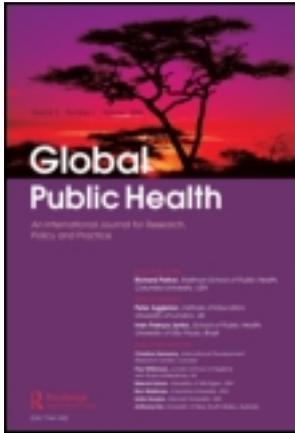


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Community understandings of and responses to gender equality and empowerment in Rakai, Uganda

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Women's rights and gender empowerment programmes are now part of the international agenda for improving global public health, the benefits of which are well documented. However, the public health community has, yet, to address how people define and understand gender equality and how they enact the process of empowerment in their lives. This study uses safe homes and respect for everyone (SHARE), an anti-violence intervention in rural Rakai, Uganda, as a case study to investigate perceptions of gender equality. Investigators analysed 12 focus groups of adult women and men to explore how macro-level concepts of gender equality are being processed on an interpersonal level and the effects on health outcomes. Respondents generally agreed that women lack basic rights. However, they also expressed widespread disagreement about the meanings of gender equality, and reported difficulties integrating the concepts of gender equality into their interpersonal relationships. Community members reported that equality, with the resulting shift in gender norms, could expose women to adverse consequences such as violence, infidelity and abandonment with increased sexual health risks, and potential adverse effects on education. Efforts to increase women's rights must occur in conjunction with community-based work on understandings of gender equality.

Keywords: women's empowerment; gender equality; IPV; unintended health outcomes; interpersonal negotiation

Introduction

The promotion of gender equality and women's empowerment represents the third UNDP Millennium Development Goal and is a principal component of international development and human rights. Gender equality is defined by the United Nations as an equal distribution of power, influence, opportunity, sexuality, responsibilities and respect between men and women (UNFPA 2004). Gender inequality has been tied to a number of health risks for women, including risk of intimate partner violence (IPV) and heightened susceptibility to HIV (Gupta 2000, 2004, Parker *et al.* 2000, Wingood *et al.* 2000, Mantell *et al.* 2006, Dworkin and

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Ehrhardt 2007, Greig 2008, Dworkin and Blankenship 2009). The global public health community has thus increasingly committed itself to promoting gender equality (Ehrhardt 2009) and reducing violence against women (Uthman 2010).

Some programmes have done so by focusing on empowerment, including promising South African programmes like Stepping Stones (Jewkes 2002, Jewkes *et al.* 2002, 2008, 2010, Jewkes and Morrell 2010) and Sonke Gender Justice (Peacock 2004, 2009). An important aspect of women's empowerment is women's ability to make meaningful decisions about their lives, from daily to 'strategic life choices' (Charmes and Wieringa 2003).

Increasing equality, however, is not always easy and many unanswered questions remain. The 'how' of empowerment remains variably defined within public health (Gupta 2000, Wathen and MacMillan 2003, White *et al.* 2003, Peacock 2004). As argued by Parpart *et al.* (2002), since its adoption by mainstream development agencies, 'empowerment has become a popular, largely unquestioned "good"' whose fluidity makes it difficult to realise and Charmes and Wieringa (2003) argue that the concepts of gender, power and women's empowerment remain 'under conceptualised'. While empowerment of women is undeniably important, little is known about the lived realities of women who are experiencing the transition to more equitable lifestyles, or of the men who also participate in these transitions. Yet, the unintended consequences of gender empowerment, including increased violence against women, remain largely unexamined (Hashemi *et al.* 1996, Schuler *et al.* 1998, Jewkes 2002). Evaluation of gender-based messaging is especially pertinent given the United Nations General Assembly July 2010 vote to accelerate efforts to meet the needs of women and girls (UNIFEM 2010).

