The Interagency Gender Working Group (IGWG) has identified a continuum of how gender is approached or integrated in projects: on one end it is harmful and promotes gender inequity, and it gradually moves toward actively trying to change underlying gender inequalities and to promote gender equality. The IGWG uses four categories on the continuum. There are at least four gender integration approaches that programs tend to fall into when it is possible to identify an explicit gender approach, as follows:

**Blind:** The gender-blind project does not attempt to address gender. A gender-blind strategy ignores gender implications and assumes that gender norms, roles or power differentials do not influence who participates in or benefits from a project or program. For example, a poverty assessment that does not consider differences between male-headed and female-headed households, or any of the gender-based differential effects of poverty, is an example of an approach that is gender-blind. An example from reproductive health (RH) programming is a prevention of mother-to-child transmission of HIV (PMTCT) program that does not address women’s fear of abandonment or divorce after positive sero-status disclosure.

**Exploitative:** Projects or strategies that exploit gender inequalities and stereotypes in pursuit of project/program goals. This type of gender strategy reinforces gender inequities and perpetuates stereotypical images of women’s and men’s roles. For example, in the area of human resources for health (HRH), an educational recruitment strategy might use stereotypes of women’s superior nurturing abilities in contrast with stereotypes of men’s superior scientific abilities. Or employers may assume that men are family “breadwinners” and that male employees require higher compensation than female employees in the same cadre. Exploitative strategies in the area of RH programming include appealing to male opinion leaders as gatekeepers of women’s reproductive health behavior; alluding to male sexual dominance in marketing slogans aimed at encouraging men to use condoms; inadvertently reinforcing male decision-making power by involving men in their female partner’s health care without capacity building to counteract providers’ tendency to direct information primarily to the man and not the woman.

**Accommodating:** Projects or strategies that accommodate gender differences in pursuit of program goals. Accommodating strategies do not attempt to challenge inequitable gender norms. Instead, they may make it easier for women to fulfill the duties ascribed to them by their gender roles. In some cases, accommodating inequitable gender norms may provide women with benefits more quickly than with approaches that seek to change gender relations. An example of this type of strategy in the area of HRH would be to set up a day-care program in a hospital so that nurses can more easily combine childcare with paid work. A day care program supports women’s continued workforce participation but does not necessarily promote a norm of shared parental childcare. An example from the field of RH is delivering contraceptive supplies to women’s doorsteps in places where their mobility outside the home is limited. Doorstep distribution of contraceptives has helped raise contraceptive prevalence rates
in many countries and given many women the power to control their fertility as they desire—but in most cases, doorstep distribution does little to challenge the belief that women who leave the home without a male relative’s permission are not respectable.

**Transformative:** Projects or strategies that seek to transform gender relations to promote equity as a means to reach project goals. Transformative strategies attempt to overcome gender-related barriers to workforce participation or health service use by shifting the balance of power, the distribution of resources or the allocation of duties between women and men or between women and service providers. They may also work to build critical awareness of gender norms. For instance, a transformative HCD approach might include assessment of workplace violence and sexual harassment and formulation of an organizational policy to address workplace safety. Another example would be to target recruitment of men for jobs that are traditionally considered “women’s work,” such as nursing. In the area of RH programming, a transformative strategy might support community dialogue to rebalance gender relations so that men and women would support women’s rights to attend a clinic without needing to secure her male relative’s permission.