

A Gender Guide to Reproductive Health Publications: Producing Gender-Sensitive Publications for Health Professionals



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The Importance of Gender

What is gender?

Gender refers to the socially constructed roles and responsibilities assigned to women and men in a given culture. Gender roles are learned. They differ between societies and they can change over time (8). In contrast, sex refers to the universal, biologically determined differences between women and men.

How does gender relate to reproductive health publications?

Reproductive health publications—whether directed to professional or lay audiences—both reflect and shape social reality. They cannot help but deliver value-laden messages about gender roles and relations along with technical information. After all, reproductive health by definition concerns women, men, and the interactions between them. The credibility and permanence of printed texts magnify the impact of a publication's messages (18, 20).

Health professionals are not always aware of how gender roles and relations permeate the content and dissemination of the publications they create (20). They, like the people who read their publications, are products of the society in which they live and work. They follow the norms of the surrounding community in their home lives and reflect those norms in their work. As a result, the publications they create may send negative, often unintended, messages that reinforce gender stereotypes and inequities (18). Publications also may be distributed inequitably, reaching more members of one sex than the other and thus limiting access to important health information.

The main goal of reproductive health publications is to advance reproductive health outcomes. With guidance, however, staff also can learn to incorporate gender perspectives into every stage of the publication process and thus ensure that women and men in the audience receive and understand the information they need. In addition to broadening access to and increasing the impact of reproductive health publications, this approach can help shape more equitable attitudes and norms as well as ensure that publications do not unintentionally reinforce gender inequality. On the one hand, gender-sensitive publications can challenge the gender inequities that restrict women's opportunities at home, at school, and at work. On the other hand, they can counteract a woman-focused approach to reproductive health that has marginalized men and minimized their access to information and services.

Who should use this guide?

This guide is designed for the editors, writers, designers, and distribution specialists who help develop and disseminate reproductive health publications for professional audiences. Such publications cover a broad range. They include briefing papers and research summaries for policymakers, press releases and media kits for journalists, handbooks and job aids for providers, project reports and newsletters for program managers, manuals and curricula for trainers, and conference proceedings for researchers.

This guide is *not* designed to help with the development of publications directed to reproductive health clients and the broader community. For guidance on designing health communication programs for lay audiences, consult *The Gender Guide for Health Communication Programs* (<http://www.jhucpp.org/pubs/cp/102/102.pdf>).

How is the guide organized?

This guide outlines a five-step process for publications staff to follow:

1. Build organizational capacity so that staff have the awareness, skills, and supportive work environment needed to produce gender-sensitive publications;
2. Conduct a gender analysis of the audience to guide the content and distribution of each publication;
3. Produce a publication that considers gender in the choice of subject matter, language, program examples, training exercises, illustrations, design, and layout;
4. Design a dissemination strategy that makes sure a publication will reach both men and women in the audience; and
5. Monitor and evaluate the effectiveness, impact, and benefits of the publication for women and men in the audience.

Step 1. Building Organizational Capacity

The people who produce and evaluate reproductive health publications generally have good intentions: they seek to improve health conditions for both women and men. However, if they are not sufficiently aware of gender roles and relations, or if they lack the skills to craft gender-sensitive materials, these staff members may unintentionally reinforce gender inequities (33). They are also more likely to produce gender-sensitive publications if the organization wholeheartedly supports their efforts.

Staffing

Conduct gender-sensitivity training for production and evaluation staff.

Gender training works on two levels to change work practices. First, it raises awareness of gender issues at the personal, organizational, and community levels. This can transform the organization by challenging assumptions about women's and men's proper roles, responsibilities, and power in the workplace (5, 6). It can also transform staff members' personal lives by making them aware of their own internal biases and prejudices (20).

Second, gender training teaches the practical skills needed to address gender issues on the job (5, 6, 33). Thus effective training must be tailored to the specific job responsibilities of the participants (8, 33). Gender training for publications staff should focus on the skills needed to produce and distribute a gender-sensitive publication, including how to:

- Analyze male and female audience members to identify their different information needs and the gender barriers that limit their access to that information,
- Design and draft a publication that will advance more equitable gender norms and roles in addition to advancing health goals,
- Use gender-neutral language whenever possible and maintain gender-sensitivity when translating to other languages,
- Audit and pretest a draft publication for gender sensitivity,
- Craft a dissemination strategy that can reach female and male audience members equally,
- Evaluate whether the publication raised gender awareness and increased access to information among male and female audience members (21, 33), and
- Evaluate whether the publication unintentionally reinforced gender inequality.

Work toward gender balance in staffing.

Having a mix of women and men on the publications staff can ensure that both sexes have a voice in development of publications. Managers should offer men and women—in publications and throughout the organization—equal opportunities in recruitment, compensation, professional development, and promotion (21).

Work environment

Create an enabling work environment.