The purpose of this paper is to investigate how changes in gender relations are being perceived and processed on a societal level. The concept of gender equality is used as a holistic term to include the wide range of issues women face – from the physical to sociocultural, to political and economic issues – with an eye to the production of gender patterns (Charmes and Wieringa 2003). Women's empowerment refers in this paper to the process of creating gender equality as described above and how rural Ugandan women and men perceive gender equality transitions as both intended and unintended outcomes of an anti-violence project with women's rights components. We first describe the Rakai Health Sciences Program's (RHSP's) Safe Homes and Respect for Everyone (SHARE) intervention. Then the project participants' views on the state of women in their community, followed by participants' views on the effects of equality on their lives and relationships. We present data on the perceptions of gender equality as an argument for: better understanding and defining the concept of gender equality, better understanding the process of gender empowerment on an interpersonal level and understanding the unintended consequence of gender-framed public health messaging.

IPV prevention work in Rakai, Uganda

Despite recent stability, Uganda, like much of sub-Saharan and eastern Africa, remains characterised by low education levels and high levels of gender inequality. About 23% of relationships are polygamous and patrilineal – women usually reside with their husband's kin, and very few women own land (Koenig *et al.* 2003). In Uganda, women are also particularly burdened by HIV infection, representing 60%

of all HIV/AIDS cases among people aged 15–49 years (Parikh 2007). However, in spite of persistent gender inequalities, women have experienced greater political representation, and new laws against sexual abuse and rape have been created in recent years.

Research conducted by RHSP before the implementation of the SHARE project established moderate levels of IPV and high levels of sexual coercion in intimate partnerships (Koenig *et al.* 2003). A survey of 5109 women of reproductive age, from 2000 to 2001, found 30% of women had experienced physical threats or physical abuse from their current partner. Findings from the survey results reveal that women themselves may accept violence against women. For example, 90% of women versus 70% of men reported that beating the wife or female partner was justifiable in some circumstances (Koenig *et al.* 2003). Attitudes towards the acceptance of male perpetrated violence against women (or wife beating) are a commonly used proxy for women's perception of their own status. This trend of women condoning violence against women might be the effect of structural or traditional pressures to adopt such views or to report the perceived socially desirable response (Yount *et al.* 2012).

In response to the above findings, RHSP initiated the SHARE Project. SHARE was based on a public health approach to develop and implement an evidence-based IPV prevention intervention, and was based on the Transtheoretical Model of behaviour change and its central construct, the Stages of Change (Prochaska and Velicer 1997). SHARE was also based on a prior South African programme, Stepping Stones (Jewkes *et al.* 2008). The goals of the intervention included reducing levels of physical and sexual violence, promoting changes in community attitudes about the acceptability of domestic violence, and raising awareness about human rights, women's rights and reproductive rights. The intervention trained and targeted community leaders, youth leaders both in and out of school, sengas or paternal aunts (Muyinda *et al.* 2003), police, health workers and religious leaders, in four community clusters over a period of approximately 48 months.

Messages of women's empowerment and equality within the household were present in most activities. For example, facilitators performed community drama shows depicting the ideal of sharing household chores, conducted sessions for adult men to discuss the negative effects of cultural norms around masculinity and female subordination, and led discussions on the community's responsibility to ensure girls and boys have the same educational opportunities (Wagman *et al.* 2012). Data for the current study are derived from materials collected in the evaluation phase of the SHARE project, as described below.

Methods

Data collection and procedures

RHSP research assistants trained in qualitative methods conducted focus group discussions between January and February 2008 to assess community-level knowledge and attitudes about IPV, gender equality and the SHARE project. The study was approved by the Science and Ethics Committee (SEC), the Institutional Review Board (IRB) for the Uganda Virus Research Institute, the Uganda National Council of Science and Technology (UNCST) and the IRB of the World Health Organization, which provided funding for this research. The purpose of these groups was to

understand: societal and normative-level changes relating to gender and IPV; community opinions about the SHARE intervention; community members' perceptions of equality and the current state of women in their community.

