

REVIEW ARTICLE

Shaping the African research agenda for gender transformative approaches to sexual and reproductive health and rights: A scoping review taking stock to re-align and move forward

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Abstract

Given the imminent threats to gender equality, it is critical to take stock of what is documented in terms of gender transformative approaches supporting sexual and reproductive health and rights across the African continent. This scoping review found 52 articles published between 2012-2022 from PubMed and Scopus. We describe the geographic distribution, terms, the conceptual frameworks and social theories used, program areas, target populations and intervention approaches, as well as study designs and outcomes found. While a substantial body of evidence on gender and sexual and reproductive health and rights across Africa is building, it remains skewed geographically, programmatically, and analytically. More rigorous research is needed about the dynamics of shifting gender power relations undertaken in partnership with social movements and practitioners who can ensure more ownership and accountability for gender justice in sexual and reproductive health and rights in Africa over the long term. (*Afr J Reprod Health* 2025; 29 [6s]: 106-119).

Keywords: Gender responsive, gender specific, gender transformative approaches, sexual and reproductive health and rights, sexual reproductive and maternal health

Résumé

Compte tenu des menaces imminentes pesant sur l'égalité de genre, il est essentiel de faire le point sur ce qui est documenté en matière d'approches transformatrices de genre soutenant la santé et les droits sexuels et reproductifs à travers le continent africain. Cette revue de portée a identifié 52 articles publiés entre 2012 et 2022 dans PubMed et Scopus. Nous décrivons la répartition géographique, les terminologies, les cadres conceptuels et les théories sociales utilisés, les domaines d'intervention, les populations cibles et les approches d'intervention, ainsi que les types d'études et les résultats observés. Bien qu'un corpus important d'évidences sur le genre et la santé et les droits sexuels et reproductifs en Afrique soit en cours de constitution, celui-ci reste déséquilibré sur les plans géographique, programmatique et analytique. Des recherches plus rigoureuses sont nécessaires sur les dynamiques de transformation des rapports de pouvoir liés au genre, menées en partenariat avec les mouvements sociaux et les praticien-ne-s capables de garantir une appropriation accrue et une plus grande redevabilité en matière de justice de genre dans le domaine de la santé et des droits sexuels et reproductifs en Afrique sur le long terme. (*Afr J Reprod Health* 2025; 29 [6s]: 106-119).

Mots-clés: Approche sensible au genre, approche spécifique au genre, approche transformatrice de genre, santé et droits sexuels et reproductifs, santé sexuelle, reproductive et maternelle

Introduction

The African continent is marked by varied histories of extractive colonialism and capitalism, contested by vibrant social movements and political commitments to social development, justice, and peace. These trajectories include a strong commitment to gender equality. Almost all African countries have ratified the Convention on the

Elimination of All Forms of Discrimination against Women; and 44 out of 55 African Union member states have ratified the Maputo Protocol on Women's Rights.¹

However, progress in addressing gender inequalities is insufficient and in some instances stalling or regressing.² Gender inequality remains a major underlying factor of health inequity, undermining sexual and reproductive health and

rights, and jeopardising the lives and rights of girls, boys, women, men and those with other gender identities across Africa.³ Maintained by intersecting power relations, gender inequality reflects how historical and contemporary structural, institutional and interpersonal factors and relationships dynamically define the advantages and adversities faced by girls, women, boys, men and those of other gender identities.

These facets of gender inequality and its impacts on health in sub-Saharan Africa are even more worrying when considering the impacts of cuts to development assistance, the pre-existing debt crisis constricting health and education budgets across the region,⁴ and the current backlash against gender equality and sexual and reproductive health and rights.⁵ Given the imminent threats to gender equality and how that impacts sexual and reproductive health and rights, as well as for the need for Africans themselves to exercise leadership and ownership over the health challenges they face,⁶ it is critical to take stock of what is documented in terms of gender transformative approaches supporting sexual and reproductive health and rights across the African continent.

By addressing harmful gender norms, gender-specific needs and barriers, and positively transforming gender power relations, gender transformative approaches, can enable more equitable access to sexual, reproductive, and maternal health services, as well as affirm sexual and reproductive autonomy, wellbeing and rights. However, despite implementation of varied gender transformative approaches in health, little is known about the published evidence base supporting such work across Africa. This scoping review describes the geographic distribution; terms, conceptual frameworks and social theories used; program areas, target populations and approaches focussed on; and study designs and outcomes found from research assessing gender and sexual and reproductive health in Africa over the past ten years (2012-2022).

Methods

We conducted a scoping review and searched for publications in major public health and social science databases (PubMed and Scopus) between

January 2012 and December 2022. The review was informed by Arksey and O'Malley's guide for scoping reviews,⁷ which encompasses stages of developing research questions, locating and identifying pertinent papers, extracting and charting data, analysis, synthesis and reporting.

Search strategy

The team developed a search strategy in consultation with the university librarian and a resource person at the School of Public Health, University of the Western Cape. We used search strings that combined five concepts: 1/ gender transformative approaches, including gender-responsive, gender transformative, gender specific. 2/ sexual, reproductive and maternal health, including sexual health, sexual rights, reproductive health, reproductive rights, sexual and reproductive health and rights, maternal health, abortion, family planning, contraception, gender-based violence*, HIV, STI, breast cancer, cervical cancer, and menstrual hygiene. 3/ Countries in Africa, 4/ Interventions including intervention, program*, strategy*, and plan*. 5/ measurement, including monitor*, evaluat*, and assess*.

A publication was deemed relevant if it involved gender transformative interventions or efforts to understand gender elements of sexual and reproductive health in Africa. We therefore focused on both formative, process, and evaluative research on gender and sexual and reproductive health across the region. After realising that the initial searches yielded no publications in French, we relaunched the search on PubMed and SCOPUS using the French equivalents of the English search strings. This process produced 11 results, none of which met the eligibility criteria. We did not replicate the search in Portuguese.

Study selection

The search results were uploaded onto Covidence for screening. Once duplicate references were removed, title and abstract screening for each article was done independently by two members of the reviewing team (WA, KB, TJ, SR, AG). Any conflict in the inclusion of references between reviewers was discussed and resolved during

regular debriefing meetings. The full text of all articles that were deemed relevant based on the title and abstract screening were retrieved, and each article was reviewed by a member of the reviewing team.

Data extraction

The review team developed and piloted a data extraction Excel spreadsheet. Extracted data and codes/categories were reviewed during regular team debriefings, and further follow up was done by team members (SR, AG).

Data synthesis

We analysed the data reviewed descriptively, extracting findings into categories that could be compared and aggregated across articles. These include categories such as country of study, program area, study population and intervention, terms and conceptual frameworks or theories, as well as study design and outcomes.

Consultation workshop with experts

Findings were shared and discussed with experts on 9 May 2024, who were convened for a feminist pan-African workshop. The workshop included 15 purposefully selected feminist researchers, academics, implementers, and activists from 12 countries and 15 institutions in Africa. These discussions further shaped our interpretation of the results and their implications.

The research project is approved by the Biomedical Research Ethics Committee of the University of the Western Cape (BM22/9/2).

Results

A total of 52 papers matching the criteria were selected as per the criteria: one commentary, 6 reviews, and 45 primary research articles. We focus in this scoping review on the 45 primary research articles (Figure 1: PRISMA Flow Chart).

Geography

Most of these primary research articles were from eastern and southern Africa. This is still the case if South Africa, an outlier with 17 articles, is not

considered. In contrast, there were only five from Western Africa, and one each from Northern and Central Africa. Although French search terms were employed, the DRC is the sole representation of Francophone Africa. Five articles self-identified as humanitarian contexts within the countries researched.

Terms, conceptual frameworks and social theories

A search for key gender terms in the body of the articles found the following: almost all articles mentioned power (N=41) and many used the term gender transformative (N=33), gender equality (N=28), empowerment (N=26) and patriarchy (N=18). Fewer articles mentioned justice (N=8), feminist or intersectionality (N=7) or gender responsiveness (N=3), with very little overlap of articles. Less than 10 articles described the Interagency Gender Working Group gender integration continuum or the WHO Gender Responsive Assessment Scale, both of which describe the extent of gender integration in programs and policies.

Few articles explicitly presented a conceptual framework used to explore or understand gender power relations or their transformation. Most articles had an extensive literature review covering their program areas (gender transformative approaches, prevention and behaviour change theories, community mobilisation, caregiving, gender budgeting, etc.) with implicit program theories and pathways well described (Table 1).

In terms of explicit references to gender theories or theorists, the most frequently mentioned was the theory of gender and power and other contributions by Raewyn Connell (N=19). Quite a few referenced in addition to Connell, a range of authors that focus on masculinities⁸⁻¹¹ or femininities¹² (N=2, Skovdal, Jewkes). There were very few references to other⁹ known contributors to gender analysis: Judith Butler (n=2), bell hooks (n=1), Caroline Moser (n=1). In terms of low-and-middle-income-countries (LMIC) origin of gender experts, only Kabeer & Subramanian (n=1), Sen et al (n=1), Gupta (n=2) were referenced. Paolo Freire, while not a gender theorist, was mentioned

