenging.

Thus, we can see that, in relation to Scott's (1986) conceptualization of gender, *Gen.M* documents and staff mostly address gender norms/ideology, as constant reference is made to female/male gender messages and associated effects – especially gender roles - in discussions and activities. Institutions are mostly referenced via the use of media although there are discussions about how family shapes gender norms and roles, health clinic services and healthcare structures, and about the legal system when parental consent requirements are linked to clinic access. Subjective identities are addressed particularly in relation to norms/ideology and some institutions.

As to the understanding of a 'gender-transformative' approach, Mr. Levack sees community mobilization in the U.S. as more challenging than in many developing countries, making this model harder to implement. As such:

...what *Gen.M.* is trying to do a little bit is create other ways of reinforcing those [gender] messages...within our insular workshop environment. We create a...Facebook campaign where they have a...shared group, where they can... talk to each other about gender issues...we take all these videos, and we make a movie about it, and then we invite those kids to come back and watch this movie...we're trying to be creative about what are some other ways that we can create a reinforcing environment, if we can't do that through... community mobilization and social activism throughout Austin.

In my review of the curriculum as well as in my discussions with Mr. Levack, I have noted the clear influence of lessons learned in-practice regarding gender-transformative programming, particularly from organizations like ProMundo – for example, use of the ecological model, the focus on the identi-

fication, reflection, and questioning of gender norms, and linking gender norms to their effects. This indicates that the commitment to the gender-transformative model is not merely rhetorical, but that significant research into this type of programming was used to inform the design, in addition to the curriculum authors' own experience. At the same time, these individuals are aware of the limitations of this approach within the U.S. context of conservative sexual politics and societal ambiguity around gender.

Thus, *Gen.M* has a chance to be gender-transformative in the areas of individual subjectivities and norms/ideology (especially in relation to gender roles regarding reproductive health) because the program's foundation lies in the questioning and redefining of current gendered realities on these levels. The level of institutions, however, is less prominent. There is some acknowledgement of a few structural influences (noted earlier), and EngenderHealth makes an effort to effect change on the community level via the video/film and social media components. However, the absence of most institutions and structural relations of power from the curriculum and the challenges of the U.S. external environment make change less conducive on the higher levels of the ecological model.

Finally, EngenderHealth maintains that it is trying to embody a higher level of gender-transformative programming by using a gender-synchronized approach. As seen earlier, gender synchronization can, but does not require, working with individuals in the same space or even only within one organization. Greene and Levack (2010) explain that gender synchronization may not be appropriate for all gender programs. Considering that the U.S. is merely one setting among many in which gender synchronization could take place, it is certainly critical to contextualize a particular program because while *Gen.M*'s same-space synchronization approach may be suited to the overall degree of gender equality and environment of gender relations in the U.S., in other countries in which gender relations are more contentious and unequal, this may be an inappropriate strategy. Conversely, if programs are done with women and men separately and/or by separate organizations, to what degree may this be effective in transforming gender relations on a broad level? Also, how much concrete, long-term, and multi-level influence can one organization realistically be expected to have? Given that EngenderHealth is gradually moving to a mostly gender-synchronized framework for its MAP programs, it is important to address these questions.

3.2 Youth

Within the *Gen.M* context, EngenderHealth defines youth as between the ages of 14 and 16 (Levack et al. 2013: 1). The document about youth-friendly services provides a broader definition of youth:

Youth, the period between childhood and adulthood, involves distinct physiological, psychological, cognitive, social, and economic changes. We will use several terms...to describe individuals in this age range, who are between ages 10 and 24. These terms include *youth*, *young people*, *young adults*, *adolescents*, and *teenagers*. Technically, adolescents are defined as individuals ranging in age from 10 to 19, while youth are defined as individuals between ages 10 and 24 (EngenderHealth 2002: 31).

The document explains that RH services must be youth-friendly in order to respect young people as individuals and to promote effective service (EngenderHealth 2002). Notably, it also states that:

...The quality of care given to youth may increase substantially when providers understand cross-cultural issues of adolescent development. These include autonomy, identity development, body-image concerns, and peer-group identification (EngenderHealth 2002: 3).

Finally, the manual describes characteristics relevant to four different areas integral to making services youth-friendly: programs, service providers, health facilities, and youth perceptions of a program. Several significant elements mentioned are: including youth in program design, acknowledgement of the role of parents, and the need for tailor-made services for youth (EngenderHealth 2002: 47).

In the interviews with EngenderHealth staff, I asked if they could share with me some of the characteristics that stand out to them most when they think of the workshop participants. I received a wide variety of answers and noted interesting differences regarding the answers of facilitators and of the program managers/designers. The former noted the following qualities: curious; outgoing; smart; cautious; passive; caring; willing to learn; uninformed/misinformed; sometimes stereotypical teenagers, sometimes not; wanting information they are not sure how to access; appreciative of non-judgmental attitudes and respect (not something teens always get); in-touch with most media messages and affected by them; extremes in terms of personality; and “the adjectives change throughout the week.” The overarching theme, however, was that there is no one ‘typical’ participant.