Successfully mainstreaming gender requires changes in policies, procedures, systems, and organizational culture to enable staff member to act on the knowledge and skills they have gained from gender training (8, 31). For example, the ICDDR,B: Centre for Health and Population Research in Bangladesh has adopted a gender policy that calls for a public endorsement of gender equity by top leaders, commitment of technical and financial resources, the review and revision of all internal policies and procedures, increased representation of women in decision-making bodies, special initiatives to raise awareness of gender issues, and the implementation of a gender analytical framework to guide research, interventions, and services (16). These kinds of comprehensive changes are not easy and are not essential for improvements in the publication process. However, staff are more likely to succeed in producing gender-sensitive publications when they work in a supportive organizational environment that is committed to mainstreaming gender throughout its operations.

Determine how much time and resources to allocate.

Producing gender-sensitive publications requires some extra effort on the part of program staff. However, managers can decide how intense that effort should be depending on the time and resources available. When resources are limited, a careful review of draft publications can at least prevent their subject matter, language, and illustrations from reinforcing negative gender stereotypes. When more resources are available, a gender analysis of the audience can ensure that, in addition to contributing to the improvement of health outcomes, the content of the publication and the dissemination plan also will make a positive contribution to gender equity and will meet the distinct needs of male and female audience members.

Step 2. Analyzing the Audience

Male and female members of the audience may differ in fundamental ways, including the kinds of work they do, their access to resources and services, their power to make decisions and take action, and as a result, their information needs and priorities (24). Only by conducting a gender analysis can you understand how gender affects the work of various audience members, including their ability to access, understand, and apply the information that will be included in the proposed publication. A gender analysis of the audience does not require an elaborate research effort. It is possible to conduct a rapid, low-cost gender analysis that will provide all the information you need to devise a gender strategy for the publication.

Data collection

Identify the audience.

Consider who you want to read your publication. Does your intended audience consist of providers, managers, policymakers, journalists, or researchers? What kind of work do they do? What organizations do they work for? Where are they located?

Use the answers to these questions to create a detailed description of the audience. While some audiences are homogeneous, many are not. Be sure to capture their diversity. For example, if a publication is directed to providers, determine whether they:

- Are mainly women or men;
- Are specialist doctors, general practitioners, nurses, midwives, community health workers, or some combination;
- Work in the public, private, and/or nonprofit sectors;
- Share a single employer, such as the Ministry of Health, or work for many different organizations; or
- Work in a single country, throughout a region, or around the world.

Find or collect information on gender roles and relations.

A gender analysis can draw on many different sources of information (8, 23). Background information on women's status may be available from:

- International organizations, such as the United Nations Division for the Advancement of Women, which posts country reports online (<http://www.un.org/womenwatch/daw/cedaw/reports.htm>);
- National statistics disaggregated by sex, such as the data on literacy and school enrollment presented in the Population Reference Bureau's data sheet on women (<http://www.prb.org/pdf05/WomenOfOurWorld2005.pdf>); and
- Demographic and Health Surveys, which collect data on women's status (http://www.measuredhs.com/topics/gender/archives/women_status.cfm).

Getting information about a specific audience group, such as clinic managers or village health providers, is more challenging. Check the organization for sex disaggregated data on employment and training. There may also be outside assessments of reproductive health services, such as accreditation reports and situation analyses, which touch on relevant issues.

However, you should be prepared to conduct your own rapid assessment of how gender roles and relations affect the social and work lives of a particular audience, including their need for, access to, and use of information. Conduct individual interviews and/or focus groups discussions with both female and male audience members and with others who might be able to shed light on the situation (21). For example, managers, supervisors, and community members might be a good source of information about gender issues affecting providers. This quick qualitative research is the first step in giving women a voice in the development of the publication.

Gender analysis

Analyze the audience, the work setting, and the community setting.

Following the questions posed by the gender analysis guide for reproductive health publications (see p. 6), examine gender disparities in the following five areas:

1. Education, literacy, and language skills often vary by gender. In many countries, girls have less access than boys to formal education at all levels, from primary school to medical school (5, 6). In other regions, such as the Caribbean, girls outperform boys in school (19). Education directly affects the literacy level and broader language skills of men and women. Women are more likely to know only the language of their household and immediate community—but this may not be the language used in medical training and government. A gender analysis should assess the ability of women and men to read and understand technical publications on reproductive health in their native language and, if some other language is commonly used to communicate health information, in that language as well.

2. The division of labor varies by gender around the world and throughout the economy (2). Stereotypes that women are good at caring but poor at supervising others contribute to the typical division of labor in health care organizations, where women mostly work as nurses, midwives, and community-based providers and men are administrators, managers, and doctors (2, 5, 6). Gender stereotypes also shape the division of labor in other sectors, for example, by influencing which stories are assigned to male and female reporters. When men and women have different job responsibilities, they naturally have different information needs and priorities. A gender analysis should establish who does what and what they need to know.

3. The flow of information within an organization often does not include women and men equally (8). Women are less likely to receive copies of print publications, invitations to meetings, and training opportunities because they are concentrated in lower ranking positions. They also are less likely to have access to or be skilled in using computers and Internet connections. Gender shapes informal information flows as well because people are more likely to have casual conversations and spontaneous discussions with members of the same sex, thus cutting off an important exchange of ideas. A gender analysis should assess who does, and who does not, receive various kinds of information.

