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Measuring Women's Agency and Gender Norms in Family Planning

What do we know and where do we go?



Center on Gender Equity and Health
UNIVERSITY OF CALIFORNIA SAN DIEGO SCHOOL OF MEDICINE

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Created as part of the EMERGE [Evidence-Based Measures of Empowerment for Research on Gender Equality] Project. EMERGE Project Members include:

Anita Raj, PhD (Principal Investigator)

Nandita Bhan, ScD (Co-Principal Investigator, EMERGE Family Planning Project)

Lotus McDougal, PhD

Rebecka Lundgren, PhD

Jay G. Silverman, PhD

Arnab Dey, MBA

Nabamallika Dehingia, MBA

Anvita Dixit, MA

Jennifer Yore, MPH

Namratha Rao, MPH

Meredith Pierce, MPH

Gennifer Kully, MPH

Edwin E. Thomas, BA

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Executive Summary

This White Paper presents a landscape analysis of measures on women's agency and gender norms in family planning research, in order to develop insights on achievements, opportunities and gaps for priority setting and applications in family planning programs in low-and-middle- income countries (LMICs). This landscape analysis is rooted in the Can-Act-Resist framework of women's agency and gender norms developed by the Center on Gender Equity and Health that was previously validated in the field of women's economic empowerment. In this work, we extend the Can-Act-Resist conceptualization and validate its pathways based on current family planning research, with a view towards understanding synergies and gaps in approaches, methodologies and topic areas.

This landscape analysis was conducted in **three phases**. In *Phase 1*, key informant interviews were conducted with over 40 field experts in sexual and reproductive health research and programs to understand concepts of agency and norms investigated, perception of measurement strengths and gaps, and suggestions for areas and approaches for field development. Despite differences in expertise and/or disciplines, there was much agreement on the need for greater clarity on conceptual frameworks and definitions, as well as to improve measurement rigor through mixed methods formative research and psychometric testing. Field experts indicated that agency concepts in family planning were diverse in content coverage; in contrast, gender norms constructs within family planning research remained a gap. Experts also suggested that the need for context adaptation or validation of measures needed to be balanced against greater harmonization of measures through cross-national efforts.

Following this, in *Phase 2*, a scoping review of peer-reviewed published literature was conducted to examine the constructs covered by measures and identify knowledge gaps. The review was conducted using a systematic search methodology based on prior published research on women's empowerment in family planning and through insights from key informant interviews. This search was supplemented with gender measures in family planning identified through the EMERGE compendium. We used the Can-Act-Resist framework stratified by family planning domain areas of fertility, contraception, unmet need (including discontinuation), family planning service access and use, sex and sexuality and abortion to develop a Heat Map for the measure evidence landscape (Table 3). A total of 879 journal articles were identified through the review, which provided 223 unique measures (*Appendix 4: Table 5 provides the full list of measures*). Findings indicated that the largest pool of measures focused on contraceptive use, particularly in the area of attitudes and beliefs, quality of care and male support and engagement. Dimensions of agency in fertility emerged as an under-represented area, with existing measures focusing on external response to action measured via reproductive coercion. Measures on attitudes related to family planning emerged frequently in the review; in contrast, measurement of norms in family planning research requires more study inclusive of understanding the role of sanctions and power holders in family planning norms.

Finally, in *Phase 3* of the landscaping, we conducted quality appraisal of identified measures for their psychometric strength and cross-national validity. Our criteria for appraisal included examining the construct in focus, countries where the measure was tested, number of items and the response pattern and availability of psychometric data. Of the 223 measures identified, 66 measures provided psychometric data and were tested in one or more LMICs (Box 1). Further review of the measure items using a gender lens showed 31 strong/rigorous measures that could be integrated in field surveys or harmonized in cross-national studies based on study priorities. An additional 39 measures showed promise; these measures tapped clearly into a coherent construct but needed psychometric testing in an LMIC setting or cross-national validation to increase generalizability and use (Box 2).

In conclusion, this White Paper on the state of measurement of agency and norms in family planning shows the following. **Firstly**, several good measures exist that demonstrate conceptual clarity, methodological rigor in development and cross-contextual validation that can be readily used or harmonized through in-country or cross-country surveys. These measures have operationalized key agency constructs such as self-efficacy, voice, and decision-making, as well as on restrictions to agency such as reproductive coercion. These measures offer important insight into demand-side gender-focused determinants of family planning behaviors or health-seeking at the levels of the individual, couple, community or systems. **Secondly**, the field demonstrates a number of promising measures for key agency and norms constructs within under-represented family planning domains that need investments of conceptualization, adaptation and testing. In particular, we found good understanding of some agency constructs of contraception use but there is a need for deeper insight into the preferences and motivations guiding fertility, use, non-use and unmet need. Measures to study family planning norms as well as stigma regarding contraception use and abortion also need further development for family planning programming in LMICs. **Finally**, the field also shows measurement gaps in several important domains of agency and norms in family planning that have global as well as national relevance in the implementation and evaluation of family planning programs and services. These include *agency in fertility and family planning service access and use*; *resistance against fertility pressures and covert use*; *positive masculinity*; *bargaining and negotiation*; *sanctions and backlash*; *mistreatment and abuse*; and *abortion communication, agency and quality*.

We recommend based on this review and expert input that the family planning community of practice cannot afford to shy away from investing and engaging in complex topics around agency and gender norms that influence family planning preferences, uptake and experiences, and consequently women's health and lives, and the wellbeing of their families. We recommend the following next steps:

- a) greater inclusion of meaningful and rigorous measures of agency and norms in family planning programs and survey opportunities;
- b) instituting forums and conversations on measurement within the family planning community of practice; and
- c) creating measurement resources for this community of practice of researchers and implementers, especially focused on prioritized areas and contexts.

These steps can feed into designing and delivering better family planning programs as well as conducting more rigorous and meaningful evaluations, thereby enhancing the quality and dignity in family planning access for women and their communities. They also provide an opportunity to improve the quality of family planning services on the ground that communities need now more than ever.

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Why Focus on Measuring Gender Equity – Agency and Norms - in Family Planning?

Globally, there is growing momentum towards understanding gender and social inequalities and the complex issues of power and agency that lie at the root of unequal access and uptake of sexual and reproductive health (SRH) services.^{1,2} This momentum is in response to an acknowledgement across research, implementation and policy stakeholders that to achieve SRH goals and rights, we need to address gender inequalities in the policies supporting access to care, healthcare services and infrastructures, community and family practices, and the restrictive and gendered social norms that reinforce these inequalities.³ Consequently, efforts are being made to improve gender equality in family planning (FP) and SRH programs and policies globally,^{4,5} aligning with the targets of universal access to family planning (Sustainable Development Goal [SDG] 3.7) and fully informed family planning choice for all women and girls (SDG 5.6).⁶

In parallel to the SRH movement, there has been an acceleration towards SDG 5: Achieving gender equality and empowerment of all women and girls, with increasing research highlighting the role of inequalities as barriers to women's rights and development. There is a giant body of evidence connecting gender inequality and women's contraceptive practices, or lack thereof. Studies document that both early marriage and partner violence are associated with lower likelihood of contraceptive use, particularly among 0-1 parity couples.⁷⁻⁹ Research shows that the desire for sons and having sons affects contraceptive practices in certain regions of the world such as South Asia, with contraception used once the desired number of sons is achieved.¹⁰⁻¹² The influence of these gender inequalities on family planning relate to 1) the social norms of higher and earlier fertility and 2) compromised reproductive agency of women and girls because fertility pressures from husbands, extended family, and communities can supersede women's reproductive choice. Multilevel interventions - engaging health systems, communities, and couples – that affect restrictive social norms and support women's reproductive autonomy demonstrate effectiveness in increasing family planning service uptake.¹³⁻¹⁵ Overall, in the areas of health policy and practice, we see increased clarity and recognition of the importance of gender equity on family planning, particularly as gender equity relates to woman and girls' agency and gender equitable social norms operating at multiple levels. To that end, measurement has lagged and needs our greater attention to ensure that we are effectively measuring our impacts on these key issues.