The 12 focus groups included a total of 94 people: 46 men (49%) and 48 women (51%) between the ages of 16 and 49. Focus groups were stratified by gender, religion and age. Thirty-six (38%) of participants were Catholic, 32 (34%) Muslim, 19 (20%) Protestant, with the remaining 7 divided between Pentecostals, Seventh Day Adventist and Born Again. Of the participants, 62 were married (66%) and 31 were not married (33%). The focus groups were recorded and transcribed in Luganda before being translated into English for analysis.

Data analysis

Focus group transcripts were coded and thematically analysed using NVivo 8.0. The concept of gender roles was broken down into codes of marriage roles, gender and education, money control and other specifics such as care of children. Matrices were used to assist data sorting and organising into categories. The broad concept of gender roles was expanded into a framework of how equality affects interpersonal relationships.

Codes were compiled from the transcripts and then clustered blind to gender, unless a specific pronoun was used in the quote. All steps of the coding and matrices process were reviewed by members of the qualitative research team to increase validity and reduce possible bias (Strauss and Corbin 2008).

Results

State of women in Rakai

Respondents were in unanimous agreement that women and girls lack what are considered by the international community basic rights, including access to health and autonomy. A summary of the issues raised in response to a question on 'health related problems women and girls face', is compiled in Table 1, which represents, in random order, the clustering of themes based on standard United Nations (2010) social indicators. Participants also explained why they believe women face these problems. Findings suggest that respondents felt that women are constrained in the aspects of their lives typically associated with gender equality indicators, including general and reproductive health, education, sexuality and pleasure; and that they are subject to IPV and disease.

While participants agreed about a need to improve women's lives, they expressed contradictory views in terms of how integration of equality practices in the household affected improvement towards the problems highlighted. Women's empowerment was not necessarily seen as a process towards improving women's lives.

Participants' understanding of gender equality

Respondents, prompted with the question 'how do you understand equality?' had different interpretations of the concept of gender equality. Respondents most frequently discussed changing gender dynamics within the context of the division

Table 1. Participant responses about women's problems and underlying causes.

Problems participants felt women and girls face	Causes attributed by participants
High prevalence of maternal morality	Unskilled and untrained lay workers, lack of funds for transportation to facilities, and deficiency of medical supplies; long distances to health units Abortion, self-induced
Vaginal and urinary tract infections	Poverty-based lack of access to feminine hygiene products Lack of parent/child communication about menstruation
Lack of control over family planning	Men's ability to choose other women Condoms unacceptable in marriage Marital obligation to have many children Inability of most birth control to prevent HIV- birth control as frivolous Discontent with side-effects of methods, including perceptions that family planning methods may lead to death
Devaluation of women's education	Women and young girls considered for marriage, therefore, not taken to school Girls are the first to be withdrawn when money to pay school fees is scarce
Women's higher risk of STIs, especially HIV	Women's inability to refuse sex (or face domestic violence, abandonment, and sexual coercion) Men's infidelity Women's increased propensity for unsafe sex due to material and financial necessities and lack of ability to negotiate safer sex Girls accept gifts not understanding the implication; girls are later sexually forced by giver Condom deception: men's claim to have put on a condom but in fact removing it before penetration Lack of access to school fees so girls engage in unsafe sex

of household labour. Women expressed uncertainty regarding redefinition of gender roles and the responsibilities of both men and women in the household. A young woman explained:

The way I understand equality is that, for instance, a woman stays at home and a man goes out to work. He comes back and asks why you did not prepare him tea. You look at him, why he cannot prepare tea for himself if his hands were not cut off . . . We [women] were created for such chores/duties. The woman fails to do her work and wants it to be done by the man. That is equality. (Woman, single, 17, student)

The above respondent appeared to understand equality as a loss of male power and an increase of female autonomy, especially with domestic tasks. The woman's definition of gender equality remains within the domestic sphere – the most commonly perceived components of equality, by both men and women. The quotation illustrates that since women's identity is so strongly linked to the domestic

role, the concept of equality, therefore, challenges community members' sense of gender roles within the family.

