



Reproductive & Sexual Health

Working together to promote gender equality and empower women and girls

2016 -2020



TABLE OF CONTENTS

| | |
|--|-----------|
| Glossary | 3 |
| Family Planning Australia | 4 |
| What is gender equality and gender-based violence? | 5 |
| Why are gender equality and gender-based violence relevant issues for reproductive and sexual health services? | 6 |
| How common is gender-based violence? | 7 |
| What are the issues and challenges in addressing gender inequality and gender-based violence? | 9 |
| The interplay between gender equality, human rights and development | 10 |
| Actions to address gender-based violence and gender equality in reproductive and sexual health services | 12 |
| Support our partners to integrate responses to gender-based violence in reproductive and sexual health services | 13 |
| Support comprehensive community reproductive and sexual health education that incorporates a gender equality approach and addresses gender-based violence | 14 |
| Engage men and boys in reproductive and sexual health programs that promote gender equality and address gender-based violence | 15 |
| Advocate for strategies to promote gender equality and address gender-based violence in reproductive and sexual health services, and contribute to the evidence base | 17 |
| Case Study: the Men’s Health Program in Timor-Leste | 18 |
| Action Plan | 19 |
| Appendix 1: Family Planning Australia indicators relevant to gender equality programs | 22 |
| References | 23 |

“Everyone has a responsibility to prevent and end violence against women and girls, starting by challenging the culture of discrimination that allows it to continue. We must shatter negative gender stereotypes and attitudes, introduce and implement laws to prevent and end discrimination and exploitation, and stand up to abusive behaviour whenever we see it. We have to condemn all acts of violence, establish equality in our work and home lives, and change the everyday experience of women and girls.”²

Ban Ki-Moon, United Nations Secretary General, 2014

GLOSSARY

Gender refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for males and females.³

Gender-based violence is any act of violence involving men and women, in which the female is the usual victim, and which is derived from the unequal power relationship between men and women. It includes physical, sexual or psychological harm.⁴

Gender equality refers to equal rights, responsibilities and opportunities for men and women. Gender equality does not imply that women and men are the same, but that they have equal value and should be accorded equal treatment.⁵

Gender equity is the process of being fair to men and women to ensure a level playing field. Gender equity leads to equality.⁶

Sex refers to the biological and physiological differences that define men and women.⁶

Transgender refers to people who identify themselves in a different gender rather than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Transgender persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined.⁷

FAMILY PLANNING AUSTRALIA

Family Planning Australia* is working to assist poor and disadvantaged communities to improve access to comprehensive reproductive and sexual health services. We are a non-government organisation supported by funding from the Australian Government, through grants and private donors. Our focus is the Pacific region.

We are recognised as a leading provider of reproductive and sexual health services committed to promoting and protecting the rights of all people to make choices about their reproductive and sexual health, treating every person with respect, dignity and understanding.

We work within a human rights framework. We recognise gender equality and empowerment are inextricably linked to good health outcomes, as is addressing gender-based violence, which can have a detrimental impact on reproductive and sexual health.

Our approach is to develop collaborative partnerships at local, national and international levels. We are committed to long term capacity building with government and non-government organisations to address the reproductive and sexual health needs of the community.

Our goal is to help ensure women and men have access to the widest range of family planning methods and services. We achieve this by providing best practice services, enhancing the knowledge and skills of service providers, strengthening health promotion and community education programs, improving the body of knowledge about reproductive and sexual health, and implementing development projects in developing countries.

This plan was developed to identify how we can improve reproductive and sexual health outcomes in the region through the promotion of gender equality, with a specific focus on addressing gender-based violence. The plan identifies the actions we can take to support our partners in the region over the next five years (2016-2020).

“Gender-based violence against women is a human rights violation and both a cause and a consequence of unequal power relationships between men and women. It is a public health issue with serious consequences on women’s physical, sexual, reproductive and mental health.”¹

United Nations Population Fund

“Violence against women and girls continues unabated in every continent, country and culture. It takes a devastating toll on women’s lives, on their families, and on society as a whole. Most societies prohibit such violence – yet the reality is that too often, it is covered up or tacitly condoned.”⁸

Ban Ki-Moon, United Nations Secretary-General



Reproductive & Sexual Health

**Family Planning NSW operates internationally as Family Planning Australia.*

WHAT IS GENDER EQUALITY AND GENDER-BASED VIOLENCE?

Gender equality is when women and men are equal in all spheres of life. Gender inequality occurs when men have a higher status over women and have the ability to control spheres of life.⁹ This discrimination occurs because of a view that women and girls are inferior to men and should therefore not be treated equally. Achieving gender equality means ending discrimination and barriers that prevent women from realising their rights and being fully equal with men.

Gender-based violence is inextricably linked to gender equality. Gender-based violence has been defined as any act of violence involving men and women, in which the female is usually the victim, and which is derived from the unequal power relationship between men and women. It includes physical, sexual or psychological harm or suffering.⁴ Acts of violence against women and girls are both an expression of and a way to reinforce male domination - not just over individual women and girls, but females as a whole class of people.¹⁰ The term gender-based violence is inclusive of the impact of violence on men and boys, however, this plan is focussed on violence against women and girls given its prevalence and impact on reproductive and sexual health.