Theoretical Foundations of Understanding Agency and Norms in Family Planning?

Understanding agency and norms in family planning, with considerations of gender and gender equity, requires a focus on *gender empowerment*. We have conceptualized gender empowerment for purposes of measurement by borrowing across social science theories, including psychology, economics, sociology, and political science.^{16,17} [Please see [EMERGE's Roadmap for Measuring Agency and Social Norms in Women's Economic Empowerment](#) for the full review of theories and our measurement conceptual framework.] Based on this review, we highlight the process of empowerment, which should be viewed as non-linear and in which each step can be recognized as an outcome of empowerment as well as a process element, as follows:

- The individual or collective gains consciousness of choice beyond the social norms and expectations placed upon one due to their social placement or position
- From consciousness, they build aspiration to have this choice, a choice that is non-adherent to the social norm or expectation placed upon them. They determine actions and set goals to support their achievement of this choice, building conviction of that choice in the process of goal setting.
- They develop agency to act toward the choice - even against backlash/resistance from external forces which may control them. This agency is inclusive of their capacity to act as well as the actions and reactions they undertake to achieve their goals.
- Ideally, these actions result in their achievement of their self/collective-determined goals.

(See Appendix 1: Figure 2a for the detailed figure on the Empowerment Process conceptualized for measurement.)

Every step in this process is recognized as empowering even if the goals are not achieved. Every step in this process is influenced by the individual or collective's *internal strengths* (e.g., resilience, motivation, intragroup dynamics in the case of collectives), *external context* (e.g., community assets, opportunity structures, social solidarity; family/couple stability, wealth, value for the individual or collective; health system accessibility, quality of care, contraceptive supply), and the *social norms* surrounding them, which may influence the external context. To capture measures of agency and norms as relates to family planning, we consider the multiple levels of influence as well as the interactions between the individual and the given level- household/marriage, community, health system (e.g., agency of a women in interaction in a clinic versus with her husband, social norms related to fertility held by one's husband versus the community).

Understanding Agency in Family Planning. Our EMERGE Empowerment Measurement Framework¹⁷ further defines agency within empowerment to guide consideration of how to measure this complex concept, in which we focus on agency as *Can-Act-Resist*:

- **Can** refers to the capacity (perceived or actual) of the individual or collective to engage in actions against or inconsistent with social norms placed upon them due to their social standing or position. **Critical consciousness** of this action is an important precursor for perceived capacity to move toward action. *In family planning, we consider "Can" to include perceived and actual self-efficacy to engage in actions that exert control over one's body and fertility, including deciding and discussing fertility and contraceptive preferences, engaging in contraception use or non-use, obtaining SRH services, and leading contraceptive decision-making in dialogue with the provider.*
- **Act** refers to giving voice or communicating one's goals, decision-making about issues affecting one's goals, or simply engaging in direct actions to achieve one's goals- with or without knowledge and input from others or those in authority. *In family planning, we consider this to include couple conversations as an action, decision-making dynamics and voicing consent on family planning goals, as noted above.*
- **Resist** refers to persisting in desired actions against negative external feedback or backlash (e.g., alienation or abuse due to using contraception or not becoming pregnant); this can be through negotiation, bargaining, and action without consent. *In family planning, in addition to negotiations, we also include a*

woman's refusal to accept a decision made or enforced by partner or family via covert use of contraception or covert use of abortion.

(See Appendix 1: Figure 2b for the detailed figure on Agency conceptualized for measurement.)

Understanding Social Norms in Family Planning. Social norms are the informal rules, often unspoken and unwritten, that govern which behaviors are appropriate within a given group.¹⁷ These may be measured based on *what a respondent thinks others do*, known as *descriptive norms*, or they may be *what they think others should do*, known as *injunctive norms*. Hierarchies of power in households and communities ensure that power holders benefit from the status quo, such that power holders often enforce compliance with social norms that maintain their position and privilege. Our EMERGE Empowerment Measurement Framework¹⁷ further defines norms affecting the empowerment process as *Learn-Adhere-Enforce*, to help assess how norms are maintained:

- **Learn** happens throughout the life cycle as individuals observe how others behave and internalize social expectations of them. These socialization mechanisms align with categorization of norms into descriptive and injunctive norms:
 - *Descriptive*: Perceptions of what people do or what “I observe others” doing
 - *Injunctive*: Perceptions of what people do or the understanding of what “I am expected to” do or “I should do” according to others.
- **Adhere** follows learning of social norms, where the individual or collective either complies with or challenges the norm. Individuals may comply with a norm because they do not want to challenge it, or because their fear negative sanctions or seek benefit or rewards (e.g., social approval, recognized group membership) for compliance.
- **Enforce** occurs via *sanctions* (rewards or punishments) for adherence to or deviation from a social norm. Measurement of a sanction should consider its sensitivity and their strength, as felt by the affected individual. *Sensitivity* is degree to which an individual cares about the given sanction. *Strength* is the perceived level of benefit of a reward or cost of punishment given for adherence or non-adherence to a norm.

(See Appendix 1: Figure 2c for the detailed figure on Learn-Adhere-Enforce Social Norms Conceptualization)

It is important to recognize that despite much discussion of social norms as important for measurement, too often people confuse norms with attitudes and beliefs. Attitudes and beliefs are personally held views, whereas social norms are what one perceives others do (descriptive norm) or are supposed to/should do (injunctive norm).

Analysis of Measures of Agency and Social Norms in Family Planning

With a perspective on the importance of understanding agency and social norms in family planning, and a conceptual framework to consider the measurement of agency and social norms, we undertook an analysis inclusive of expert input and literature review to determine the current state of the field. In this analysis, we identified gaps in measurement that persist and require greater attention for development. Our landscaping exercise was conducted in three iterative phases of work:

Phase 1. Key informant interviews with field experts in the area of sexual and reproductive health research and programs to assess perspectives and experiences in measuring gender equity in family planning, with a focus on agency and social norms. These field experts were selected by citation reviews and snowball sampling.

Phase 2. A scoping review of peer-reviewed published public health and medical literature (including demography) to understand gender equity and family planning constructs, based on the concepts identified in our Phase 1 work. The purpose of the review was also to identify the quantitative measures of these constructs related to agency and social norms.

Phase 3. Quality appraisal of measures of agency and social norms in family planning, using the measure evidence base from Phase 2 work with emphasis on psychometric strength and cross-national validity. The goal of the analysis was to identify what best evidence measures exist, what promising measures are being developed but require more cross-national testing, and what constructs within the framework of agency and norms in family planning lack measures.

PHASE 1: Key Informant Interviews with Field Experts

In Phase 1, we interviewed 40 family planning experts globally in January 2020 to gain understanding of what were the major gender equity constructs and measures in use within the family planning research and implementation. Our objective was also to capture perceptions on their strengths and gaps in current measurement approaches.

We engaged research and program experts working in the area of gender equity and family planning globally and then snowball sampled additional researchers using recommendations from these experts.

Experts included members of this research team for recommendations for snowball sampling, but these internal experts were not included as participants in the interviews. We emailed all individuals (N=40, 28 female and 12 male) for participation. Of these respondents, 13 worked in academia, 17 worked in family planning programs, 8 worked in donor organization, and 2 worked in family planning policy/advocacy.

