

Title of the Innovation/Practice

Promoting Gender-Equitable Norms and Reducing Gender-Based Violence through SAWERA: A Gender-Transformative Community Intervention in India

Lead Organization(s) and Country/Region

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Problem Statement

Gender-based violence (GBV) remains a widespread human rights violation and public health issue, particularly in low-and middle-income countriesⁱ. In India, entrenched patriarchal norms exacerbate gender inequality. National Family Health Survey -5 (2019-21), the Indian DHS, reported that 29% of women of 18–49 years experienced physical violence, and 32% of ever-married women report spousal violenceⁱⁱ. Nearly, 30% women and 34% men even justify wife beating in certain circumstances. Only 42% of currently married women participate in decisions about their own healthcare, and 32% had control over major household purchases—highlighting pervasive low autonomy. Gender norms, that disempower women are deep rooted, are with societal approvals and often start early in life. India has legal frameworks to address GBV, however the legal access and impact is limited to enhance victims' agency to report violence without community-level acceptance and larger supported norm transformation.

Innovation and Practice Description

SAWERA (Supporting Adolescent Well-being and Empowerment through Rights-based Approaches) was a gender-transformative, community-based intervention, to address harmful gender norms and reduce GBV in two diverse Indian districts—Bahraich (rural Uttar Pradesh) and Jaipur (urban Rajasthan). The intervention aligns with national policies like '*Beti Bachao Beti Padhao*' (*Save the daughter educate the daughter*) and Domestic Violence Act of India.

We adopted a socio-ecological model (individual, family, community and system), using evidence based strategies including group sessions through participatory approaches, peer engagement, community mobilization activities, for violence prevention and system strengthening to support victims. The interventions primary beneficiaries were youth of 15–24 years and their parents/in-laws. Community stakeholders - frontline health workers, CBOs, community based structures - One Stop Centres (OSC), police, teachers, lawyers were Secondary beneficiaries.

A mixed-methods panel, impact assessment followed 2,400 youths, including 800 unmarried youth, 800 married youth, and 800 parents from 2021-24. Participants were selected through stratified random sampling from selected villages 15 Gram panchayats of UP and 5 wards of Jaipur. Structured and pretested questionnaires, were adapted from validated tools, were used. Questions based on gender equitable measures (GEM scores), gender belief scores, autonomy in decision-making and mobility, and experiences with GBV was used.

KoBo Toolbox enabled real-time monitoring was used to collect individual response. Ethical considerations, including informed consent and assent were taken prior to commencement of data collection.

Results and Evidence of Impact

SAWERA significantly improved gender-equitable beliefs, enhancing women's autonomy, and addressed GBV. Among youth, high GEM scores increased (40% to 78%), low GEM scores dropped (28% to 2%). Gender gaps in GEM scores reduced, (34 to 3 percentage point) and Gender belief score improved among males (18- to 54%) and females (37 to 63%).

Women's participation in their own healthcare decisions doubled (20% to 40%), and daily household purchases nearly tripled (9% to 25%). Married women who shifted to high GEM scores experienced greater autonomy, with improved household decision-making (12% to 45%) and personal savings (9% to 29%).

Gender norms among parents shifted from 50.3% to 63%. GBV - repeated physical mistreatment reduced (16% to 3%), injury rates declined (18% to 8%), and disclosure rates surged (16% to 54%). Formal reporting of violence increased from 0 to 14%, and community support networks expanded from 40% to 88%. Overall, reporting of cases increased over time.

Scalability & Sustainability

SAWERA's success underscores the plausible scalability of gender-transformative interventions that engages youth, family and community stakeholders. The model is highly adaptable to other regions with similar socio-cultural contexts, especially in South Asia and sub-Saharan Africa. Key to sustainability is the intervention's grounding in community participation, digital monitoring tools, and use of pre-existing social structures (schools, youth clubs, community leaders).

The intervention was aligned with national policies and can be integrated with state- or NGO-led programs on adolescent empowerment and family welfare. Long-term success will require ongoing family community engagement, stakeholder buy-in, and integration into local governance and health systems. Leveraging existing community based platforms and digital innovations can further support replication at scale.

Lessons Learned or Key Insights

- Gender norms can shift significantly when implemented through a socio-ecological model using evidence based approach such as GTA with active engagement with youth, family and community stakeholders.
- Community-led models enhance disclosure and support mechanisms for GBV survivors.
- Youth, particularly males and those without formal education, are receptive to normative change when approached through participatory methods which in builds a peer support structure.
- Digital tools with real-time monitoring strengthen program accountability and responsiveness.
- Religious norms and gender gaps is possible to bridge when strategies are inclusive, respectful engaging

Community Voices

We have seen the reported cases of 'Gender based Violence' have increased in the past couple of years, as people are now aware of the Helplines and institutions designed for preventing and deterring 'Gender based Violence'. SAWERA project is instrumental in increasing awareness towards the same..... ***Police Constable and Desk In-Charge, Police Station, Gandhinagar, Jaipur.***

Now, we are aware of the Helpline numbers, in case we experience violence of any form. Government is with us to protect us. Only thing we have to do is dial the number... ***Adolescent girl, 16, Jaipur Slums.***

ⁱ Sabri B, Sellke R, Smudde M, Bourey C, Murray SM. Gender-Based Violence Interventions in Low- and Middle-Income Countries: A Systematic Review of Interventions at Structural, Community, Interpersonal, Individual, and Multiple Levels. *Trauma Violence Abuse*. 2023 Dec;24(5):3170-3186. doi: 10.1177/15248380221126181. Epub 2022 Oct 13. PMID: 36226579; PMCID: PMC1009784

ⁱⁱ International Institute for Population Sciences (IIPS). (2021). *National Family Health Survey (NFHS-5), 2019–21: State Report for Maharashtra*. Mumbai: IIPS.