The responses by Mr. Levack and Ms. DeAtley include: at-risk for teen pregnancy; from areas with a lack of resources around education; eager to learn; lacking knowledge; sponges; not different from other kids; non-homogenous; most in zip codes with very high rates of teen pregnancy; at-risk although most (not all) also have supportive/protective assets (parents, church, etc.); diverse socio-economically, ethnically, and regarding school achievement; some have a low chance of teen pregnancy regardless of *Gen.M*; and there is no average kid. Ms. DeAtley asked me to clarify the question several times and ultimately moved from a focus on broader characteristics to individual characteristics (like the facilitators).

My understanding of the primary reason for differences in the answers is the interviewees’ frames of reference. The facilitators’ role involves days-long, direct, personal interaction with youth. Although the program managers - who were also curriculum designers - have some interaction with the youth, they have a more strategic, management-focused perspective, and they also interact with the donor, who holds their work accountable.

A second youth-related question to facilitators was about how the diversity²¹ of the participants shapes their facilitation. Their responses indicated that they primarily saw diversity in terms of personality, maturity, degree of sexual/romantic experience (often correlating with age), previous knowledge about

²¹ I purposefully did not define this term for them.

sexual health, and general life experience, and to some extent regarding race/ethnicity and associated norms/experiences. LGBT issues were also noted by a facilitator. One facilitator stated that she adjusts facilitation based on a feel for the group's degree of previous knowledge and that it depends on what they bring to the table. Another facilitator highlighted age and 'cultural' background - meaning racial/ethnic norms in particular - as significant in shaping the diversity of a group. She stated that she believes that greater acknowledgment of the participants' diverse 'cultural' backgrounds (especially Hispanic and African American) is needed due to how differently each culture can shape the gender norms relevant to the youth. She noted that although this issue had been raised with EngenderHealth by SafePlace facilitators the first and second years of the program, the decision was that if they addressed the needs of one sub-group, they would have to address all of them, and there is not enough time to do this. This facilitator noted that even a short amount of time to address it would be helpful. In order to both maintain fidelity and to add this acknowledgment of culture on their own, she and her co-facilitator add brief discussions on race/ethnicity to two activities (Gender in the Media and the Gender Fishbowl). Another facilitator mentioned that although he feels the curriculum somewhat addresses diversity, such as identifying diverse sexual orientations, the fidelity requirement makes dealing with most diversity harder; the focus is on following the curriculum, and there is not enough time to learn about individuals' backgrounds in order to tailor the program to their specific needs.

Several facilitators did not feel overly restricted by the fidelity requirement, but most did find it to be a challenge. The relationship between keeping fidelity and addressing diversity presents an important dilemma. On one hand, EngenderHealth is committed to making *Gen.M* an evidence-based program, for which fidelity is key to evaluating the program. Yet, if facilitators feel that important differences - not just basic diversity of age, maturity and sexual experiences but also race/ethnicity and socio-economic background - of participants cannot be properly addressed, it likely restricts the program's relevance to participants and thus impacts its effectiveness in preventing teen pregnancy.

The third question concerned how much of a youth perspective the interviewee felt the curriculum has. There was a range of answers that also somewhat varied between facilitators and program managers, though not as much as with the youth characteristics question. One facilitator said she was not sure, that some kids seem to love the curriculum, while it is harder to tell with others. She noted that it can be hard to keep up with the most current media (specifically, music) and that age determines how much the youth can relate to the material due to variations in experience. Another, younger, facilitator, however, said that the curriculum definitely has a youth perspective, based on his discussions with, and observations of, the participants as well as the fact that he believes it is relevant material. A third facilitator stated that he thinks it does, especially in the use of media, because it helps participants open up to discussing different sides of a topic - for example, why choose not to use a condom. Another facilitator said that she did not feel that youth had to be involved in the writing and design in order for a curriculum to reflect a youth perspective although youth input in other ways is key.

Regarding program managers' views on youth input in creating the curriculum, Ms. DeAtley noted that although youth were not involved in the initial

writing and design of *Gen.M*, she used what she knows about working with young people. Mr. Levack stated that he did not feel that including youth directly in the initial writing and design process was necessary. He felt that professionals who have years of experience and expertise in these topics are best-suited to design the overall curriculum and that field-testing it with youth and obtaining their feedback is the best way to include contributions from youth. Ms. Roller (as a co-author) felt that there was a sufficient youth perspective.

3.2.1 Discussion

Altogether, youth are seen as a diverse population of individuals who are respected for who they are, and all interviewees appreciated the challenging life circumstances of many participants (poverty, home life, etc.). Yet, there appears to be a gap between the complexity of the youth's life circumstances and the degree to which this fact is addressed in the curriculum. Proposals to integrate an intersectional approach have been declined due to the claim of insufficient time to address such diversity within the period of the workshops.