Evidence suggests that rates of gender-based violence are high in societies where social norms support gender inequality, where violence has become normalised, and where communities fail to punish men who use physical or sexual violence against women.⁴ Promoting and achieving gender equality is a critical element of the prevention of violence against women.⁹

Gender-based violence includes, but is not limited to:¹⁰

- a) *domestic violence* by an intra-family member
- b) *intimate partner violence* including physical, sexual or psychological harm by a current or former partner or spouse
- c) *sexual violence* including rape, sexual abuse, forced pregnancies and prostitution
- d) *traditional harmful practices* including female genital mutilation, honour killing and dowry-related violence
- e) *human trafficking*.

Gender-based violence (GBV) is a fundamental human rights violation and a serious public health concern that primarily affects women and girls, but can be directed against anyone who violates sex or gender norms. Violence against transgender people because of their gender identity or gender expression is a form of GBV.¹²

Economic, social and cultural factors that put women at risk include:

- low status of women and girls¹³
- silence and shame around violence against women¹³
- economic dependence and poverty¹³
- conflict and post-conflict¹⁴
- societies with poor enforcement of human rights¹¹
- marriage practices and age of consent¹³
- trafficking of women and girls¹¹
- substance abuse including alcohol, drugs and tobacco¹⁵
- sexual double standards¹³
- role of religion¹³
- intergenerational learning leading to the perpetuation of violence.¹⁶

“Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.”¹⁷

The United Nations Declaration on the Elimination of Violence Against Women

WHY ARE GENDER EQUALITY AND GENDER-BASED VIOLENCE RELEVANT ISSUES FOR REPRODUCTIVE AND SEXUAL HEALTH SERVICES?

Worldwide it is estimated that one in three women experience sexual or physical violence.¹¹ Gender-based violence is a violation of human and legal rights, and is increasingly recognised as a global public health problem. A failure to address gender-based violence means there is little chance of meeting the Sustainable Development Goals.

The World Bank has shown that attention to gender equality in its programs enhances its development effectiveness.¹⁸ More broadly, since the 1980s there has been overwhelming consensus that in order to reduce poverty and raise the standard of health and education, women must have a more equal share of resources and opportunities. In addition, the costs of gender-based violence are significant. There are both direct costs such as health care costs, and indirect costs such as quality of life. For the woman and her children the cycle of poverty is maintained through lost productivity and reduced earnings.¹⁹

Gender-based violence results in often severe and long term impact on the health and well-being of women.¹¹ This can include fatal outcomes, acute and chronic physical injuries and disability, and serious mental health problems. There is a strong link between gender-based violence and gender equality and its impact on reproductive and sexual health.

- Unintended pregnancy – intimate partner violence has been found to be a consistent and strong risk factor for unintended pregnancies and unsafe abortion.²⁰ Women are more likely to use contraceptive methods in secret, or be stopped by their abusive partner from using family planning, and have a partner who refuses to use a condom.²¹

- Maternal and child impact – abuse during pregnancy poses immediate risks to mother and child including: premature labour, miscarriage, low birth weight babies, foetal injuries, maternal, neonatal and infant mortality.¹¹
- Sexually transmissible infections including HIV – forced and unprotected sex and related trauma increase the risk that women will be infected by STIs including HIV 11 and fear of violence may prevent women using contraception and seeking out STI/HIV testing services.²²
- Impact on risk behaviour – early sexual abuse has been associated with drug and alcohol use, more sexual partners and lower contraceptive use.²³

Gender-based violence not only has a devastating impact on the individuals who experience it, but also on children who may witness it. Children of victims have a higher probability of premature death, worse health and nutritional indicators and may suffer emotional and behavioural problems.¹⁹ One of the more destructive outcomes is that children of victims when they become adults may become victims of intimate partner violence or they may become perpetrators who perpetuate the cycle of violence.²⁴

In addition to gender-based violence being a cause of disability and death among women and having negative consequences for women's reproductive and sexual health, failing to ask about violence may mean health care providers misdiagnose victims or offer inappropriate care.²⁵ For example, conditions such as chronic pain or re-occurring STIs can be difficult to treat without knowing a woman's history.²⁵ Health professionals are also well placed to identify women at risk and can help change society's attitudes about violence.²⁵ They are also in a good position to help the victims to reduce their risk.

“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.”²⁶

International Conference on Population and Development, 1994

HOW COMMON IS GENDER-BASED VIOLENCE?

Research has found that gender-based violence is a pervasive problem. A ten country study by the World Health Organization (WHO) on women’s health and domestic violence found that the proportion of ever-partnered women who have ever experienced physical or sexual violence, or both, by an intimate partner in their lifetime, ranges from 15 per cent to 71 per cent.²⁷

Within the Pacific region rates have also been found to be high. The WHO study reported that within the study, Samoa had by far the highest level of physical violence, by someone other than a partner, at 62 per cent prevalence.²⁷ UN Women, in summarising available research, reported that in Fiji research indicates that 66 per cent of women have been physically abused by their partner, and in the Solomon Islands 55 per cent of women experience sexual partner violence.¹³ Research in Papua New Guinea estimates between 60 and 90 per cent of women experience domestic violence.²⁸

