harmful practices such as early marriage, power disparities in relationships caused by economic or age differences, or how some of the differences in the ways males and females express their sexuality are the result of gender stereotypes. In set-“pure potential.” Some programs for females aim to foster personal reflection. Participants are given opportunities to reflect on how the contextual factors of gender and power relate to their own life, sexual relationships or health. The Teen Outreach Program, for example, asks participants to think about how messages about gender affect their relationships, sexual and otherwise. SIHLE, HORIZONS, Stepping Stones, the Children’s Aid Society–Carrera program and Project Safe explore how power operates in relationships and why it makes it difficult to protect one’s health. The ways programs foster such reflection varies. Some use personal writing exercises, another asks participants to think about their own current and past relationships while playing a game about relationship types and situations, and others provide short case studies and facilitate discussions about how power inequality and gendered sexual scripts influence condom use. Many programs also address sexual coercion and intimate partner violence. In contrast, MEMA kwa Vijana’s multi-year curriculum, which did not decrease STIs or pregnancy, has a single session on gender but focuses on the equal abilities of males and females, rather than taking the next step to help participants reflect on how gender norms and stereotypes affect relationships, power, sexual and reproductive health, or HIV. Indeed, in a process evaluation of the program and reflection on barriers to and facilitators of change, the authors conclude that the intervention did not sufficiently address systemic social or structural factors, including gender.

• Valuing oneself and recognizing one’s own power. Acknowledging one’s power to effect change in one’s own life, relationship or community is another consistently recurring theme in the successful gender and power programs. For example, the Teen Outreach Program engages participants in community service, and the Children’s Aid Society–Carrera program is undergirded by a belief in participants’ “pure potential.” Some programs for females aim to foster gender pride. Many emphasize young women’s power, strength, self-respect and agency. In settings where racialized social structures may affect one’s sense of self-worth, some programs interweave gender pride with ethnic or racial pride. For example, in the United States, SIHLE fosters young women’s pride in being black and female, and includes reading and analyzing poetry by famous black female writers.

These qualities—addressing gender and power explic-ty, using participatory and learner-centered teaching approaches, fostering both critical thinking and personal reflection about how these concepts affect one’s own life and relationships, and valuing one’s own potential as an individual and as a change agent—overlap and reinforce each other, helping learners to apply the content to their own sexual and reproductive lives.

DISCUSSION

The nearly opposite outcomes of programs that address gender and power and programs that do not is striking. This finding is consistent with theory, as well as with the body of evidence that links gender, power and intimate partner violence with sexual and reproductive health outcomes, including HIV. It echoes the increasingly frequent call to address the multiple contextual factors that shape adolescent sexual behavior. Indeed, reviews of adolescent sexual risk reduction programs in South Africa by Harrison and colleagues looked beyond individual-level pathways and concluded that addressing contextual factors such as gender and poverty was important for success. Findings are also consistent with reviews of more diverse program types—i.e., reviews that included different kinds of interventions, not just those that were focused on adolescents and were group- and curriculum-based. These reviews have found that programs that address gender or power have positive effects on sexual and reproductive health—including knowledge, attitudes, reported behavior change and health outcomes.

A main limitation of this review, as with all reviews, is the possibility of missing eligible studies. While resources precluded perusal of additional databases such as Psyc-