4. Power and authority vary with rank in hierarchical organizations, and the medical profession and health institutions are strongly hierarchical. This has important consequences for access to information. Higher ranking staff members—who are generally men—determine what information is passed down the ranks; they may even hoard knowledge (in the form of scarce print materials and opportunities to attend training) in order to increase their own power. This same strict hierarchy may cut male managers off from the knowledge and insights of frontline workers, who are mostly women. A gender analysis should examine who controls access to information in the organization, whether the organization encourages knowledge sharing across ranks, and which staff members have the authority to request information, including copies of publications, from coworkers.

5. Social norms and gender roles in the broader community shape men's and women's opportunities at work. For example, a culture that limits interaction between men and women may make it difficult for them to attend meetings or training workshops together and hence to share knowledge and insights (22). Similarly, gender stereotypes may limit technology training for women and hence their access to electronic sources of information. Social norms and gender roles also shape workers' attitudes and personal experiences, which can pose barriers to learning. For example, a training curriculum on gender-based violence must address the likelihood that some female trainees will have suffered domestic abuse while some male trainees will have perpetrated it—and that both may consider it socially acceptable.

Analyze the information collected in each area and record any gender-based barriers found in the worksheet on p. 7. Distinguish between the barriers that male and female audience members face.

Develop gender strategies for the publication.

Use the results of the gender analysis to outline a strategy for the publication. Answer the following questions:

- What information needs will the publication address? To what extent are these needs the same or different for male and female audience members? What can this publication do to meet these information needs?
- How should the information be presented to assure that the audience will understand it? Should different provisions be made for female and male audience members?
- How should the publication be disseminated to ensure that men and women have equal access to it?

Gender Analysis Guide for Reproductive Health Publications

Education, literacy, and language skills:

1. How much formal education and job-related training do female and male audience members have?
2. How literate are male and female audience members in their native language? In some other language that is commonly used to communicate health information?
3. Are female and male audience members able to read and understand technical publications on reproductive health?

Division of labor:

1. What jobs do male and female audience members hold? Where do they work? What tasks do they perform? How experienced are they?
2. What information do female and male audience members need to do their jobs? How much of that information do they have ready access to?

Flow of information:

1. How much access do male and female audience members have to the following sources of information? What factors limit their access to each one?
 - a. Print materials
 - b. Computer-based materials: CD-ROMs, email, and the Internet
 - c. Libraries and media centers
 - d. Training opportunities
 - e. Staff meetings
 - f. Conferences and workshops
2. What social networks do female and male audience members belong to at work? How much and what kinds of information flow through these networks?
3. Which members of the audience do, and do not, receive various kinds of information?

Power and authority:

1. Do female and male audience members rank high or low in the organization? What opportunities do they have for career advancement?
2. Who makes decisions regarding the flow of information in the organization? Who controls access to specific sources of information?
3. Does the organization encourage hoarding or sharing knowledge?

Social norms and gender roles:

1. How do social norms and their own personal experiences affect the attitudes of female and male audience members toward the health issues they are addressing?
2. How do social norms and gender roles affect men's and women's access to education, job opportunities, and information?

WORKSHEET

Gender barriers to reproductive health information

Barriers	Female audience members	Male audience members
Factors that limit audience's ability to read and understand publications		
Factors that limit audience's access to information needed to perform job		
Factors that limit audience's access to specific sources of information		
Factors that limit audience's control over flow of information inside the organization		
Social norms and gender roles that pose barriers to information and learning		

Step 3. Producing the Publication

Gender permeates every aspect of a publication, including the choice of subject matter, language, program examples, training exercises, illustrations, design, and layout. Indeed, there are so many details that can contribute to or detract from a publication's gender sensitivity that it is best to conduct a formal gender audit of a draft publication and to pretest it with male and female audience members.

Subject matter

Advance gender equity whenever possible.

Reproductive health interventions take a wide variety of approaches to gender (11, 15). At one end of the continuum are gender-biased approaches that exploit gender inequalities to achieve reproductive health goals, such as marketing campaigns that use macho images to increase condom sales. In the middle are approaches that accommodate gender inequalities, such as family planning programs that deliver contraceptives door-to-door in areas where there are cultural constraints on women's mobility. At the other end are approaches that seek to transform gender norms and empower women, such as behavior change campaigns that promote joint decision-making in settings where dialogue between couples is culturally discouraged.

While exploiting or accommodating gender inequalities can offer short-term solutions to reproductive health problems, health publications should reject this approach and instead work to promote gender equity by changing gender roles and relations. As an example, consider HIV / AIDS prevention. Men have high rates of sexually transmitted infections (STIs) including HIV, which are addressed by policy guidelines, manuals, training curricula, and job aids. Such publications should not restrict themselves to discussing the ABCs of prevention. They also should work to change the gender norms that increase men's vulnerability to infection, for example, by defining masculinity in terms of risky behaviors like promiscuity and alcohol consumption and by pressuring men to migrate for work without their families (14).