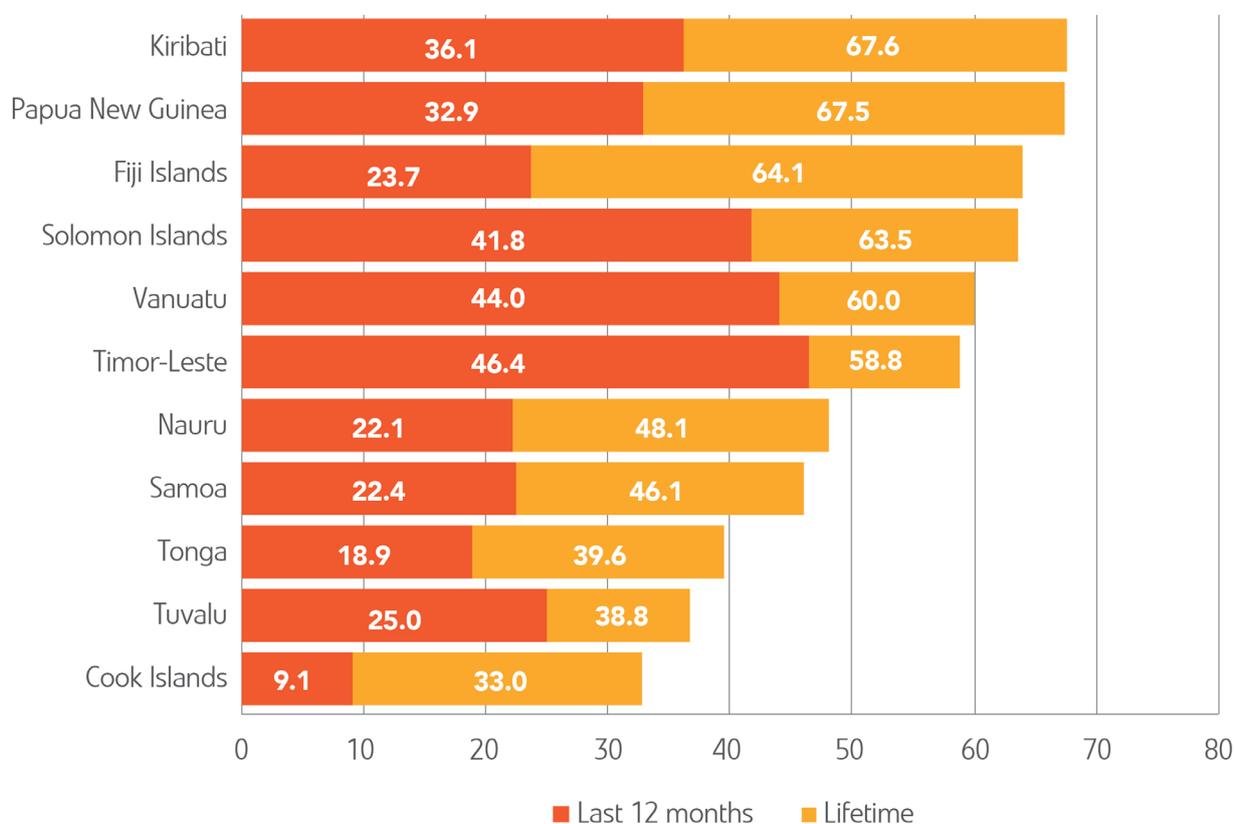
In 2013 a United Nations multi-country study on men and violence in Asia and the Pacific found that the highest rate of family and sexual violence occurred in Papua New Guinea, where in one location one in five women’s first experience of sex was rape and one third of men had experienced sexual abuse as children.²⁹ In the same study one in four

men admitted to committing rape and nearly half to committing some form of violence against their partner.

Further, recent research undertaken in Papua New Guinea by Medecins Sans Frontieres (MSF) found that although data is limited, their experience suggests that a large number of survivors of sexual violence are children. More than half of all MSF consultations for survivors of sexual violence in Tari and Port Moresby in 2014 and 2015 were with children. Children especially are falling through cracks in systems that should provide essential medical care, protection and justice.³⁰

In 2016, UNFPA reported the proportion of Pacific women who have reported experience of physical or sexual violence by an intimate partner in the past 12 months ranged from 9 percent in the Cook Islands to 46 percent in Timor-Leste.³¹ In most countries in the region, women are much more likely to have experienced intimate partner violence than to have experienced physical or sexual violence by someone other than a partner. Samoa and Tonga differ from other countries in that women are more likely to have experienced physical violence by perpetrators other than partners, such as by family members or teachers.

Proportion of women reporting experience of partner and non-partner violence in countries in the Pacific region by August 2016



Data source: UNFPA 2016 http://asiapacific.unfpa.org/sites/asiapacific/files/pub-par/vaww%20regional%20snapshot_2.par

Gender-based violence affects all members of the society including lesbian, gay, bisexual and transgender (LGBT) people, while sex workers and women with disability are particularly vulnerable.³²

LGBT people are often at greater risk of gender-based violence as they do not conform to traditional gender norms and roles, and are vulnerable because many Pacific countries still criminalise homosexuality. Violence against transgender people is common (including police abuse, abuse perpetrated by clients of sex workers and intimate partner violence). Further, transgender people may experience family rejection, violation of their rights to education, employment and social protections and as such experience higher rates of unemployment, poverty, housing insecurity and marginalisation.⁷ In the Pacific, a 2011 community-based study highlighted lack of safety for trans women in Fiji. Trans women were

targeted for abuse; 40 percent had previously been forced to have sex against their will. This research recommended training for healthcare workers on transphobia, homophobia, and GBV, and the need for mental health and support services for trans women.³³

Women with disability are estimated to be up to three times more likely to be victims of physical and sexual abuse and rape than women without a disability³⁴ and have a markedly increased risk of intimate partner violence.³⁵ Sex workers often experience violence because sex work is highly stigmatised in society and laws and law enforcement authorities do not always function to protect them and uphold their rights.³⁶

WHAT ARE THE ISSUES AND CHALLENGES IN ADDRESSING GENDER INEQUALITY AND GENDER-BASED VIOLENCE?