Concerning Bucholtz' (2002) point about youth being treated only as if preparing for the future, *Gen.M* participants appear to be seen both for who they are now and who they may become. While the youth are clearly being engaged in the hope of preventing future teen pregnancies, staff does appreciate the current circumstances of their lives and realizes the program is only one small part of it. Related to this, staff echoes Bucholtz' (2002) statement that the youth are not the problem, even if teen pregnancy is.

Gen.M's age parameters were set based on the age range in which intervention to prevent teen pregnancy is most relevant. Although *Gen.M* participants are teenagers between the ages of 14 and 16, most interviewees refer to them as 'young men' and 'young women.' This stood out to me as a way of affording a higher level of respect for the youth, despite their age.

Finally, I understood a rights-based framework to be important to staff. Significantly, the U.S. is the only country in the world that has not ratified the U.N. CRC and so is not legally obligated to comply with any of its provisions regarding children's right to information and the best possible health. Conservative political opposition to the treaty, including concerns that its ratification might sanction abortion, were responsible for the failure to ratify (Rutkow and Lozman 2006). Consequently, programs such as *Gen.M* are working against dominant U.S. politics on youth's right to comprehensive sexual and reproductive health, which also affects youth's access to resources. This persistent work of *Gen.M* against the grain of conservative, domestic U.S. views of gender and youth, and specifically of youth sexual and reproductive rights and health, should be recognized and respected.

Chapter 4: Gen.M: from Curriculum to Workshops

In the previous chapter, I outlined the meanings of main concepts used in the *Gen.M* program as they appear in organizational documents and as understood by staff. Here, I analyze how those concepts are translated into social intervention – into a workshop designed to address teenage pregnancy. As I take an intersectional approach, the structure of this chapter no longer follows the separate concepts, but the workshops days – I look at how those concepts are used in the workshops to address the complex realities of the young participants. As already stated, race/ethnicity and class are largely absent from the curriculum, but they are integrated into the workshops by some facilitators. I will analyze their presence in the workshops, along with age and sexual experiences of youth and gender – with explicit attention to masculinities and femininities.²²

4.1 Curriculum/Workshop Overview

The *Gen.M* curriculum is divided into five sessions, one for each of the five half-days of the workshop. The topics of the sessions are the following:

“Session 1: Understanding Gender

This session helps youth become aware of, question, and redefine gender norms in ways that build equitable relationships and promote health and well-being.

Session 2: Healthy Relationships

This session helps youth understand the characteristics of healthy and unhealthy relationships while building skills to ensure that their own relationships are fulfilling, enjoyable, and healthy.

Session 3: Big Decisions

This session helps youth understand the challenges of being a teen parent and build skills in making healthy decisions about sexual activity.

Session 4: Skills for Preventing Pregnancy

This session teaches youth about pregnancy and STIs and builds their skills in preventing both through the consistent and correct use of condoms.

Session 5: Taking Action to Prevent Teen Pregnancy

This session teaches youth about the most widely accessible hormonal and long-acting contraceptives and where to obtain them. It also asks youth to identify personal behaviors that they intend to sustain or change so as to prevent pregnancy” (Levack et al. 2013: 2-3).

²² Unless otherwise indicated, information in this chapter is from the author’s field-work and interviews with facilitators that took place in August 2013.

There is also a tool known as the Gender Matters Declaration of Independence (GMDoI), which consists of six statements that promote independent decision making and healthy choices and practices regarding sexual activity and relationships:

- “- I am the boss of me.
- I decide what being a man or a woman means to me.
- I treat others in the way I want to be treated.
- I make my own decision about if and when to have sex.
- I use protection every time I have sex.
- I go to the clinic to get tested and protected” (Levack et al. 2013: 37).

The GMDoI is repeatedly referenced throughout the curriculum. Each half-day equals one session, comprised of several related activities, each with its own objective, all contributing to that day’s overall objective. At the end of each substantive activity, there is a review of the key messages of that activity, part of the curriculum’s use of ‘Fuzzy-Trace Theory.’ Through repetition of certain messages, this theory “...aims to leave youth with gist traces...of desirable choices they can access cognitively when making important decisions about relationships and sex” (Levack et al. 2013: 8). As mentioned, each pair of facilitators includes one female and one male, and they specifically work only with all-female/all-male groups at times, although always still in the same room. Groups I observed had between nine and ten participants and were mostly evenly split by sex. African Americans usually represented the majority of participants, followed by Hispanics and Caucasians, with a mix of ages. There were three types of adaptations that could be made during the workshops: green-, yellow-, and red-light adaptations. Green-light means the change is still in line with the curriculum and to simply proceed; yellow-light requires reflection whether the change will still adhere to the curriculum’s objectives and pedagogy; and red-light means to not proceed with the change. While there is no official adaptation guide, facilitator trainings include information on determining the type of adaptation, indicating that only green- or yellow-light adaptations should be made.²³ What follows is a day-by-day analysis of how the concepts that are the focus of this study are translated from the curriculum into the workshops.

