Gender, justice and empowerment: creating the world we want to see

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Gender is one of the most important social determinants of health. Considerable research has shown that power imbalances due to gender and sexual orientation lead to numerous negative health outcomes and risk exposures for people across the gender spectrum. These include exposure to violence, the inability to negotiate safer sex, diminished ability to choose whether and when to have a child, and decreased access to economic, political, and social capital. Over the past 25 years, women's empowerment has gained traction as a way to address these negative outcomes in the fields of public health, development, economics, political science, education, sociology and beyond.

Rarely has the question of inequality related to gender been more pressing than in the current global context. The COVID-19 pandemic is devastating for a myriad of populations with regards to morbidity and mortality, economic growth, and emotional wellbeing. Yet, COVID-19 is likely to have a disproportionately greater impact on women, as female-

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dominated service industries are harder-hit by the accompanying recession and as childcare demands increase (Alon et al. 2020). Intimate partner violence (IPV) is also likely to spike as quarantines lead to social isolation for survivors and fewer accessible services (van Gelder et al. 2020). We know that any recession worsens IPV perpetration (Schneider, Harknett, and McLanahan 2016), but COVID-19 may be even more risky for survivors since the very public health strategies used for decreased viral transmission – social distancing – can reduce access to justice and care. Beyond women, Logie and Turan reminds us that quarantine and movement restriction will "disproportionately affect already stigmatised persons, including homeless persons, persons who are incarcerated, migrants and refugees, undocumented immigrants, and racial minorities," (2020: epub ahead of print p. 2). Increased attention to justice and empowerment for women and marginalised groups therefore makes a timely and essential contribution to the field of public health.

Over the past two decades, public health researchers and activists have begun to turn their attention from 'women's empowerment' to 'gender transformation' for both men and women. This change is associated with two large shifts in the field. The first of these is the acknowledgment that men and boys must be involved as allies in the work to create a more gender equitable world (Jewkes, Flood, and Lang 2015; Dunkle and Jewkes 2006; Barker et al. 2010), and that some masculine norms (i.e. "toxic masculinities") harm men and boys as well women, girls, and gender-nonconforming people (Miedema et al. 2017; Connell and Messerschmidt 2005). The second is an increasing acceptance that individual-level programmes cannot fully address the problems associated with gender inequality, since those with less power must continually navigate a broader social ecology (Kerrigan et al. 2015). An exponential growth in scholarly publications which cite 'women's empowerment' or 'gender transformation' has accompanied these new priorities. Over the last fifteen years an upward trend in interest has occurred for both topics (Figure 1).

This growing emphasis on gender's role as a health determinant for all members of our society is unquestionably important. Yet the terminology is still hotly debated. When we refer to the work of empowering women, or transforming gender, do we mean changing the social norms that prescribe (cis-gendered, heterosexual) men's and women's roles in society? Or are we discussing something broader, namely the systems of privilege and oppression that not only organise access to power by gender, but also by sexual orientation, race, class, colonial history, physical and mental ability, and beyond?

We believe that clarity around gender, justice and empowerment has implications for the ways in which we structure our research, design our interventions and advocate for specific policies. One goal in creating this Special Issue of *Culture, Health & Sexuality* was to stimulate and showcase a conversation about what, exactly, we mean when we say 'women's empowerment' or 'gender transformation'. Notwithstanding the importance of naming the constructs, our unanswered questions extend further than mere semantics. Ultimately, a better understanding of these ideas may lead to better health and quality of life around the world.

In our call for papers, the California Global Health Institute Center of Expertise on Women's Health, Gender and Empowerment, WHGE and the COE asked researchers and theorists to

submit papers exploring this question from a range of angles, all centred on the notion of transformative gender justice in sexual and reproductive health. Reflecting the multidisciplinary nature of the question and of the work of the COE, we sought papers exploring behavioural and sociological theories, lessons from programming, and research methods that could deepen our understanding of the process of gender transformative interventions. We hope this collection of papers contributes to the ongoing dialogue on the role of gender in health through practical application of the concepts of women's empowerment and gender transformation to sexual and reproductive health interventions.

In this Special Issue, we sought to create a space for rigorous reflection on these, and other, gaps in gender justice and empowerment literature. After receiving 31 sub-missions, we sent 18 manuscripts out for full peer review. A challenging selection phase led to the final group of 9 manuscripts in this Special Issue. Together, we feel these articles make important strides in deepening and clarifying our understanding of key aspects of gender and health.