UNFPA, among others, has identified many issues and challenges in addressing gender equality and gender-based violence³⁷:

- Women have **limited decision-making power** within households – they may have limited control over how resources are spent.
- **Multiple and excessive demands on women's time** can create tensions in households that lead to domestic violence.
- Women **lack access to resources** and the allocation of resources is often the domain of males in the community. For example, without the right to own land women's economic and physical security is compromised.
- Often **violence is unacknowledged** within communities. Some cultures do not consider wife-beating to be a form of violence, and sexual harassment of girls by males within the community is the norm.
- **Violence is used to intimidate women** into staying in situations where their rights are undermined – women are not encouraged to complain nor are they economically independent and in a position to leave.
- **Cultural practices** such as the payment of a 'bride price' where a wife can be viewed as a possession of the husband and his family.

- **Customary laws prevail** - often these are based on a patriarchal system and do not uphold the rights of women, and law enforcement agencies, such as police and judiciary, often fail to adequately protect women.
- Women are **under-represented in political institutions**, even though they make up half of the voting population – lack of representation means they have a limited say in the development of public policy and priorities. The Pacific region is the worst in the world in terms of women's representation in national parliaments.³⁸

Transgender people face additional challenges in that their rights and personal freedoms are considered contrary to cultural or religious values and teachings. A lack of legal recognition of transgender in most countries contributes to their exclusion and marginalisation.⁷

"Although the social role of transgender people is traditionally recognised in several Pacific countries, stigmatisation, discrimination, bullying, physical and even sexual abuse are commonly experienced by persons whose sexual orientation or gender identity breaches majority norms"³⁹

THE INTERPLAY BETWEEN GENDER EQUALITY, HUMAN RIGHTS AND DEVELOPMENT

The International Conference on Population and Development (ICPD) in 1994 affirmed that reproductive and sexual health is a fundamental right. It linked gender equality and empowerment of women, the elimination of all kinds of violence against women, and ensuring women's control over their fertility as cornerstones for development programs.⁴⁰

The Moana Declaration of the Pacific Conference of Parliamentarians for Advocacy on ICPD Beyond 2014, held in Suva in August 2013, makes a number of commitments to pursuing the ICPD agenda in the Pacific including ensuring reproductive and sexual health is an integral part of national development strategies.

Globally, the centrality of gender equality for sustainable human development is well recognised and reflected in the Sustainable Development Goals (SDGs).⁴¹ The SDGs recognise the importance of universal access to reproductive and sexual health services, and the importance of gender equality and empowerment. They identify that all forms of discrimination and violence against women and children need to be eliminated, and emphasise the importance of engaging men and boys in the process.

Violence against women and girls brings huge economic costs to any society. The negative impact on women's participation in education, employment and civic life undermines poverty reduction. It results in lost employment and productivity, and it drains resources from social services, the justice system, health-care agencies and employers.

As such, violence against women is a clear barrier to sustainable development. This has been acknowledged in the recently adopted Agenda 2030 for Sustainable Development. For the first time, violence against women and girls is included as a target area under Goal 5 on gender equality,

reaffirming that such violence is a barrier to gender equality, women's empowerment and overall sustainable development, as well as to the achievement of the other Goals. (Remarks by UN Assistant Secretary-General and Deputy Executive Director of UN Women, Lakshmi Puri at the high-level discussion on the 'Economic Cost of Violence against Women'⁴²).

The Australian Government recognises that to reduce poverty requires advancing gender equality and empowering women. The Department of Foreign Affairs and Trade *Gender Equality and Women's Empowerment Strategy*⁴³ establishes three priorities to guide Australian development work on gender equality: enhancing women's voice in decision-making, leadership and peace-building, promoting women's economic empowerment, and ending violence against women and girls.

Pacific Islands Forum leaders signed a Declaration on Gender Equality in 2012, establishing a new commitment across the region to promoting women's empowerment. In 2015, Pacific leaders re-affirmed the declaration and struck new commitments to take collective action. A growing number of countries in the Pacific region, e.g. Fiji, Vanuatu, Papua New Guinea, have national gender policies that recognise gender equality as a fundamental human right that is an inherent component of economic growth and development.



SUSTAINABLE DEVELOPMENT GOALS

Goal 5: Achieve gender equality and empower all women and girls



Target 5.1: End all forms of discrimination against all women and girls everywhere.

Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

Goal 3: Ensure healthy lives and promote well-being for all at all ages



Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

Target 3.7: By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels



Target 16.1: Significantly reduce all forms of violence and related death rates everywhere.

ACTIONS TO ADDRESS GENDER-BASED VIOLENCE AND GENDER EQUALITY IN REPRODUCTIVE AND SEXUAL HEALTH SERVICES

Family Planning Australia believes that addressing gender-based violence and promoting gender equality needs to be addressed by all organisations that provide reproductive and sexual health services. Government, civil society organisations, health services and the education sector all have an important role to play.

Gender-based violence and gender inequality have a negative impact on the reproductive and sexual health and well-being of women. Given this, health services can play a key role in breaking the silence, minimising the prevalence and impact of gender-based violence, and promoting gender equality.