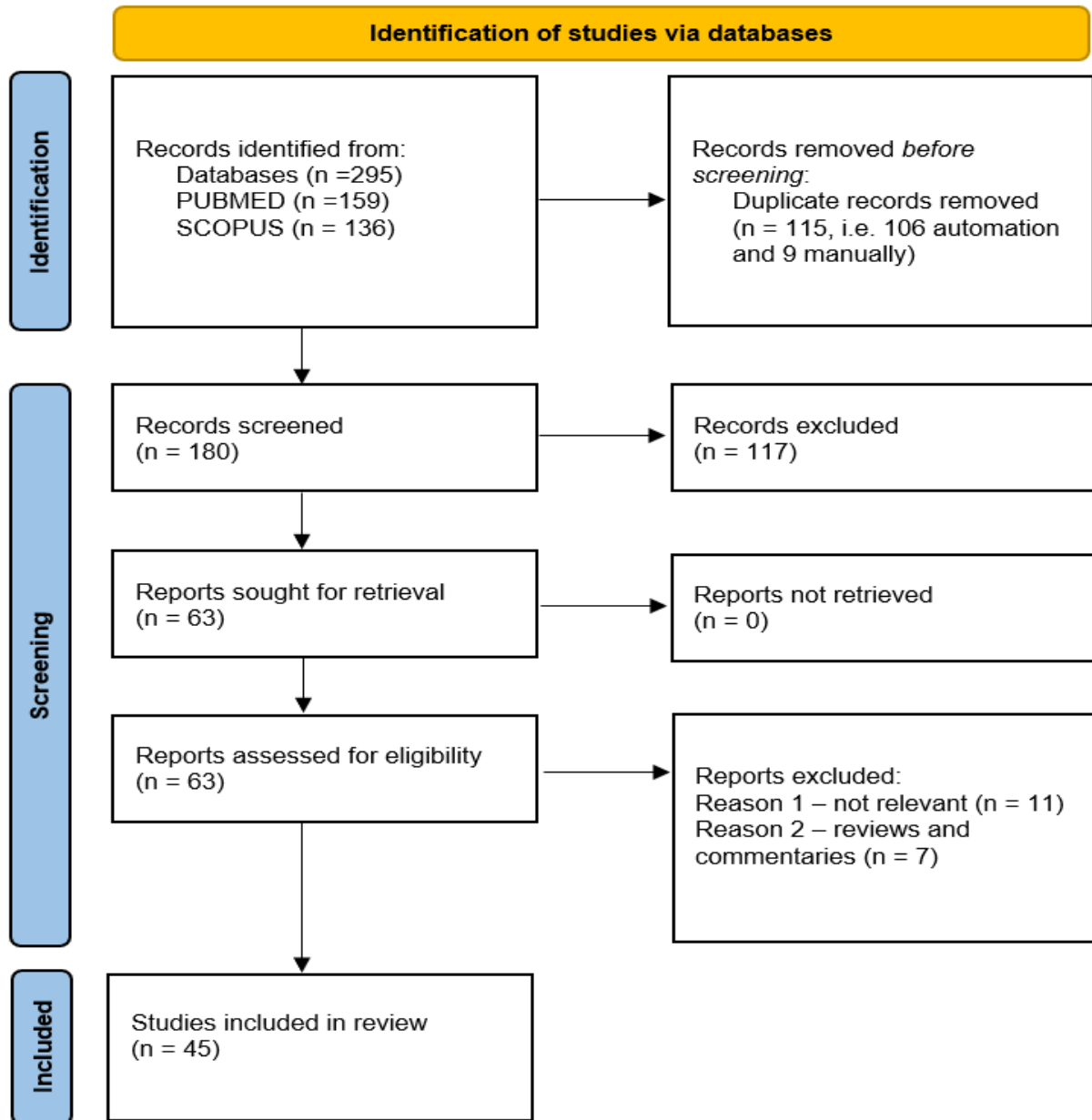


Figure 1: PRISMA Flow Chart

by one author twice,¹³ given Freire's contributions to processes of empowerment.

Program areas and target populations, range of interventions/ approaches

Out of 45 articles, the largest number of articles focused on violence (primarily intimate partner violence, gender-based violence and sexual

violence) (n=20) and HIV (n=20), with 10 studies having a combined focus on violence and HIV. This was followed by SRHR generally described (N=11), MCH (n=9) and family planning (N=5). Outlier articles, include one on cervical cancer¹⁴ and one on gender differences in COVID-19 which involved SRHR conditions.¹⁵ There were no articles on gender and abortion, infertility, menstruation, or female genital cutting (Supplementary Table 1).

Table 1: Illustrative gender definitions and approaches in studies on gender transformative approaches to sexual, reproductive and maternal health in sub-Saharan Africa

Study	Illustrative definitions and approaches
Mkandawire 2017	Gender is not defined by biological differences (sex), but rather by the social attributes with which people identify themselves as male or female and the relationships between the sexes (Moser, 1993)
Dworkin review	Gender is conceptualised as not something that one ‘is’ but as something that one ‘does’ in a patterned set of social interactions within social institutions – a pattern that can be ‘undone’
Conroy Skovdal	Theory of Gender and Power: gender norms, division of labour, division of power (Connell) Connell’s notion of emphasized femininity. The concept acknowledges the unequal power distribution between men and women, and the subordination of women to men in a patriarchal gender order (Connell)
Dworkin 2012	Masculinities are relational and socially constructed, agentically deployed in contexts of constraint and opportunity, and as shifting over time and locale (Connell 1995; Kimmel 1987).
Fleming 2016	Masculinity is not an individual construct but is something that men do through their actions, interactions and judgements by their social networks (Connell 1995; Courtenay 2000; West and Zimmerman 1987; Morrell et al.2013) Norms of masculinity are embedded within societal-level gender norms and enforced by social institutions (e.g. schools, military, government) and social networks (e.g. family members, peers) (Connell 1995).
Mukumbang 2020	‘Masculinity is the set of local beliefs and practices that capture what it means in a particular context to be a man.’ Three versions of masculinity have been described (1) responsibility – taking care of one’s family, economic productivity; (2) respectability – being strong, resilient, disease-free; and (3) reputational – highly sexual, be and act in control and having the know-how
Sprague 2020	Agency as a construct to investigate potential changes expressed by health professionals for themselves and in relation to patient care; their reference to social theory's ‘relational agency’, which has been used to describe agency in relation to others, as opposed to a focus only on the individual
Koris 2020	Violence against women and girls, defined as acts of physical or emotional gender-based violence (GBV), is an intractable global issue driven by historically oppressive power relations that uphold male dominance and prevent the full advancement of women in public and private life
PerezMartinez 2021	The gender-transformative approach aims to help men and women build more equitable and nonviolent relationships (G. R. Gupta, 2000) through gender-equitable attitudes, behaviors, and community structures (Casey et al., 2016).
Stern 2015	Sought to assess men’s engagement in SRH as clients themselves, as equal partners and as advocates for change affirming gender equality
Cazarin 2021	Cohen and Swift Spectrum of Prevention, emotions, safe spaces, reordering social spaces as a way to understand how dissident ideas are assimilated and enacted
Pettifor 2018	a theoretical framework for community mobilization that comprises six domains for change in a community: (1) development of a shared concern (around HIV and gender norms); (2) building critical consciousness; (3) establishing and leveraging organizations and groups, including links to networks; (4) engaging leadership (individual and/or institutional); (5) engaging communities in collective activities/actions; and (6) building social cohesion
Gibbs 2018	Campbell and Cornish’s (2012) conceptualization of social contexts: a) material–political context , particularly how the economy opens and forecloses particular opportunities; b) the relational–network context, primarily characterized in terms of social relationships and c) the symbolic context, how representations and ideas shape opportunities for change, for instance, how men and masculinities are symbolically constructed and what identities are easily accessible for people to draw on to make sense of the world

Twenty-five articles focused on one sex only, twenty on males vs five on females as the target population for their analysis or intervention. Almost all of the articles referred to gender in a binary way. In contrast, thirteen articles focused on both males and females. When looking at age, out of the 45 articles, 18 focused on adolescents and young people with different age ranges listed by articles.

Most of the research focused on gender as a behavioural risk factor vs examining impact on sexual and reproductive health outcomes. A broad range of studies and interventions were found to examine gender and sexual and reproductive health in Africa over the past ten years (Supplementary Table 1). The following summarises the approaches and interventions included, with further information about study design in the following section.

With regards to male programming, 11 focused on masculinities-based programming primarily related to addressing HIV and IPV. These included five OMC (One Man Can), one Men Care+, three Stepping Stones¹⁶ articles, which all engaged men in reflective group-based workshops sometimes complimented by community mobilization. Two studies also used masculinities as a way to understand men's HIV care seeking in Uganda¹⁷ and South Africa.¹⁸ Out of these 11 studies, 9 were fully or partially based in South Africa. Three studies focused on men as fathers, and six focused on men supporting women's sexual and reproductive health.

Of the five articles focused on females, one described the impact of fragility and conflict on women's and girls' rights with a focus on GBV,¹⁹ two explored adolescent girls' norms and agency with regards to HIV²⁰ and HIV and GBV,²¹ one looked at life skills curriculum combined with a cash incentive for adolescent girls,²² and one on women's neighbourhood groups for IPV.²³ Of the 13 articles that focused on both males and females, 9 were with adolescents and 4 were with adult couples. Among couples, one explored the gendered power dynamics that frame women's and couples' negotiations of contraceptive use in Kenya (Harrington), and three were intervention trials of group workshop training.²⁴⁻²⁶ In the Rwanda trial,

the couples training was combined with community and opinion leader outreach, as well as women's safe spaces (Dunkle). In the Ethiopia trial, the participatory and skills-building workshops involved local traditions such as the coffee ceremony.^{25,26} With regards to adolescents, two articles described context-based gender and health concerns. Decker reported on gender differences during COVID-19, which included sexual and reproductive health concerns in Kenya,¹⁵ and Gonzalez reported on conflict and fragility shaping young girls and women's experiences and needs related to gender based violence,¹⁹ as mentioned earlier. One study sought to adapt the sexual relationships power scale (SRPS) to young people in South Africa.²⁷ Four articles explored gender norms among adolescents.^{20,21,28,29} Two articles detail intervention mapping for gendered adolescent health programming.^{30,31} Two articles report results from a family-based participatory workshop training intervention for adolescents to address IPV, GBV and sibling violence in Nigeria.^{32,33} Two intervention studies focused on life skills training combined with livelihood training and asset transfers in Tanzania³⁴ and with cash incentives to care givers.²²

In terms of broader stakeholders who play a role in supporting gender transformation, one article focused on health providers at facility level,³⁵ another on district managers and community members,³⁶ one with community health workers,³⁷ one on community mobilisers³⁸ and one on religious leaders.³⁹ Three articles sought to understand the extent to which existing policies addressed gender.⁴⁰⁻⁴²

