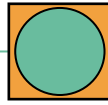


Development of a Tool to Assess the Gender Competency of Family Planning Providers

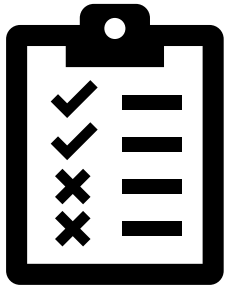
Katherine Andrinopoulos, PhD, MHS
Wednesday February 23, 2022



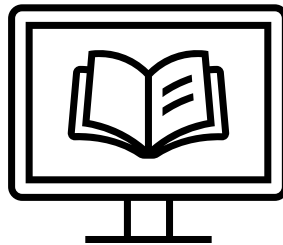


Activity goal

To develop and pilot a tool to assess the gender competency of family planning (FP) service providers.

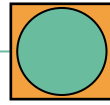


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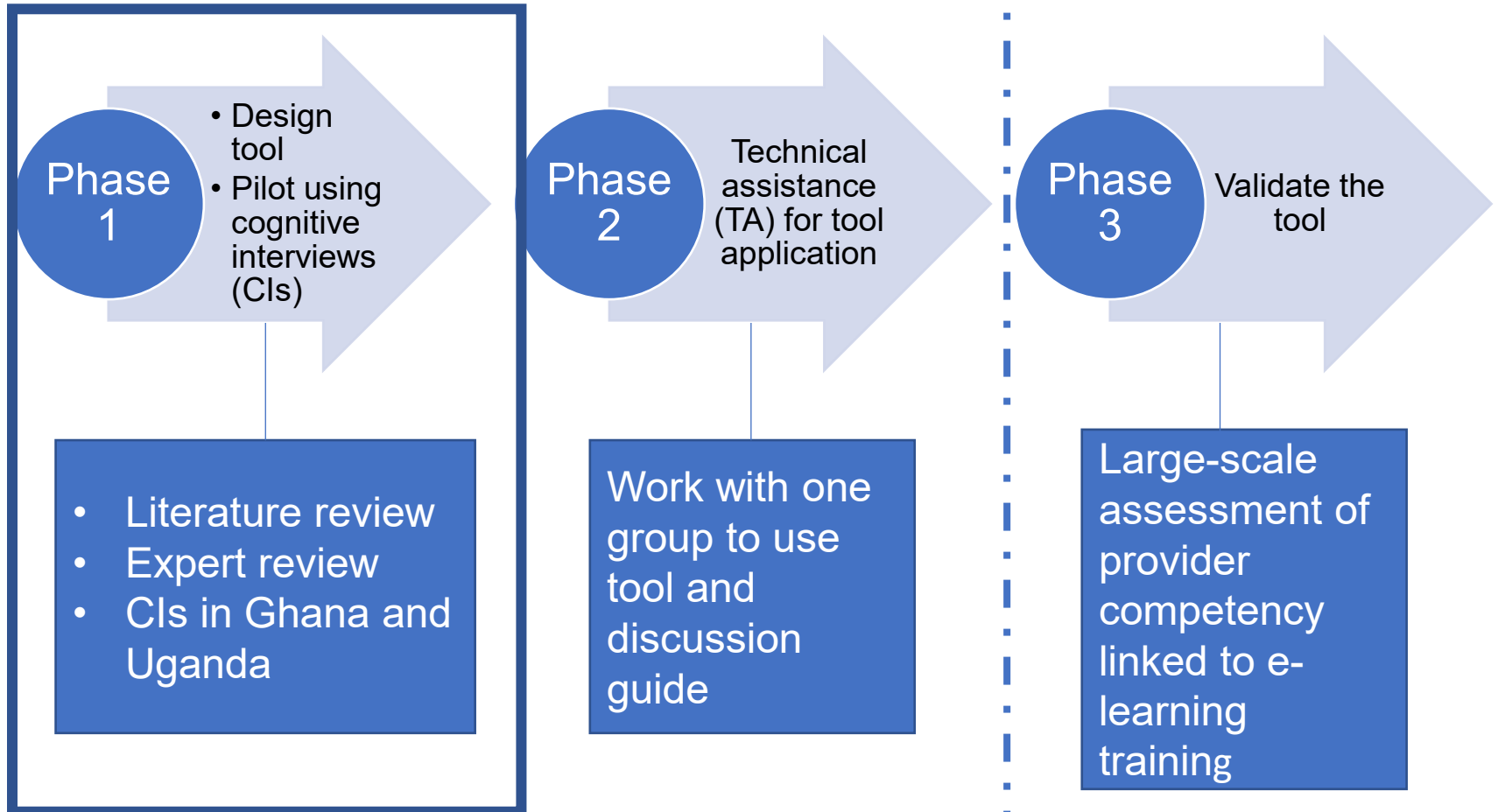