In the next four years, Family Planning Australia will implement the following strategies to support gender equality and empower women and girls:

1. Support our partners to integrate responses to gender-based violence in reproductive and sexual health services
2. Support comprehensive community reproductive and sexual health education that incorporates a gender equality approach and addresses gender-based violence
3. Engage men and boys in gender equality and gender-based violence prevention in the area of reproductive and sexual health
4. Advocate for strategies to promote gender equality and address gender-based violence in reproductive and sexual health services, and contribute to the evidence base.

Capacity building approach

Our approach to all four areas of work is to focus on building the capacity of our partners. Capacity building means “the development of sustainable skills, organisational structures and commitment to health improvement to prolong and multiply gains over time”.⁴⁴ Capacity building is an essential element in creating sustainability of a program beyond the life of any single project.

Family Planning Australia’s approach to capacity building, as reflected in many of the actions that follow, includes raising awareness and increasing skills, developing policy, improving organisational systems and processes, strengthening partnerships and leadership capacity, as well as contributing to information and evidence, and undertaking advocacy.

1. Support our partners to integrate responses to gender-based violence in reproductive and sexual health services

There is increasing recognition that all organisations that provide reproductive and sexual health services have an important role to play in addressing gender-based violence.^{22, 27, 45} Reproductive and sexual health services are seen as entry points for identifying survivors of violence and for delivering referral and support services.¹³ However women with disability who are survivors of violence may not even have access to services or they may not feel welcome at services where health workers hold negative values about people with disability. Improving the interaction between survivors of violence and health care providers is seen as the most feasible, affordable and efficient intervention health services can make in addressing gender-based violence.¹¹

Staff at reproductive and sexual health services are likely to have cared for survivors of violence whether they know it or not.²² Reproductive and sexual health services may be less effective if they fail to take account of the violence experienced by service users. For example, if they pay insufficient attention to confidentiality they may expose women to the risk of further violence. In working with survivors of violence, a trauma care approach (which recognises the impact of trauma on well-being) is believed to be beneficial to clients, staff and organisations.¹⁵

A 'systems approach' is also more likely to be effective in addressing gender-based violence.⁴⁶ Key elements include⁴⁷:

- strengthening the institutional commitment to address gender-based violence
- collaborating with organisations actively addressing gender-based violence
- improving staff understanding of laws and policies related to violence
- integrating gender-based violence initiatives within health services rather than setting up parallel services within health

- supporting long-term efforts to train health professionals
- strengthening referral networks and facilitating survivors to access other services
- incorporating routine screening for violence in health services (but only when programs have basic protections for women's physical and emotional safety in place)
- ensuring adequate monitoring and evaluation related to gender-based violence.

Family Planning Australia's capacity building approach has a focus on training and supporting health care providers, and working in partnership to develop policies and guidelines and referral pathways. Raising the awareness of health care providers and the organisations they work for, is critical given that they will often share community attitudes that accept violence against women and girls.⁴⁸ Also, health care providers often lack the competence required to address gender-based violence e.g. they may not even feel comfortable talking about this sensitive topic.⁴⁹

If women accessing services are to be routinely asked about gender-based violence, appropriate support and referral services need to be in place.²⁵ Evidence suggests that if health programs implement basic precautions to protect women's safety, then it is likely that the benefits of routine screening will outweigh the risks.⁴ One of the key lessons from projects that address gender-based violence in the health sector, is that it takes a sustained effort and a long timeframe to achieve change.²⁵

One key aspect of the right to health is that it requires that health systems and services are available, accessible, acceptable, and of quality. General health services are frequently not accessible to transgender people because of prohibitive costs or discriminatory treatment by service providers or other service users.³³

What is needed?

- Organisational awareness and support for the role of reproductive and sexual health services in addressing gender-based violence
- Training for health care providers on how to promote gender equality and address gender-based violence in reproductive and sexual health services
- Development of a systems approach to addressing gender-based violence in reproductive and sexual health services
- Appropriate referral and support systems and programs to protect the safety, privacy and confidentiality of survivors of violence

Family Planning Australia can offer:

- Technical advice to support reproductive and sexual health services to implement responses to gender-based violence
- Raising awareness of Boards, management and staff on the interplay between development, gender equality, gender-based violence and reproductive and sexual health outcomes, with the aim of building support for further capacity building initiatives
- Support our partners to review how they currently promote gender equality and address gender-based violence in their services and what actions can be taken to strengthen their approach and build their capacity
- Knowledge and skills development for reproductive and sexual health care providers on how services can promote gender equality and address gender-based violence.

2. Support comprehensive community reproductive and sexual health education that incorporates a gender equality approach and addresses gender-based violence

Community education programs on reproductive and sexual health can help address gender inequality and gender-based violence.⁴⁹ Such programs are an acknowledgement that to achieve good health outcomes requires extending the focus beyond just clinical service provision. Community education can occur through a variety of approaches such as peer education, community outreach and mobilisation, and communication campaigns.

An important element of such programs is that they need to provide comprehensive reproductive and sexual health education, in schools and communities. Comprehensive programs have been found to increase knowledge and change attitudes and have a positive impact on behaviour change, such as increased condom use, empowerment of girls, and delayed sexual debut.⁵⁰ Community education programs should not only recognise the need for knowledge and skills in reproductive and sexual health, but should also come from a human rights and gender equality approach. This approach should encompass⁵⁰:

- a rights-based approach, including gender and power
- a gender focus
- participatory learning
- youth advocacy and civic engagement
- cultural appropriateness.