Study designs

Across the 45 primary research articles, varied study inferences were found. Eight were descriptive, 7 exploratory and 21 explanatory. In terms of evaluative designs, three were adequacy (pre-post) studies, and seven were randomised control trials (RCTs) with a probability inference. While a few included participatory research as a data collection tool amidst other methods, several articles had participatory or reflective elements in workshops and a few sparsely described

Table 2: Nature of mixed results from interventions on gender transformative approaches to sexual, reproductive and maternal health in sub-Saharan Africa

Study	Program Area	Positive Results	Negative Results
Koris 2020	Family based adolescent health program	More egalitarian family relationships More endorsement of girl's rights Decreased violence More nonviolent communication Less male dominant behaviour	Patriarchal norms governing adolescent girls continued
Ozler 2019		Improvements in several domains, including gender attitudes, life skills and SRH Minor improvements in schooling and psychological wellbeing	No reductions in sexual violence No change in social networks No change in gender attitudes of care givers, No strategy to address community structures Service providers were trained but they were relatively few in number
Harvey 2021		Less emotional abuse Women not supportive to attitudes accepting of IPV or tolerance of IPV to be seen as a private matter. Women were more confident about challenging violence	No significant impact in reducing/preventing physical or sexual IPV
TrevesKagan 2020	Masculinities based interventions	Changes in gender equitable attitudes Changes in use of violence	Some participants opposed the training
Cazarin 2021		Development of new language and consciousness Engagement with tactical activism	Lack of collective activism due to strategic silences about SGBV
Pettifor 2018		Changes in gender attitudes among men	No changes in gender attitudes among women No change in IPV, condom use or hazardous drinking
Kedde 2018		Changes in gender attitudes, contraceptive and condom use Changes in partner decision making on condom use	Use of SRH services by young men did not increase
Viitanen 2015		Men were able to reflect on the costs of masculinity and the various forms of masculinity that exist	Some men were more ambivalent toward shifting gender notions Some even adamantly resisted engaging in discussions over gender equality
Gibbs 2015		Shifts in gender norms and relationships towards improved communication and avoiding conflict	Some men still continued to seek multiple-sexual partners and continued using violence against their partner Overt violence and control was replaced by control through economic provision and social hegemony
Stern 2015	Male involvement in women's sexual and reproductive health	Improved men's role as SRH clients with improved use of SRH services; Sexual-health couples counselling and testing was reported to promote gender equality and open sexual decision making	Men did not become advocates for change
Okedo Alex 2021		Interspousal discussion on cervical screening increased	Uptake of cervical cancer screening remained low
Sharma 2020	Couples based programming	Workshops with men only reduced self reported sexual IPV	Workshops delivered to couples or women did not reduce sexual IPV
Leight 2020		None of the positive reports of change by men were corroborated by women	
Bamanyaki 2016	Service delivery reforms	Women's caucus formed, budgets allocated Service delivery regulations changed	No gender policy passed despite being formulated

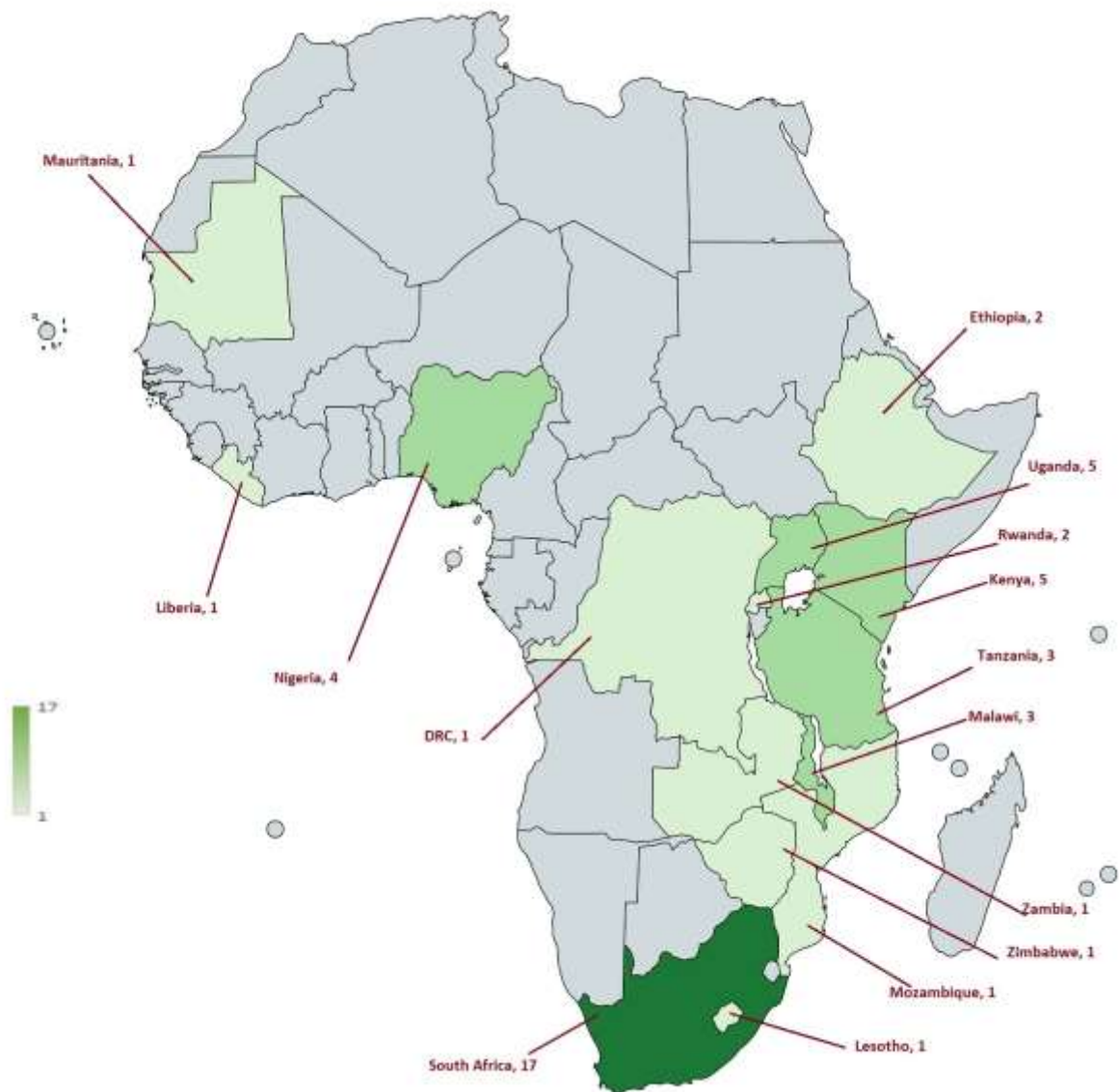


Figure 2: Distribution of 45 articles on gender and sexual, reproductive and maternal health across Africa from 2012-2022

community engagement efforts, none could be classified as emancipatory. In other words, none of the articles undertook the research in a participatory way that shared power with research participants to facilitate their empowerment. There were also no predictive inferences where gender dynamics or effects were modelled.

Many studies did not explicitly list what their study design or inference were, therefore the categorisations reported in some instances were the interpretations of the scoping review authors and

not necessarily strict ones in some cases. For instance, many of the explanatory studies were qualitative studies reporting on findings of interventions, with some of them not stating any study design or not necessarily using a theory or framework for probing further how and why the interventions worked.

In terms of types of data, while four studies used mixed methods and ten were quantitative in nature, most were qualitative. Among qualitative methods, most used thematic analysis but a few

mentioned grounded theory, discourse analysis, ethnography, life history, intervention mapping, theory based evaluation, and process tracing. Most of the articles focused on gender dynamics within communities, even if interventions focused on individuals and individual change. Out of the 27 articles that assessed interventions only eight reported positive outcomes. Among these six relied on self-reported data from intervention beneficiaries, without triangulating with other stakeholders or data sources. Fourteen studies documented mixed results which reveal the complexities involved in changing gender power relations in sexual and reproductive health (Table 2). Five articles reported negative findings, also revealing the endurance of patriarchal gender power relations and faulty assumptions about transformative change.

Discussion

Between 2012-2022, substantial academic scholarship about gender elements of sexual and reproductive health across Africa has been built, yet it is skewed in significant ways. Geographically, it is focused on South Africa in particular and Eastern and Southern Africa overall. The published literature concentrates programmatically on intimate partner violence and HIV, primarily by working with men. Almost all articles mentioned power as an element, and a substantial number explicitly mention gender transformative approaches, gender equality, empowerment and patriarchy. Very few however engage with concepts of justice, feminist perspectives or intersectionality. There is a dominant reliance on Raewyn Connell's contributions to understanding gender power relations, despite gender analysis being a multi-disciplinary field with many theorists, including those from LMIC contexts. While the primary research is undertaken through a range of study designs, qualitative studies dominate.

Empowerment and participatory approaches are used, but researchers lead the production of evidence, and emancipatory designs where power is shared with study participants to effect change were not reported. Most of the interventions focused on group workshops that aimed at change at the individual level. There was

very little measurement of normative change at community level, or engagement with service delivery or policy. Out of the intervention articles, very few had robust designs documenting success. Many of the articles had mixed results, with several studies showing no positive effects.

The dominance of work undertaken on men linked to IPV and HIV is influenced by the number of articles from South Africa, and the research networks focused on masculinities and IPV across the region that use Connell as their theoretical anchor. In a separate sub-analysis, we note that much of the scholarship has high income senior authorship and funding,⁴³ which may explain the far less linkages to a broader range of theorists and feminist movements grounded in an intersectional understanding of social justice.

Also striking is the narrow range of sexual and reproductive health issues focused on. The absence of published articles that empower young girls and women in maternal health programming, or on gender transformative approaches to issues such as female genital cutting which has such long lasting implications for sexual and reproductive health and rights is problematic. Others, primarily from Africa, have also stressed the need for evidence that centres the perspectives of activists and communities from the global South in supporting and sustaining long term change towards gender equality in health.⁴⁴ This is particularly important for under-represented regions such as northern and west Africa.