We did not conduct this work as a formal study with institutional review board approval, as no personal questions were asked, and information shared is not tracked to any individual respondent. All respondents were asked if we could share their names as experts providing input on these concepts and for this report; all agreed to name inclusion in the report. The list of participants and their institutional affiliation at the time of interview are included in Appendix 2.

Questions for Experts. We emailed all experts a brief set of questions on gender equity and family planning, with a focus on measurement, and asked them to respond with open-ended answers. These questions were based on our research objectives and developed by our team:

1. A description of their family planning and gender equity research, specifically their experience in using, creating or adapting constructs and measures in field surveys, monitoring and evaluation, and in data analysis and policy planning.
2. If experts had focused on conceptualizing or operationalizing one or multiple constructs for measurement, to please share that with us, and what they learned from the work. If they had published measures, we requested the citations for those papers for our review.
3. About family planning and gender equity constructs that they feel are not currently being measured well or at all, and the constraints to the development of these types of measures. We probed about gaps in the field that required more focus.
4. Their recommendations for conceptual, analytical or methodological tools to strengthen measures around the gaps in the field.

Analysis and Findings. As we reviewed responses, four key themes emerged: conceptualization, gaps, need for formative research, and quality of psychometric testing. (See Table 1.) While we engaged with a diversity of experts in terms of disciplines, expertise and area of work, we found much agreement in the emphasis on the need for clear frameworks and definitions to guide our understanding of gender equity in family planning. The empowerment lens was recognized as a valuable approach to guide understanding of gender equity within family planning dynamics, but experts also recommended an ecological framework to locate measures within the multiple levels of influence over women's family planning practices such as families, community and health systems. With regard to existing definitions, concepts and measures, there was some common ground in terms of agreement and clarity of terms used to understand agency; these terms included self-efficacy, autonomy, decision-making, communication, consent, and coercion (from partner and from provider). In contrast, norms were recognized as an important gap area in measurement, with suggestions for measuring norms related to fertility, fertility preferences, son preference, progressive masculinities, and the role of men in family planning.

There was also wide consensus on the need for greater rigor in measure development, inclusive of formative qualitative research to guide the development of complex constructs we seek to measure and cognitive interviews to ensure the measures we produce are clear to our respondents. With regard to psychometric testing, while there was again agreement on the importance of this, experts also encouraged more focus on cross-national validation, clarity on adaptation processes for harmonized measures across diverse contexts, and using mixed methods approaches to ensure clarity in measurement even as measures move to scale. Cross-national collaboration and inclusion of in-country leadership for measurement development and testing was noted as an important next step to improve measurement science with more inclusivity. Overall, the findings from this work highlight the value of improving the science of measurement of agency and norms measures but including diverse methods and diverse scholars.

Table 1: Experiences and Insights on Gender Equity (GE) Measures in Family Planning from Experts (January 2020)

Conceptualization	Gaps	Need for formative research	Quality of psychometric testing
<ul style="list-style-type: none"> ● Need to root constructs in research and programs in clear logic frameworks and definitions (e.g. informed choice, informed consent) ● Address issues around interrelated/overlapping constructs and items in measurement (e.g. decision-making vs. autonomy vs self-efficacy, attitudes & norms) ● Multi-dimensional and complex constructs need measures to capture different sources/ dimensions of the construct (e.g. reproductive coercion across family, provider or social harassment). ● Inclusion of multi-generational interactions and going beyond the partner (e.g. the influence of in-laws) ● Capturing dynamics and negotiation (e.g. decision-making dynamics and understanding whose voice counts if there is disagreement) 	<ul style="list-style-type: none"> ● Norms to capture specific value or issue (e.g. norms around son preference or having a child). ● For norms or preferences, capturing convergence and divergence will be useful ● Missing narratives like progressive masculinities ● Constructs focus on use, but neglect non-use and discontinuation. ● Need more context specific formative work as quantitative surveys don't alone cannot help in understanding some constructs ● Implementation dynamics (e.g. interpretation and surveyor discomfort) for capturing some questions (e.g. violence) need attention. 	<ul style="list-style-type: none"> ● Cross-contextual formative work especially qualitative research and cognitive interview techniques for development and adaptation ● Formative work also independently informs program development, specifically using in-depth interviews and focus group discussions. ● Formative research needs to be rigorous; often informal; measures added with some rephrasing without adaptation to context or validated by stakeholders. ● Topics needing more formative research: abortion attitudes, consent and reproductive decision-making. 	<ul style="list-style-type: none"> ● Need to prioritize testing known measures in new contexts or recognize the cultural issues in ongoing measures. ● Psychometric approaches with larger samples allowed for measure testing with cultural relevance and validation. ● Need frequent use of measure creation and adaptation as part of surveys, including cross-sectional studies and evaluation and longitudinal research. ● Need more mixed methods approaches (including anthropological, operational and formative ethnographic work) to supplement quantitative methods to understand the empowerment process. ● Qualitative analytical approaches, including of descriptive sections of quantitative questionnaires provided insight and qualitative data needs linkages to quantitative indicators. ● Action research models could be useful for specific issues in FP programs such as the role of incentives. ● Linkages with learning collaborative such as the Social Norms measurement learning collaborative and the Women's Empowerment Impact Measurement Initiative.

PHASE 2: Review of Published Gender Equity and Family Planning Measures

Phase 2 involved a scoping review of the peer-reviewed literature to identify measures of gender equity and family planning, and to understand the nature of the constructs covered by these measures. Scoping literature reviews, rather than systematic reviews, are optimal when we are in an early stage of research in a given area and want to understand the volume and nature of literature in this area to provide an overview of its focus, without having sufficient knowledge on the optimal range of search terms.¹⁸ Scoping reviews are also important when you want to clarify key concepts and definitions and identify knowledge gaps, which is the case here.¹⁸ Nonetheless, based on concepts clarified in our expert interviews from Phase 1, and using guidance from a prior systematic review of the literature on women’s empowerment and fertility,¹⁹ we were able to develop search terms and a methodology appropriate for this scoping review.

Methods

We conducted early scoping searches of the peer-reviewed published literature in February 2020 using electronic bibliographic databases such as Web of Science, PubMed, PsycInfo, EBSCO and EconLit. Titles and abstracts were searched on these global databases using a combination of search terms until a saturation or duplication between the three databases or irrelevance in searches was reached. The search was carried out by an advanced doctoral candidate trained in literature reviews and currently specializing in women’s agency in family planning.

Based on this scoping, a search strategy was developed by a team of experts using a combination of terms, and their correlates, across the three streams of family planning, measurement and gender equity terms (norms/attitudes/beliefs, agency, quality of care, and male engagement). (*See Table 2 for details on the terms*) This systematic search of peer-reviewed published studies was conducted in July 2020 on PubMed and once again in June 2021 and used search terms guided by prior published research on women’s empowerment and fertility,¹⁹ and gender equity measures in family planning.