The Men's Health Program in Timor-Leste and Papua New Guinea has proven popular and effective at changing knowledge and shifting attitudes. In supporting our partners in both countries to implement community education programs with men and boys (see next section) we have identified a need for a parallel program for women and girls.

What is needed?

- Comprehensive community reproductive and sexual health education programs that promote gender equality and address gender-based violence
- Increased awareness of reproductive and sexual health rights particularly among policy makers, health workers, community, and political leaders.

Family Planning Australia can offer:

- Awareness raising programs to increase the understanding of reproductive and sexual health rights among decision-makers and to help build support for further action
- Support skills development to enable staff to implement comprehensive reproductive and sexual health programs in the community that include a focus on gender equality and gender-based violence
- Support our partners to implement peer education reproductive and sexual health programs for women and men in the community that incorporate a rights-based approach
- Training that builds the capacity of Boards, management, staff and volunteers to understand and uphold the reproductive and sexual health rights of people with disability.

“Sexuality education needs to have a holistic multi-value perspective, allowing young people to examine their own views and values, and those of others, including their family and the society they live in. There should also be an emphasis on interpersonal skills, which explores relationships and emotions. This should help young people to develop the capacity to create and sustain caring, non-coercive and mutually pleasurable relationships.”⁵¹

**International Planned
Parenthood Federation**

3. Engage men and boys in reproductive and sexual health programs that promote gender equality and address gender-based violence

Working with men and boys presents an opportunity to address gender inequality and improve health outcomes. Numerous global statements and meetings have affirmed the need to engage men and boys to achieve gender equality and address gender-based violence, including the 1994 International Conference on Population and Development⁴⁰ and the Sustainable Development Goals.⁴¹ In the HIV and sexual health field, there are increasing calls to engage men and boys in programs to respond to gender-based violence.⁵²

The Australian Government’s Gender equality and women’s empowerment strategy backs up these calls by supporting working with men as a strategy to prevent violence against women and girls.⁴³

It is now widely accepted that strategies to end gender-based violence must include men and boys.^{13, 53} Yet despite this, they are still rarely engaged in policies and programs.⁵⁴ There is often uncertainty how to best work with men and boys, however a WHO and Promundo review of 58 evaluation studies of interventions with men and boys has provided some general guidance by finding⁵⁵:

- compelling evidence that well-designed programs lead to changes in behaviour and attitudes
- integrated programs and programs within community outreach, mobilisation and mass media campaigns are more effective in producing behaviour changes
- evidence of behaviour change in all program areas (including reproductive and sexual health) and all types of interventions (including group education, community outreach, mobilisation).

Another important factor is that ‘gender transformative’ programs that seek to change gender relations and norms, rather than those that merely acknowledge gender norms, are seen as more effective.⁵⁵ UNFPA, in summarising some of its experiences and lessons working with men and boys, observed that the important work done in these programs needs to be strengthened to ensure they challenge social norms that undermine health and wellbeing.^{56, 57}

Family Planning Australia’s work with men and boys aims to change rigid gender norms and the imbalance of power and build support for reproductive and sexual health. Our approach trains men and boys as peer educators who can then educate others in their communities. An evaluation of our Timor Leste Men’s Health Program found strong evidence that it has an impact on changing knowledge, attitudes and behaviour (see case study). However, this work requires long term investment, scale up and ongoing research to assess its impact. As found in the WHO/Promundo review, very few programs for men and boys go beyond the pilot stage or short-term timeframe.⁵⁵

“Men play a key role in bringing about gender equality since, in most societies, men exercise preponderant power in nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and programme decisions taken at all levels of Government. It is essential to improve communication between men and women on issues of sexuality and reproductive health, and the understanding of their joint responsibilities, so that men and women are equal partners in public and private life.”⁴⁰

International Conference on Population and Development Programme of Action

What is needed?

- Implementation of strategies to ensure reproductive and sexual health services engage with men and boys
- Scale-up of community programs working with men and boys to build support for gender equality and improve reproductive and sexual health outcomes
- Continue to build evidence of the impact of men and boy programs on reproductive and sexual health and gender beliefs and norms.

Family Planning Australia can offer:

- Support our partners to provide reproductive and sexual health services that are gender-friendly
- Support our partners to scale-up the Men’s Health Program in Timor-Leste and Papua New Guinea and identify new partners to support its introduction in additional countries in the Pacific region
- Research to measure the impact of men and boys programs on knowledge, attitudes and behaviour.

4. Advocate for strategies to promote gender equality and address gender-based violence in reproductive and sexual health services, and contribute to the evidence base

Achieving progress in addressing gender-based violence and gender equality requires long-term multiple programming approaches and multi-sectoral partnerships.²⁰ For gender-based violence and gender equality initiatives to be successful in the reproductive and sexual health sector, there is a need for a supportive environment. Government, health services, and civil society support is required.

Family Planning Australia, as a leading Australian provider of reproductive and sexual health services, is regularly consulted on policies relevant to our expertise. Family Planning Australia aims to

supports its international projects through policy and advocacy. We recognise that in each country there may be different advocacy issues that require attention and that who we advocate with may vary (e.g. political leaders, health service managers, policy makers, community leaders etc.). To bring about the changes we seek, we recognise that alliances with a range of organisations working on gender equality and gender-based violence are required.