Address the special concerns and information needs of both men and women.

Women and men have unique concerns, vulnerabilities, and information needs. Neither sex should be treated as the norm. Instead, gender-sensitive publications should be inclusive, paying attention to the special interests of each sex as well as to joint concerns (36). For reproductive health publications, this may mean addressing the:

- Woman-focused approach to reproductive health that limits men's access to clinic services and reproductive health information;
- Gender-based power dynamics that make it difficult for women to negotiate the use of condoms and other contraceptives;
- Social pressures on teenage boys to engage in sex to prove their manhood; and
- Potentially harsh consequences of disclosing women's HIV-positive status, including domestic abuse, divorce, and abandonment.

Publications should also explore the gender ramifications of topics addressed. This is the approach taken by the *Population Bulletin*, which explains population issues to students, the media, and other general audiences. This periodical regularly includes gender issues in the discussion of larger demographic trends. For example, an article on China explored the role of son preference and women's status in the country's fertility decline (27).

Do not reinforce gender stereotypes and prejudices.

Publications should never exploit gender inequalities to maximize their distribution or utilization, for example, by using suggestive photos of women to draw male policy makers' attention to fact sheets on reproductive health care for sex workers. But often an editor's choices are not so obvious. Health publications convey a steady stream of subtle, often unintentional, messages about gender roles and

relations. For example, what does it say about men's and women's roles as parents if guidelines and manuals assume that it is always the mother and never the father who brings a child in for routine vaccinations?

Mistakes to be avoided include consistently portraying:

- Women in family roles, men in work roles;
- Women as innately passive and docile, men as active and in charge; and
- Women as emotional, men as analytical and technologically savvy.

Publications also should explicitly reject damaging prejudices and assumptions and make an effort to break gender stereotypes. For example, policy briefs on HIV / AIDS should reject the idea that it is natural for men to have multiple sexual partners, while technology briefs should demonstrate women's ability to use computers, laboratory equipment, and other machinery.

Include positive female and male role models.

Publications should include positive role models for women and for men. These might include:

- Project reports that describe female health workers as competent professionals who are essential to the success of an activity,
- Training materials for peer educators that showcase boys who decide to postpone sex or use condoms,
- Press releases highlighting the work of women legislators or male nurses, and
- Job aids that portray men as caring, involved partners who play a crucial role in safe motherhood initiatives.

Language and writing

Match the reading level to the audience.

Audiences for reproductive health publications range from community-based health workers with limited reading skills to well educated doctors and policymakers who are fluent in multiple languages. Literacy also may vary by gender, depending on men's and women's access to formal education and performance in school. Thus it is essential to assess the language skills and educational background of the target audience for a reproductive health publication before deciding on:

- Reading level (which depends on sentence length, sentence structure, and the familiarity of vocabulary),
- The use of medical and technical terms, and
- What language to use (the audience's primary language or a second language that serves as a common tongue for the health care community).

Effective strategies to ensure that the audience understands the information presented include:

- Pretesting publications with both male and female audience members to check their understanding and determine whether the reading level is appropriate for each group;
- Using pictures to deliver how-to information to people with low literacy;
- Writing separate summaries for providers with very different literacy levels, for example, doctors, nurses, and community-based health workers; and
- Translating publications into more familiar, local languages.

Use gender-neutral language.

Careless language can subtly promote gender stereotypes or make it unclear exactly who you are talking about (9, 36). Only use gender-specific language when referring to a single sex; for example, "Women should get regular Pap smears" or "Men face the risk of prostate cancer." When you are referring to both sexes, use gender-neutral terms ("Adolescents generally learn about sex from their peers") or list both ("Men and women participated in discussions about domestic violence"). Some gender experts prefer to list both sexes in order to be as specific as possible and avoid having the reader make gender-based assumptions based on preconceived notions. If listing both, do not consistently put one ahead of the other. Sex-specific pronouns, such as "he" and "she," pose the greatest challenge for writers working on English-language publications. Staff at Management Sciences for Health faced this problem when

editing a handbook for managers. Editors felt that continually writing “he/she” and “his/her” sounded awkward, especially in the large group of exercises at the end of the book. The solution was to alternate between using “she” and “he,” so that a woman might be the director of an organization in one exercise and a person being coached in another. Similarly, a man might be a supervisor in one section and a newly promoted manager in another. Alternating genders made the text readable. Editors also found it refreshing to identify both women and men in roles that they are not usually associated with (personal communication from Barbara Timmons). The box on p. 11 outlines this and other solutions to avoid using gender-specific pronouns in your writing. Be especially careful with pronouns when writing about occupations, such as doctor, nurse, or manager, which are in principle gender-neutral but in many societies carry strong gender associations (18).

Substitute generic terms for gendered nouns that refer to both sexes; for example, “people” for “mankind,” the “average person” instead of the “man on the street,” or “cleaning staff” in place of “cleaning women.” Avoid terms and forms of address that demean or stereotype women, such as “lady” (9, 18, 36). Always describe men and women in parallel terms. For example, case studies should not identify men by age and occupation but then label women by marital status and number of children (30, 36).