Even with this skewed nature of scholarship, the findings are revealing in terms of the complexity of supporting social change for gender equality over time. First, sexual and reproductive health interventions rather than inherently amplifying user control, can be deeply embedded in and re-enact problematic gender relations.^{20,28,29} Young girls and women themselves navigate a multiplicity of aspirations and trade-offs, being both victims and enablers of patriarchy simultaneously.²¹ Several articles documented various narratives of gender and power overlapping.^{29,32,45} This provides openings for change, but also means that change is not a given, but constantly negotiated and contested.

Many of the articles also showed that gender transformative change is not consistent or

complete.^{39,45,46} The changes documented were often incremental and even in some cases a façade, belying reconfigurations of patriarchy.^{16,47} Most of the reviews found as part of this scoping review, similarly report findings that are equivocal or more likely to be efficacious if certain program elements were featured.⁴⁸⁻⁵⁴ The engagement of multiple sectors and stakeholders over time to foster critical awareness of community members was highlighted as critical in a global review examining gender transformative programming.⁴⁸ Critical mass ensuring accountability for behaviour change, supporting social networks and shared vocabularies of new meaning was seen as key for internalization of gender transformative programming.⁵⁵ Several articles emphasized the limitations of programming delivered through workshops aiming at individual change, in the absence of broader community engagement and structural change.^{16,32,47,56} However, long-term mobilization to advance intersectional gender equality across sectors, societal levels and stakeholders, was largely not featured or if present not well documented in our scoping review.

It is striking that so few studies reported positive results, irrespective of study duration, and only one did so with robust methods and outcomes.²⁴ Dworkin and Jennings both call for investing in more rigorous research, that understands the intricacies of gender power relations, and that at a minimum triangulates responses from both men and women, rather than assuming that self-reported change by male program beneficiaries is sufficient. More is needed to understand the dynamic processes that support and sustain change for gender equality, especially given the current anti-gender context spreading across the world.⁵

The illusion of transformative change assumed by the plethora of articles published has the potential to mislead programmatic investments if not interrogated and contextualized appropriately. The male engagement articles in this scoping review either highlighted how women navigated the tensions involved with men controlling rather than aiding their sexual and reproductive health,^{57,58} with interventions showing mixed^{14,59} or ineffective outcomes.^{37,45} Many of the masculinity-based interventions also either showed

positive results but only based on self-reports from male beneficiaries,^{38,56} or mixed^{16,39,46,55,60,61} and ineffective outcomes.^{13,18} Strikingly, the few female empowerment studies found, also had mixed outcomes^{22,23} or ineffective outcomes.³⁴ Overall, this evidence base needs to be strengthened, given the urgency with which gender inequalities underpinning sexual and reproductive health across Africa must be addressed and supported in ways that are more effective and do not do further harm.

Given the skewed nature of the published scholarship to date, it is urgent to catalyse African leadership to invest and support African led research on gender equality and sexual and reproductive health and rights to ensure that the research responds to informing change initiatives at community, service delivery and policy levels. The contributions of African women and gender studies faculties, as well as other social sciences that examine social change across the continent, must serve as key reference points to contextualise public health research on gender equality and sexual and reproductive health and rights within broader African political economies. Currently, the published evidence, reflects funding silos shaped by short term responses to specific donor calls, rather than sustained collaboration with social movements and implementors over the long run. Despite the prolific nature of some of the publications in South Africa, the learning generated has not been sustained or transferred into substantial policy change in South Africa.⁴⁰ It is critical not just to realign African scholarship on gender and sexual and reproductive health and rights, but to do so in ways that supports more effective ownership and research translation into policy and practice across the continent.

Study strengths and limitations

The review is limited to two databases and journals indexed under these, even if they are the most dominant ones for public health. These databases reinforce the dominance of the English language in academic knowledge production. African social scientists who specialise in gender studies are less likely to publish in public health journals and thus are not represented in public health databases. The review has not included grey literature, which also

may have had more African lead authorship, particularly from civil society. These limitations are countered by the team's validation of the findings at an in person consultation with gender and rights academic and civil society stakeholders drawn across diverse African contexts. We also followed established procedures for scoping reviews to ensure the rigour of the findings.

Conclusion

This scoping review reveals that while a substantial body of evidence on gender and sexual and reproductive health and rights across Africa is building, it remains skewed geographically, programmatically and analytically. Despite these limitations, the review highlights the diverse programmatic entry points that exist to address gender dimensions of sexual and reproductive health and rights and the complexity of sustaining changes that affirm gender equality. Significant investment and redirection of the research is needed to ensure it responds to the urgency of advancing gender equality as a key determinant of sexual and reproductive health across the continent. More rigorous research is needed that understands the dynamics of shifting gender power relations undertaken in partnership with social movements and practitioners who can ensure more ownership and accountability for progressive change for gender justice in sexual and reproductive health and rights in Africa over the long term.

Conflict of interest

None

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Supplementary table 1: Data charting table on articles on studies on gender transformative approaches to sexual, reproductive and maternal health in sub-Saharan Africa						
#	Author & date	Health condition, population, country	Gender theory or conceptualization	Research objective, inference and methods	Nature and duration of intervention	Main findings
Descriptive studies of context based gender and health concerns						
1	Decker 2021	COVID-19 Young adults 16-26 Kenya	Connell: Gender and Power	To describe gender differences in COVID-19 experience, including those related to SRH Descriptive Mixed: Phone based surveys and virtual focus group discussions	NA	Gender differences including those related to SRH
2	Gonzalez 2016	GBV Adolescent girls and women Mauritania Humanitarian setting	Program theory	To describe the impact of fragility and conflict on women's and girls' rights, to describe varied GBV needs and responses Project ethnography Interviews with those working in and outside of the camp, 3 focus group discussions with female beneficiaries while on field monitoring trip	Project activities delivered by diverse agencies include: raising awareness of GBV, changing social norms and promoting gender equality, as well as GBV case management through psychological support, counselling, income-generating activities, and provision of non-food items, enabling survivors to ameliorate their social and economic conditions.	Both host communities and refugees experience forms of GBV as human rights abuses which may increase if entire communities are under stress in fragile contexts. Some forms of GBV, for example early forced marriage, are used as economic coping strategies. In order to respond fully to GBV, humanitarian organisations and donors need to support transformative changes to social norms as well as respond to the basic needs of both refugees and 'host communities', who face many of the same issues.
Scale development						
3	Newman 2021	Contraception Adult men Kenya	Two gender-related theoretical frameworks (Connell: Gender and Power / Courtenay: Constructions of masculinity) and two behavior change theories (social cognitive theory, theory of planned behavior)	To develop the Masculine Norms and Family Planning Acceptance (MNFPA) scale Descriptive Mixed: From formative research to scale validation	NA	MNFPA scores were associated with self-efficacy and intention to accept a female partner's use of contraception; scores were not associated with current contraceptive use
4	Closson 2019	Youth sexual health and IPV Young men and women 16-24	Connell: Gender and Power acknowledges patriarchy as creating differential advantage of many men over women	To examine gender-specific psychometric properties, reliability, and validity of the sexual relationships power scale (SRPS) used within a South	NA	Important gender differences in sexual relationship power equity measures and associations with socio-demographic, sexual behavioural and relationship characteristics. Context specific gender norms and the terrain of gender equity in

		South Africa		African youth-engaged cohort study Descriptive Quantitative: Community based cohort Scale validation Factor analysis		South Africa may be why we found differences in factor loadings by gender. Need for cognitive interviewing, efforts at adaptation vs assumption of universality.
Exploratory research on adolescent gender norms						
5	Adams 2013	Adolescent family planning Adolescent boys and girls Uganda	Guided by social norm theory and feminist perspectives that view SRH as rooted in socially constructed gender roles and the balance of power between men and women. No references cited for this statement. Barker, Jewkes	To explore social norms around gender and adolescent SRH, including family planning Exploratory Qualitative: Life histories with adolescent girls and boys and in-depth interviews with those influential to them	NA	Rigid gender norms and post-conflict economic realities create an environment in which young people struggle to bridge the gap between idealised and experienced gender roles. Despite the changing environment, gender norms appear largely static; masculinity and femininity are still embodied by procreation, ideal women are obedient and nurturing, and ideal men are providers with authority over women. Young men and women struggle to reconcile contradictory forces—pressure to have large families to strengthen the clan and the desire for smaller families to respond to economic insecurity. Women’s economic roles are changing, challenging men’s idealized role as “provider.” Alcohol abuse, intimate partner violence, and men’s desire to control women’s reproduction may be related to the economic disempowerment and gender conflicts that men are experiencing. The fear that women who use contraception will be unfaithful or unable to conceive in the future may be particularly salient to men frustrated with their inability to fully perform the masculine role.