4.2 Day 1: Understanding Gender

The objective of Day 1 is to help “...youth become aware of, question, and redefine gender norms in ways that build equitable relationships and promote health and well-being” (Levack et al. 2013: 28). *Gen.M* opens by presenting the concept of gender to participants, establishing it as a foundational reference for the rest of the week (Levack et al. 2013). As a mixed group, participants first discuss a variety of societal gender messages, including how negative stereotypes can be harmful. Next, participants learn the basic differences between biological sex, gender, and sexual orientation (hetero-, homo-, and bi-sexual). Participants brainstorm about different topics related to social messages, ex-

²³ J. DeAtley, 16 October 2013.

pectations, and experiences based on and related to their sex. A group discussion follows in which facilitators explain how negative messages (such as the expectation for men to have multiple partners or for women to leave decision making to men) may increase teens' likelihood of unintended pregnancy. The two lists of (female and male) gender messages are kept for reference during the rest of the workshop. The participants generate lists of new gender messages (female and male) which are linked to the GMDoI message, "I decide what being a man or woman means to me" (Levack et al. 2013: 48). They compare the old and new lists as a group and discuss their implications. Participants then examine gender in the media, scrutinizing music lyrics and derogatory and positive images of women and men; they consider what may be harmful or helpful to women/men that these materials communicate and how they may now see advertising and music differently. The point is emphasized "...that the goal of this activity is to help the participants to be aware of the messages around them and to question them" (Levack et al. 2013: 59). The final activity is the video messages: on Day 1, an individual exercise in which participants share basic personal information or answer questions about topics discussed that day. Every day concludes with a video activity (Levack et al. 2013).

These activities are clearly linked to the primary objective of identifying, reflecting upon, and constructing more positive and beneficial gender norms. In following the curriculum as closely as possible, the facilitators illustrate the same primary focus on the levels of subjective identities and norms/ideology.

The idea of masculinity as constructed via different levels of interaction in society is used in the workshops. Several activities ask participants to consider masculinity on an individual level, within their families, and in their peer groups, as well as on the broader societal level (the clearest references are to different types of media). As part of this, the idea that both females and males are the constructors and supporters of different types of masculinity is something that the curriculum is designed to bring up in the workshops (Levack et al. 2013). Youth become cognizant of this reality, including how notions of femininity are constructed, through discussions and through hearing one another express frustrations with how they are perceived in ways that are inaccurate and based on generalizations. The GMDoI message about deciding the meaning of manhood/womanhood for oneself also promotes expanded notions of masculinity and femininity. Related to this, facilitators introduced a key practice of this day - that the terminology that should be used when referring to certain groups of people should always be "some" versus "all" (as in "some women").

The institutional level was referenced several times, especially in linking gender and the media, and in discussions, where the connection was made between traditional gender messages and limiting external structures, such as family - for example, parents with conservative views on sex and government restrictions (i.e. need for parental consent at many health clinics).

'Understandings' of youth remain consistent with documents and interviews into the workshops. What also remains consistent is the lack of an intersectional approach. While the one facilitator stated that she and her co-facilitator try to insert this, in linking gender and the media on Day 1, I did not observe it in that activity. In the gender messages brainstorming activity, participants generate their own messages although there is notable prompting from

facilitators. In the discussions thereafter, certain messages are highlighted as increasing risk for teen pregnancy. Although youth do share messages they are familiar with, the questions posed to them are generic about women and men in society; they do not specifically frame them on a more individualized level to generate, for example, gender norms that younger Hispanic boys or older African American girls face within different family structures (single mother, two parents, etc.). While there would certainly be common messages, others may not be so similar and may require different responses.

Discussions were respectful, though there was evidence of shyness and a lack of relevant experience/knowledge or interest that sometimes restricted participation. The less-engaged group this day was mostly younger in age (related to a lack of romantic/sexual experience and the abstract notion of gender). Usually, *Gen.M* managers try to make the participant groups diverse in age so as to mitigate this issue (along with gender and race/ethnicity). One aspect of the workshops appreciated by participants is that the group consisted of both boys and girls so they were able to hear one another's feelings and thoughts directly (such as that male youth also want love in relationships). It was significant that, in several instances, members of each sex expressed empathy with struggles of the other sex regarding how gender norms affect them. In this way, ideas about masculinity and femininity may change. This mutual listening seems to be one of the important benefits of a same-space gender-synchronized program. Ultimately, despite the lack of an intersectional component, Day 1's objective did appear to be reached regarding gender norms on a generic level.