Maintain gender-sensitive language in translations.

Reproductive health publications are frequently translated into other languages so they can reach a broader audience. If not closely supervised, however, the translation process may undercut efforts to keep the language gender-sensitive. A qualified bilingual translator should be responsible for translating publications and/or for reviewing the quality of translations.

The underlying structure of some languages, such as Chinese, is gender-neutral. However, many others—including Arabic, French, German, and Spanish—assign a grammatical gender to nouns, pronouns, and adjectives (1). This makes it impossible to construct gender-neutral sentences. When working in these languages, you can (1, 10):

- Create feminine forms of male job titles, either by adding an ending (for example, the German suffix “-in”) or by using a different word (for example, “la docteur” instead of “le médecin” in French);
- Use a slash, dash, or brackets to combine masculine and feminine forms (for example, writing “enfermeros/as” to include both male and female nurses in Spanish); or
- List both male and female terms (for example, “ils et elles” or “toutes et tous” in French).

Be careful when manipulating feminine and masculine endings. In Spanish, for example, some reproductive health programs have changed the ending of the word for client to create a feminine term for family planning clients: “la clienta.” But some communities use this term to refer insultingly to sex workers and women having affairs with married men. In this situation, the traditional form, “la cliente,” is the better choice (personal communication from Alejandro Gutierrez-Pons).

Gender-sensitivity during translation goes beyond grammar. Mistakes in the choice of words can alter meaning in a way that has gender implications. For example, when translating publications on violence against women, the Spanish verb “molestar” should not be used for the English “molest” because the Spanish word means to bother or annoy. There is a similar mismatch between “violar” (the Spanish word for rape) and the English verb “violate.”

Program examples and training exercises

Select case studies, program examples, and anecdotes carefully.

The stories told in case studies, program examples, and anecdotes may have a disproportionate impact on readers. You should review them, individually and as a group, to make sure that they (13, 36):

- Feature men and women in equal numbers;
- Reflect the life experiences of both sexes;

How to Avoid Gender-Specific Pronouns

Problem

For writers of English-language publications, the third-person singular pronoun (“he,” “she,” “it”) poses a special challenge. In the absence of a gender-neutral pronoun, writers can easily slip into traditional stereotypes about the sex of clients, providers, and other groups. Unless the sex of a group is clear (for example, pregnant women), use the solutions below to avoid these pronouns.

Solutions

1. Rewrite the sentence without pronouns.

Instead of: If a supervisor wants to assess the actual quality of care offered at a clinic, he should observe some consultations.

Write: To assess the actual quality of care offered at a clinic, a supervisor should observe some consultations.

2. Make the sentence plural and use “they,” “them,” and “their.”

Instead of: “Voluntary counseling and HIV testing can encourage a client to protect himself and his partner.”

Write: “Voluntary counseling and HIV testing can encourage clients to protect themselves and their partners.”

3. Write in the first person (“I”) or second person (“you”) if it is appropriate to the subject matter, for example, in instructions and guidelines.

Instead of: “After the nurse explains how to use a contraceptive method, she should make sure the client understands the instructions.”

Write: “After you explain how to use a contraceptive method, make sure the client understands the instructions.”

4. Use a double pronoun (for example, “she or he,” “he/she,” “s/he”) if you want to stress the action of an individual. When repeated frequently, however, this usage becomes awkward and interrupts the flow of language.

Instead of: “An adolescent will not return for services if the provider treats her disrespectfully.”

Write: “An adolescent will not return for services if the provider treats her or him disrespectfully.”

5. Omit possessive pronouns entirely, or use articles (“the” or “a”) instead.

Instead of: “The trainer should prepare all of his materials in advance.”

Write: “The trainer should prepare all of the materials in advance.”

6. Use plural pronouns with “everybody,” “anyone,” “nobody,” “someone,” and other indefinite pronouns. While technically incorrect, this has become acceptable usage in all but the most formal situations.

Instead of: “Everyone who comes to the clinic must bring her registration card.”

Write: “Everyone who comes to the clinic must bring their registration card.”

7. Sparingly use the passive voice.

Instead of: “If a counselor feels uncomfortable discussing sexual issues, she needs further training.”

Write: “Further training is needed when a counselor feels uncomfortable discussing sexual issues.”

8. Alternate between feminine and masculine pronouns to indicate that both genders are included in the group described. Be careful not to confuse the reader.

Instead of: “Encourage each trainee to participate. Ask yourself: Has he had a chance to talk? Has he taken part in a role play?”

Write: “Encourage each trainee to participate. Ask yourself: Has she had a chance to talk? Has he taken part in a role play?”

Sources: Cogdill and Kilborn 2005 (7), Redfern (26), Warren 2000 (32)

- Give equal space and value to women’s activities inside and outside the home, and do the same for men; and
- Portray women as active participants in their health care, who can take responsibility and make decisions.