Approach and key constructs

The California Global Health Institute Center of Expertise on Women's Health, Gender and Empowerment, WHGE and the COE is comprised of faculty, staff and students from across the campuses of the University of California, along with an expert advisory board, practitioners and international partners. The COE promotes research, education and community engagement at the intersection of health and empowerment in the USA and globally. The COE has placed gender equity at the forefront of its mission and has previously sponsored a special journal issue focusing on women's empowerment around the time of pregnancy (Prata, Tavrow, and Upadhyay 2017) and an edited book of model programmes across health domains with supplementary multimedia materials (Dworkin, Gandhi, and Passano 2017).

The COE chose the language of gender justice to allow room for broad narratives. The shift from women's empowerment to gender transformation is a clear nod to the importance of involving women, men and non-binary persons concurrently in programming. The articles in this Special Issue highlight that women's empowerment is not simply about individual-level consciousness raising, community norm shifting, or couples interventions. Women, men and people across the gender spectrum exist in a world in which gender, class, race and national identities all intersect with one another. There is an important social and structural facet to transforming the constraints of gender – and we felt that the term 'justice' captures this somewhat more clearly than 'empowerment'. This is partly because a focus on justice moves the field towards structural solution-building rather than individual aptitudes or competencies.

Several theories underpin the work featured in this Special Issue. Multiple papers draw upon Connell's gender theory as a guiding framework (Chantelois-Kashal, Apenem Dagadu, and Gardsbane 2019; Conroy, Ruark, and Tan 2020; Fehrenbacher and Patel 2019). Familiar to many readers of *Culture, Health & Sexuality*, Connell's application of the notion of hegemonic masculinity has been a pivotal means for explaining how gender norms are created and reproduced (Connell 1985, Connell 2014; Connell and Messerschmidt 2005).

Chantelois-Kashal and colleagues extend this theoretical work around gender and masculinity by applying Schippers' concept of alternative femininities, or the ways that women take up positions that push the boundaries of the traditional gender dichotomy of 'dominant masculinity' and 'subordinate femininity' (Schippers 2007). In Malawi, Conroy and colleagues emphasise the importance of acknowledging and using an emic lens to understand how men and women conceptualise notions of gender and power, and extend DiClemente and Wingood's theories to consider the ways in which these ideas are constantly being reconstructed and contested. Hereth et al. call upon Bourdieu's theories around systems of domination, and remind us that identity development is an important angle when considering how young people, in particular, learn and try out gender in their own lives.

Several authors draw upon an intersectionality framework to articulate the ways in which gender affects sexual and reproductive health differently based on individual's other social identities. Intersectional theory, as articulated by Kimberle Crenshaw (Crenshaw 1991), a law professor at the University of California, Los Angeles, lays out the ways in which socially marginalised people face multiple levels of constraints due to gender, sexuality, race and class status.

Gender, justice, and their application

We begin the special issue with a paper that highlights many of they key themes which reoccur throughout the Special Issue. First, McLean and colleagues draw upon a gender transformative, theory-based intervention in Rwanda to explore how couples might examine and challenge their norms and assumptions around gender (McLean, Heise, and Stern 2020). This paper showcases some of the ways in which deeply entrenched beliefs about gender roles and men's authority over resources make it challenging to transform norms at a community level. In this paper, McLean and colleagues define gender transformation as an overall movement in the grand majority of norms in a community - rather than the piecemeal adjustments of a select few individuals (McLean, Heise, and Stern 2020). This pushes the gender transformation field towards a social and structural conceptualisation of gender change. Yet, in practice, the authors identify a more realistic shift in norms that occurs through finite changes in individual beliefs. McLean and colleagues talk about 'bending' old beliefs into something new, and posit that perhaps this is a necessary first step along the road to true transformation (McLean, Heise, and Stern 2020).

Similar to McLean et al., Hereth and colleagues describe a 'renegotiating' of gender positions (Hereth, Pardee, and Reisner 2020). The authors explore the ways in which young transgender men and non-binary men in the USA navigate the complexities of gender and sexuality, creating and 'doing' new forms of both as they go (Hereth, Pardee, and Reisner 2020). The participants in their qualitative study vary greatly in their gender expression and sexual preferences. Yet, despite differences in individual lives, common themes emerge. The authors highlight how these young people use narrative as an act of creative resistance against heteronormative narratives, and the strategies they use to safely navigate their relationships and communities.