4.3 Day 2: Healthy Relationships

Day 2's objective is to help "...youth understand the characteristics of healthy and unhealthy relationships while building skills to ensure that their own relationships are fulfilling, enjoyable, and healthy" (Levack et al. 2013: 76). This day is when we see the biggest influence from SafePlace, as the topics discussed are ones they specialize in as part of their domestic and sexual violence work. It begins with activities in which healthy/unhealthy relationship characteristics are identified. Participants learn about three types of communication – assertive, passive, and aggressive – and five ways to decline unwanted behavior, including relationship deal-breakers, and they practice 'saying no' through mixed role plays. The emphasis is on the level of subjective identities and norms/ideology, as interpersonal relationships are the focus. Power, which is at the heart of interpersonal relationships, was only specifically mentioned once, during the discussion of communication types, when a male facilitator specifically stated that power shapes how people communicate and that it is easier to be assertive if power relations are more equal. Focus seemed to be more on how individuals may choose to be assertive, passive, or aggressive, and not whether a situation makes it possible to do so. The only notable mention of the institutional level is when there are discussions of how family/parents may control their children's relationships, especially romantic relationships. The male facilitator in one workshop linked some parents' support of more traditional gender messages to possibly having a negative impact on their children, such as preventing access to birth control or forbidding same-sex relationships.

The group also learns about sexual consent and limits and generates ideas on how to obtain consent and how to react if they do not receive it, practicing through role plays. This concept – consent - was particularly challenging for more males than females. Males were significantly more ambivalent and confused about which situations constituted consent, so additional time was spent to clarify the message. This is key because consent revolves around power dynamics in a relationship.

Day 2 relies significantly on role plays to both introduce and reinforce concepts and ideas, and there was notable discomfort in the beginning of those in which participants had to act out sexually intimate situations. In one workshop, boys initially refused to participate as same-sex actors in role plays and a girl had to step in; this discomfort among males also occurred in the second workshop, indicating strong heteronormative pressures in the peer groups. Hegemonic notions of masculinity were clearly restricting these boys' participation.

'Understandings' of youth remain consistent on this day. Discussions were clearly linked to gender and inclusion of LGBT individuals, but other intersectional elements are even less visible than on the first day. In one workshop in which there appeared to be more young teenagers, there was joking and immature behavior during activities and discomfort with explicit references to sex, illustrating how age and often associated lack of sexual/romantic experience can shape the dynamics of the workshops.

Finally, facilitators occasionally asked participants if they felt role-play scenarios were realistic. Responses were mixed, but several girls noted that it is more difficult to say no to sex in real life than the role plays make it seem. Several boys said that saying no to sex is normal and that it felt strange to pressure someone to have sex. One participant said saying no is sometimes hard, sometimes not. It seems that while the curriculum can simulate a certain degree of reality, it can only go so far because within the walls of the workshop is a supportive environment, while outside the workshops partners may act in a wide variety of ways, and the repercussions of saying no are concrete. Ideas about masculinity and femininity were primarily discussed in relation to how negative notions thereof can be linked to increased risk for pregnancy, which is why embodying one's own notion of masculinity/femininity is so important.

While I believe the day's objective was largely met, it was clear that individual characteristics of participants are key in determining how easily ideas on paper are brought to life in practice.

4.4 Day 3: Big Decisions

Day 3's objective is to help "...youth understand the challenges of being a teen parent and build skills in making healthy decisions about sexual activity" (Levack et al. 2013: 118). The idea is to first confront participants with the realities of what being a teen parent would concretely mean in their lives and then provide them with communication and behavioral tools with which they can prevent this. In the first main activity, participants – in small, mixed groups - brainstorm how teen pregnancy would affect their lives by rotating among five categories: "Relationships, School and Education, Finances and Legal Responsibilities, Social Life, and Physical and Emotional" (Levack et al.

2013: 125-126). This Life Changes brainstorm could provide an opportunity to really explore the intersectional dynamics of the group, but it focuses on female/male differences more generally in relation to the aspects of life discussed and leaves issues of race/ethnicity and class in the realities of the participants' lives unexamined. Traditional notions of femininity in particular are implicated in teen mothers tending to carry a disproportionate share of parenting. There is discussion of how new female gender messages may help equalize responsibilities.

In the simulated letter-to-a-parent activity, participants are asked to imagine having to inform their parents/guardians that they have impregnated a girl or that they are pregnant, and to do it by writing a letter. This activity appears to strike an emotional chord among participants. In one session, there was a pregnant teen, and she was comfortable enough to share her story although she noted how difficult it was for her to do this activity. The structural element that came out most strongly here was that of the family. The pregnant teen noted that her mother responded to her pregnancy by forbidding her to have an abortion or put her child up for adoption, highlighting the very real structural challenge that parents may pose (again related especially to traditional notions of femininity).

In two same-sex groups, participants brainstorm respective reasons why each sex would choose to - or not - to have sex and then consider issues of sexual decision making through case studies and mock advice letters to other youth, both including group discussions. With the sexual decision making activity, the focus is again on the individual level, linked to the GMDoI message of being one's own boss. While this is certainly a key part in sexual decision making, one wonders how easily youth would be able to apply this outside the workshops. One male facilitator asked about the realism of this activity, and while most answered positively, they stated that it is still more difficult to do in real life. Of note, however, is that the case studies discuss both female and male insecurities and pressure.

In same-sex groups, participants brainstorm alternative ways to show love/affection, providing boys with an opportunity to express other types of masculinities. Finally, building on Day 1, the Gender Fishbowl activity provides youth with another important opportunity to hear about the struggles of the other sex.