Table 2: Search terms used for conducting the review of literature

Topic area	Terms
Family planning AND	family planning, fertility, family size, contraception, birth spacing, birth interval, abortion, reproductive health, unintended pregnancy, unplanned pregnancy, childbearing
Measurement AND	measure, measurement, scale, vignette, index, measuring, psychometric, validation, validity
Norms/attitudes/beliefs OR	norms, social norms, normative attitudes, normative behaviors, gender norms
Agency OR	self-efficacy, autonomy, agency, decision-making, couple communication, spousal communication, coercion, reproductive coercion
Quality of care OR	provider, counselor, quality of care, respectful care, abuse in care, provider coercion, provider mistreatment, provider discrimination, provider bias
Male engagement	masculinity, male engagement, male involvement, male support, men's engagement, men's involvement, partner support, partner engagement, partner involvement, spousal support, spousal involvement

We developed four systematic searches on this electronic bibliographic database based on these terms. (*See Table 4 in Appendix 3*). While no country limits were specified, a time limit of 10 years was specified (2010-

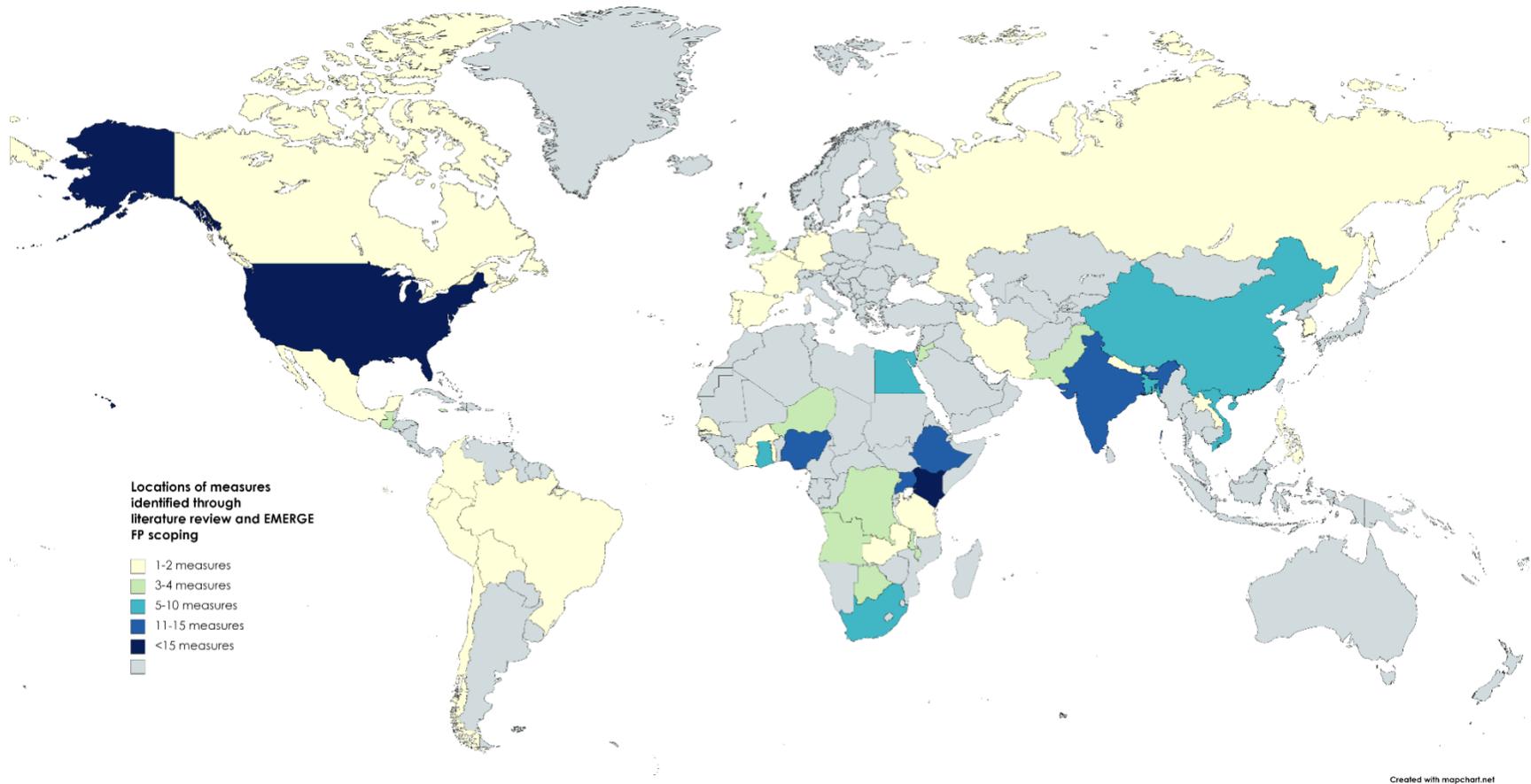
2020 in the first search and 2020-2021 in the updated search). Two researchers reviewed full text of quantitative studies and categorized them by construct, methodology, location and year, to ensure they included gender equity and family planning measures. We also searched the EMERGE compendium for measures on agency and norms in family planning along with including measures papers recommended by experts. All selected papers were reviewed and information on study design, measures and results were extracted for analysis.

Following this review, the identified studies and measures were organized and synthesized per the Can-Act-Resist and Learn-Adhere-Enforce frameworks. Measures were also classified based on the family planning domains, which was as follows: fertility, contraception (including use/non-use), unmet need (including discontinuation), access and utilization of family planning services, sexuality and sexual satisfaction, and abortion. Two coders independently coded all measures using this categorization, if coders did not agree, a team leader made the final decision. A given measure could be coded under multiple categories. To determine the areas of empowerment/equity and family planning covered by measures, we constructed a Heat Map of measures based on the above categorization. (See Table 3.)

Results

Our combined searches yielded 879 non-duplicated papers inclusive of expert recommendations and measures on the EMERGE compendium. Review of these papers using inclusion criteria led to 223 unique measures. We mapped these measures geographically to understand the coverage of measures development across the globe. (See Figure 1.) We heat mapped papers to see coverage of measures by construct of gender equity and family planning, with darker cells indicating more measures. (See Table 3.)

Figure 1: Geographical distribution of measures of gender equity in family planning (2010-2021)



*Note: the map does not include measures from multi-country analyses (13 measures) and 3 measures for which location information was unavailable

Table 3: Heat Map of Measures from the Published Literature (2010-2021) on Gender Equity in Family Planning (n=223 measures)

Theoretical Domains	Constructs	Family Planning Outcome Domain					Unmet Need (Discontinuation)
		Fertility	Contraception	Access to & utilisation of FP services	Sex	Abortion	
Critical Consciousness	Family Planning Knowledge & Rights	5 \wedge	11 \vee	3 $--$	0 $--$	3 $--$	0 $--$
	Perceived Self-Efficacy	7 \wedge	26 \wedge	0 $--$	0 $--$	2 $--$	0 $--$
CAN	Actual Self Efficacy (Freedom to Choose, Act & Control Over Action/Body/Resources/Assets)	8 \wedge	21 $--$	0 $--$	0 $--$	2 \wedge	0 $--$
ACT	Communication/Voice, including couple communication	6 \wedge	15 \wedge	2 $--$	0 $--$	2 \wedge	0 $--$
	Do or dont do (including Decision-making, Consent)	1 $--$	9 \vee	0 $--$	0 $--$	0 $--$	0 $--$
External Response to Action	Social support/ Support from KIs/ Male support, engagement and approval	12 \wedge	28 \wedge	0 $--$	1 \wedge	5 \wedge	0 $--$
	Limiting access to information/ Pressure/mistreatment/coercion/violence	6 \vee	13 \wedge	0 $--$	1 $--$	3 \wedge	0 $--$
	QoC -response from systems	4 $--$	20 \wedge	5 $--$	0 $--$	5 \wedge	0 $--$
RESIST	Bargain/Negotiate	0 $--$	1 \wedge	0 $--$	0 $--$	0 $--$	0 $--$
	Do or Don't Do/Refusal (including covert use)	2 $--$	5 \vee	0 $--$	0 $--$	0 $--$	0 $--$
Norms	Descriptive	2 \wedge	8 \wedge	0 $--$	0 $--$	1 $--$	0 $--$
	Injunctive	5 \wedge	6 \vee	1 $--$	0 $--$	1 $--$	0 $--$
	Sanctions (Rewards/Punishments)	1 $--$	2 \wedge	0 $--$	0 $--$	2 $--$	0 $--$
	Reference Group/Power Holders	5 $--$	6 \vee	0 $--$	0 $--$	1 \wedge	0 $--$
	Attitude and Beliefs	10 \wedge	33 \vee	2 $--$	8 \vee	9 $--$	0 $--$