Men also expressed a reluctance to let go of traditional gender-based responsibilities and stated an affinity for a clear division of roles, as illustrated by this man's words:

It's like if you had an animal and you let it to move at large (freely), it might go and destroy other people's crops. You only need to have it on rope. And once you put women on ropes to prevent them from doing harm, they say men are controlling us poorly/harshly. But these people who advocate for equality cannot see such a circumstance. Indeed naturally women cannot survive without a man to lead her. (Man, married, 41, preacher)

While few participants expressed such sentiments, this man's words are notable for the strength. Underlying the man's words is a belief that women who are not controlled by a man will misbehave in ways that are dangerous to not only themselves but also the larger community. The protection of women themselves is used as a justification for keeping women in a hierarchical position below men. Below we provide a sense of how and why a man in this society might take this view.

Perceived consequences of gender transitions

Respondents were also asked, 'What problems do women and girls face in your communities in terms of equality?' Rather than discussing barrier to achieving gender equality, both men and women expressed concerns that equality exposed women to adverse consequences, as discussed below.

Family organisation and poverty

Both men and women expressed concern that equality could adversely affect family organisation. Rather than helping women's position in the family, it could result in less respect on both the man and woman's part, and could lead to arguments over power and responsibility. By not acting for a collective goal, this man explains how equality and poverty are perceived to be correlated:

Because of equality there will be poverty as well. This is because you will find a man struggling to do his own things while the woman struggles to do her own things as well. In the end you find that no one talks to the other. Each one of them would have turned into 'kyetwala' (self styled individuals) . . . I feel equality has brought about retardation in the families. (Man, married, 24, builder)

No participant mentioned communication or discussion between spouses about how to share domestic tasks or create equal power distribution in the relationship. This suggests a community perception that gender equality is an individual project versus a dyadic or collective process on how to structure home life. The man perceives equality is built on principles of independence that are contradictory with principles of family organisation. Furthermore, equality is seen as a threat to the whole community as a collective.

Gender-based violence

Participants reported that women's staking claim for equality could be a risk factor for gender-based violence. Men frequently described being angered to the point of violence after being asked to share household chores, or if a woman failed to complete household chores as requested by the husband, exemplified below:

Yes, I wanted to tell you that once there is equality in a family then it will bring about disagreements which may lead to domestic violence. In such a situation you will find that the family always has violence prevailing. All this comes in because powers [responsibilities] have been shared equally amongst the two of you, and there is no single person to lead - certain this has to bring problems in the family. (Man, married, 37, produce vender)

Thus, equality is seen as a threat to the traditionally defined head of the household organisational structure and decision-making hierarchy. This participant also echoes the above mentioned themes of equality promoting individual ideals versus being part of the collective family good. This quote produces an interesting contradiction in that the participant defines equality as a sharing of powers between a man and woman, but does not see this as including a reduction of violence against the woman. The scenario described by the participant reflects a couple unable to resolve disagreements within a framework which lacks hierarchical decision-making processes.

Infidelity and abandonment

Several respondents named infidelity and abandonment as a potential consequence of equality in relationships, since a man who does not want to help with household chores has the option of finding another woman. The two women below speak to these concerns:

The problem I see with equality, everybody understood equality in his/her own way [. . .] What happens is that the men think we women have become too similar to them, and they say: why don't I get another woman. When he gets another woman she gives him so much care, and he rejects his family and stays with the new wife. But remember, this woman does not only look after him—there are others. Eventually what happens is diseases, only as a result of equality. (Woman, single, 34, peasant farmer)

The woman appears to be expressing that as a result of gender equality gender roles are no longer distinct. However, since equality is not pervasive, men still have the option of choosing a woman who still assumes what are considered traditional women's roles. Interestingly, the respondent presents the man as still being unfaithful to the woman who is adhering to traditional gender roles. The woman ends her statement with the claim that equality was the cause of the disease, presumably a sexually transmitted infection, not the man's behaviour:

I would want, we, the women who are looking for money, to avoid domestic violence and respect our husbands. [. . .] I would like us [. . .] to not consider them [our husbands] as dogs, because if a woman earns money she disrespects her husband. [. . .] He feels tempted to go in for another woman so that this woman can serve him. You find that they leave us. [. . .] Yet you cannot take care of the children. You find us crying, because

the men have abandoned us. I would like the women who are working to respect their husbands so that they can live with us and not abandon us. (Woman, married, 31, housewife)

This woman suggests that inherent in strict gender roles relating to economic responsibilities is also a hierarchy of respect. She indicates that upsetting gendered roles within a family upsets the balance of respect between partners. Both quotes underscore the ongoing theme of concern about the impact of equality on marital fidelity. Both women also allude to a society where men, but not women, have access to multiple partners and options for which woman they choose. Given the discussion, Ugandan women appear to be in different levels of gender empowerment, indicating that gender transitions may be occurring at different rates within different households.

Participants also expressed the concern that women themselves would become more sexually promiscuous as they became more sexually empowered, as exemplified by the following quotation:

The man may be promiscuous, and because of equality the woman says that let me move (engage in promiscuity). So she 'moves'; the man 'moves'. The wife wants to equate him . . . Yet it was because of equality, the woman wanted to be like her husband . . . The man dies, the woman dies, the children who copied their mother's behaviours die. (Woman, single, 33, peasant farmer)

Respondents like this one suggested that if the man is allowed to be promiscuous, and women are equal to men, then women are also allowed to be promiscuous, too. This woman critiques the woman's right to be promiscuous, but not the man's. She also reinforces the notion that women are responsible for the children's upbringing. Respondents made direct connections between equality, infidelity and sexually transmitted disease; yet, no participants discussed a connection with increases in sexual autonomy of women.

Girl's education

Finally, participants perceived that an equality movement could *decrease* rather than increase opportunity for women's education and could negatively affect girls' ability to attend school. Respondents reported that as women began to earn their own income, debates arose within families over whose responsibility it was to pay for school fees. Children were still seen as the woman's responsibility, illustrated by the man's words below:

Another factor in terms of equality [. . .] the moment a woman asks for basic necessities like soap the man answers back that since we are living in the era of equality, you just go and buy it as well. Then this has become a problem to women and even girls are not allowed to attend school. The man just chooses to pay school fees only for boys. Let the girl be paid for by the mother since we are all equal. (Man, single, 16, student)

The above respondent indicates that as women's income levels increase, so do their financial responsibilities. However, he also suggests that women are not able to fully bear the increase in financial responsibilities, since the increase in financial

responsibilities and income do not occur at the same rate. Furthermore, he indicates persistent gender norms associated with who should provide for what expenses and a continued privileging of sons.

Positive views towards equality programming

Many participants also expressed views of equality in a more beneficial and necessary light. The below quotes show that participants are aware of the different interpretations of equality:

Equality is not bad at all but there is only one problem is that men have one way they have been misled by culture. . . . When you look at human beings critically, you will find that women and men are equal because you are both human beings. But at times you find men who believe that because they are the bosses in the family, they have to make decisions on all matters. . . . men want to own all the powers. (Man, single, 30, teacher)

This man presents the issue of gender equality within a framework of power. He also sees gender as a cultural construction and, therefore, something that can be changed:

These men, [. . .] they put themselves on a certain level, and he looks at you like you are a wife. Okay, he is a husband and the head of the home, but he treats you at level of a child. [. . .] He cannot say that I am the stem you be the branch, let me consult with her on this matter. But he decides alone. You tell him that we would be doing this and he says that 'what I have said is final. I have refused'. (Woman, married, no age provided, peasant farmer)

This woman discusses a level of gender organisation within the household in which the man still remains as the head of the household, yet, the women take on a more important role. This woman presents a view of gender organisation that might be an easier point of transition, in which a wife is given increasing responsibility.