This day deals with subjective identities and norms/ideology, and discusses institutions in how they relate to teen pregnancy specifically; it is the clearest connection to outside structures thus far. The Life Changes brainstorming activity is strong in that it links the three gendered levels of social organization by relating different gender messages to different impacts on female/male responsibilities and various broader aspects of life (financial/legal and education especially). Discussion about power focuses mostly on individual decision making power. Although the issue of parental power is touched upon, it seems that deeper discussion is needed, specifically about how social relations of gender, class, religion, race/ethnicity, etc. shape parents' world-views and how parental influence could shape (or shapes) a youth's life if s/he became pregnant or impregnated someone.

Regarding this day's objective, I perceived that giving youth a concrete idea of how being a teen parent would change their lives is well-done in that it

covers relevant aspects of life that would be affected and makes the idea more visceral via the simulated letter. The Life Changes brainstorm includes a comprehensive discussion about economic implications of teen parenthood, with nearly every feasible cost mentioned, although the resulting degree of financial independence and responsibilities (e.g. separate housing) would vary depending on youth's age and the support of parents/guardians. This discussion is key in considering structural issues outside of individual decision making about sex. The case studies attempt to prepare youth for similar situations, and the activity on alternative ways to show love/affection tries to provide youth with other options to sex (link to preventing pregnancy). These are both ways to build basic skills in self-advocacy. The issue again though is how effectively youth may be able to use these skills to resist pressures outside the workshops.

4.5 Day 4: Skills for Preventing Pregnancy

Day 4's objective is to teach "...youth about pregnancy and...STIs...and builds their skills in preventing both through the consistent and correct use of condoms" (Levack et al. 2013: 150). This day is the most practical of the workshop sessions. The predominant focus on heterosexuality is acknowledged by facilitators insomuch as it relates to teen pregnancy, but facilitators stress that LGBT youth can also benefit from most of the information in their own sexual activities "...because anybody can become a parent and anybody can get an STI" (Levack et al. 2013: 153.) This holds for those who are not yet sexually active, for future use. The environment promoted is one of inclusiveness.

The session opens with an activity meant as a metaphor for sexual decision making – deciding the toppings on a pizza. Power is alluded to without mentioning gender, as both partners must agree on what the pizza will include, or they cannot order it (referring to sexual acts). In mini-lecture format, participants learn about the female and male reproductive systems, including how pregnancy happens, followed by a Q&A lesson about STIs. In mixed groups, participants learn and practice how to use condoms, then discuss reasons why people may not use condoms and practice ways to overcome resistance in mixed role plays. Same-space gender synchronization helps to make role plays more realistic because of the modeling of opposite-sex interaction that leads to pregnancy. There is notably more comfort with same-sex role-playing by male youth over time – implying decreased influence of hegemonic masculinity - and, with all participants, increased comfort in discussing sex-related matters, which is significant because, for most, reality will necessitate negotiating with the opposite sex to prevent pregnancy and STIs.

The didactic nature of several activities means that gender norms are brought up in about half of them, with primary focus on the levels of subjective identities and norms/ideology attached to sexual relationships. Power is again implicit in the discussions of condom use barriers and negotiation, but it is not explicitly referenced, and the focus is on individual power to make decisions. On this micro-level, individual power of girls and boys is indeed key and related to gendered messages – traditional notions of masculinity and femininity - that are linked to condom use barriers and negotiation.

Vague references to structures are made in discussing how money can limit access to contraceptives and in simulating a media campaign promoting con-

dom use (the final activity of mixed-group video skits), but economic, political, and religious relations of power are not discussed. Intersectionality is absent again in terms of specific aspects of class, race/ethnicity, and religion that may underpin gendered decisions.

The consistent conceptualization of ‘youth’ as gendered continues although in this session there is a clear assumption (though not demeaning) about adults with knowledge and youth lacking knowledge in the field of reproduction, pregnancy, and STIs. There is an element of youthful playfulness when participants learn to use a condom; they are told to put it on their arm to see how well it can stretch, blow it up, etc., to get them to feel more comfortable with it.

I felt that the day’s objective was met although, as before, the question remains of how feasible it may be to put these skills to successful use outside the workshop setting. Regardless, participants have been imparted information and taught skills that will at least give them some advantage in that they have a baseline of experience with these issues, particularly for younger youth, for whom this may be the first time they are exposed to such information, but also for other youth, who may not receive such comprehensive information in school or from parents.

4.6 Day 5: Taking Action to Prevent Teen Pregnancy

Day 5’s objective is to teach:

...youth about the most widely accessible hormonal and long-acting contraceptives and where to obtain them. It also asks youth to identify personal behaviors that they intend to sustain or change so as to prevent pregnancy (Levack et al. 2013: 194).