A training curriculum on reproductive health counseling produced by EngenderHealth provides a good example of this approach (12). Its case studies and worksheets include a broad array of men and women as part of a deliberate effort to illustrate the many social factors that contribute to sexual and reproductive health problems. The scenarios include a married man trying to hide the fact that he contracted HIV in the military, the concerned parent of a sexually active teenage girl, a woman who delays coming for antenatal care until her ninth month, a man who comes to a health facility for STI screening but shows interest in a brochure on erectile dysfunction, and a widow who has sex for money in order to support her children. As a group they provide fair and equal coverage of women’s and men’s perspectives and experiences.

Craft training exercises for single-sex and mixed groups.

Reproductive health curricula often use small group exercises for intensive exploration of trainees’ attitudes and for learning. Some exercises may directly and intentionally confront gender stereotypes and beliefs. Like every other element in reproductive health publications, these exercises should reflect the life experience of both men and women. Consider how men and women are likely to react to a given exercise (13): Will they find it empowering or threatening? Will they find it realistic? Will they be able to relate to the questions asked?

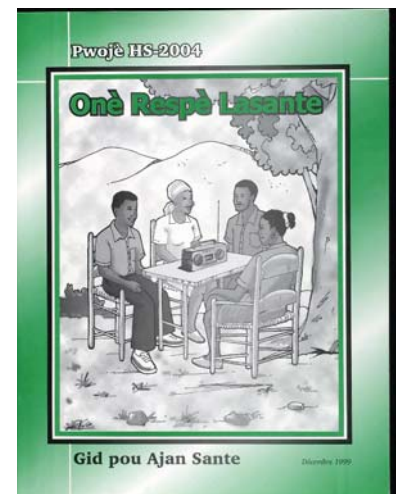
Carefully consider which training exercises are appropriate for single-sex and mixed groups. While it is important for men and women to hear each other’s views, single-sex groups may allow women and men to speak more freely, especially about sensitive subjects, such as sexual behavior or domestic violence, that are directly linked to gender roles and relations. For example, the *Oxfam Gender Training Manual* suggests that women meet separately to discuss a story about a dying mother’s regrets about how she interacted with her husband and raised her children and, likewise, that men meet separately for a discussion of boys’ and men’s roles (33).

Illustrations

Visual images draw the readers’ attention and may shape their attitudes and opinions even before they read the text (18). However, illustrations often misrepresent, oversimplify, and/or idealize their subject matter (33). It is important to keep gender in mind when selecting photos, drawings, and other illustrations.

Do not reinforce negative stereotypes.

Pictures can reinforce gender stereotypes even when their message is supposed to advance health outcomes and gender relations. For example, materials that encourage couples to discuss family planning sometimes show the husband doing all the talking while the wife listens attentively. Simple changes can make a big impact. For example, the cover picture on a distance education manual for community health workers in Haiti, “Onè respè lasante: Gid pou ajan sante” [“Honor, respect, health: Guide for health workers”], shows two women sitting together with two men listening to the radio—which sends the simple but powerful message that both men and women can do the job and are worthy of further training (25, 33).



Present positive images of women and men.

Positive images—for example, women speaking out at a community meeting or men accompanying their wives during antenatal care visits—can provide role models for readers and help change cultural norms regarding appropriate gender roles. Review illustrations individually and as a group (13, 33): Are men and women depicted with equal frequency and with equal status? What images are missing? For example, are women and men depicted in a full range of roles—at home, at work, and in the community?



A family planning manual produced by the Johns Hopkins University Population Communication Services for community health workers in Nepal, *Community Health Worker Manual*, offers a good example of gender sensitivity (17). Its many illustrations include a host of positive images (see illustrations above), including:

- Girls going off to school;
- Fathers taking care of their children;
- A couple discussing family planning, with both wife and husband shown actively speaking;
- A couple visiting the health worker together;
- Health workers serving both male and female clients; and
- A father holding a baby while his wife receives an injection.

Cropping and captioning can change the meaning of an image.

While the photographer may choose when and where to take a picture, the editor can alter its meaning by cropping out some elements or by writing a caption that describes the action (33). When captions give sketchy and broad descriptions (for example, “women at a clinic in Africa”), readers rely on preconceptions and stereotypes to interpret what they see. In contrast, a more detailed description of the people, place, and context of a picture (“refugee women seeking HIV/STI counseling in Sudan”) can help readers interpret a picture and resist gender stereotypes.

Design and layout

Use design and layout to increase readability.

Design and layout can affect the readability of a publication. As mentioned above, this is a key concern where there are gender-based disparities in literacy. Print materials are easier for low-literates to read if they (23):

- Use simple headers to organize the text;
- Format all text, including titles, in uppercase and lowercase letters;
- Underline or use bold for emphasis, rather than all caps;
- Employ large, easy-to-read type;
- Use visual cues, such as circles or arrows, to point out key information; and
- Balance text with illustrations and white space.

Gender audit and pretesting

Conduct a gender audit.

When a final draft is complete, ask someone who is NOT familiar with the publication to conduct a gender audit, using the checklist on p. 15. The audit should consider the overall impression made by the publication, determine whether it meets the information needs of the audience as set out in the audience analysis (p. 3), and check details of content and design for gender sensitivity.