One important way we build support for our advocacy and policy work is to contribute to the evidence of why and how reproductive and sexual health services can contribute to gender equality.

Until more recently, gender-based violence was largely invisible within national and international monitoring and surveillance statistics. Evidence about gender-based violence against transgender people is even more limited.

Gaps in information include:

- data on men's attitudes, beliefs and behaviours to inform program and policy needs⁵¹
- lack of data on gender-based violence
- lack of data on women and adolescents accessing reproductive and sexual health services
- evaluation of programs that integrate gender-based violence into health services⁴²
- evaluation of programs that employ a gender-servicing approach such as gender-specific clinic times
- lack of monitoring and evaluation of the results and process of screening gender-based violence in services.

What is needed:

- Policies and strategies that support reproductive and sexual health services to promote gender equality and address gender-based violence
- Funding to support pilot projects to demonstrate effectiveness and scale-up projects that are shown to be effective
- Evaluations that demonstrate how addressing gender-based violence, gender equality and empowerment can be integrated into reproductive and sexual health programs

- Support for linkages between reproductive and sexual health services and other health services, law enforcement agencies, and social and support services.

Family Planning Australia can offer:

- Support for the development of policies, strategies and guidelines for reproductive and sexual health services to address gender equality and gender-based violence
- Build and strengthen alliances with organisations that work to promote gender equality and address gender-based violence
- Support our partners to implement appropriate data collection on gender equality and gender-based violence in their services (as per our Development Effectiveness Framework)
- Conduct pre-intervention and post-intervention surveys and other evaluation activities, in collaboration with our partners, to assess understandings, values and attitudes, and the impact of programs
- Support evaluations of gender-based violence and gender empowerment programs in reproductive and sexual health services

CASE STUDY: THE MEN'S HEALTH PROGRAM IN TIMOR-LESTE

This pioneering program by Family Planning Australia and our partner, Cooperativa Café Timor, aims to enable men and boys to become agents of change. The program works to build support for positive change in reproductive and sexual health by challenging views on gender equality and gender-based violence and related behaviours.

Program Objectives:

- a) Men to become positive 'enablers' of family health - particularly maternal and child health
- b) Reduction in gender-based violence
- c) Increase in men's health and wellbeing
- d) Increase in family and community harmony as men and women share decision-making, and have increased skills in building and maintaining relationships.

Family Planning Australia has worked with Cooperativa Café Timor (a farmers' cooperative) to implement the program since 2010, with funding support from the Australian Government. We have implemented a similar style program in the Morobe Province in Papua New Guinea as part of the COMPASS program.

Men and boys from the community are trained to be peer educators. After training they educate other men in remote villages in Timor-Leste. The program has operated in five subdistricts in Ermera (about a 1.5 hour drive south-west of the capital). At the heart of the training is a focus on healthy relationships and 'what is being male'. The training explores the values and attitudes of participants and communities.

Peer educators choose from a number of modules when running education sessions including:

- Being male
- Men and decision-making
- Men's health

- Maternal and child health
- Child spacing and family planning
- Men and relationships
- Sexually transmitted infections and HIV
- Gender and men as partners in change
- Disability and social inclusion.

One of the strengths of this peer education model is that it is low cost to implement and yet it enables reach in remote rural areas with limited access to comprehensive health programs.

An evaluation of the program in Timor-Leste found that there was strong evidence of knowledge, attitudes and behaviour change in some areas among respondents, particularly around maternal and child health and family planning. The evaluation team heard from many respondents that they had heard about family planning for the first time in their life.

"Before there was a lot of drunkenness, now there is less. Before they were drunk and made violence, now they don't make violence."

"Before they didn't get vaccinations; now they do and the children are being brought to the hospital."

"[Family planning] is a good way for me – I use the injection method."

"The [people in my community] have a lot of children already, but they want to plan their family."

Increase in clinic attendance, a reduction in alcohol consumption, and an increase in use of family planning methods were commonly mentioned changes that had occurred within the community. As with all programs working to change behaviours, there is an acknowledgement that this takes time to achieve.

ACTION PLAN

| Priority Area | Goal | Actions | Timeframe |
|---|--|--|-----------|
| 1. Support our partners to integrate responses to gender-based violence in reproductive and sexual health services | Raised organisational awareness and support for the role of reproductive and sexual health services in addressing gender-based violence | Promote Family Planning Australia's ability to provide technical advice to support reproductive and sexual health services to implement responses to gender-based violence | 2016-2020 |
| | | Trial a gender audit tool with two partner organisations and develop an action plan for implementation. Integrate issues for transgender people into the audit tool | 2016-2017 |
| | | Support partners to incorporate strategies identified in the gender audit | 2017-2020 |
| | | Document and share learnings about trial of gender audit tool | 2017-2020 |
| | Training for health professionals on how to promote gender equality and address gender-based violence in reproductive and sexual health services | Develop a gender awareness and reproductive and sexual health training program to build organisational capacity | 2016-2017 |
| | | Deliver awareness training to Boards, management and staff with two partner organisations | 2018-2020 |
| | | Promote gender awareness and reproductive and sexual health training programs as being available to deliver on demand | 2017-2020 |
| | Development of systems approach to addressing gender-based violence in reproductive and sexual health services | Provide technical advice, on request, to support reproductive and sexual health services to implement responses to gender-based violence | 2016-2020 |
| | | Promote the gender audit tool, training and capacity building to support partners to promote gender equality and address gender-based violence within their service | 2017-2020 |
| | Appropriate referral and support systems and programs to protect the safety, privacy and confidentiality of survivors of violence | Support partners to identify referral paths to appropriate services | 2017-2020 |
| | | Support partners to work collaboratively with other services to strengthen the system to provide optimal response services to survivors | 2017-2020 |

