EngenderHealth’s U.S. Programs Office: From Sex Ed to Next Ed
Empowering Young People for Better Outcomes

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Our U.S. Programs Office offers innovative, science-based curricula, training, and technical assistance that support youth in making healthy choices and developing healthy relationships, and preventing unplanned pregnancy, sexually transmitted infections (STIs), and gender-based violence (GBV).
Why Gender Matters for Adolescent Males

Adolescent males who hold traditional attitudes toward masculinity:

- Report more sexual partners
- Are less likely to use condoms consistently
- Are more likely to believe that pregnancy validates masculinity
- Are more likely to abuse their partner physically or sexually
- Are less likely to access health care
- Engage in relationships that are less intimate
- Hold a greater belief that relationships between women and men are adversarial
- Are less likely to believe in men’s responsibility to prevent pregnancy

Why Gender Matters for Adolescent Females

Adolescent females who hold traditional attitudes toward femininity are:

- More likely to have an unintended pregnancy
- Less likely to use condoms consistently
- More likely to accommodate the interests and desires of men
- At greater risk for HIV
- At greater risk for relationship & sexual violence and coercion

  - Women who experience relationship or sexual abuse are at a greater risk of having more & riskier sexual partners, sex for money/drugs, & unprotected sex
  - Women who engage in these risk taking behaviors have higher rates of HIV/STIs & unplanned pregnancies

Pleck, 1993; Stewart 2003; Jewkes, 2010; Pettifor et al., 2004; El-Bassel et al., 1998; Dunkle et al., 2004; Maiman et al. 2002; Fernandez-Esquer, 2010; Pulerwitz et al., 2002; Miller et al., 2010
Gender-Synchronized Approach

Working with youth together helps them to learn and practice new skills and adopt new health behaviors and engage in a dialogue that builds healthy, equitable relationships.
Working with youth together to explore views of masculinity and femininity & their impact on health outcomes.
Gen.M Curriculum

- Boundaries
- Consent
- Media influences
- Social media
- Contraception
- Condoms
- Decision making
- Communication
- Violence prevention
- Gender-transformative
- Gender-synchronized
Reducing Pregnancy and STI Rates among Youth Aged 14–16 Years Old in Austin

90% black or Latino, residing in 12 low-income zip codes accounting for 80% of all teen births in Travis County

Delay onset of sex

Outcomes

↑ Use of condoms

↑ Use of BC
Randomized Controlled Study (N=1,080)

**Experimental Group**
- Measurement
- Program
- Measurement (6 mos.)
- Measurement (18 mos.)

**Randomized Comparison Group**
- Measurement
- NO Program
- Measurement (6 mos.)
- Measurement (18 mos.)

Three cohorts: Summer 2012, Summer 2013, and Summer 2014

*Note: In addition, a participant satisfaction survey was conducted immediately postworkshop.*
92% of participants indicated that participating in Gen.M made it more likely that they would use (or ask their partner to use) a condom if they did have sex in the next year. 90% indicated that it was more likely that they would use (or ask their female partner to use) a method of birth control.

Female respondents were significantly more likely than males to report that participating in Gen.M would make them less likely to engage in sex within the next year.
Perceived Effect of Gen.M on Gender Attitudes

Participants agreed (strongly or somewhat) that Gen.M changed their attitudes on how boys and girls should act (90% boys, 91% girls). Among those who responded affirmatively, more than half strongly agreed.

- Two-thirds of boys and one-half of girls agreed (strongly or somewhat) that it would be a challenge to adopt the new gender messages outside of the Gen.M workshop.

- Boys perceived it would be harder to enact the new male messages than girls felt it would be to enact the new female messages.

- 37% of participants strongly agreed that their friends support new gender messages for girls, while 26% strongly agreed about the same for boys.
You mentioned that “it’s okay to wait [to have sex]”; did Gender Matters change that message for you at all, or is that something that you had already thought about?

I used to live nothing but [old] gender messages, so I lost my virginity [as a result of] that gender message…. Being in Gen.M has changed [gender messages] for me because… there was no one [who] really explained it that way.

[But] doing the poster—we got a big poster of all the [old] gender messages for guys and girls. And looking at them, I thought, you know, these are some of them that I live by. So looking at those after we all took turns writing stuff on them and they hung them up, they asked us rhetorical questions like, Do you think you followed some of these? And, you know, in my head, I said, yeah, I followed at least six of those. So that really stuck with me,… that was the biggest part.
I really liked my experience in (Gen.M) because I have a girlfriend and this really did help out my situation with her. Our relationship has gotten better because I learned so much, and every time I come home, every day I’d have something new, and it really helped out relationship-wise….

*Can you give me a specific example?*

Well, I learned about sexual consent. That’s very important, and if I would have known, I would have asked, but I didn’t know anything about that. So I told my girl, if I ever crossed the line, I won’t ever do it again, because now I know about sexual consent. And she was so happy. She was like, oh, my god, I love this thing. And we talked about respecting each other and giving each other space.
Challenge: Our approach assumes that the starting point for gender scripts is traditional beliefs about femininity. Formative research and early implementation experiences indicate that young adolescent girls of color in our sample held femininity scripts that were more complex than traditional female gender scripts.
At the personal level, girls assert more egalitarian beliefs. BUT these are embedded in a broader social context of traditional gender scripts:

- Boys who act from traditional masculinity scripts whom they mistrust
- Girls who acquiesce to boys to get or keep a boyfriend
- Girls who get a boyfriend as protection from other boys

Mentality: “I’m not like other girls.”

BUT the social context asserts its power, and they behave according to the traditional gender scripts.
In high school, people say that's where you have to lose your virginity, and that you have to do it. And then your parents and older people tell you, you can't do it till you're married. I've never really had someone tell me do it when you're ready….

[Hearing that] made me feel at ease because then I don't have to worry about, oh, I have to get married, or oh, I have to do this by the end of high school, but I can do it when I feel ready.

And what does being ready look like for you?

Being confident, having someone do good by you, understanding, trustworthy.
Gen.M Adaptations

1. Adaptation manual for Gen.M for intertribal Native youth
2. Gen.M for 13–18-year-old rural youth, including Native youth
3. Gen.M for MSM, LGBTQ, older male youth ages 18–24
4. Gen.M for black males
5. Gen.M for youth in Togo [international pilot]
Gen.M Movie Clip