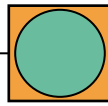
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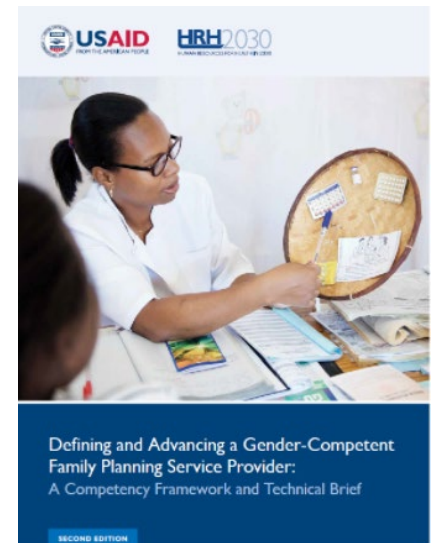
Phases of tool development





Gender competency analytic framework

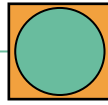
- USAID-funded Human Resources for Health 2030 project developed a definition of and an [analytical framework](#) for gender competency of FP providers.
- Informed by qualitative research in Ethiopia and the Philippines and an expert review meeting.
- Concurrent development of an [eLearning](#) course.





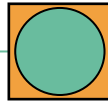
Six dimensions of gender competency

Each dimension includes knowledge, attitudes, and skills



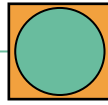
Gender-sensitive communication

The provider's ability to transmit information through verbal and non-verbal communication in a way that recognizes unequal power structures and promotes equality for all clients. It should be person-centered.



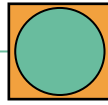
Promoting individual agency

The provider's capacity to support an individual client's voluntary and informed decisions about whether, when, and how often to reproduce, without pressure to conform to gender and cultural norms.



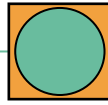
Supporting legal rights and status

The provider's ability to provide information and services to clients in accordance with rights and local laws and without interference of personal bias.



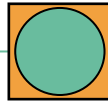
Engaging men and boys as partners

The provider's recognition of men and boys as supportive partners to women and as potential users of FP. It can be demonstrated with male or female clients and couples but should always be anchored in women's preferences and consent.



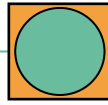
Facilitating positive couples' communication

The provider's capacity to help clients articulate, discuss, and come to an agreement on reproductive intentions and to make joint reproductive decisions as a couple.



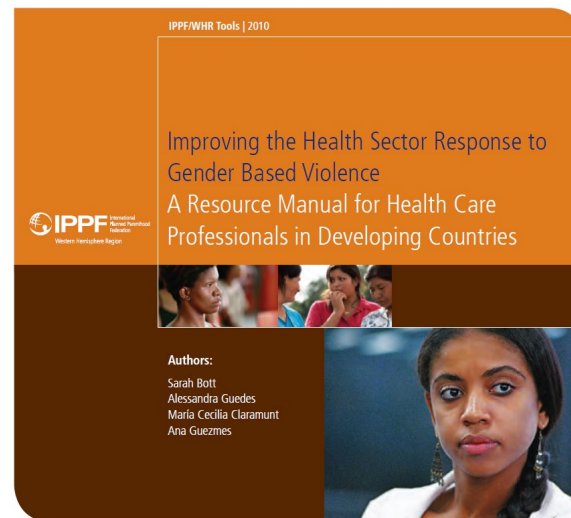
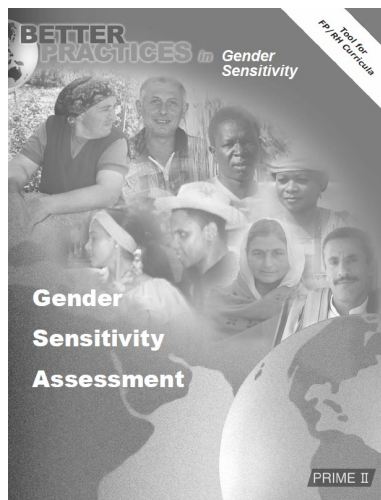
Addressing gender-based violence

