

Evaluation summary: Changing gender norms of Kenyan scouts

Gender norms—or social expectations for appropriate behaviors, rights, and responsibilities of men as compared to women—are integral to the cultural fabric of any society. Growing evidence indicates, however, that inequitable gender norms may pose a risk to the health and well-being of both boys/men and girls/women. ^{1,2,3} In Kenya, some traditional gender norms may be linked to the challenges that girls face as they grow into adulthood, including exposure to HIV and AIDS, limited education and employment opportunities, and gender-based violence.⁴

In an effort to explore these potential links, and to address the gender norms that could lead to negative health and other outcomes for young Kenyans, PATH, with support from the Nike Foundation, implemented and evaluated a project in collaboration with the Kenya Scouts Association (KSA) and local government agencies in four districts of Coast Province. The project provided scouts, scout leaders, and other community members with information, guidance, and interactive discussions to encourage critical thinking related to inequitable gender norms, genderbased violence, and interpersonal communication. PATH evaluated the effects of the intervention on scouts, with a focus on changing views toward common gender norms, supporting the empowerment of girls, and encouraging boys to reduce harmful behaviors toward girls.

Intervention

Scout leaders and older scouts (patrol leaders) were trained to facilitate activities that provided scouts with opportunities to discuss and critically think about a range of gender-related issues. A camping event (camporee) provided scouts with additional opportunities to explore attitudes and beliefs around gender, by participating in a set of gender activities based on activity packs.



As part of the project, a gender-equity badge was developed and tested. To earn the gender-equity badge, scouts had to complete all of the activitypack sessions, as well as earn at least one other proficiency badge for practicing an activity traditionally carried out by the other gender—for instance, a babysitting badge for boys or a "job man" badge for girls (for minor construction activities such as making cement). More than 1,400 scouts (male and female) from 115 secondary schools were involved in the intervention activities. A total of 456 scouts (346 male and 110 female) ages 15 to 18 years had earned gender-equity badges by the end of the project.

Methodology

The project evaluation consisted of baseline and endline measurements of a sample of boy and girl scouts in two of the four project districts; one urban (Mombasa) and one rural (Kwale). At baseline, the quantitative survey included a census of boy and girl scouts who were at least 14 years old and attending either Form I, II, or III in all 59 secondary schools in the two districts. A total of 1,357 scouts (888 boy scouts and 469 girl scouts) were surveyed. After approval from the PATH and Kenyan ethical review boards, baseline data collection took place in March 2010; endline data collection took place in March 2011. At endline, 395 boys and 212 girls were surveyed, for an

overall response rate of 45 percent. The loss to follow-up was mainly due to students leaving school or transferring to another school, in some cases as a result of higher school fees and inflation. The analysis focused on survey results from boy and girl scouts who completed both the baseline and endline surveys, so that the same group was compared. The socio-demographic profile of scouts lost to follow-up was similar to that of scouts who responded to both surveys.

Attitudes related to gender norms were measured using the Gender Equitable Men (GEM) Scale.⁵ Additive GEM scores were calculated and divided into three groups, representing low, moderate, and high equity. In addition, a series of measures was adopted from the *WHO Multi-country Study on Women's Health and Domestic Violence against Women*⁶ to assess the self-reported prevalence of gender-based violence (witnessed or perpetrated by boys; experienced by girls). Self-efficacy, self-esteem, and self-reported condom-use behaviors were also measured. Exposure to the intervention was defined as having attended the camporee, and/or having participated in a gender-equity badge session in school before or after the camporee.

Key findings

Exposure to project interventions varied

Among scouts who responded at both baseline and endline, about half of male (52%) and a quarter of female scouts (24%) were exposed to gender-related activities at school or at the camporee. Similarly, 35 percent of boys and 18 percent of girls received the gender-equity badge.

Support for gender-equitable norms increased

At endline, there was a statistically significant reduction in support for many inequitable gender norms (see Figure 1). For example, those who agreed with the statement "changing nappies, bathing the children, and feeding them are the mother's responsibility" fell from 45 percent to 22 percent among boys and from 57 percent to 35 percent among girls between baseline and endline. There was also a significant reduction in agreement with the statement that "a wife should always follow the instructions given to her by her husband" among both boy and girl scouts. In addition, a statistically significant reduction was seen in several reported attitudes toward gender-based violence. For example, the percentage of boys who agreed that "a woman should tolerate/put up with violence in order to keep her family together" dropped from 51 percent to 29 percent.

Figure 1. Percentage change in views toward gender norms among boy and girl scouts.

	Boy scouts		Girl scouts	
Gender norm	Baseline (n=384)	Endline (n=384)	Baseline (n=194)	Endline (n=194)
A wife should always follow instructions given to her by her husband, whether she likes them or not.	48.7	27.1*	52.1	34.4*
Changing nappies, bathing the children, and feeding them are the mother's responsibility.	45.3	21.5*	57.2	35.4*
Only girls should preserve their virginity till marriage.	35.4	18.7*	47.9	34.9
If a woman is unfaithful, it is okay for the man to beat her.	24.7	12.0*	29.6	25.6
A woman should tolerate/put up with violence in order to keep her family together.	51.3	28.6*	46.9	32.8

^{*} p<0.05.