6	Conroy 2020	HIV and reproduction Young adults Malawi	Three social structures from the Theory of Gender and Power: gender norms, division of labour, division of power. Authors also acknowledge limitations of this theory.	To explore conceptions of gender and power relations Exploratory Qualitative Focus group discussions with married and unmarried young men and women	NA	Narratives of tradition, unity and rights. Participants used tradition narratives most frequently to describe patriarchal gender roles, norms and ideals. Some participants challenged this predominant discourse using unity and rights narratives. Unity narratives illustrated how love and couple reciprocity were essential sources of 'power with' as opposed to 'power over'. Rights narratives were more contested than other narratives, with some participants acknowledging that women's rights were important to the family's survival and others viewing women's rights as problematic for gender relations. Gender-responsive interventions should consider the tensions and intersections between multiple narratives on gender and power, including unity as a gender-equitable form of power.
7	Skovdal 2022	HIV Adolescent girls and young women Zimbabwe	Connell's notion of emphasized femininity. The concept acknowledges the unequal power distribution between men and women, and the subordination of women to men in a patriarchal gender order.	To explore the role of gender norms in shaping adolescent girls and young women's (AGYW) engagement with PrEP Exploratory Individual interviews and focus group discussions	NA	PrEP is not simply a user-controlled HIV prevention method, but deeply entrenched within public gender orders.
8	Jewkes 2012	HIV, GBV South Africa	Butler Gender Trouble Connell gender and power, hegemonic masculinity, various authors on femininities: Holland	To explore ways young women construct their femininities and exercise agency Exploratory Qualitative: In-depth interviews, ethnography	NA	Need to engage with women, both as victims of patriarchy and active supporters of the gender order. The dynamic nature and multiplicity of women's hopes and desires and circumstances of emotional and relational fulfilment provides potential for

			modernity	16 women involved in the Stepping Stones intervention		interventions with women that acknowledge existing gender inequalities, validate women's agency, reduce violence and prevent HIV
Intervention mapping for gendered adolescent health programming						
9	Aventin	Adolescent SRH Adolescent boys Lesotho South Africa	IGWG gender integration continuum, social norms theory, gender transformative approach, Connell: gender and power	To adapt a successful intervention to different contexts Explanatory Qualitative: Needs assessment / intervention mapping consultations with adults and experts, FGDS with adolescent girls and boys, literature review	If I were Jack: an interactive film of a 16-year old, who finds out that his girlfriend is unexpectedly pregnant; classroom materials for teachers with classroom-based and homework activities; a 90-minute training by RSE specialists to teachers and parent components	Intervention design adapted based on formative research
10	Edwards 2021	GBV, HIV Adolescent boys and girls Kenya	Theories of Gender and Power (Connell), Behavior Change, Prevention literature, definition of GTA from UNICEF, positive youth development approach (PYD), diffusion of innovation theory	To describe a gender-enhanced life skills training curriculum (GE-LSTC) gender enhanced life skills training curriculum No methods	A 5-day (25-hr) Peer Leader Training Academy in which interested youth and youth identified by school administrators learn life skills, given a certificate undertaken through government schools	Explanation for how intervention will be adapted to bring gender and youth led element to it, plans for implementation and evaluation
Family based adolescent health programming						
11	Koris 2020	Violence (GBV, IPV, sibling violence) against adolescent girls in a humanitarian setting Nigeria	Violence against women and girls, defined as acts of physical or emotional gender-based violence (GBV), is an intractable global issue driven by historically oppressive power relations that uphold male dominance and prevent the full advancement of women in public and private life	To explore the perceived impact of a gender transformative, whole-family support intervention Explanatory Qualitative: six in-depth interviews and six focus group discussions with adult caregivers; six participatory activities and four paired interviews with adolescent girls and boys; and 12 key informant interviews with program staff	Delivered to four groups: adolescent girls & boys and female and male caregivers. 12-session workshops for the adolescents and 13-session workshops for the caregivers. Based on Sibling Support for Adolescents in Emergencies program linked to Align Platform framework: Plank G, Marcus R, Jones N. Advancing Learning Innovation on Gender Norms: Social Protection and Gender Norm Change. 2018.	Participants reported shifts toward more egalitarian familial relationships, increased endorsement of girls' rights, decreased violence perpetration, improved communication within the families Adolescent boys shifted to nonviolent communication and engagement with their sisters, away from the male dominant behaviour. However, alongside these self-reported changes in attitude and behaviour, aspects of normative, patriarchal norms governing the treatment of adolescent girls were maintained by participants.

			Socioecological framework feminist analysis of violence bell hooks program theory Coalition of Feminists for Social Change (COFEM).	Grounded theory 1 month post intervention	Duration 4 months	Situating our findings in a feminist analysis of violence, this study calls attention to the complexity of gender norms change programming amongst families in conflict-affected settings, and highlights the need for programming which holistically addresses the relational, community, and structural drivers of violence against girls in emergencies.
12	Seff 2022	Gender norms Violence Family functioning Nigeria Humanitarian	McMaster model family functioning, Bandura self-efficacy behaviour change	Workshops for adolescent boys and girls and their male and female caregivers, Sibling Support for Adolescent Girls in Emergencies (SSAGE) Duration 12 weeks	To understand the impact of gender transformative family programming on family functioning Explanatory Qualitative Key informant and in depth interviews, participatory research activities, focus group discussions 2 weeks post-intervention	Impact in terms of improved communication within families, bolstered by mentors' encouragement to discuss program topics within households, and caregivers' and siblings' shift toward the use of healthier, non-corporal behaviour control methods. Families described how conversations around gendered decision making, early marriage, education, employment, and puberty, prompted participants to explore the potential benefits of an egalitarian approach
Adolescent life skills programming, assets and women's empowerment						
13	Chzhen 2021	Adolescent SRH Adolescent boys and girls Tanzania	No explicit conceptual framework or gender theory, program theory of effects, In the references Ryle R Questioning gender: A sociological exploration.	To improve gender equitable attitudes among adolescent boys and girls Influence: Probability Cluster randomized trial Midline and endline from adolescents GEM scale and providers	12 week livelihood and life skills training; mentoring and asset transfer; and supply-side strengthening of adolescent-friendly HIV and SRH services implemented through national social protection program Duration 18 months	Gender equitable attitudes shifted for boys for certain domains, but not sustained over time and not for sexual relationships, few had reached sexual debut. Disconcerting that no shift in adolescent girls.
14	Ozler 2019	Sexual violence Adolescent girls 13-14	Program theory	To assess impact of a life skills curriculum combined with a cash incentive Influence: Probability	Life skills curriculum; 39 sessions with girls, one a week by local female mentors	There were sustained improvements in several important domains, including SRH, but did not reduce sexual violence among the target population, no change in social networks, no change in gender

		Liberia		Cluster randomized trial Data collected in seven domains at baseline and the 24-month follow-up: SV (primary outcome), schooling, SRH, psychosocial wellbeing, gender attitudes, life skills, and protective factors (secondary outcomes)	In one arm cash incentive payments made to caregivers for girls participation Duration 39 weeks	attitudes of care givers, no strategy to address community structures, service providers were trained but they were relatively few in number. Program effects on schooling and psychological wellbeing were positive, the standardized effect sizes were small (approximately 0.1 SD or less) and statistically non-significant Moderate and statistically significant effects on three domains: Gender Attitudes, Life Skills, and SRH
15	Harvey 2021	IPV Women not formally employed nor part of micro-finance Tanzania	Program theory Literature review on what works for IPV prevention, previous IPV trials	To evaluate a 10-session participatory intervention that aims to empower women, prevent IPV and promote healthy relationships Influence: Probability Cluster randomized trial Evaluation 29 months post-intervention	10 sessions delivered to women in neighbourhood groups following curriculum from MAISHA and IMAGE studies but without the micro-finance component Duration 20 weeks	Women who participated in the intervention reported less emotional abuse and not supportive to attitudes accepting of IPV or tolerance of IPV to be seen as a private matter. Women were more confident about challenging violence. However, there was no significant impact in reducing/preventing physical or sexual IPV.
Masculinities based interventions						
16	Dworkin 2012	HIV and IPV Adult men South Africa	Masculinities are relational and socially constructed, agentically deployed in contexts of constraint and opportunity, and as shifting over time and locale (Connell 1995; Kimmel 1987).	To understand how OMC workshops impact masculinities, gender norms, and perceptions of women's rights, Explanatory In depth interviews with men no later than 6 months after they finished a group workshop.	The One Man Can (OMC) intervention: 6-workshops with groups of 15-20 men, complimented by Community Action Teams for more medium and long term impact Organisation started in 2006, study done in 2010 Does not mention period over which delivered.	The evaluation showed a positive shift in men's reported attitudes to gender norms and in practice in terms of: (i) increased awareness of women's rights (at the same time some men expressed ambivalence and concern that women will start controlling men) (ii) reduction in the number of sexual partners, increase in condom use, joint decision-making within the household (iii) reframing of household roles and responsibilities with men taking on some of the tasks (iv) shifting notions towards more care than violence for women.

17	Fleming 2016	HIV Adult men South Africa	Masculinity is not an individual construct but is something that men do through their actions, interactions and judgements by their social networks (Connell 1995; Courtenay 2000; West and Zimmerman 1987; Morrell et al. 2013). Norms of masculinity are embedded within societal-level gender norms and enforced by social institutions (e.g. schools, military, government) and social networks (e.g. family members, peers) (Connell 1995).	To explore masculinity-related barriers to HIV testing/ care/ treatment and how participation in One Man Can (OMC) impacted on these Explanatory In depth interviews in 2010 with participants no later than 6 months post workshop participation	Group workshops and community mobilisation activities to challenge harmful norms of masculinity that discourage men's caregiving and encourage sexual risk behaviours and violence Program started in 2006 and implemented nationally	Men who participated in OMC reported an increased capability to overcome masculinity-related barriers to testing/care/ treatment. They also reported increased ability to express vulnerability and discuss HIV openly with others, which led to greater willingness to be tested for HIV and receive HIV care and treatment for those who were living with HIV
18	Treves Kagan 2020	Violence Male and female community mobilisers and community members who were part of Community Action Teams South Africa	Bandura, Connell, Campbell community mobilisation theory	To explore individual and community-level factors that facilitate and hinder change to understand the mixed results in OMC evaluation Explanatory Qualitative: Continuous over 18 months: process evaluation Interviews and focus group discussions	One Man Can (OMC): 5 workshops of 2 days' duration each; intensive community mobilisation throughout the intervention period. Duration: 2 years	Participants self-reported changes in their gender-equitable attitudes and use of violence as a result of participation in the programme, although some participants also reported opposition Factors facilitating change included the internalisation of gender-transformative messaging supportive social networks buoyed by a shared vocabulary in their community because of the intervention. Critical mass being held accountable for behavior change by community members
19	Cazarin 2021	Sexual and gender based violence	Cohen and Swift Spectrum of Prevention, emotions, safe spaces, reordering social spaces	To explore the tensions between the private and public dimensions of 'gender activism' and to demonstrate how religious	Group workshops and community mobilisation activities to challenge harmful norms of masculinity that discourage men's caregiving and	Reflections on how workshop participants develop new language and consciousness, engage with tactical activism, but fall short on collective