| Priority Area | Goal | Actions | Timeframe |
|---|---|--|-----------|
| 2. Support comprehensive community reproductive and sexual health education that incorporates a gender equality approach and addresses gender-based violence | Comprehensive community reproductive and sexual health education programs that promote gender equality and address gender-based violence | Develop a training program for staff on implementing comprehensive reproductive and sexual health and gender equality programs in the community including program planning and promotional materials | 2017-2018 |
| | | Develop a peer education program for women in the community addressing reproductive and sexual health and gender equality | 2017-2018 |
| | | Review the possibility of the peer education program for men being used in parallel as an accompanying program for women | 2016-2017 |
| | | Support our partners to implement peer education reproductive and sexual health programs for men and women in the community that incorporate a rights-based approach | 2016-2020 |
| | Increased awareness of reproductive and sexual health rights particularly among policy makers, health workers, community, and political leaders | Support partners to deliver awareness programs to increase the understanding of reproductive and sexual health rights among decision-makers and to help build support for further action | 2018-2020 |
| 3. Engage men and boys in gender equality and gender-based violence prevention in the area of reproductive and sexual health | Implementation of strategies to ensure reproductive and sexual health services engage with men and boys | Support our partners to develop reproductive and sexual health services that are gender friendly, including men's clinics, men's outreach sessions, and development of promotional materials | 2016-2019 |
| | Scale-up of community programs working with men and boys to build support for gender equality and improve reproductive and sexual health outcomes | Support to our partners to scale-up the Men's Health Program in Timor-Leste | 2016-2018 |
| | | Identify funding opportunities to support the scale-up and introduction of the Men's Health Program across the region | 2016-2020 |
| | Continue to build evidence of the impact of men and boys programs on reproductive and sexual health and gender beliefs and norms | Seek funding for research to measure the impact of the men and boys program on knowledge, attitudes and practice | 2016-2020 |

| Priority Area | Goal | Actions | Timeframe |
|--|--|--|-----------|
| 4. Advocate for strategies to promote gender equality and address gender-based violence in reproductive and sexual health services, and contribute to the evidence base | Policies and strategies that support reproductive and sexual health services to promote gender equality and address gender-based violence | Advocate for the implementation of national and organisational policies, strategies and guidelines for reproductive and sexual health services to address gender equality and gender-based violence | 2016-2020 |
| | Increased funding to support pilot projects to demonstrate effectiveness and scale-up projects that are shown to be effective | Build and strengthen alliances with organisations that are funding gender equality and gender-based violence programs | 2016-2020 |
| | Evaluations that demonstrate how gender-based violence, gender equality and empowerment can be integrated into reproductive and sexual health programs | Support our partners to implement appropriate data collection on gender equality and gender-based violence in their services | 2017-2020 |
| | | Conduct pre-intervention and post-intervention surveys, in collaboration with our partners, to assess understanding, values and attitudes, and the impact of programs | 2016-2020 |
| | | Support evaluation of gender-based violence and gender empowerment programs in reproductive and sexual health services | 2016-2020 |
| | | Share learning at conferences, regional and national forums | 2016-2020 |
| | Help to facilitate linkages between reproductive and sexual health services and other health services, law enforcement agencies, and social and support services | Support partners to work collaboratively with other health services, law enforcement agencies, and social and support services to integrate gender equality and address gender-based violence across sectors | 2016-2020 |

APPENDIX 1: FAMILY PLANNING AUSTRALIA INDICATORS RELEVANT TO GENDER EQUALITY PROGRAMS

| Categories | Family Planning Australia indicators |
|--|--|
| 1. Gender equity | |
| Gender-based violence | Per cent / number of women who have experienced physical and/or sexual violence in the last year |
| | Per cent / number of women survivors of violence receiving services such as counselling |
| | Per cent / number of people who believe family violence is unacceptable |
| | Number of civil society organisations supported to engage in activities to reduce violence against women* |
| Gender equality | Number of people reached by programs / projects that include examining gender and related cultural norms |
| | Number of boys and men targeted with messaging about gender equality |
| | Number of civil society organisations supported to achieve gender equality goals or provide specific services to women, including women with a disability* |
| | Number of women assuming leadership roles or engaging collectively at local, national and/or regional level* |
| Gender audit | Number of gender audits conducted with or by partner organisations |
| 2. Capacity building | |
| Training and education on cross-cutting issues | Number of people provided with awareness raising / training on gender issues and women's equal rights* |
| | Number of people exposed to awareness raising campaigns/activities in communities highlighting issues of violence against women* |
| Competency achieved | Number of people who complete a training session on a given topic |
| | Number of people who are formally assessed as competent |
| | Number of people who increase their knowledge, skills and confidence upon completion of training |
| | Number of people deemed competent in one or more core reproductive and sexual health competencies |
| Communication and dissemination | Number of information, education and communication (IEC) materials developed and distributed |
| 3. Other | |
| General health literacy | Per cent / number of people who can correctly identify two negative effects of drinking alcohol |
| | Per cent / number of people who can correctly identify two negative effects of smoking tobacco |

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