When the GEM Scale items were combined into the full scale, a significant positive change was found among both boy and girl scouts. Specifically, at baseline, the majority of scouts (54% of boys

and 66% of girls) fell into the moderate-equity GEM score category. At endline, the majority fell into the high-equity category, although the shift was larger among boy scouts as compared with girl scouts (see Figure 2). The high-equity GEM category increased from about 39 percent to about 70 percent among boys and from about 28 percent to about 50 percent among girls.

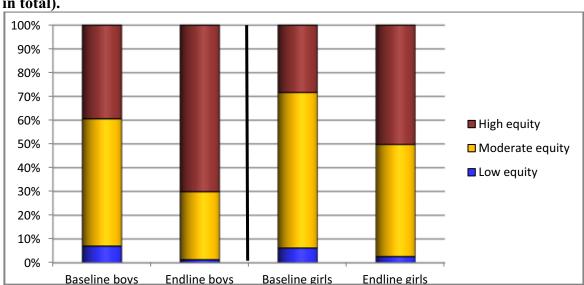


Figure 2. Percentage distribution of scouts by GEM score group, baseline and endline (n=578 in total).

Girls' self-esteem and self-efficacy increased

One of the intervention aims was to boost self-esteem and self-efficacy of girls in order to support their ability to make key risk-reduction choices for themselves. Respondents were asked at baseline and endline to state their level of agreement or disagreement with 11 variables measuring self-esteem. Three items changed significantly toward the positive by endline. For example, there was a reported 22 percent increase among girls who "felt comfortable answering questions" in class. And 64 percent of girls said they were "satisfied with their relationships with the people around them," compared to 41 percent before the intervention. For self-efficacy, girls who "felt able to tell a boy to stop doing something that made them feel uncomfortable" increased from 46 percent at baseline to 64 percent at endline. Girls also reported statistically significant increases in ability to refuse sexual intercourse (from 62% to 80%), to refuse sexual intercourse with a person who offers them gifts, and to refuse sexual intercourse with a person who has power over them (such as a teacher).

Boys' behaviors changed positively

Violence perpetration

For boys, in addition to promoting equitable gender norms, the intervention sought to reduce perpetration of gender-based violence. At endline, boys' self-reported violence against their girlfriends over the previous six months was significantly reduced. Small decreases were reported for all 15 questions. Significant decreases were found in the percentage of boys who reported the following: "done things to scare or intimidate her on purpose" (12% to 7%), "pulled her hair" (9% to 2%), and "touched her on buttocks or breasts without her permission" (11% to 4%). Reported sexual harassment by boys reduced slightly, although this was not statistically significant.

Condom use

Those respondents who indicated that they were sexually active (32% of boys, 8% of girls) were asked questions about their frequency of condom use. The proportion of sexually active boys who reported always using a condom increased between baseline and endline, from 34 percent to 47 percent. Based on the responses, there were two main reasons why the respondents used a condom, when they did so: protection from pregnancy and protection from HIV and other sexually transmitted infections. The proportion of girl scouts who reported being sexually active was quite small (8% at baseline), and a change in condom use could not be detected in this group.

Motivation for achieving the gender badge related to topic

About two-thirds of participants (61.3% of boys and 60% of girls) who had been exposed to any gender intervention activity received a gender badge. Both boy and girl scouts reported their main motivations for getting the gender badge were the intervention topics and interest they had in the project. Participants enjoyed the intervention activities and indicated that they learned a great deal from them, especially in relation to the options for boys' and girls' roles in society and appreciation of the equality of men and women. Overall, the gender-equity badge provided an incentive for scouts to participate in the gender activities. As a result of its success, the badge has been institutionalized within KSA's badge scheme, and KSA is continuing many of the project

activities through integration into its routine programs.

Conclusions

Findings at baseline suggested that both boy and girl scouts had been exposed to and supported many inequitable gender norms. Based on evaluation results, the resulting gender-focused program led to important changes in views toward gender norms and related behaviors. Specifically, there was an



improvement in GEM Scale scores for both boy and girl scouts, an increase in reported self-esteem and self-efficacy by girl scouts, and decrease in reported perpetration of partner violence by boy scouts. Further, formal incorporation of the badge into KSA's broader badge scheme established a comparatively sustainable format from which to promote gender-equitable norms and behaviors.

References

- Pulerwitz J, Michaelis A, Verma R, Weiss E. Addressing gender dynamics and engaging men in HIV programs: lessons learned from Horizons research. Public Health Reports. 2010;125(2):282–292.
- 2. Jewkes RK, Levin JB, Loveday A P-K. Gender inequalities, intimate partner violence and HIV preventative practices: findings of a South African cross-sectional study. *Social Science and Medicine*. 2003;56(1):125–134.
- 3. Fonck K, Leye E, Kidula N, Ndinya-Achola J, Temmerman M. Increased risk of HIV in women experiencing physical partner violence in Nairobi, Kenya. *AIDS and Behavior*. 2005;9(3):335–339.
- Khan A. Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs. Arlington, VA: United States Agency for International Development, AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1; 2011: 1–14.
- 5. Pulerwitz J, Barker G. Measuring attitudes toward gender norms among young men in Brazil: development and psychometric evaluation of the GEM Scale. *Men and Masculinities*. 2007;10(3):322–338.
- 6. García-Moreno C, Jansen H, Ellsberg M, Heise L, Watts C. WHO Multi-country Study on Women's Health and Domestic Violence against Women: initial results on prevalence, health outcomes and women's responses. Geneva, Switzerland: World Health Organization; 2005.



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