Pretest draft materials with both female and male audience members.

Pretesting is the best way to check the effectiveness of a publication. By including both sexes in the pretest, you can discover whether it is gender-sensitive as well. Are men and women equally likely to:

- Understand the messages,
- Find the content realistic and relevant to their needs, and
- Think the material is visually attractive (13, 23)?

Explore differences in men's and women's reactions to the draft publication. For example, are the images used in the draft publication credible to both men and women? Is there a balanced use of images depicting familiar and acceptable gender norms as well as introducing new, equitable gender norms? Make changes if men and women interpret the publication's messages differently, if one sex finds the publication patronizing or unrealistic, or if only one sex finds it appealing.

Checklist for Gender Audit of Reproductive Health Publications

Overall:

- Publication meets information needs of female audience members
- Publication meets information needs of male audience members
- Male and female audience members will react to the publication and interpret its messages in the same way

Subject matter:

- Advances gender equity
- Does not reinforce gender stereotypes and prejudices
- Presents positive female and male role models
- Addresses special concerns of men and of women
- Does not inappropriately leave out men or women

Language and writing:

- Match appropriate reading level for audience members of both sexes
- Are gender-neutral

Program examples, case studies, and training exercises:

- Feature men and women in equal numbers and in a range of roles at home and at work
- Reflect the life experiences of both sexes
- Portray both women and men as active participants in their health care

Illustrations:

- Do not reinforce gender stereotypes and prejudices
- Present positive images of men and women in a range of roles at home and at work
- Have captions that explain content and reject gender stereotypes

Design and layout:

- Use simple headers to organize the text
- Format text to make it easier to read
- Use visual cues to point out key information
- Balance text with illustrations and white space

Dissemination:

- Select communication channels that reach both male and female audience members
- Use different communication channels for men and women, if necessary

Promotion:

- Promote publications to both male and female audience members
- Ensure that both men and women receive copies of print publications
- Make sure the training is gender-sensitive, if you plan to include instructional materials

Monitoring and Evaluation:

- Monitor gender strategies throughout the publication process
- Develop indicators to measure the gender outcomes of publications
- Look for unintended consequences
- Develop and disseminate lessons learned regarding gender issues

Step 4. Strategically Disseminating the Publication

If a publication does not reach both female and male members of the audience, the effort made to understand and meet the information needs of both sexes goes to waste. Creating an effective and gender-sensitive dissemination strategy is thus as important as producing a gender-sensitive publication. Equitably distributing materials takes on even more importance in low-resource settings, where publications are often in short supply.

Communication channels

Select channels that reach both female and male audience members.

Investigate which communication channels male and female members of the target audience have access to, and what information sources they prefer. In addition to traditional print publications, consider radio and television (for example, to broadcast distance education courses to providers), telephone and fax (for example, to send out press releases to journalists), and computer-based technologies like email, CD-ROMs, and the Internet (for example, to disseminate best practices to program managers).

Women may not have equal access to all of these communication channels. In many developing countries, women's access to information and communication technology is constrained by social and cultural bias, poor infrastructure in rural areas, and women's limited access to education and technology skills training (34). Even within an organization, women may have less access to fax machines, computers, and printers than their male coworkers.

Similarly, some communication channels tend to exclude men. Family planning programs with a woman-focused strategy often have selected communication channels, such as radio programs, that attract largely female audiences. Publications for nursing staff probably reach more women than men because few men are nurses (29).

If necessary, use different communication channels to reach men and women.

There may be no single communication channel that can reach all segments of a given audience. In this case, the solution is to use multiple communication channels, some directed to men and others to women. For example, reproductive health organizations are increasingly posting print publications online and distributing the content of informational websites on CD-ROMs.

Distribution

Promote publications to both male and female audience members.

Make sure that both male and female members of the audience are aware that a publication is available. This means promotional efforts must be directed both to people at the top, who are more likely to be men, and to lower level members of the target audience, who are more likely to be women. Announcements at meetings and other events may reach a broader and more diverse cross-section of the audience than an e-mail notification or newsletter item.

Ensure that both men and women receive copies of print publications.

Mailing lists are the key to equitable distribution by the postal service or e-mail. Make sure the mailing list contains the names and addresses of both women and men; this may require expanding the list to include lower ranking personnel. Distributing copies at an event (such as training workshop, conference, or legislative session) can be a good way to reach the desired audience, as long as you select events both women and men attend in equal numbers. It is more difficult to assure the equitable distribution of a publication when you supply other organizations with multiple copies that they then pass on to individuals.

When budget limitations reduce the number of copies printed, distributing a publication fairly becomes even more challenging. If you cannot afford to reach all of the intended audience, try to make sure that women and men share equally in what copies are available. For example, do not automatically limit

distribution to higher ranking individuals, who are more likely to be men. When copies are scarce, it is also important to encourage sharing; too often a scarce publication becomes a prized possession to be hoarded—or even worse, locked up in a storage cupboard to be preserved. One way to encourage sharing is to include a sheaf of inexpensive loose-sheet summaries in the larger publication; these can be shared without giving up the publication itself.