		<p>Religious leaders both male and female</p> <p>South Africa, Mozambique, DRC</p>		<p>leaders co-constitute a particular language and social space that brings forth new meanings and ways to engage with gender issues</p> <p>Explanatory: Qualitative Ethnography for 2 years Document review, observation, interviews</p>	<p>encourage sexual risk behaviours and violence</p> <p>Program started in 2006 and implemented nationally</p>	<p>activism due to strategic silences about SGBV</p>
20	Pettifor 2018	<p>HIV IPV</p> <p>Adult men and women</p> <p>South Africa</p>	<p>Program theory: masculinities, gender and HIV</p> <p>Gupta GR. Jewkes, Barker</p> <p>a theoretical framework for community mobilization that comprises six domains for change in a community: (1) development of a shared concern (around HIV and gender norms); (2) building critical consciousness; (3) establishing and leveraging organizations and groups, including links to networks; (4) engaging leadership (individual and/or institutional); (5) engaging communities in collective</p>	<p>To assess impact of theory-based gender transformative CM intervention to change gender norms that place young women and men at risk of HIV acquisition</p> <p>Community cluster randomized trial based on Agincourt health and demographic surveillance site data</p> <p>Gender Equitable Mens Scale (GEMS)</p>	<p>One Man Can (OMC): 5 workshops of 2 days' duration each; intensive community mobilization (community activities and leadership engagement) throughout the intervention period</p> <p>Duration 2 years</p>	<p>There were changes in attitudes towards gender norms among men but not women. Moreover these did not translate to changes in IPV, condom use or hazardous drinking. Study concludes that more time may be necessary to change behaviour or that the intervention may need to address behaviours more directly vs just attitudes.</p>

			activities/actions; and (6) building social cohesion			
21	Kedde 2018	Young men 15-24 SRH South Africa	Program theory Gupta, Ogden, and Warner 2011 Jewkes Barker	To provide insight into the following areas: (1) to what extent did this intervention change the gender equitable attitudes of participants, (2) to what extent did the intervention change participants' attitudes towards and the use of contraceptives, (3) how did the intervention influence participants' lives; in particular, how did participants benefit from the intervention? Influence: Adequacy Pre and post sample survey and focus group discussions Young men involved in the program	Men Care+ intervention of 9 sessions for young men. 9 sessions; over 9 weeks.	Significant positive change towards gender-equitable attitudes, contraceptives and condom use. The majority of young men indicated that they made a joint decision with their partners on using a condom. However, use of SRH services by young men did not increase after the group sessions.
22	Viitanen 2015	HIV IPV Adult men South Africa	Morrell	To examine the current practices among a set of gender transformation initiatives to see how men respond to 3 themes Explanatory Meta ethnography, interviews, focus group discussions over 4 years, 3 messages evaluated 1) the 'costs of masculinity' men pay for adherence to harmful gender constructs; 2) multiple forms of masculinity; 3) the human rights framework and contested rights	Sonke Gender Justice for One Man Can, as well as Khululeka Men's HIV Support Group	Men were receptive to the three thematic messages reviewed; they were able to see them in the context of their own lives and the messages facilitated rich dialogue among participants. However, some men were more ambivalent toward shifting gender notions and some even adamantly resisted engaging in discussions over gender equality

23	Gibbs 2015	<p>IPV, HIV</p> <p>Young men (18-30)</p> <p>South Africa</p>	<p>Connell 2005 Masculinities gender harms men</p> <p>Literature on masculinities Grieg 2009 Troublesome Masculinities</p> <p>Freire's (1973) work which emphasizes critical dialogue and reflection</p>	<p>To explore claims about reconstructing masculinity and their economic base</p> <p>Qualitative Explanatory</p> <p>Baseline, 6 months and 12 months into the intervention</p> <p>a qualitative longitudinal cohort study</p> <p>interviews with men and with men's main female partners</p>	<p>Stepping Stones and Creating Futures intervention.</p> <p>21 sessions of 3 hours each with single sex groups. Both men and women covered.</p> <p>The period over which 21 sessions were delivered is not specified</p>	<p>Case studies found there was no change but only a slight shift away from harmful youth masculinity. For example, in relation to reducing IPV, there were shifts in gender norms and relationships towards improved communication and avoiding conflict. At the same time, some men still continued to seek multiple-sexual partners and continued using violence against their partner. Improved livelihoods showed slight shifts in identity, demonstrated by men being able to provide in relationships, paying damages for pregnancy outside marriage and becoming independent.</p> <p>While certainly less violent, these masculinities also supported a subtle pattern of patriarchal power, in which overt violence and control was replaced by control through economic provision and social hegemony.</p> <p>Brief interventions such as Stepping Stones and Creating Futures remain critical for those it does impact on. However, the embedded nature of violence and HIV-risk behaviours rooted in patriarchal social norms and economic marginalisation continues to require broader restructuring of economic and gender power</p>
24	Gibbs 2020	<p>IPV, HIV</p> <p>Young men (18-30)</p> <p>South Africa</p>	<p>Connell's (2005) notion of hegemonic masculinity, and the hierarchy of masculinities</p>	<p>To explore how facilitators' masculinities were employed to engender change in the masculinities of participants</p> <p>Explanatory</p> <p>Ethnography: observation</p>	<p>The Stepping Stones intervention, deemed to be 'gender transformative' trained as facilitators young men committed to gender equality from similar backgrounds (but not from the same communities as the participants).</p>	<p>Schroer-Hippel's (2017) argument that gender-transformative interventions are often piece-meal processes, in which only certain elements of dominant masculinity are targeted for change, while others are not problematised, and some indeed are celebrated</p>

				<p>Team discussions Focus group discussions In depth interviews</p>	<p>The facilitators used the following approaches to implement the participatory sessions with men and boys: a) Building relationships of trust with participants, sharing their own stories and narratives of change b) encouraging participants to share their emotions .c) Group discussions were held about ‘controversial’ topics such as abortion and violence against women. The facilitators were trained to pose questions (not impose their own ideas), during critical reflection sessions and encourage dialogue to unpack problems to make solutions more visible.</p> <p>Data comes from RCT run between 2015 and 2018</p>	<p>Programmes with men and boys work to enable incremental change rather than the wholesale radical transformation of masculinities</p> <p>Facilitators had to balance the overt process to support gender transformation with the more covert process of positioning themselves as successful men. This meant that in sessions patriarchal power in and of itself was never challenged or questioned. Rather, sessions explored and encouraged a softer more benign form of masculinity to emerge. This enabled facilitators and participants to undergo limited processes of change, without ‘compromising’ on their sense of masculinity.</p> <p>whilst such interventions may not fundamentally challenge the patriarchal social order, the small incremental changes described in this paper may be the best we can hope for, and do start to create somewhat more equitable masculinities.</p>
25	Gibbs 2018	<p>IPV, HIV</p> <p>Young men (18-30)</p> <p>South Africa</p>	<p>Connell, Butler, Campbell and Cornish’s (2012) conceptualization of social contexts: a) material–political context , particularly how the economy opens and forecloses particular opportunities; b) the relational–network context, primarily</p>	<p>Stepping Stones Plus Creating Futures intervention. 21 sessions of 3 hours each with single sex groups. Both men and women are covered.</p> <p>The period over which 21 sessions were delivered is not specified</p>	<p>To understand how the wider social context shaped the project’s outcomes</p> <p>Qualitative Explanatory</p> <p>IDIs with randomly selected men at 3 and 9 months post intervention</p> <p>IDIs with their main sexual partners</p>	<p>The intervention increased men’s abilities and skills in job-seeking and CV writing. However, the unemployment and poverty situation still hindered men to establish themselves financially.</p> <p>Men felt supported by female sexual partners and family members while they received resistance from their peers who ridiculed them for attempting to change their masculine identities. The symbolic context appeared to have promoted more</p>

			characterized in terms of social relationships and c) the symbolic context, how representations and ideas shape opportunities for change, for instance, how men and masculinities are symbolically constructed and what identities are easily accessible for people to draw on to make sense of the world		FGDs with men immediately post intervention	competitiveness towards hypermasculinity among men than attempts to change their masculine identities. This study significantly shows strong evidence of peer influence as a hindrance to alternative masculinities and also the impact of unemployment and poverty on gender equality.
26	Sileo 2019	HIV Male fisherfolk Uganda	Connell's Theory of Hegemonic Gender Roles and Theory of Gender and Power	To explore the intersection of masculinity and HIV care engagement among fishermen and other male fisherfolk on antiretroviral therapy Exploratory Qualitative: In depth interviews Men	NA	The masculine roles of worker and provider, husband and sexual partner and the appearance of physical strength were compromised by HIV, but restored by ART's positive effects on health. Peers also emerged as facilitators to HIV care, with men supporting each other to seek testing and treatment. However, structural and occupational barriers to HIV care associated with the masculine role of worker remained a barrier to care engagement.
27	Mukumban g 2020	HIV Men South Africa	Program theory 'Masculinity is the set of local beliefs and practices that capture what it means in a particular context to be a man.' Social construction of masculinities; ' Three versions of masculinity have been described (1)	To unveil how and why DSDMs support the formation of ART-friendly masculinities to enhance men's participation in HIV-related services Explanatory Theory driven / critical realism	Three different service delivery models that used Differentiated Service Delivery Model (DSDM) approaches to improve men's participation in HIV services. facility-based adherence clubs (FACs), community-based adherence clubs (CACs) and quick pharmacy pick-ups (QPUPs). No information on duration	At the individual level, DSDMs helped men to adhere to their medication because ART services were flexible and delivery was quick. But at the community level, DSDMs showed minimal significance to gender transformation in terms of changing local beliefs and practices relating to health-seeking behaviours. Particularly, regarding the refashioning of reputational masculinity (the marks of honour and status among fellow men,) and respectability