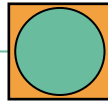
The provider's ability to understand and recognize gender-based violence, incorporate principles of do no harm into FP services, provide appropriate referrals, and reinforce the right to be treated with respect and live without violence.



Step 1 – Literature review

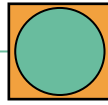
- Reviewed grey and peer-reviewed literature.
- Most literature focused on communication and cultural competency, but not specific to gender.
- Most used Likert scales; few examples of vignettes or observations.





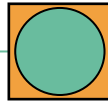
Challenges to developing the tool

- Deciding on a way to assess the dimensions, especially in relation to skills (e.g., observations, vignettes, or statements?)
- Measuring gender dimensions across global contexts (e.g., legal rights/policies).
- Crafting statements without obvious “right” answers.
- Deciding whether to use negatively worded statements.
- Selecting the appropriate response options.
- Measuring depth of domain: length of tool.



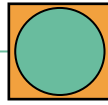
Step 2 – Expert review

- Drafted statements on knowledge, attitudes, and skills.
- Reviewed by USAID, D4I, and five external FP experts for face validity.
- Most useful feedback:
 - Framing of questions to “I” rather than FP providers in general.
 - Wordsmithing to “unpack” gender concepts.



Six dimensions of gender competency

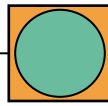
1. Gender-sensitive communication = 17 items
2. Promoting individual agency = 18 items
3. Supporting legal rights and status related to FP = 11 items
4. Engaging men and boys as partners and users = 8 items
5. Facilitating positive couples' communication and cooperative decision making = 8 items
6. Addressing gender-based violence = 14 items



Step 3 – Pilot using CI

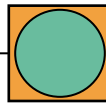
When people are asked to answer a question, there are four “thinking” steps they go through:

- **Comprehension:** understanding of the question.
- **Retrieval:** recall necessary information.
- **Judgment:** assess completeness of memory, make estimate based on retrieval.
- **Response:** map judgment onto response category; potential editing based on social desirability.



CI question types

Type	Sample CI question
Comprehension/interpretation	What does the term “x,y,z” mean to you?
Paraphrasing	Please repeat the question in your own words.
Specific probe	Why did you select _____ over the other response options?
Confidence judgment	How sure are you about the response you selected?
Recall probe	How did you remember _____.
General probes	How did you arrive at that answer? Was that easy or hard to answer? I noticed that you hesitated...tell me what you were thinking.



Structure of the CI instrument

COGNITIVE INTERVIEWING GUIDE

Participant ID# _____ Interviewer: _____

Tool version: _____ Date: _____ Location: _____

[Explain procedures of cognitive interviewing to participant]

Before starting the interview, I want to explain the process of what we are going to be doing. This interview is like a survey but different in that I am going to ask questions, you will give me an answer and I will ask you a few more questions to find out how you got to your answer. I am going to encourage you to think aloud – to know how you got to your answer. Some of these questions will be repetitive but are helpful to us. There are no right or wrong answers. Your feedback will help us improve the survey questions.

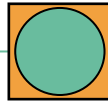
[→Turn on digital recorder. State your name, participant ID, and date so that it is included in the recording.]