Key (compared to 2010-2020 heat map – check Appendix 4):

Not changed (0% increase): $--$

Changed less than proportionately (<50% increase): \vee

Changed exactly proportionately (=50% increase): $--$

Changed more than proportionately (>50% increase): \wedge

Findings. As seen in Figure 1, measurement development and testing is occurring globally, but the United States remains over-represented in this work. Regarding the measures themselves, much of the work remains focused on contraceptive use (and non-use), particularly on attitudes and beliefs, quality of care, and support including male support and engagement. There are measures on self-efficacy, the only agency focused area that had a reasonable number of measures available. Notably, there were a number of measures under the umbrella of contraceptive use that solely focused on condom use; these measures tended to focus on decision-making control, communication, and self-efficacy, likely because of the negotiation women require when contraception is in the form of male condom use. Further, many of the condom use focused measures were developed for HIV/STI focused research and may not be as valuable for understanding condom use for purposes of contraception. A small number of measures focused on single forms of contraception that were not condoms; these tend to be newer measures focused on longer acting contraceptives, likely tied to recent efforts to encourage these more effective forms of contraception.

Another key area for measurement focus was fertility, but the measures largely focused on external response to action, including fertility pressure and reproductive coercion from husbands, families and providers, as well as support including husband support and provider support (quality of care). In contrast, measures on gender equity and abortion were less common, particularly in the area of supportive male engagement, communication and joint decision-making. Findings suggest that the current measures continue to build on assumptions of male fertility pressure and lack of male engagement in abortion, though this may not be reality.

Across almost all areas of fertility and family planning assessed in the heat map, attitudinal measures were the most common, and norms measures were less seen. These findings correspond with other research highlighting concerns that the increased focus on norms approaches in family planning programming are not being met with sufficient advancements in their measurement and over-reliance on attitudes as a proxy for norms.²⁰ Given growing evidence on the value of gender transformative interventions via normative change approaches for reproductive health,^{14,15} we need to improve the availability of norms measures in this area.

Additional gaps persist in agency measures related to bargaining and backlash and in norms related to sanctions and power holders. These gaps may relate to the complexity and the interactional nature of these constructs. Additional gaps on family planning issues are seen in the areas of abortion and sex, and these may relate to greater stigmatization of these issues. We must be careful not to shy away from complex and sensitive topics related to gender equity and family planning, or we will stifle advancements on gender equity and family planning measurement. This is a historic concern that must end.

Overall, this review of measures demonstrates a robust body of work in the area of gender equity and family planning, particularly as it relates to agency and barriers in contraceptive use. The review also highlights the growing body of work on male engagement and support. Nonetheless, more work is needed in measurement of complex but important constructs such as norms and agency, and the interactions (e.g., bargaining, backlash and sanctions) affecting these, as well as broadening of family planning beyond contraception to include fertility, sexuality, and abortion.

PHASE 3: Quality Appraisal of Published Gender Equity and Family Planning Measures

In Phase 3, we took the measures of gender equity and family planning identified and heat mapped in Phase 2 and analyzed these to determine the level of quality of our available measures. We focused on assessing measures for their psychometric strengths and cross-national validity, with the goal of determining what best evidence measures exist, what promising measures are being developed but require more cross-national testing, and what constructs related to agency and norms in family planning lack measures.

Method. In Phase 2, we reviewed and extracted information on all 223 measures. We focused on the following aspects for extraction:

- Constructs of focus
- Countries within which the measure was tested, and if it was cross-nationally validated
- The number of items and response pattern
- The psychometric data available on the measure, including reliability and validity

Best-evidence measures were defined as those that included both reliability and validity data (120 of 223 measures) and tested in an LMIC (66 of 120 psychometrically tested measures).

A team of three PhD-level experts in the field then reviewed the best-evidence measures using a gender equity lens based on: a) coverage of a gender equity and family planning topic of importance and high interest to the field and b) brevity and clarity. Topics of high interest were those matrixed in the heat map, guided by our EMERGE measurement framework and experts tapped for Phase 1.

Findings

We found 66 high quality measures based on the criteria of availability of psychometric data and adapted or tested in LMICs (Box 1).

Box 1: Measures of Family Planning with Psychometrics in LMIC contexts (n=66)

Quality of contraceptive counseling scale ²¹	Reproductive decision-making agency ²²
Gender Equitable Men (GEM) Scale Brazil, Uganda ^{23,24}	Reproductive coercion ²⁵
Indian family violence and control scale (IFVCS) ²⁶	Health risk behavior inventory for adolescents ²⁷
Stigmatizing attitudes beliefs and actions scale (SABA) ²⁸	Kenyan Person-Centered family planning ²⁹
Indian person-centered family planning ²⁹	Contraceptive attitude scale ³⁰
Adolescent sexual and reproductive health stigma scale ³¹	Female condom attitude scale ³²
Contraceptive use stigma ³³	Process quality ³⁴
Process quality - short form ³⁴	Community prevalence relating to FP use ³⁵
Perceptions of social approval to FP ³⁵	Community level abortion stigma ³⁶
Internalized stigma towards childbearing (PLWHIV) ³⁷	Gender ideology scale – family planning ³⁸
Self-efficacy for providing safer conception counseling ³⁷	Provider stigma of childbearing among PLWHIV ³⁷
Perceived value of providing safer conception counseling ³⁷	Informed choice for FP ³⁹
Interest in providing safer conception counseling ³⁷	Family planning service quality ⁴⁰
Self-efficacy for using Safer Conception Methods ³⁷	Motivation to use Safer Conception Methods ³⁷
Perceived partner's willingness to use Safer FP Methods ³⁷	Anticipated stigma index ⁴¹
Perceived stigma towards childbearing (PLWHIV) ³⁷	Quality of care in FP services ⁴²
Adolescents Stigmatizing Attitudes, Beliefs and Action ³³	Accepting the Two-Child Family ⁴³
Community Support for Family Planning ⁴³	Costs and Benefits of Having Children ⁴³
Contraceptive Self-Efficacy among women in sub-Saharan Africa (CSESSA) – Kenya ⁴⁴	
Contraceptive Self-Efficacy among women in sub-Saharan Africa (CSESSA) – Nigeria ⁴⁴	
Contraceptive, Fertility, and Household (Financial and Freedom of Movement) Decision-Making and Communication on Contraceptives and Fertility ⁴⁵	Fertility Belief Questionnaire ⁴⁶
Fertility and Household (Financial, Freedom of Movement, Healthcare, Child Healthcare and Education) Decision-Making (Combined Index) ⁴⁷	Gender Equality among Adolescents ⁴⁸
Gendered Norms about Romantic Engagement Early in Adolescence ⁴⁹	
Indicators of Women's Condom Use: Barriers ⁵⁰	Indicators of Women's Condom Use: Cultural Norms ⁵⁰
Indicators of Women's Condom Use: Negotiating Power ⁵⁰	Intention to use FP ⁵¹
Interspousal Agreement and Communication ⁴³	London Measure of Unplanned Pregnancy-India ⁵²
Masculine Norms and Family Planning Acceptance (MNFPA) scale ⁵³	
Perceived control to use FP ⁵¹	Perceived Male Involvement in FP ⁵¹
Perception of Control over Childbearing ⁴³	Person-Centered Abortion Care (PCAC) Scale ⁵⁴
Person-Centered Abortion Scale	Quality of Family Planning Counselling (QFPC) ⁵⁵
Reproductive Coercion Scale – Kenya	Reproductive Empowerment Scale ⁵⁶
Self-efficacy for condom use with commercial partners ⁵⁷	Self-efficacy to use FP ⁵¹
Sex, Contraceptive, and Household (Healthcare, Freedom of Movement, Financial) Decision-Making (Combined Index) ⁵⁸	Women's Indicators of Condom Use: Abuse ⁵⁰
Spousal Communication ⁵⁹	
Women's and Girl's Empowerment in Sexual and Reproductive Health (WGE-SRH) Index ⁶⁰	
Women's Sexual Decision-Making Autonomy Scale ⁶¹	Women's Status Index ⁶²