			responsibility – taking care of one’s family, economic productivity; (2) respectability – being strong, resilient, disease-free; and (3) reputational – highly sexual, be and act in control and having the know-how.	Focus group discussions and in depth interviews with male participants		masculinity ((being strong, resilient, and disease-free) DSDMs showed an insignificant role
Fathering						
28	Van der Berg 2013	Parenting Adult men South Africa	Messner 1997 Politics of Masculinities Morrel 2006, 2012 Masculinities South Africa	To understand whether and how OMC workshops brought about changes in men’s attitudes and practices related to parenting Explanatory Qualitative Interview with male project participants 6 months post-intervention	One Man Can (OMC) Fatherhood project: 5 workshops of 2 days’ duration each; intensive community mobilization throughout the intervention period. Duration 2 years	Men described a transition from a disciplinarian and provider role towards one of increased involvement, companionship, nurturing, and affection towards children. There was also reduced alcohol use, safer sex, and reductions in male violence, against both women and children.
29	Doyle 2014	Maternal and child health/ Fatherhood Adult men Rwanda	Program theory, reviews work on male care giving and gender transformative approaches	To present initial results from implementing father groups, including challenges encountered Descriptive Focus group discussions, public testimonies by facilitators and participants	Men Care+ intervention; 15 sessions for fathers' group; 6 of these attended by their spouses. Sessions take place once or twice weekly and are of 3 hours each. Maximum duration would be 15 weeks.	After the intervention, more men reported being involved in house chores like feeding, washing, and taking of infants-role entirely reserved for women. Regarding MNCH, men reported accompanying their wives to deliver their babies, and taking a sick child to the health center but also most fathers reported facing barriers like negative attitudes from health care providers (discouraging or prohibiting them from being present during childbirth or attending MNCH services) There was a significant change toward more open dialogue between couples, especially on financial matters.

30	Thuita 2021	Maternal and child nutrition Fathers and grandmothers Kenya	Socio-ecological model, program theory	To explore grandmother and father experiences participating in interventions and how participation influences care and feeding practices Explanatory Qualitative process evaluation (focus group discussions) towards the end of the intervention.	Bi-monthly workshops Duration 6 months	Fathers reported increased involvement in childcare and feeding and helping with household tasks and improved relationships with wives. Peer dialogue group works through participant changes not only in knowledge, attitudes and behaviours but also in perceived roles, family relationships, information sharing and modelling at home, in their groups, and in the community
Male involvement in women's sexual and reproductive health						
31	Triulzi 2022	HIV Malawi	Gender integration continuum (implicit) Connell	To explore the relationships between partners to understand what is meant by male partner support in adherence of HIV-positive women Exploratory Qualitative In depth interviews and focus group discussions HIV-positive patients (male and female), healthcare workers (HCWs), expert patients (EPs), and couples	NA	What previous literature describes as male partner support can sometimes hide male partner control in permitting access to resources to attend health facilities
32	Hampanda 2020	HIV Women Zambia	Connell: Gender and power the sexual division of labour; the sexual division of power; and the structure of cathexis (i.e., gender norms)	To explore women's relative power and perceptions of male partner involvement Explanatory Qualitative Interviews with women Critical discourse analysis	Couple HIV testing and counselling (CHTC) integrated into ANC, overall promotion of male partner involvement	Male involvement in HIV care was both helpful and hurtful, and often walked a fine line between support for the woman and controlling behaviours over her
33	Stern 2015	SRH Men Uganda	Greene, Gender integration continuum	To examine the impact of a three-year intervention project conducted in the Hoima district of Uganda, which sought to engage men in sexual and	The Learning Centre Initiative – Reproductive Health Uganda (LCIRHU) programme; Use of multiple communication strategies, community outreach and male	The intervention was successful in improving men's role as SRH clients with improved use of SRH services; sexual-health couples counselling and testing was reported to promote gender equality

				<p>reproductive health as clients, equal partners and advocates of change</p> <p>Endline survey self-reported heterosexual men aged 18 – 54 years, FGD with the female partners and male beneficiaries of the project and with project peer educators, Semi-structured interviews with project staff and male beneficiaries</p>	<p>targeted clinic days; sexual health couples' counselling and testing for men as equal partners.</p> <p>Duration 2 years</p>	<p>and open sexual decision making. However, in terms of “men as advocates” the findings had insignificant results to conclude on how the intervention influenced the role of men as advocates.</p>
34	Ghanotakis 2017	<p>Family planning and HIV</p> <p>Men</p> <p>Uganda</p>	<p>Programmatic review of gender transformative male engagement studies in sexual and reproductive health</p>	<p>To assess the extent of change in gender equitable attitudes; use of contraception among HIV care & treatment male clients.</p> <p>Influence: Adequacy</p> <p>Quantitative pre-post sub-analysis within larger RCT of the male peer educators and group members 6 months after all workshops have been completed</p> <p>Gender Equitable Men (GEM) scale</p> <p>Factor analysis</p>	<p>10 session workshops on 'Men as Partners' (MAP) delivered by peer educators who received a 2-week long training. In pairs they facilitated 6 men's groups of 20 men each. Each pair visited 3 times for mentoring.</p> <p>Training to providers for improved counselling including on gender</p> <p>The period over which 10 sessions were delivered is not specified</p>	<p>The overall community-based intervention has proven to be ineffective in changing GEM scale scores in this particular setting even though the approach has proven to be effective in other settings. However, the scores for a few selected GEM Scale items like attitudes to violence against women improved.</p> <p>Respondents in the pre and post-intervention survey rounds expressed simultaneous support for both gender inequitable and gender equitable norms. This finding underscores how gender attitudes are nuanced; a community or an individual can embrace seemingly inconsistent views about gender equality, depending on the matters under consideration. the intervention should be adapted to require higher peer educator qualifications, longer intervention duration, and more frequent supervision.</p>
35	Okedo Alex 2021	<p>Cervical cancer</p> <p>Men</p> <p>Nigeria</p>	<p>Program theory</p>	<p>To determine spousal involvement and the effect of community-based spousal engagement on cervical cancer</p>	<p>Three-pronged: advocacy to men's groups, awareness creation and monthly meeting based reminders for screening</p>	<p>Interspousal discussion on cervical screening increased significantly but uptake of cervical cancer screening remained low</p>

				screening-related discussions and uptake. Influence: Adequacy Before and after facility registers, Survey Key informant interviews 3 months post intervention	Duration of the intervention not mentioned	
36	Mudi 2021	Maternal and child health Nigeria	Program theory	To explore experiences of the CHW home visits and their effect on gender roles and dynamics within the households Explanatory Narratives of most significant change Both women and men involved in the program	Home visits by male and female community workers once in two months during pregnancy and immediate post-partum and a final visit one year after the delivery. Women and their husbands Duration 4 years	Although some stories described increased spousal communication, they did not mention that this translated into shared decision-making or increased autonomy for women. Many of the men's stories described a continuing paternalistic, male-dominant position in decision-making. Separate study noted improved MCH in terms of fewer complications and reduced risks
Couples based programming						
37	373 Harrington 2016	FP, HIV Couples Kenya	Connell Program theory on gender power, SRH power dynamics and socio-cultural gender norms are important determinants of contraceptive use, and that a high HIV-prevalence context affects relationship dynamics and contraceptive use in ways different from a low HIV-prevalence context	To examine the gendered power dynamics that frame women's and couples' negotiations of contraceptive use Understanding gender relations involves the need to simultaneously understand masculinities and femininities, including both members of the couple Exploratory: Qualitative: 76 in-depth interviews with 38 couples, of whom 22 were concordant HIV-positive	NA	Need to address gender norms such as perceptions that contraceptive use signifies female promiscuity, concerns about family planning use and health problems or sterility, and concerns regarding threatened male lineage are important to address in GTA. Further, 'couple-level interventions that normalise communication around fertility intentions and family planning and stress gender equity messages are needed. Substantial minority of women practice covert contraceptive use, fearful of consequences. More acceptable to use condoms for HIV vs for FP

				Grounded theory		
38	Dunkle 2020	IPV Women survivors Couples Community Rwanda	Program theory, extensive reference to IPV studies	To assess the impact of the programme's gender transformative curriculum for couples Influence: Probability Randomised control trial 24 months post-baseline or 17 months after completion interviewing both men and women	Indashyikirwa couples' training: i) a 21-session couples' curriculum; ii) community outreach by trained community activists; iii) the creation of an enabling environment through training and active involvement of key opinion leaders; and iv) provision of support to victims through the creation of women's 'safe spaces' 21-sessions over 7 months with couples Plus 1 year community intervention	Substantial and statistically significant reductions regarding experiences of physical and/or sexual IPV were shown after 24 months of follow-up among both men and women. Measured improvements -IPV related -Relationship quality -Beliefs and community engagement -Household economic status -Parenting -General health Harms, all unrelated to study trial, very low referral to counselling also unrelated to study trial
39	Sharma 2020	HIV and IPV Ethiopia	Program theory Jewkes gender transformative, definition of what this mean in the context of intervention is described, but no specific GTA framework, model was shared	To assess the impact of Unite for a Better Life (UBL), a gender-transformative, participatory intervention delivered to men, women, and couples in the context of a traditional community-based discussion forum Influence: Probability Cluster randomized trial 24 weeks post-intervention Self reported data	14 workshop sessions delivered twice a week, Duration 7 weeks	A gender-transformative intervention delivered to men was effective in reducing self reported perpetration of sexual IPV but did not reduce IPV when delivered to couples or women. We found evidence of decreased sexual IPV with men's UBL across men's and women's reports and of increased HIV knowledge and condom use at last intercourse among women.
40	Leight 2020	IPV groups of men, women and couples Ethiopia	Program theory Diffusion theory	To assess whether the Unite for a Better Life intervention had spillover effects with indirect beneficiaries Influence: Probability Cluster randomized trial	14 participatory and skills-building sessions, including a coffee ceremony, discussion and interactive activities focused on gender norms, sexuality, communication and conflict resolution, HIV/AIDS, and IPV	Indirect beneficiaries similar results as direct beneficiaries Men report lower perpetration of sexual and physical IPV, but this is only weakly corroborated by women's reports.