In the following manuscripts, Conroy et al and Ninsiima et al explore the ways in which gender and sexual identity manifest in the lives of young people. As in Hereth and Patel's paper, these authors explore how young people – transgender and non-binary men who have sex with men in the USA and young, heterosexual men and women in rural Malawi and Uganda - navigate the meaning of gender in their daily lives and social relationships. Young participants actively create, recreate and resist different narratives about gender and sexuality. Their narratives are influenced by a variety of sources, including peer norms, global human rights discourses, and histories of queer resistance. Each of these authors posit that gender transformation is an ongoing project for all men and women, not simply something that begins with the introduction of a new public health or development programme.

In Malawi, Conroy and colleagues conducted qualitative research with young men and women between the ages of 19 and 24 years. The authors use a lens that counters a traditional, hegemonic view of gender that is predicated on male dominance and female vulnerability. Instead, they highlight voices of participants that offer new ideals for the division of labour and power. They note that despite patriarchal norms in the Malawian setting, young people also hold to a 'unity narrative' characterised by love, respect, helping one another, and having open communication.

Ninsiima et al. led a large number of qualitative interviews and focus groups with young adolescent women and their parents and teachers in western Uganda (Ninsiima et al. 2019). The authors focus on structural factors of poverty, high rates of intimate partner violence, and a lack of services as the backdrop to the construction of gender norms in this setting. Structural constraints frame how young women are able to exercise their reproductive rights, since young women who lack ability to move freely or choose their own romantic partners will necessarily find it challenging to secure sexual autonomy.

Also from Uganda, Chantelois-Kashal and colleagues use longitudinal qualitative interviews grounded in Bourdieu's notions of how power reproduces itself across generations and Schipper's framing of the ways in which emphasised feminities compliment and reinforce hegemonic masculinity (Schippers 2007, Bourdieu 1994). The authors explore how youth 'learn gender' amidst a structural backdrop of poverty and inadequate access to services (Chantelois-Kashal, Apenem Dagadu, and Gardsbane 2019). Of particular interest, theoretically, is the way young women were found to carefully navigate subordinated femininities as they move through adolescence. Young girls narrated use of strategies such as seeking out small (what the authors call "regulated") liberties amidst severe constraints to women's freedom by, for example, securing a source of income. By drawing on the insider perspective of the community, rather than relying simply on standard outsider framings of gender (which may lack nuance or fail to acknowledge the dynamic), the authors consider how young women engage with, recreate and resist different models of femininity.

The next set of articles in this special issue speak to how practitioners might apply gender in programming. Much of the research highlights the need to consider gender programming from an intersectional lens, and in true partnership with the community.

Mdege critiques the practical application of gender norms in the 2004 South African film *Yesterday.* The author questions whether the portrayal of one particular woman in the film is a helpful way of understanding South African gender norms, particularly in the context of HIV and AIDS (Mdege 2019). Mdege notes that while the film unpacks the structural constraints of living in rural South Africa – poverty, lack of services, violence – it also tends to portray the main character as a helpless woman, devoid of choice. This representation, Mdege posits, leads not to gender transformation but towards a limited construction of agency. Ultimately, films can be a tool for shifting societal norms around gender, but *Yesterday* stopped short in enabling South African viewers to imagine possibilities for women and true gender transformation.

Several papers in the Special Issue detail what are – at least on the surface - success stories: participants adopt new, presumably more beneficial, gender-related behaviours after an intervention. However on further examination, true transformation can prove elusive, in part because there are so many ways to operationalize what transformation might mean to a community.

Leddy and colleagues explore how a cross cultural team in Tanzania implemented the community-based Shikamana intervention (Leddy et al. 2019). The Shikamana intervention was grounded in Freire's notions of education as a tool for empowerment (Friere 1993), and developed with female sex workers in a low-resource setting. Public health researchers frequently acknowledge the importance of partnering with and centering community, and Leddy's piece lays out strategies for doing this in the context of HIV prevention. However, the authors rightly point out two constraints of gender transformation in a setting where sex work is illegal and where resources are scarce. In the first, the solidarity between peer navigators and community advisory members was strained when issues around unequal compensation arose. Secondly, the project would have benefitted from greater sensitisation of local police, who historically used methods like bribery or sexual extortion in response to reports of violence by sex workers.