We examined available measures from a gender equity lens using the conceptual framework, and with information on construct in focus, psychometric testing, country of validation and an assessment of items (Box 2). These measures have been categorized as:

- **Recommended measures** that are ready for use in harmonized cross-national surveys or in-country studies (n=31)
- **Promising measures** that need in-country adaptation or cross-national psychometric testing or include items that capture gender equity aspects to prioritize (n=39)

Our review demonstrates strong or promising measures in key areas of critical consciousness regarding family planning choice, family planning agency, and family planning norms. As seen in Box 2, critical conscious measures related to family planning agency include those on awareness of family planning options and sexual and reproductive health rights. With regard to agency, the “*can*” measures assess women and girls’ self-efficacy to access and use contraceptives, communicate with and affect family planning decision-making of their partner, and control and enjoy their sexual experiences. The “*act*” measures focused on communication with consideration of a balance of power and decision-making control with consideration of potential sanctions for non-adherence to expected behaviors. “*Resist*” measures were less available. While measures of covert use of contraceptives, a clear act of resistance, are available in large-scale surveys, these single item measures yield fairly low endorsement and may be inadequately sensitive to capture this complex behavior. Backlash/negative external responses that give rise to the need for resistance were identified in our measurement review, specifically in the area of reproductive coercion. The current measures of reproductive coercion focus on male partners and in-laws but could be expanded to providers and community members as well in future research. Positive external response measures were also identified; these focused on male engagement and support for family planning as well as quality person-centered choice and consent in family planning counseling. Finally, there are growing norms measures related to contraceptive use, fertility, sexual and reproductive health education for youth, and abortion in family planning that show much promise but could benefit from more cross-national and cross-population validation.

Nonetheless, a number of gaps in measurement persist, particularly for 0-1 parity women. With regard to critical consciousness, we lack measures on women and girls’ beliefs related to delayed first birth, not having children, appropriate timing in marriage and age for first birth, appropriate power holders over female fertility, and male inclusion/engagement in family planning. In terms of agency measures, we lack measures of self-efficacy regarding control over fertility and engagement with family planning providers, freedom of movement to obtain family planning services, and responses to disrespect and mistreatment from husbands, family, community, and providers as relates to family planning and fertility. Relatedly, there are no standard measures of these types of disrespect and mistreatment, particularly from family planning providers, nor, in terms of positive external responses, do we see measures of social support and instrumental support for family planning access and use from peers and power holders. Finally, norms measures provide little focus on key gender equity aspects of family planning and fertility, including norms on fertility pressures and son preference, male engagement in family planning, early marriage and marital choice, and choice and consent in health care settings.

Box 2: Summary of Recommended and Promising Measures of Gender Equity in Family Planning

Constructs		Recommended and Promising Measures*
Critical consciousness		
Safety and awareness of spacing contraceptive options	Recommended: Unplanned pregnancy ⁶³ ; Promising: Female Condom Attitudes Scale ⁶⁴	
Awareness of fertility	Recommended: Cardiff Fertility Knowledge Scale (CFKS) ⁶⁵	
Awareness of right to contraception and SRH services before marriage and as an adolescent	Promising: Young Adults' Objective Knowledge Around Contraceptives ⁶⁶ ,	
Can- perceived and actual self-efficacy (capacity)		
Self-efficacy to obtain and use FP and SRH services	Recommended: FP self-efficacy scale ⁶⁷ ; Canadian Sexual Health Indicators (16-24 years old) ⁶⁸ ; Contraceptive Self-Efficacy among women in sub-Saharan Africa (CSESSA) - Kenya ⁴⁴ ; Contraceptive Self-Efficacy among women in sub-Saharan Africa (CSESSA) - Nigeria ⁴⁴ ; Indicators of Women's Condom Use: Negotiating Power ⁵⁰ Promising: Ability questions that correspond to the Fogg Behavior Model ⁶⁹ ; Sexual and Reproductive Empowerment Scale for Adolescents and Young Adults ⁷⁰ ; Psychosocial Burden among people Seeking Abortion Scale (PB-SAS) ⁷¹	
Self-efficacy to control and enjoy their sexual experiences	Recommended: Sexual communication self-efficacy ⁷² ; Promising: Sexual Autonomy Scale ⁷³ ; Sexual Awareness Questionnaire ⁷⁴	
Self-efficacy to communicate with and affect partner	Promising: Sexual relationship power scale ⁷⁵ ; Perceived control, self-efficacy and intention to use FP ⁵¹	
Self-efficacy to control fertility	Recommended: Reproductive Autonomy (Upadhyay adapted - Ghana) ⁷⁶ Promising: Desire to Avoid Pregnancy (DAP) ⁷⁷ ; Reproductive Empowerment Scale ⁵⁶ ; Fertility Belief Questionnaire ⁴⁶	
Act/Resist- behavior		
Communication about FP and timing and spacing of pregnancy with spouse	Recommended: London Measure of Unplanned Pregnancy-India ⁵² ; Perceived Male Involvement in FP ⁵¹ Promising: Inter-spousal communication and support ⁷⁸ , Balance of power ⁷⁹	
FP decision-making with spouse or family, inclusive of ability to affect the decision when it contradicts with husband or family decision	Recommended: Reproductive decision-making autonomy ²²	
Backlash/Negative External Response		
Reproductive coercion/stigmatization/ostracization	Recommended: Reproductive coercion ²⁵ ; Reproductive Coercion Scale - Kenya ⁸⁰	
Stigmatized/ostracized due to lack of pregnancy, use of FP, abortion (community)	Recommended: Anticipated stigma index ⁴¹ Promising: Women's Indicators of Condom Use: Abuse ⁵⁰	
Positive External Response		
Male engagement in FP/support for FP (household)	Recommended: Indicators of Women's Condom Use: Barriers ⁵⁰ ; Masculine Norms and Family Planning Acceptance (MNFPA) scale ⁵³ Promising: Measures on couple communication on contraception ⁸¹ and husband support among users ⁸²	

Family/extended family support for FP-contraception, delayed fertility (household)	Recommended: Parental Involvement in Adolescent Abortion ⁸³ Promising: Perceived social support, partner related issues and exposure to violence ⁸⁴
Respectful care and person-centered care and availability of options (health care)	Recommended: Quality of Contraceptive Counseling ²¹ , Interpersonal Quality of Family Planning ⁸⁵ ; Providers' attitudes towards youth-friendly sexual and reproductive health services ⁸⁶ ; Quality of Sterilization Care Index ⁸⁷ ; Person-Centered Abortion Care (PCAC) Scale ⁵⁴ ; Person-Centered Contraceptive Counseling (PCCC) scale ⁸⁸ ; Quality of Family Planning Counselling (QFPC) ⁵⁵ Promising: Gender ideology scale FP ³⁸ , FP service quality ⁴⁰ , Kenyan person centered/Indian person centered ²⁹
Informed consent (provider)	Promising: Informed choice ³⁹ , Informed consent ⁸⁹
Gender Norms and FP Norms (captured in community, family, providers)	
Norms on FP use	Recommended: Descriptive and Injunctive Norms around Sexual Initiation and Contraceptive Use - Fogg Behaviour Model ⁶⁹ Promising: Social norms related to FP ³⁵ , Contraceptive use stigma ³³ ; Reproductive Events And Experiences Scale (REES) ⁹⁰
Norms on delayed fertility	Promising: Infertility self-efficacy scale ⁹¹
Norms on acceptability of abortion and abortion providers	Recommended: Community level abortion stigma ³⁶ Promising: Individual level abortion stigma ⁹² , Parenting and abortion norms and stigma scale ⁹³ , Abortion provider stigma scale ⁹⁴ , Attitudes about abortion providers ⁹⁵
Norms on access to SRH for girls, unmarried and married	Recommended: ARSH stigma on SRH and FP31 ; Gender Equality among Adolescents ⁴⁸ ; Gendered Norms about Romantic Engagement Early in Adolescence ⁴⁹
Norms on childbearing	Promising: Childbearing Motivations Scale ⁹⁶ ; Costs and Benefits of Having Children ⁴³ ; Motivation for Childbearing in HIV-Infected Women ⁹⁷