If the organization is planning to accompany instructional materials with training, make sure the training is gender-sensitive.

Training workshops and orientation activities often accompany the dissemination of guidelines, handbooks, job aids, and other materials that are designed to change everyday work practices. These educational activities shape the audience's understanding of the publication, so it is important they employ the same gender-responsive approach as the publication (13). Make sure the trainers understand this approach, and consider balancing the trainers between women and men.

Step 5. Monitoring and Evaluation

Monitoring and evaluation can enable staff to recognize and correct mistakes during the publication process, separately assess the publication's effectiveness and outcomes for women and men in the audience, and capture lessons learned for the future. To monitor and evaluate publications, evaluators may draw on both quantitative and qualitative data. Quantitative indicators are essential for measuring results and gauging outcomes. Qualitative indicators, however, provide a more nuanced understanding of results (28). Data collection methodologies vary, depending on the outcome of interest and available resources, from simple reviews of routine records and program reports to readership surveys such as in-depth interviews or focus-group discussions with key informants to more involved comparisons of the results of publications that incorporated gender analysis with publications that did not (3, 28, 35).

Monitor gender strategies throughout the publication process.

Conduct periodic staff meetings to conduct a gender audit that includes a review of the development and dissemination of publications and allows staff to share experiences and jointly make needed changes (21). The gender audit can be used to monitor the effectiveness of mechanisms to:

- Incorporate women's as well as men's voices in the development of the publication;
- Address men's and women's special information needs;
- Create gender-sensitive text, illustrations, and design; and
- Overcome constraints on women's and men's access to publications.

Use the results of this monitoring process to reassess unfounded assumptions, alter ineffective approaches and activities, and strengthen successful aspects of the publication process (4).

Break down all data by sex.

The publication may have different objectives for female and male members of the audience. Even if it does not, assess the effectiveness, outcomes, and benefits of the publication separately for women and for men (13). This requires collecting all data in a form that can be disaggregated and analyzed by sex. Whenever results differ by sex, seek an explanation. As an example, consider a briefing paper on domestic violence that is directed to an audience of policymakers. You should assess whether male and female policymakers were equally likely to receive a copy, to read the publication, and, as a result, to gain knowledge or take action. If not, why not?

Develop indicators to measure the gender outcomes of publications.

In addition to evaluating the typical publication outcomes (for example, technical knowledge or counseling skills), examine publication effect on gender awareness and gender equality, while recognizing that changing gender relations is a long-term process (3, 13). This may require developing additional, new indicators. This type of assessment is most important—and should be most extensive—when gender equity is an explicit goal and/or central topic of a publication. However, more limited gender assessments

may be appropriate even for other publications, as the examples below illustrate.

- *Gender awareness:* Assess whether the publication has made readers more aware of gender constraints and changed their attitudes and behaviors as a result. For example, are policymakers more aware of the pressures on adolescent boys to engage in unprotected sex and more willing to fund peer education programs?

Indicators:

- Number/percentage of users who report knowledge gained from a product or service.

Data sources:

- Feedback forms or user surveys distributed with the publication or after a publication has been disseminated (28).

- *Equal access to information:* Assess whether the publication has narrowed the gap between levels of knowledge among women and men (24). For example, do women providers now have access to technical updates on contraceptives and information on new methods from which they were previously excluded?

Indicators:

- Reproductive health knowledge among intended audience disaggregated by gender;
- Number of copies of a product initially distributed to existing lists disaggregated by gender; and
- Percentage of users who share their copies or transmit information verbally to colleagues disaggregated by gender.

Data sources:

- Pre- and post-tests among male and female audiences (e.g., providers) on reproductive health knowledge;
- Qualitative interviews with male and female audiences;
- Mailing list, subscriber list, listserv subscribers, postings of announcements on websites, class registration lists, conference or meeting attendee lists; and
- Direct feedback from individuals, focus group discussions, key informant interviews, returned surveys, or web statistics (28, 35).

- *Empowerment:* Assess whether the messages and role models disseminated by the publication have increased women's self-confidence, participation, decision-making abilities, and/or leadership roles (3). For example, do nurses staffing rural health clinics feel more comfortable making decisions without the input of off-site managers and doctors?

Indicators:

- Actions taken by women on specific issues related to the publication's messages and role models; and
- Number of women participants in leadership roles.

Data sources:

- Qualitative interviews with women; and
- Count or survey of individuals (men and women) involved in leadership roles (35).

Look for unintended consequences.

Reproductive health interventions do not always produce the results intended, especially where gender is concerned. Even well-intentioned efforts to promote gender equity can backfire as, for example, when efforts to promote male involvement in family planning have led to a decrease in women's control over their fertility (14). Do not rely solely on preplanned indicators and instruments to monitor and evaluate the impact of publications on gender issues. Be attentive to unexpected effects on gender roles and relations among readers.

Develop and disseminate lessons learned regarding gender issues.

Based on the results of the monitoring and evaluation process, consider how your next publication could do a better job of meeting the needs of both men and women and of reaching audience members of both sexes.

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