In Rwanda, McLean and colleagues describe men in a couples' intervention shifting their behaviours due to several processes: feeling consulted by their female partners, feeling listened to (during the course of the group work), and a focus on the benefits and positive feelings associated with new behaviors (McLean, Heise, and Stern 2020). For example, participants reported enhanced household income once both members of a couple worked together. They also spoke about new sexual satisfaction and relationship closeness. McLean and colleagues thoughtfully engage with the critical absences within this narrative of closer, happier couples. While some men did take on new roles caring for children and contributing to household chores, most men and women still viewed these tasks as primarily the responsibility of women. It was as though men could voluntarily "dip in" to the chores when they felt inclined to, but were never really taking on new roles as homemakers or parents. So while distinct behaviours shifted over time, the attitudes and entrenched beliefs surrounding identities were perhaps slower to evolve.

Treves-Kagan et al. examine the mechanisms for behaviour change among young South African men taking part in a community mobilisation intervention called One Man Can that

was embedded within broader HIV prevention programming (Treves-Kagan et al. 2019). The authors note that as young men became more visible in their own communities through association with the programme, they were held accountable to the types of gender equitable actions the programme encouraged . However, in keeping with other mixed findings from this type of programming (Chantelois-Kashal, Apenem Dagadu, and Gardsbane 2019), there were limits to the ability of One Man Can to deeply transform men's beliefs and behaviours. Treves-Kagan and colleagues present a considered critique of workshops and community activities, noting ways that these may have been insufficient to stimulate true changes in entrenched violent and patriarchal norms at the community level.

Treves-Kagan's paper highlights a regression or backlash after a set of gender norms was shifted. The authors note the tendency of participants to emphasise the role of the church and home as centring on "respect" for male authority (Treves-Kagan et al. 2019). The subtle re-purposing of language that emerges from human rights ultimately served to entrench patriarchal views of men's and women's roles in the community. Several participants wonder whether new ideas brought in through the programme were a sign that people were "bewitched" or whether "white, western" ideals were now being imported into rural South Africa. These are powerful and, often, unassailable methods of undercutting transformation around gender in a way that allows little opportunity for change.

Moving methodology forward

In the final paper, Fehrenbacher and Patel note an important gap in the application of quantitative research approaches to explaining gender transformation (Fehrenbacher and Patel 2019). Indeed, nearly every paper in this Special Issue use traditional qualitative methodologies.

A couple of important qualitative innovations deserve highlighting. McLean *et al.* use a novel method of speaking with both members of a couple at three timepoints, a longitudinal approach that allows the team insights into gender transformation over time and deepens the traditional individual lens of qualitative research with dyadic data collection. The paper led by Treves-Kagan similarly collected longitudinal qualitative data, allowing the authors to think more deeply about change and transformation. Hereth and colleagues employ life histories as a mode of allowing participants themselves to define topics of interest and lead the narrative of their gender experience.

However, while these qualitative approaches are important for something as complex as gender, the field requires quantitative evidence for impact and evaluation if we are to create solutions and move forward. Fehrenbacher and Patel use the lens of intersectionality to highlight strides in theoretical work and qualitative empirical evidence along-side a dearth of studies that frame gender and intersectionality quantitatively. Fehrenbacher and Patel identify several analytical techniques that may be well-suited to questions of gender justice and intersectionality: hierarchical linear modeling, propensity score matching, heterogeneous treatment effects, and geospatial analyses, among others. The authors note that mixed methods approaches such as nested qualitative studies, cultural consensus methods, and the 'ethnographic sandwich' of starting and ending a project with ethnography

can be effective means of deepening our analytical tools for gender transformation. Their call for the field to pursue novel ways of answering these questions is timely – given the dearth of papers that we ourselves received for this issue using quantitative or mixed methods approaches.