Conclusions and Recommendations for Action

Through this White Paper, we aimed to understand the landscape of measurement of women's agency and gender norms in family planning to gain insight on achievements, opportunities and gaps in gender-focused demand side determinants of family planning preferences, behaviors and use in LMICs. This insight can enable priority setting and applications for enhancing family planning programs as well as allow us to achieve the goals of gender equity and respectful care in sexual and reproductive health services. Understanding the challenges and opportunities of measurement of gender equity in family planning can allow us to design, deliver and evaluate the reach and use of family planning services for the most marginalized women and communities more effectively and meaningfully. At the same time, developing a shared understanding of most and least used constructs and measures and to develop resources for developing, testing and using these measures is an important step to amplifying family planning platforms and capacities in LMICs. In this review of the state of measurement of gender equity in family planning, we found that:

Good Measures Exist

- Overall, the field indicated a number of quantitative measures of agency and norms covering a range of constructs and aspects, at diverse states of development and testing across contexts. Our review found 223 measures of agency and norms in family planning, of which 66 measures provided psychometric validation from LMICs.
- We found the presence of a number of family planning constructs where good or promising measures exist. These include *perceived and actual self-efficacy* for contraception use, *male engagement* on contraception use, *quality of care* related to contraception, use of family planning services and abortion, *knowledge and rights* related to contraception methods other than condom use, and *attitudes and beliefs* around contraception, fertility, sex and abortion.
- At the time, quality review of the measures indicated that few are rigorously tested psychometrically or are adapted for low resource contexts or hard-to-reach populations. Despite the wide variety of constructs covered by the present literature, only a few measures demonstrated conceptual clarity, methodological rigor in development and cross-contextual validation. These measures are summarized in Boxes 1 and 2 and may be adapted for use in within-country surveys and evaluations of family planning programs or may be harmonized through cross-country surveys or data collection opportunities.
- We found several examples of strong innovative measures of agency in family planning which can be strengthened further through cross-contextual tested for their predictive value in women's fertility planning and family planning use.

Examples include:

- *reproductive decision-making agency* from Nepal²² that assesses family planning decision-making as a continuum or pathway of discussion, use, method choice, and agreement on final decision.
- *reproductive coercion*²⁵ tested in the USA, India and Niger that assesses pregnancy coercion and condom manipulation.

Promising Measures Need Strengthening

- Our review showed a number of promising measures for agency and norms constructs conceptualized or under development that need to be strengthened through formative work, psychometric testing and context specific adaptation.
- In particular, family planning norms emerged as a promising area in which measurement investments are needed. These measures need to capture elements beyond use of contraception, to include norms around

fertility and fertility pressures, norms specific to low parity women and stigma related to contraception, method choice and abortion. Understanding these norms can add value to our understanding of both the demand and uptake of family planning services in the field.

- Our analysis of domains and constructs most- and least-used also showed that while we understand agency in contraception use better, we urgently need to focus measurement innovations on preferences and motivations guiding use, fertility, non-use or unmet need including discontinuation.
- Lack of gender equity measures in the area of unmet need may be due to the complexity of existing unmet need measures, which require a series of 15 survey items plus contraceptive calendar data for variable construction.⁹⁸ Unmet need may also not be a simple concept to take and measure agency and norms around as the gender equity variables in this area appear to be linked to agency and norm related barriers to contraceptive use, on both the demand and supply sides.⁹⁹
- Understanding broader gender equity determinants underlying fertility pressure such as son preference, pressures for early fertility and the role of women's economic participation may be important determinants with insights for contraceptive use, decision dynamics, method switching and discontinuation of family planning.
- We found several examples of promising measures which need further adaptation for use in LMICs, key examples of which are:
 - *contraception use and abortion stigma scale* from Kenya³³
 - *family planning norms scale* in Democratic Republic of Congo³⁵.

Nonetheless, Some Gaps in Measurement Persist

- Despite these positive developments and achievements of the field, we do note important measurement gaps on critical domains of agency and norms, which act as important barriers to our understanding of women's family planning needs, choices and use. Investments in these areas can have implications for what programs are delivered and how they may be catered to the specific needs of vulnerable women in low resource communities.
- **Fertility, sex and access to family planning services are under-focused in the growing measurement work of our field.** We found few measures on *male support* and *coercion/pressure* related to fertility, and on individual *attitudes* related to sex. Measures remain over focused on family planning knowledge, attitudes, communication, and use, but too often with no gender equity consideration at all.
- **Several agency constructs, particularly those related to fertility pressures, negotiation, and backlash, are missing in the current research.** More specifically, these include:
 - Agency in relation to fertility
 - Agency in access and utilization to family planning services
 - Resistance against fertility pressures and covert use
 - Positive masculinity and role of men in family planning
 - Bargaining and negotiation measures across family planning domains
 - Support of men and other stakeholders in accessing family planning services
 - Sanctions, backlash and role of power holders in family planning
 - Mistreatment and pressure in family planning services
 - Self-efficacy and norms related to contraceptive methods other than condoms or by method type
 - Abortion communication, agency and quality of care
- **It was evident in the review that understanding norms remains a gap in the family planning measurement landscape.** While we found a number of measures of attitudes, as proxy for norms, these were unable to capture wider community sentiments enforced on women and men and guiding their choices through influence or sanctions by power holders. Innovations are needed to understand descriptive and

injunctive norms, which may be motivators or barriers to women's agency and choice in family planning and expressions of that agency to partners or family members. Norms measures on sex, fertility and family planning service access were under-represented in the evidence base and these may hold the key to understanding what may be important to young women as well as young couples for fertility planning. Investing in research to understand stigma around contraception and abortion may also have value across LMICs like India where this work is still growing.

We recommend the following strategies to foster a shared conceptual understanding of gender equity and improve empirical measurement of key constructs related to agency and norms in family planning research and programs:

1. In surveys, programs or evaluations on family planning, building greater conceptual clarity on an agency or norm construct of interest, and how or why it relates to the family planning issue being investigated
2. Linking constructs and measures being used in a survey or program back to a theory, discipline, logic model/conceptual framework, context and purpose, and describing this conceptual framework in publications to facilitate learnings for other research scholars or implementers interested in the construct or measure
3. Conducting formative research on constructs (as feasible) using a mix of methodologies including ethnographic approaches to strengthen conceptual clarity and validity of the measure
4. Testing psychometrics while creating or adapting measures in the pilot or survey stages and reporting psychometric data and challenges in reports or published studies. Further guidance on measurement conceptualization and creation are available in the EMERGE reports.^{100,101}

We suggest the following three next steps:

1. Cross-national and in-country surveys provide opportunities for measure adaptation and testing at scale. Integration of identified constructs and strong and promising measures within these surveys, where feasible, can be low-hanging fruit for the field as a whole and provide opportunities to test convergent and divergent relationships of a measure to a wide cross-section of outcomes.
2. Instituting forums and enabling regular conversations between academics and survey implementers regionally or globally can improve methodological rigor and conceptual grounding of measures and help in fast-tracking innovations into large-scale surveys.
3. Creating resources to share methodologies, measures and experiences in family planning monitoring and evaluation and for harmonized measures can add value and efficiency for survey developers and family planning implementers.