Some common difficulties

- 1) Did not understand the question
- 2) Confused by wording
- 3) Problem with recall
- 4) Unclear answer choices

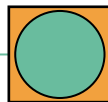
MODULE 1: GENDER SENSITIVE COMMUNICATION [Instructions]: These statements will ask you about gender-sensitive communication. Please think about each question and decide if you strongly agree, agree, disagree, or strongly disagree with the statement.

Tool item	Answers	Questions	Overall feedback – to be filled in by interviewer
1. Understanding differences in power between myself and my clients can help me counsel them more effectively about family planning.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree	<p>What does the term “power” mean to you in this statement?</p> <p>Please repeat the question in your own words.</p> <p>Why did you select _____ over the other response options?</p>	<p>Respondent had difficulty responding the question:</p> <input type="checkbox"/> No <input type="checkbox"/> Yes. If selected, describe what was difficult: <p>_____</p> <p>_____</p> <p>_____</p>
2. I am better able to counsel my	<input type="checkbox"/> Strongly agree	Please repeat the question in your own	Respondent had difficulty responding the



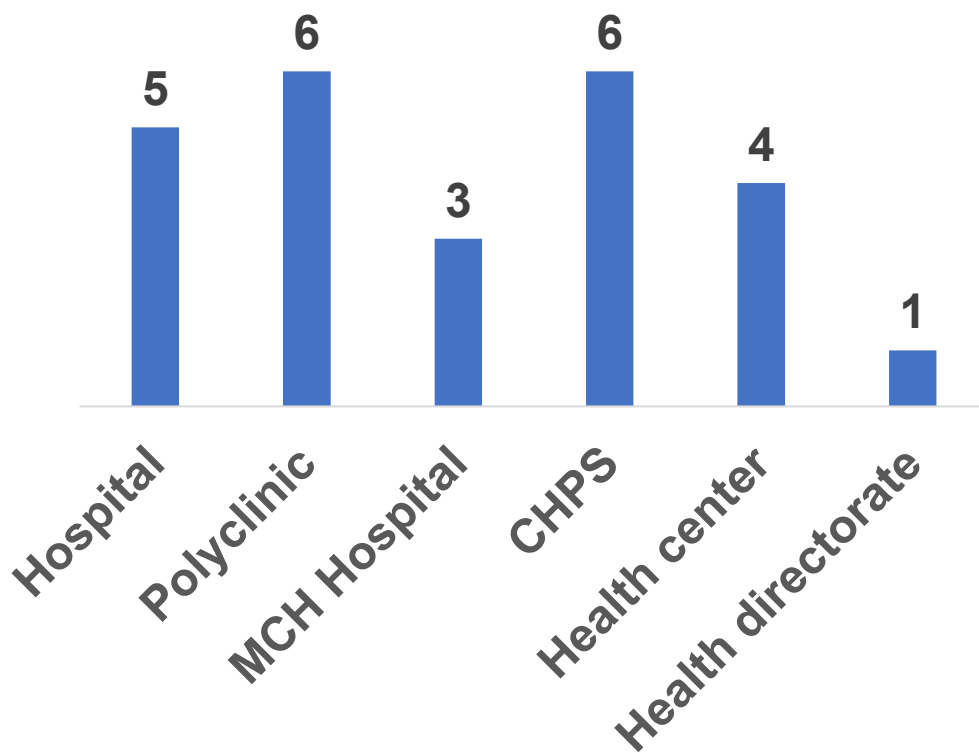
Pilot methods in Ghana

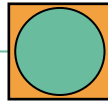
- Conducted CIs with 25 FP providers
 - 20 interviews conducted in 3 regions (Greater Accra, Eastern, and Ashanti).
 - Team reviewed audio recordings and notes, and incorporated the feedback into the tool.
 - Final 5 interviews were conducted in Greater Accra and Ashanti regions.
- Fieldwork: June 14 to July 26, 2021
- Reviewed feedback during 5 team meetings, including with Ghana Health Service, throughout fieldwork.