Limitations

While the editorial team tried to be deliberate in our outreach, peer review and curation of final manuscripts, we acknowledge that voices are missing from the discussions presented in the following pages. The majority of authors are women from the global north, and the majority of papers represent work conducted in sub-Saharan Africa. This may be for a number of reasons. While the importance of gendered power imbalances affects people all over the world, the HIV epidemic in sub-Saharan Africa has focused attention and international funding dollars on the role of gender norms as a structural drivers of HIV risk. Additionally, the editors of this Special Issue, RFM and AMH, are also cis-gendered, white, female researchers who trained in the global North and conduct research in the African region. Although the call for papers had a global reach, it is reasonable to assume that our professional networks shaped the submissions received.

That both of these factors – donor priorities and access to the social and professional networks of researchers with the power to decide whose voices are heard – originate in the global North and are dominated by white researchers should not be considered a coincidence. Nor should it be considered unique to this Special Issue. As these articles highlight, efforts to move towards a more just and healthy world must consider not only the role of gender as a power structure, but also the ways in which gender intersects with other salient power structures, including nationality, race and social class. As several of the programmatic papers in this collection highlight, true change must come at the community level, and in participation with communities. We venture to extend this notion by suggesting the way we conduct our work as professional researchers and public health professionals must be done in a way that deliberately dismantles, rather than reinforces, the power hierarchies that cause harm.

Funding opportunities that prioritise researchers of color from institutions in the global South are an important part of this process. The COE is proud to have a track record of doing just this: last year funding four projects led by local teams in South Africa, Kenya, and Zambia to study sexual violence as part of our international pilot grant programmes. Other funders, such as the UK Medical Research Council and the Sexual Violence Research Initiative have been similarly deliberate, and we encourage others to follow their lead.

Where do we go from here?

There are important tensions and contradictions highlighted by the collection of papers in this Special Issue. Multiple papers in this collection signal the gap between theory and practice, particularly in terms of the required scope of gender transformative work. McLean et al. consider whether a 'shift' in gender normative behaviour should be considered a success even if the gendered power structures remain intact (McLean, Heise, and Stern

2020). Ninsiima and colleagues highlight that individual rights-based narratives can sometimes mask higher level social injustices (Ninsiima et al. 2019). As others have argued, the original meaning of empowerment – or, collectively breaking down oppressive patriarchal structures – has been depoliticised over time (Cronin-Furman, Gowrinathan, and Zakaria 2017). There is a need to critically examine how the idea of empowerment or gender transformation, when used apolitically, may actually reinforce the power held by a few.

Indeed, if the goal is systemic-level gender transformation or the restructuring of societal power structures that result in adverse health outcomes, do we perhaps need to be operating at a societal level? Here, one thinks of new laws and policies, structural shifts like mass poverty alleviation, or collective action nationally or even globally, such as the #MeToo movement. The papers in this collection highlight a need for such broad scale systematic change. No submission operated uniquely at the policy level, and even those that engaged structural-level thinking tended to analyse individual-level data and think through stories of individual change.

It is still difficult to determine whether a programme or policy actually leads to more gender justice or transformation. While we received many excellent qualitative and theoretical submissions to this special issue, none utilized methods that support robust causal inferences that generalizable to communities. This makes sense for phenomena as nuanced and complicated as gender, empowerment, and transformation. Certainly in the gender field more broadly, there are important examples of experimental trials and impact evaluations that assess causality robustly and point to promising evidence for how to transform gender over time (Pronyk et al. 2006, Gibbs et al. 2020, Abramsky et al. 2014, Jewkes et al. 2008). However, effort is needed to better operationalise and measure the constructs of empowerment or transformation using quantitative or mixed methods approaches. One small step towards this measure web-based, searchable database of quantitative measures of empowerment to enhance access and utilisation by researchers, practitioners and communities globally (University of California Global Health Institute 2020).

Clearly, there is considerable work to be done if the broader sexual and reproductive health field is to develop and test effective approaches to transform gender and achieve justice. In a recent systematic review of 61 evaluations, only ten (16%) successfully changed social norms at the broader community level (Levy et al. 2020). In the current moment, resources will likely be diverted away from essential sexual and reproductive health as COVID-19 is prioritized by policy makers (Hall et al. 2020). As Hall and colleagues write in The Lancet, "Only when public health responses to COVID-19 leverage intersectional, human rights centred frameworks, transdisciplinary science-driven theories and methods, and community-driven approaches, will they sufficiently prevent complex health and social adversities for women, girls, and vulnerable populations," (2020: 1176) (Hall et al. 2020). Clearly, continuing to conceptualise translate constructs of empowerment and gender transformation to real-world, finding ways to target them through programmes and policy, and applying new methods towards understanding intervention effects are pressing next steps is a pressing, potentially life-saving, goal for the field.