Positive sentiments were expressed in every focus group, but usually by one participant and with shorter discussion. Oftentimes the sentiments were expressed in how equality could be beneficial if it *could be incorporated into interpersonal and domestic relationships in ways that strengthened both men's and women's lives and well-being*. Community members expressed the view that the SHARE project resulted in the positive creation of opportunities for women to voice their concerns – through advocates and counsellors.

Discussion

This study sought to explore perceptions and understanding of gender equality in Rakai, Uganda, and the perceived consequences of gender transitions, both positive and negative. Results suggest a contrast: community acknowledgement of women's needs (see Table 1) juxtaposed by strong concerns about the potential adverse effects of gender empowerment. On the one hand, respondents clearly articulated women's social disadvantage and poor health outcomes. No respondents suggested that such negative health outcomes for women were desirable or inevitable. Notable absent from the discussion of gender equality was the topic of women's reproductive health and rights, although this was a focal point of the conversation about problems

women face. On the other hand, respondents reported fears that gender transitions could exacerbate negative health outcomes for women, suggesting that the concept of 'equality between men and women' was not fully accepted by the community. Rather, there seem to be competing interpretations of what gender equality means. Overall, respondents were neither content with the state of gender roles and ideals in their lives, nor with the tools available for them to orient with gender in new ways.

Comments from SHARE participants indicated that while men's and women's definitions of gender equality differed, both groups expressed uncertainty about how gender equality would fit into local gendered responsibilities in the household and in interpersonal relationships. Participant defining of equality with a focus on the domestic household is consistent with other research out of South Africa (Kim *et al.* 2007). It is, therefore, a priority to increase men's and women's meaningful understanding of the concepts of gender equality and human rights in this setting while also working to address the more practical barriers to women's well-being. In turn, programmes must also increase their understanding of gender dynamics within communities and the effects of shifting cultural norms.

Both women and men respondents exhibited widespread uneasiness about the consequences of shifts in traditional gender norms and how such changes might worsen family life. Rather than perceiving violence against women as a *consequence* of gender inequality, participants spoke repeatedly about how increased violence could *result from* women's increased autonomy and power in the household. While the majority of research supports an association between women's empowerment and reduced levels of IPV (Kalichman *et al.* 2005, Pronyk *et al.* 2006, Jewkes *et al.* 2008), prior research has also shown that declines in women's empowerment can result from the very programmes designed to enhance such empowerment (Schuler 1998, Jewkes 2002, Jewkes *et al.* 2002). For example, Schuler *et al.* (1998) found that reports of IPV increased after the implementation of a microfinance programme for women in Bangladesh. The present study also suggests that perceptions of greater access to financial autonomy for women may lead to declines in women's interpersonal autonomy if their male partners felt threatened; gender transitions need to be considered as not occurring unilaterally. It may be while women have increased financial resources it is disproportionate to the increased financial responsibilities. Other perceived potential consequences of women's greater empowerment included increases in men's infidelity, STI risk, decreased educational opportunities for girls and poverty resulting from marital dissolution.

It is important to note that community members who expressed views of the perceived consequences associated with gender equality had participated in an intervention with women's rights components. One might also assume that the nature of focus groups' social pressures and confirmation bias would lead respondents to curb their anti-equality sentiment. Thus, investigators were struck by the consistency with which respondents criticised how equality played out for them and cited its feared problems within their communities and families.