Phase 1: Facility types

Number of interviews conducted with providers by facility type

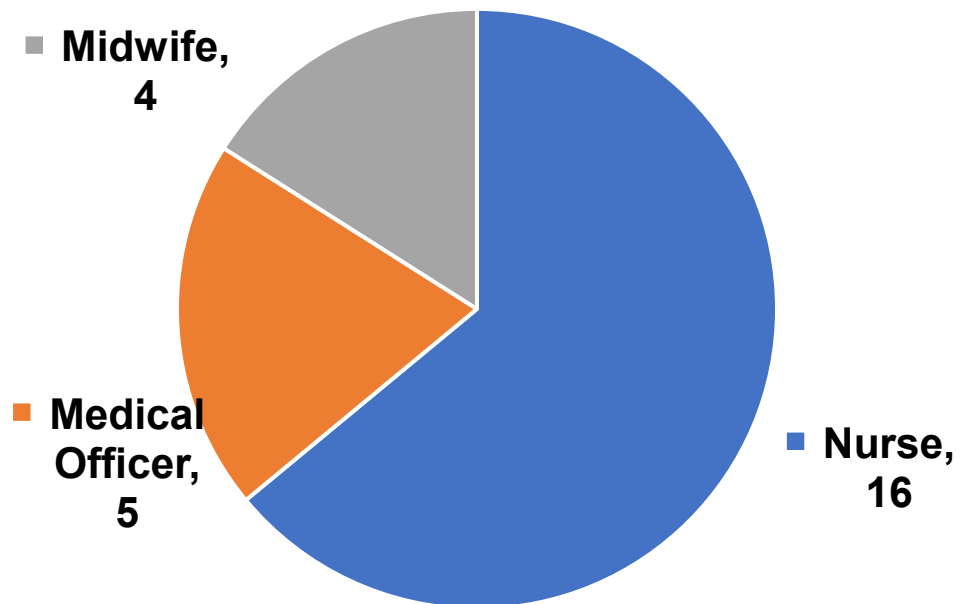


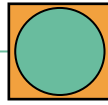


Phase 1: Study sample

- Ghana Health Service provided a list of FP providers to approach.
- Study team recruited a diverse sample by recruiting across cadres, gender, and districts.
- Limitation: more difficult to recruit male participants.

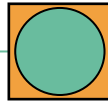
Cadre of participants (N=25)





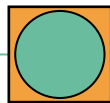
Pilot findings across domains

- Participants understood the intent of most questions; minor revisions to wording.
- Dropped 14 items; modules currently range from 8-15 items.
- Central importance of religion:
 - *Talking to a client about FP pressures they face because of social, cultural, or religious beliefs is a necessary part of counseling (M2- Agency).*
- Change of response options from
 - “Never true - Sometimes true - Often true - Always true” TO
 - “Strongly agree - Agree - Disagree - Strongly disagree”



Examples of new/reworded questions

- I am able to explain things differently based on the different needs and understanding of male and female clients. (M1- Gender-sensitive communication)
- Helping a client make an informed choice about a family planning method includes explaining contraceptive methods that can be used without other people knowing about it. (M2- Agency)
- I can effectively counsel men to support their family planning decision, even though most contraceptives are for women. (M4-Engaging men and boys)

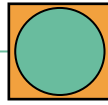


Gender-sensitive communication

- The provider's ability to transmit information through verbal and non-verbal communication in a way that recognizes unequal power structures and promotes equality for all clients; 10 questions.

Sample items:

- Understanding differences in power between myself and my clients helps me counsel them more effectively.
- I am able to explain things differently based on the different needs and understanding of male and female clients.
- It is difficult to separate my own cultural beliefs about men and women from how I counsel clients about family planning. (reverse)

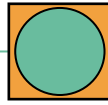


Promoting individual agency

- The provider's capacity to support an individual client's voluntary and informed decisions about whether, when, and how often to reproduce, without pressure to conform to gender and cultural norms; 15 items.