This session also attempts to provide participants with practical tools to prevent pregnancy. Facilitators first answer questions stimulated by the Note Card Knowledge box, a hugely popular activity, as youth had many questions about diverse SRH issues. In mixed groups, participants learn about six additional methods of birth control in a hands-on activity, followed by a group discussion. One male youth asked why there are more birth control options for women than men, and the male facilitator answered that there are more men running corporations – it is a way to make money and is a persisting norm that birth control is a women’s issue. Participants see what a visit to a family planning clinic would be like via a photo-book, and they practice calling a clinic in mixed pairs, followed by a group discussion.

The primary structural issues presented through these activities are access to contraception, which may be restricted by health laws and parental control, and financial considerations that can inhibit contraceptive use. Power is discussed to some extent when facilitators mention the then-occurring political battle on abortion in the Texas Congress and how the laws they make impact participants’ access to health services. The female facilitator told participants that they as teens have more power than they realize in terms of protesting restrictive regulations (walk-outs, for example). Neither this political statement nor the earlier economic statement about gendered corporations is in the curriculum – these were facilitator additions, who believed they added value to the other information.

In mixed teams, participants do a competitive game show activity in which the week's information is reviewed. The basic gender-related information – including implied ideas about masculinity and femininity - is reinforced here. Participants share what they have learned and how they intend to prevent teen pregnancy in a final video activity. Although encouraging, I observed that the favorite GMDoI message cited (“I am the boss of me.”) presents a conflict with external structures that may inhibit youth's enacting this message – first due to parental control and then also due to many life circumstances.

The levels of gendered subjective identities, norms/ideology, and some institutional elements are present on Day 5. Subjective identities and norms/ideology are mentioned minimally in the informational/instructional activities, with the main gender-related messages (and implied references to masculinities and femininities) being that women tend to share most of the burden of contraception but that men should support their partners, and also in discussing how experiences visiting clinics may be different for women and men.

The ‘understanding’ of youth concludes on a consistent note. Considering the nature of the session, an intersectional approach seemed less relevant. There was a particular emphasis on youth's right to health information and services (though clearly class and religion may be factors affecting access and realizing this right). Youth expressed both a need and desire for this type of practical information. Without it, they cannot put into practice what they learn about gender. Further, I noted that participants were mostly comfortable talking about very sensitive sexual matters in the group by the end of the workshop (ejaculation, oral sex), which I believe strengthens their ability to utilize what they have learned during the workshop in real-life situations.

Overall, the day's objective appeared to be reached, in that participants received a substantial amount of information about contraceptives and how to access them. The video commitment to preventing teen pregnancy at a minimum encourages youth towards serious consideration of how they may act to prevent pregnancy. As many videos are included in the final *Gen.M* film, they are linked to a degree of community mobilization, which may stimulate some reflection on the part of adults who shape the lives of these youth. How youth choose to use what they have learned and how they are enabled or obstructed by external structures remain, however, open questions.

As a final reflection on the workshops and the ways concepts are translated into practice, I wish to note that two of the most significant factors in shaping the dynamics of the workshops are the facilitators and the participants. This may appear obvious, but the curriculum is brought to life through the exchange and energy between these two sets of actors. The more at-ease and familiar a facilitator is with the curriculum, the more natural the exchange becomes. Most facilitators worked hard to relate to the youth, using humor as a significant communication tool. They also exemplify the behavior they are trying to promote by being respectful of one another in their language and in sharing speaking time, and they demonstrate respect for the youth in these same ways. The participants are the other key ingredient. If they are not a receptive or engaged group, this may inhibit the attempts by facilitators. Overall, I was impressed by the *Gen.M* workshops, despite the limitations noted. Facilitators displayed passion for their work and for the youth, and the participants

seemed to enjoy the program and to appreciate the information they were learning.

Chapter 5: Conclusion

This research was concerned with the meanings of certain concepts regarding gender and youth, and the ways those have been translated into a specific program aimed at teen pregnancy prevention in Texas, U.S. Reflection on how these concepts are understood and utilized indicates an ambiguous relevance of the larger socio-political context and donor politics. The comprehensive sex education funding with which EngenderHealth's *Gen.M* operates was previously unavailable due to the influence of conservative political ideology, which reserved funds for abstinence-only sex education. Ideas about gender, sexuality, and reproductive health, and political influence, extend significantly into the crafting of laws that impact the content of sex education programs, but also youth participation, in utilizing what they learn in the outside world, particularly their access to health services. However, national U.S. politics may conflict with state politics, as in the case of Texas we see federal funding for comprehensive sex education in a conservative state that presents a challenging environment for implementation. Despite these obstacles, EngenderHealth has managed to carry out an innovative program utilizing a human rights approach and progressive ideas about gender, youth, and sexual and reproductive health to create a space for change in the lives of youth.