These findings are potential unintended consequences of the SHARE IPV intervention. Interventions which promote gender-based messages need to facilitate couples' negotiations to incorporate equality on a household-level. These results parallel the discussion around the difficulty of discussing condom use without providing couples with the necessary vocabulary (Soler *et al.* 2000). Shifts in gender equality may be more difficult at the level of the couple than the level of the

individual and should be evaluated separately. In her work in Asia on gender transformative policies and programmes, Geeta Rao Gupta (2000) has also emphasised a couple-focused approach to gender equality; she suggests that treating members of a couple as a dyad versus merely two individuals is essential to truly gender transformative programmes. The Intervention with Micro-finance for Aids and Gender Equity (IMAGE) programme in South Africa has reported both success with decreases in IPV and increases in inter-partner communication and joint decision-making (Kim *et al.* 2007). The Stepping Stone project in Gambia, which also reported reduced IPV, focused on communication and inter-partner integration of gender equality and even included modules on managing household finances as a couple (White *et al.* 2003). These programmes were directed overall to communities and not individuals.

Overall participants expressed that exposure to gender empowerment created family dissolution and did not improve women's lives within marriage. Incorporating an understanding of the potential increased risk couples face with a move towards equality could create programmes that resonate more with participants.

Limitations

Focus group participants were asked a negative question, 'What problems do women and girls face in terms of equality', which could have affected the tone of their response. However, it was hypothesised that respondents would respond by describing problems women and girls face in achieving equality; for example, respondents did not respond with examples of an unequal access to education, but focused on the interpersonal. The focus groups were conducted by the same organisation that provided the intervention programme, and may have led to both interviewer and respondent bias. However, all coding and analysing was conducted by researchers unaffiliated with the SHARE project. Furthermore, the focus groups and SHARE activities were conducted by different departments within the RHSP, in order to reduce potential bias based on previous project knowledge. The results must be understood within the framework of SHARE as an IPV prevention project, not an intervention specifically aimed at promotion of gender equality.

The research was neither designed to ascertain the role SHARE played in the process of understanding gender equality versus outside influences, nor to assess at what point on the spectrum of gender equality participants felt their lives were. Due to the limitations of the focus groups, it is difficult to ascertain if and when respondents are talking about their perceptions of equality as opposed to what impact gender shift has truly had on their lives. Furthermore, given the discrepancies in numbers of married participants versus unmarried participants, it was impossible to view these results within this comparison framework. Clarifying the role of equality in people's lives provides an interesting point for further research.

Conclusions and future directions

The gender empowerment movement, including primary IPV prevention interventions, needs to examine how concepts of gender equality are defined and integrated on an interpersonal level. There remains a gap in public health research on the process of translating macro-concepts into micro-practices. The perceived potential

ill effects of gender-based interventions seem to pertain, in part, to the level at which community members consider and experience gender changes – that is, at the individual and interpersonal levels versus the social and cultural levels. Therefore, if gender equality is to become more than an expression of modern values, concepts must be translated into outcomes recognisable by community members themselves (Gupta 2000).

More in-depth research is needed on the negative and positive consequences of changes in women's empowerment levels, especially given the perceived adverse health outcomes reported in this study. The effect of gender equality and women's financial autonomy on girls' educational attainment and IPV might not be as positive or linear as assumed. Equality programme planning needs to include clear definitions of the causal pathway in terms of desired impact. The public health community still lacks agreed upon indicators of gender empowerment (Kim *et al.* 2007).

Incorporation of research on gender equality into public health could lead to programmes that better address the needs of families experiencing a transition of gender roles. Programme components could include the following: masculinity workshops to address men's concerns; family counselling programmes that include financial counselling; and marriage counselling workshops that address the enactment of gender roles within the household. Couple-based programmes that help navigate domestic living should be incorporated into HIV prevention models. However, given the nature of the results from this study, potential implications must be approached cautiously. Any such programme must be formulated with attention to local values and an understanding of the complexity of participants' lives. Finally, programmes like these should be connected alongside structural interventions targeting practical barriers to the issues presented in Table 1.

These results could inform how IPV programmes incorporate messages of gender equality. A cultural-based level of change clearly takes time and commitment. Despite the inherent challenges to programmes designed to improve the lives of women, the need to advance the state of women and girls persists and must continue to be a focus of external funders.

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