Sample items:

- I can effectively counsel a female client on using a family planning method that keeps her out of trouble when others do not approve.
- Talking to a client about family planning pressures they face because of social, cultural, or religious beliefs is a necessary part of counseling.
- A couple's decision about the number of children to have should be left up to the man. (reverse)

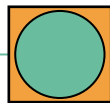


Supporting legal rights/status related to FP

- The provider's ability to provide information and services to clients in accordance with rights and local laws and without interference of personal bias; 10 items.

Sample items:

- I should discuss all contraceptive method options with a client regardless of whether they are married or not.
- I know if spousal consent is required for sterilization in my community.
- If I don't know something about a client's reproductive health rights, I know where I can find out.

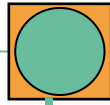


Engaging men and boys as partners and users

- This competency refers to the provider's recognition of men and boys as supportive partners to women and as potential users of FP. It can be demonstrated with men, women, and couples, but should always be anchored in women's preferences and consent; 8 items.

Sample items:

- Men can be users of contraceptive methods themselves— they are not only for women.
- In some cases, including men in family planning services can support continued method use.
- I should always invite a woman's partner to their family planning session. (reverse)

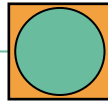


Facilitating positive couples' communication and cooperative decision making

- The provider's capacity to help clients articulate, discuss, and come to an agreement on reproductive intentions and to cooperatively make reproductive decisions as a couple; 7 items.

Sample items:

- When a client does not know how to discuss family planning with their partner, I can help them practice doing so.
- I am able to explain contraceptive methods that are only available to men or women and those that require a partner's involvement.
- Inviting sexual partners to talk together about family planning is important even if they don't consider themselves a couple.

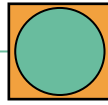


Addressing gender-based violence

- The provider's ability to understand and recognize gender-based violence, incorporate principles of do no harm into FP services, provide appropriate referrals, and reinforce the client's right to be treated with respect and live free of violence; 11 items.

Sample items:

- Family planning providers should know the signs and symptoms of gender-based violence.
- To protect the client, I should only counsel clients on gender-based violence if I have had training about it.
- I know where to refer a client for services if they show signs of experiencing gender-based violence.



Discussion guide

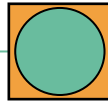
- Personal reflection questions
- Key take-aways
- Answers for each item
- Group reflection questions
- Link to e-learning course

I should only ask a client about their partner if the client mentions them first.

Correct answers for this question include “strongly disagree” and “disagree.” The best answer is “strongly disagree.”

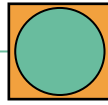
Strongly agree	Agree	Disagree	Strongly disagree
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A gender competent family planning provider should be able to help clients articulate and discuss their reproductive intentions as a couple. To do this, the provider must first take time to ask questions that will help assess the potential for differentials in power in decision making that may exist within a couple. In cases where clients are uncomfortable sharing information, their privacy should be respected. However, when clients are open to sharing information about their partner, the provider should ask questions that will help them understand the client’s comfort, desire, and skills in articulating their family planning desires, and learning about their partner’s desires and intentions. Knowing this, the provider can better facilitate a dialogue between partners, or how to support a client communicating with their partner on their own, if they want to do so.



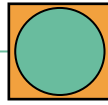
Pilot methods in Uganda

- Partnered with Family Planning Activity.
- Conducted 21 interviews with FP providers in the Albertine region, Bulissa District
 - Team reviewing notes and audio recordings, creating similar spreadsheets to revise tool.
 - Main take-aways is that there is conceptual fit, tweaking of wording will be required and addition/deletion of some items. One new area that emerged was applying gender competency when clients are adolescents.
 - Final interviews in Kibaale District.
 - Final round of tool updates.



Phase 2: TA for tool application

- Select one group/organization of providers (e.g., one clinic, hospital, or working group).
- Demonstrate how to administer and score the tool.
- Demonstrate how to reflect on responses using the discussion guide.
- To be conducted following completion of data collection in Uganda.



Thank you!

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USAID: Salamatu Futa; Amani Selim, Joan Kraft, Afeefa Abdur-Rahman, Rhobbinah Ssempebwa

D4I: Janine Barden O'Fallon, Jessica Fehringer, Eva Silvestre