Much has already been done to better understand how gender works and what transformation may mean. And as the thinking around theoretical and practical implications of this work continues to evolve, the contributions of scholars, community-level champions, and participants themselves will be crucial to sustain. We hope this Special Issue deepens our collective efforts towards reaching the goal of gender transformation and better health across the globe.

Acknowledgements

References

Abramsky T, Devries K, Kiss L, Nakuti J, Kyegombe N, Starmann E, Cundill B, Francisco L, Kaye D, Musuya T, et al. 2014. "Findings from the SASA! Study: A Cluster Randomized Controlled Trial to Assess the Impact of a Community Mobilization Intervention to Prevent Violence against Women and Reduce HIV Risk in Kampala, Uganda." BMC Medicine 12 (1): 122. doi:10.1186/s12916-014-0122-5 [PubMed: 25248996]

Alon, Titan M, Doepke Matthias, Olmstead-Rumsey Jane, and Tertilt Michèle. 2020. The Impact of COVID-19 on Gender Equality. National Bureau of Economic Research.

Barker G, Ricardo C, Nascimento M, Olukoya A, and Santos C. 2010. "Questioning Gender Norms with Men to Improve Health Outcomes: Evidence of Impact." Global Public Health 5 (5): 539–553. doi:10.1080/17441690902942464 [PubMed: 19513910]

Bourdieu P 1994. "Theory of Symbolic Power." In Culture/Power/History: A Reader in Contemporary Social Theory, edited by Dirks Nicholas B., Eley Geoff, and Ortner Sherry B., 155. Princeton, NJ: Princeton University Press.

Chantelois-Kashal H, Apenem Dagadu N, and Gardsbane D. 2019. "Contested Femininity: Strategies of Resistance and Reproduction across Adolescence in Northern Uganda." Culture, Health & Sexuality. doi:10.1080/13691058.2019.1650958

Connell RW, and Messerschmidt JW. 2005. "Hegemonic masculinity - Rethinking the Concept." Gender & Society 19 (6): 829–859. doi:10.1177/0891243205278639

Connell RW 1985. "Theorising Gender." Sociology 19 (2): 260–272. doi:10.1177/0038038585019002008

Connell RW 2014. Gender and Power: Society, the Person and Sexual Politics. John Wiley & Sons.

Conroy AA, Ruark A, and Tan JY. 2020. "Re-Conceptualising Gender and Power Relations for Sexual and Reproductive Health: Contrasting Narratives of Tradition, Unity, and Rights." Culture, Health & Sexuality. doi:10.1080/13691058.2019.1666428

Crenshaw K 1991. "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color." Stanford Law Review 43 (6): 1241–1299. doi:10.2307/1229039

Cronin-Furman K, Gowrinathan N, and Zakaria R. 2017. Cronin-Furman, Nimmi Gowrinathan, & Rafia Zakaria. New York: The City College of New York.

Dunkle KL, and Jewkes R. 2006. "Effective HIV Prevention Requires Gender-Transformative Work with Men." Sexually Transmitted Infections 83 (3): 173–174. doi:10.1136/sti.2007.024950

Dworkin S, Gandhi M, and Passano P. 2017. Women's Empowerment and Global Health: A Twenty-First-Century Agenda. Berkeley, CA: University of California Press.

Fehrenbacher AE, and Patel D. 2019. "Translating the Theory of Intersectionality into Quantitative and Mixed Methods for Empirical Gender Transformative Research on Health." Culture, Health & Sexuality. doi:10.1080/13691058.2019.1671494

Friere P 1993. Pedagogy of the Oppressed: New Revised 20th Anniversary Edition: Continuum

Gibbs A, Washington L, Abdelatif N, Chirwa E, Willan S, Shai N, Sikweyiya Y, Mkhwanazi S, Ntini N, and Jewkes R. 2020. "Stepping Stones and Creating Futures Intervention to Prevent Intimate Partner Violence among Young People: Cluster Randomized Controlled Trial." Journal of Adolescent Health 66 (3): 323–335. doi:doi:10.1016/j.jadohealth.2019.10.004

Hall, Stidham Kelli, Samari Goleen, Garbers Samantha, Casey Sara E, Diallo Dazon Dixon, Orcutt Miriam, Moresky Rachel T, Martinez Micaela Elvira, and McGovern Terry. 2020. "Centring sexual and reproductive health and justice in the global COVID-19 response." The Lancet 395 (10231):1175–1177.