				64 villages, 4 districts One member per household surveyed and their spouse Endline 24 months postintervention	Duration: 3 months	More support for gender equitable norms, male task sharing and less male domination in decision making at community level, but this is not corroborated by men or women Increase in men's reporting of perpetrating violence, but this was not corroborated by women
Service delivery reforms						
41	Sprague 2020	IPV MCH South Africa	Agency as a construct to investigate potential changes expressed by health professionals for themselves and in relation to patient care; there reference to social theory's 'relational agency', which has been used to describe agency in relation to others, as opposed to a focus only on the individual	Improving Nurses' skill in empowerment counseling for women experiencing IPV Explanatory Qualitative within randomised controlled trial In depth interviews and participant observation 12-15 months post intervention	Training of 30 hours. On-going supervision, mentorship and feedback to nurses Duration not mentioned	Intervention nurses reported their own self-efficacy in counseling pregnant women on IPV improved. Their relational and collective agency expanded. On-going supervision, mentorship and feedback were essential to establish the knowledge and skill-building necessary for providers to improve self-efficacy in intervention delivery. Integrating mental health services into primary ANC services is recommended
42	Bamanyaki 2016	Maternal health Budgets Uganda	WID, gender budgeting	To undertake a theory based evaluation of gender budgeting Explanatory Qualitative: process tracing case study Interviews stakeholders, FGDs community members and reproductive age women, Document review, Observation	Gender budgeting done with civil society, district health office and community members Training of technocrats and elected leaders Duration more than 10 years	Women's caucus formed, budgets allocated, service delivery regulations changed, but no gender policy passed despite being formulated.
Policy analysis						
43	Nyamhang a 2017	PMTCT Tanzania	WHO gender transformative continuum	To explore the gender responsiveness of Tanzania's PMTCT national policy/strategy documents and leadership	NA	Level of gender responsiveness of PMTCT policy/strategy documents varies, whereby some are at GRAS level 3 (gender sensitive), and others are at

			ECOSOC definition of gender mainstreaming	processes and practices in relation to PMTCT service delivery Descriptive Qualitative: Content analysis of national policy In depth interviews at health facility level		GRAS level 4 (gender specific). With respect to leadership processes and practices, the study has shown that while respondents were generally gender sensitive (GRAS level 3), they tended to have a narrow understanding of the meaning of gender mainstreaming, often equating it with couple antenatal clinic attendance. Furthermore, although leaders of PMTCT units seemed to be aware of the influence that gender has on reproductive and child health, they did not know of appropriate actions in response to challenges posed by gender norms and decision-making power disparities between women and their male partners.
44	381 Jacobs 2021	Adolescent health policies South Africa	Springer, Connell, Hankivisky, Larson, Morgan, Bacchi IGWG Gender Integration Continuum Gender mainstreaming (Ravindran and Kelkar-Khambete) Sen, George, Ostlin: WHO Commission George structural	To examine how gender was addressed in national adolescent health policies Descriptive Qualitative: Policy content analysed thematically using the GTA continuum and then further understood via critical discourse analysis	NA	Only three policy documents defined gender, and if gender was addressed, it was mostly in gender-sensitive ways, at times gender specific, but rarely gender transformative. The discourse analysis revealed that dominant and marginalized discourses reflect how gender is conceptualized as fixed, categorical identities, vs as fluid social processes, with implications for how rights and risks are understood. The discourses substantiate an over-riding focus on adolescent girls, outside of the context of power relations, with minimal attention to boys in terms of their own health or through a gender lens, as well as little consideration of LGBTIQ+adolescents beyond HIV
45	Mkandawire 2017	Nutrition Policies	Gender is not defined by biological differences (sex), but rather by the	This study analyzes Malawi's NNPS to determine if it responds to gender dynamics	NA	The policy is not gender responsive. The policy does not challenge institutionalized gender norms. It

		Malawi	social attributes with which people identify themselves as male or female and the relationships between the sexes (Moser, 1993) Gender mainstreaming and institutionalisation Kabeer and Subramanian 1996 WHO gender assessment tool 2011 Gender division of labour	relating to the critical role men play in decision-making and allocation of resources Descriptive Qualitative: Content analysis		accommodates existing societal gender roles by focusing only on women and young children and their immediate nutritional needs. However, even in focusing on women, the NNPSF fails to recognize women's constraints in accessing nutritious food and health care services.
REVIEWS						
46	Cork	Intimate partner violence Sub-Saharan Africa	Multiple theories	To identify published randomized controlled trials of interventions aiming to prevent or reduce IPV in Sub-Saharan Africa Systematic review of randomized control trials published before Oct 2017, 8 studies eligible	NA	Interventions have the potential to reduce IPV-related behaviors and attitudes. Certain types of IPV were more amenable to change than others. Higher levels of efficacy were identified in interventions that had longer follow-up, addressed IPV as a main aim, and occurred at the community level or multiple levels of the social ecology
47	Keith 2022	Gender based violence Sub-Saharan Africa	Program theory presents interventions from an empowerment perspective: social, economic, combined social and economic and psychosocial	To undertake a narrative review of intervention characteristics, components and findings Narrative review of quantitative evaluations from 2000 to 2020: 53 studies	NA	Our review found social empowerment interventions effective for transforming gender attitudes and norms and reducing GBV, and psychological empowerment interventions effective for managing GBV-related symptoms. The evidence for economic empowerment interventions was equivocal. Key elements of successful interventions included participatory group learning, engaging male partners, engaging the community, longer duration and utilising existing platforms.

48	Dworkin 2015	Gender transformative approaches Men Region Not stated	Gender is conceptualised as not something that one 'is' but as something that one 'does' in a patterned set of social interactions within social institutions – a pattern that can be 'undone' Multiple references to gender and intersectionality theories	To assess the conceptual progression of social science contributions to GTA with men; Assess the empirical evidence from GTA with men; Examine challenges and limitations and make recommendations for future work Reflective commentary	NA	1) Gender is relational, therefore programming needs to support working with men and women together 2) Go beyond individual to address community and structural change 3) Intersectionality matters 4) Need to strengthen the evidence base
49	Gibbs 2017	Economic interventions that prevent IPV and HIV Global	Connell 2005 Program review of IPV and HIV prevention linked to GTA	To map published evaluations of economic interventions that sought to prevent IPV and/or HIV risk behaviours Scoping review, 2000-2014, 45 analysis of interventions	NA	While numerous gaps identified overall unconditional cash transfer interventions showed either flat or positive outcomes; economic strengthening interventions had mixed outcomes, with some negative, flat and positive results reported; interventions combining economic strengthening and gender transformative interventions tended to have positive outcomes
50	477 Perez Martinez 2021	Promoting positive masculinities Global	Masculinities refer to attributes or attitudes considered to be characteristic of men (Lourenco et al., 2019) and designate men's role in society (Amorós, 2005). Hegemonic masculinity refers to a gendered ideal that promotes the dominant position of men and the subordination of women	To systematically review the primary characteristics, methodological quality, and results of published evaluation studies of educational interventions that aim to prevent different forms of GBV through addressing hegemonic masculinities among young people Systematic review of 15 articles from 2008-2019	NA	More than half of the studies were conducted in Africa (<i>n</i> 10/15) and many were randomized controlled trials (<i>n</i> 8/15). Most of the studies with quantitative and qualitative methodologies (<i>n</i> 12/15) reported a decrease in physical GBV and/or sexual violence perpetration /victimization (<i>n</i> 6/15). Longitudinal studies reported consistent results over time.

			<p>(Connell & Messerschmidt, 2005).</p> <p>The gender-transformative approach aims to help men and women build more equitable and nonviolent relationships (G. R. Gupta, 2000) through gender-equitable attitudes, behaviors, and community structures (Casey et al., 2016). Casey, E., Carlson, J., Two Bulls, S., & Yager, A. (2016). Gender transformative approaches to engaging men in gender-based violence prevention: A review and conceptual model. <i>Trauma, Violence & Abuse</i>, 19(2), 231–246.</p>			
51	Jennings 2013	Mhealth initiatives LMIC	<p>Program theory</p> <p>Bottorff JL, Oliffe JL, Robinson CA, Carey J: Gender relations and health research: a review of current practices. <i>Int J Equity Health</i> 2011, 10:60–68.</p>	<p>To examine the empirical evidence of changes in men and women’s interactions as a result of mHealth interventions</p> <p>Systematic literature review, from 2002 to 2012 found 7 studies</p>	NA	<p>Mobile phone programs can influence gender relations in meaningfully positive ways by providing new modes for couple’s health communication and cooperation and by enabling greater male participation in health areas typically targeted towards women. MHealth initiatives also increased women’s decisionmaking, social status, and access to health resources. However,</p>

						<p>programmatic experiences by design may inadvertently reinforce the digital divide, and perpetuate existing gender-based power imbalances. Domestic disputes and lack of spousal approval additionally hampered women's participation.</p> <p>The evidence base on the effect of mHealth interventions on gender relations is weak, and rigorous research is urgently needed.</p>
52	Levy 2020	Global	<p>programs that targeted gender inequality and norms for health for children, adolescents and young adults</p> <p>Global</p>	<p>To review characteristics of programs that targeted gender inequality and norms for health for children, adolescents and young adults</p> <p>Systematic review of 61 evaluations of 59 programs published from 2000-2018</p>		<p>Programmes most frequently focused on improving the individual power of the beneficiaries, rather than working on broader systems of inequality. 45 (74%) of the evaluations measured significant improvements in health-related and gender-related indicators; however, only ten (16%) showed evidence of, or potential for, broader norm change. These ten programmes worked with sectors beyond health, included multiple stakeholders, implemented diversified strategies, and fostered critical awareness and participation among affected community members.</p>