These points are important to consider when reflecting on the role of donors. On one hand, that role is quite invisible in the daily work of *Gen.M*. Yet, EngenderHealth receives funding from two rather different government agencies. *Gen.M*'s funder, DHHS, openly supports youth sex education that goes beyond abstinence-only and thus has a major influence in enabling programs such as *Gen.M*. Beyond the initial awarding of funds, DHHS does not further interfere with EngenderHealth's strategy to accomplish the program's goals.²⁴ USAID is EngenderHealth's biggest donor, but *Gen.M* has managed to avoid its restrictions on SRH programming due to DHHS. Regarding USAID and EngenderHealth's broader institutional history in the area of gender, Mr. Levack cited a core of gender advisors who have been on-going partners in promoting innovation in gender programming, and there is a continuous exchange of influence between USAID and EngenderHealth on gender that makes it impossible to distinguish who influenced whom first.²⁵ Thus, USAID has had a mostly positive impact on EngenderHealth's overall gender content. These findings indicate that donor politics (international vs. domestic gender and youth politics and their histories) influence an NGO's programming, yet the greatest area of impact may be in the initial decision on whether to fund a program at all, based on its content.

Concerning specific concepts used in *Gen.M*, interviews with managers and facilitators yielded overlapping but also varying opinions on different aspects of the curriculum (definitions of gender, diversity, degree of youth perspective, etc.). Variation in conceptualizations was particularly linked to the source – fuller 'understandings' of gender as operating on different social levels

²⁴ DeAtley-26-08-13.

²⁵ A. Levack, 29 August 2013.

were expressed in documents and by staff with the most experience specifically working on gender. Still, it is notable that the primary focus of the conceptual tools used by *Gen.M* is the level of norms/ideology and the ensuing gender roles, although subjective identities and institutions were also noted to some degree. Conceptualizations of gendered aspects of structural relations of power and an intersectional approach to addressing youth's circumstances and needs have been mostly absent. Nevertheless, some diversity among youth and their life circumstances are recognized. Youth and their perspectives are also respected and viewed within a rights-based framework.

How these concepts are dealt with in practice, through the workshops, was an important research question. My findings show that 'understandings' of gender remain mostly consistent from idea to practice (though not entirely, such as when sex and gender are used interchangeably). What comes across most strongly in the implementation is the focus on gendered subjectivities and norms/ideology, as in documents and most interviews. Ideas about youth also remain consistent in the workshops, especially regarding the importance of youth perspectives and the right to information. Language and behavior towards youth in practice demonstrate respect for youth although the 'adults' are still present.

The gender-synchronized nature of the program – which meant the active involvement of both female and male participants – has been adopted by *Gen.M*. as critical to their ability to meaningfully question and redefine current gender norms. The idea of femininity and masculinity being what youth want them to be appears to resonate with youth, as does providing youth with practical information and tools that they can use in the outside world. However, the lack of an intersectional approach and the direct engagement with social structures in this outside world remains in the workshops, despite the efforts of some facilitators. These factors could significantly impact the ability of youth to implement what they have learned and are particular opportunities where the curriculum and the program could be strengthened. This also suggests that the gender-transformative claim of the program must be qualified in that the level of greatest transformation (and focus) is on the individual level, with some possible influence on institutions such as the family. This is not to deny the successes and strengths of the program, merely to indicate the limitations.

The diversity of previous sexual knowledge/experience, age, and maturity determines how participants receive, understand, and use the concepts. Younger participants especially seem to have greater difficulty with the abstract nature of gender and with a lack of experience/comfort discussing sex. The influence of hegemonic masculinity in the implementation of role plays is visible in the initial refusal of some male youth to participate in same-sex role plays. Although this resistance mostly disappears by the end of the workshop, it does interrupt these activities and highlights the power of heteronormativity. Significantly, there is the issue of to what degree role plays can simulate real-life situations, especially refusing sex and negotiating condom use. Female youth in particular noted that this is more difficult to do in practice. Further, if the relevance of structures such as race/ethnicity, class, and religion (among others) is not addressed explicitly, and linked to gender and age, this may inhibit full relevance of the program to participants, as these are the realities to which they return. There is also the issue of fidelity and its impact on how fa-

ilitators address the diversity of participants. Although certain adaptations are allowed, and management has done its best to accommodate facilitators within the current curriculum, the fact that the program is being evaluated does present a challenge to facilitators through the fidelity requirement. Finally, the workshop, while not simply an hour-long class, is limited to a week of interaction with youth, and concepts can only be reinforced as much as time allows.

Limitations notwithstanding, the *Gen.M* program is a unique example of working on gender in sexual and reproductive health among youth in the U.S. While the claim of gender-transformative programming may be challenged, given the limited attention to social, economic, and political structures and intersections of different relationships of power, EngenderHealth's work remains significant and ahead of many other organizations. The emerging trend of gender-synchronization, and the role of EngenderHealth as an influential organization in international gender programming that supports this concept, has implications for future implementation, both in the U.S. and abroad. Although gender synchronization is a fascinating development, it will be critical to contextualize other interventions in considering its possible use in diverse scenarios, and, as it may be adopted more widely, to ensure that a focus on complex gendered relations of power is not lost. *Gen.M* itself appears to be a largely successful example of gender synchronization, challenging the restrictive environment of the U.S./Texas to provide youth with an innovative program that fills a critical gap in many of their realities.

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