Hereth J, Pardee DJ, Reisner SL. 2020. "Gender Identity and Sexual Orientation Development among Young Adult Transgender Men Sexually Active with Cisgender Men: 'I Had Completely Ignored my Sexuality … That's for a Different Time to Figure out." Culture, Health & Sexuality: 1–8. doi:10.1080/13691058.2019.1636290

Jewkes R, Flood M, and Lang J. 2015. "From Work with Men and Boys to Changes of Social Norms and Reduction of Inequities in Gender Relations: A Conceptual Shift in Prevention of Violence against Women and Girls." The Lancet 385 (9977): 1580–1589. doi:10.1016/S0140-6736(14)61683-4

Jewkes R, Nduna M, Levin J, Jama N, Dunkle K, Puren A, and Duvvury N. 2008. "Impact of Stepping Stones on Incidence of HIV and HSV-2 and Sexual Behaviour in Rural South Africa: Cluster Randomised Controlled Trial." BMJ 337 (aug07 1): a506–a506. doi:10.1136/bmj.a506 [PubMed: 18687720]

Kerrigan D, Kennedy CE, Morgan-Thomas R, Reza-Paul S, Mwangi P, Win KT, McFall A, Fonner VA, and Butler J. 2015. "A Community Empowerment Approach to the HIV Response among Sex Workers: Effectiveness, Challenges, and Considerations for Implementation and Scale-up." The Lancet 385 (9963): 172–185. doi:10.1016/S0140-6736(14)60973-9

Leddy A, Mantsios A, Davis W, Muraleetharan O, Shembilu C, Mwampashi S, Beckham SW, Galai N, Likindikoki S, Mbwambo J, et al. 2019. "Essential Elements of a Community Empowerment Approach to HIV Prevention among Female Sex Workers Engaged in Project Shikamana in Iringa, Tanzania." Culture, Health & Sexuality. doi:10.1080/13691058.2019.1659999

Levy JK, Darmstadt GL, Ashby C, Quandt M, Halsey E, Nagar A, and Greene ME. 2020. "Characteristics of Successful Programmes Targeting Gender Inequality and Restrictive Gender Norms for the Health and Wellbeing of Children, Adolescents, and Young Adults: A Systematic Review." The Lancet Global Health 8 (2): E 225–e236. doi:10.1016/S2214-109X(19)30495-4

Logie CH, and Turan JM. 2020. "How Do We Balance Tensions Between COVID-19 Public Health Responses and Stigma Mitigation? Learning from HIV Research." AIDS and Behavior: 1–4. [PubMed: 30903450]

McLean L, Heise LL, and Stern EA. 2020. "Shifting and Transforming Gender-Inequitable Beliefs, Behaviours and Norms in Intimate Partnerships: The Indashyikirwa Couples Programme in Rwanda." Culture, Health & Sexuality. doi:10.1080/13691058.2019.1679394

Mdege N 2019. "Your Husbands Are Bringing It to You': South African Rural Women and HIV in Darrell Roodt's Yesterday (2004)." Culture, Health & Sexuality. doi:10.1080/13691058.2019.1658805

Miedema SS, Yount KM, Chirwa E, Dunkle K, and Fulu E. 2017. "Integrating Male Sexual Diversity into Violence Prevention Efforts with Men and Boys: evidence from the Asia-Pacific Region." Culture, Health & Sexuality 19 (2): 208–224. doi:10.1080/13691058.2016.1214747

Ninsiima AB, Michielsen K, Kemigisha E, Nyakato V, Leye E, and Coene G. 2019. "Poverty, Gender and Reproductive Justice. A Qualitative Study among Adolescent Girls in Western Uganda." Culture, Health & Sexuality. doi:10.1080/13691058.2019.1660406

Prata N, Tavrow P, and Upadhyay U. 2017. "Women's Empowerment Related to Pregnancy and Childbirth: Introduction to Special Issue." BMC Pregnancy and Childbirth 17 (2): 352. doi:10.1186/s12884-017-1490-6 [PubMed: 29143677]

Pronyk PM, Hargreaves JR, Kim JC, Morison LA, Phetla G, Watts C, Busza J, and Porter JD. 2006. "Effect of a Structural Intervention for the Prevention of Intimate-Partner Violence and HIV in Rural South Africa: A Cluster Randomised Trial." The Lancet 368 (9551): 1973–1983. doi:10.1016/S0140-6736(06)69744-4

Schippers M 2007. "Recovering the Feminine Other: Masculinity, Femininity, and Gender Hegemony." Theory and Society 36 (1): 85–102. doi:10.1007/s11186-007-9022-4

Schneider Daniel, Harknett Kristen, and McLanahan Sara. 2016. "Intimate partner violence in the Great Recession." Demography 53 (2):471–505. [PubMed: 27003136]

Treves-Kagan S, Maman S, Khoza N, MacPhail C, Peacock D, Twine R, Kahn K, Lippman S, and Pettifor A. 2019. "Fostering Gender Equality and Alternatives to Violence: Perspectives on a Gender-Transformative Community Mobilisation Programme in Rural South Africa." Culture, Health & Sexuality 1–18. doi:10.1080/13691058.2019.1650397

University of California Global Health Institute. 2020. "Empowerment Measures." Accessed Feburary 10. http://www.empowermentmeasures.org/

van Gelder N, Peterman A, Potts A, and O'Donnell M. 2020. "COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence" Lancet eClinical Medicine in press.
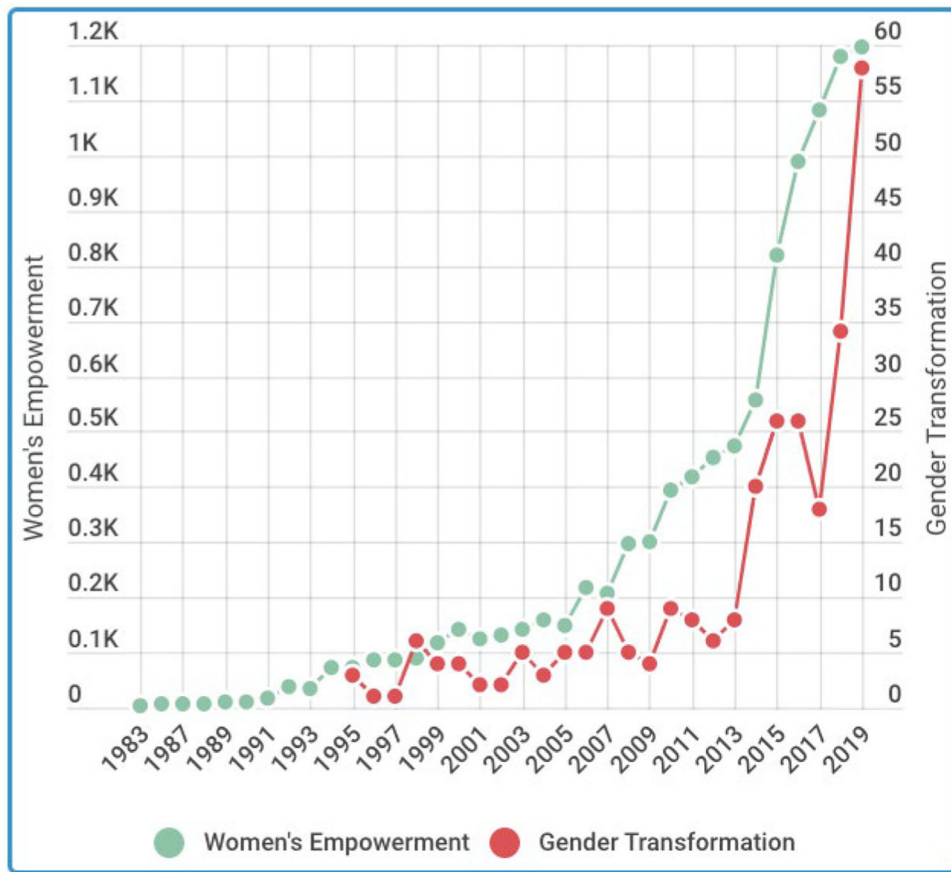
Figure 1.
Number of Web of Science citations for 'women's Empowerment' and 'gender Transformation' annually.