Appendices

Appendix 1: Conceptualizing Gender Equity and Agency in Family Planning

Figure 2a: Conceptualization of the Empowerment Process and locating Agency¹⁷

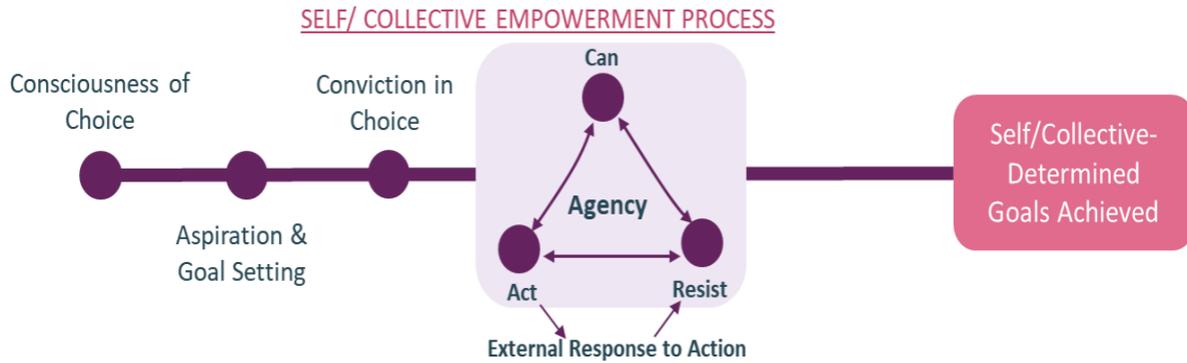
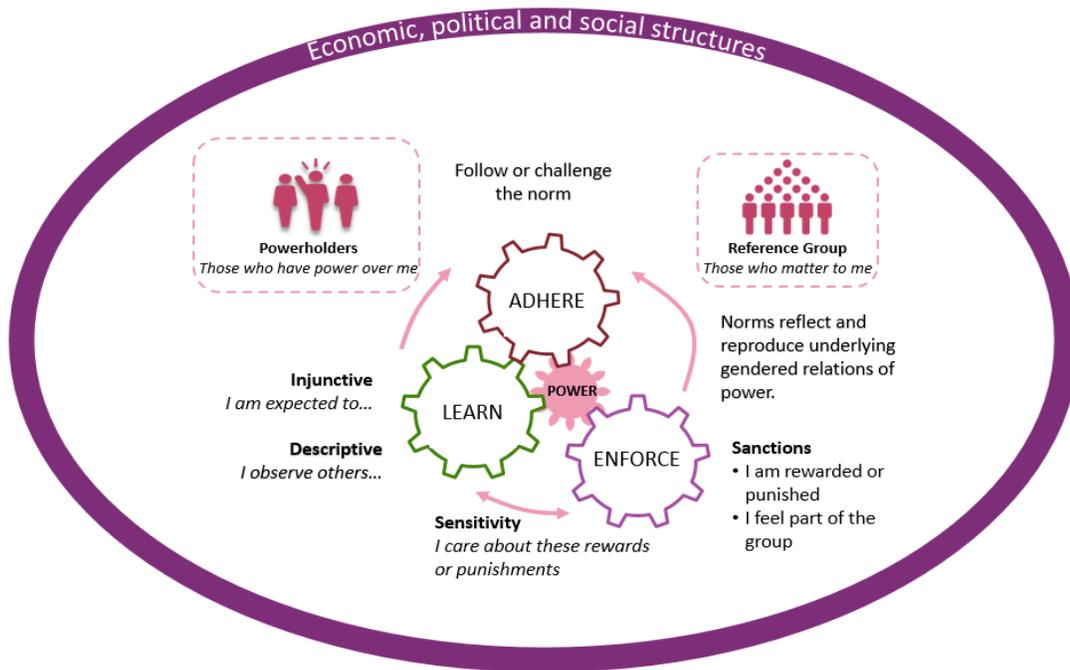


Figure 2b: Description of the Can-Act-Resist Agency Conceptualization¹⁷



Figure 2c: Description of the Learn-Adhere-Enforce Social Norms Conceptualization¹⁷



Appendix 2: Family Planning and SRH Experts who responded to Resource Person Outreach on Gender Equity Measures in Family Planning

S.No.	Name	Institution
1	Dr AA Jayachandran	Track20
2	Ms Alisha Graves	University of California, Berkeley
3	Prof Anastasia Gage	Tulane University School of Public Health and Tropical Medicine
4	Dr Anindita Dasgupta	Social Intervention Group, Columbia University School of Social Work
5	Dr Arupendra Mozumdar	Population Council, India
6	Dr Avni Amin	World Health Organization
7	Dr Bimla Upadhyay	Ipas Development Foundation
8	Ms Celia Karp	Johns Hopkins Bloomberg School of Public Health
9	Prof Christine Dehlendorf	Bixby Center for Global Reproductive Health, University of California San Francisco
10	Ms Elisabeth Rottach	The Palladium Group
11	Prof Ilene Speizer	University of North Carolina at Chapel Hill, Gillings School of Global Public Health
12	Prof Jay Silverman	University of California San Diego, School of Medicine
13	Dr Joan Marie Kraft	United States Agency for International Development
14	Dr Kalpana Apte	Family Planning Association of India
15	Prof Kelli Stidham Hall	Rollins School of Public Health, Emory University
16	Prof Kelsey Holt	Bixby Center for Global Reproductive Health, University of California San Francisco
17	Dr Laura Hinson	International Center for Research on Women
18	Dr Leela Varkey	Centre for Catalyzing Change, India
19	Dr Leena Sushant	Breakthrough India
20	Ms Leena Uppal	MAMTA Health Institute for Mother and Child
21	Prof Michele R Decker	Bloomberg School of Public Health, Johns Hopkins University
22	Prof Nadia Diamond-Smith	University of California San Francisco
23	Dr Nicola Jones	Overseas Development Institute
24	Ms Pranita Achyut	International Center for Research on Women
25	Ms Ravneet Chugh	Parivar Seva Sanstha
26	Prof Rebecka Inga Lundgren	University of California San Diego
27	Dr Riznawaty Aryanty	UNFPA Indonesia
28	Ms Sandra Jordan	Independent Consultant
29	Dr Sarah Bradley	Abt Associates
30	Ms Shailja Mehta	Dasra India
31	Dr Shajy K Isac	India Health Action Trust
32	Ms Shannon Wood	Johns Hopkins Bloomberg School of Public Health
33	Dr Sunil Mehra	MAMTA Health Institute for Mother and Child
34	Dr Sunita Kishor	The DHS Program, ICF International
35	Dr Tanmay Mahapatra	CARE India
36	Dr V K Tiwari	National Institute of Health & Family Welfare
37	Dr Venkatraman Chandra-Mouli	Department of Sexual and Reproductive Health and Research, WHO
38	Mr Vijay Paulraj	USAID
39	Dr Vikas Choudhry	Sambodhi Research and Communications Pvt Ltd.
40	Dr Vivek Sharma	Population Services International

Appendix 3: Search methodology followed on PubMed for review of peer-reviewed studies

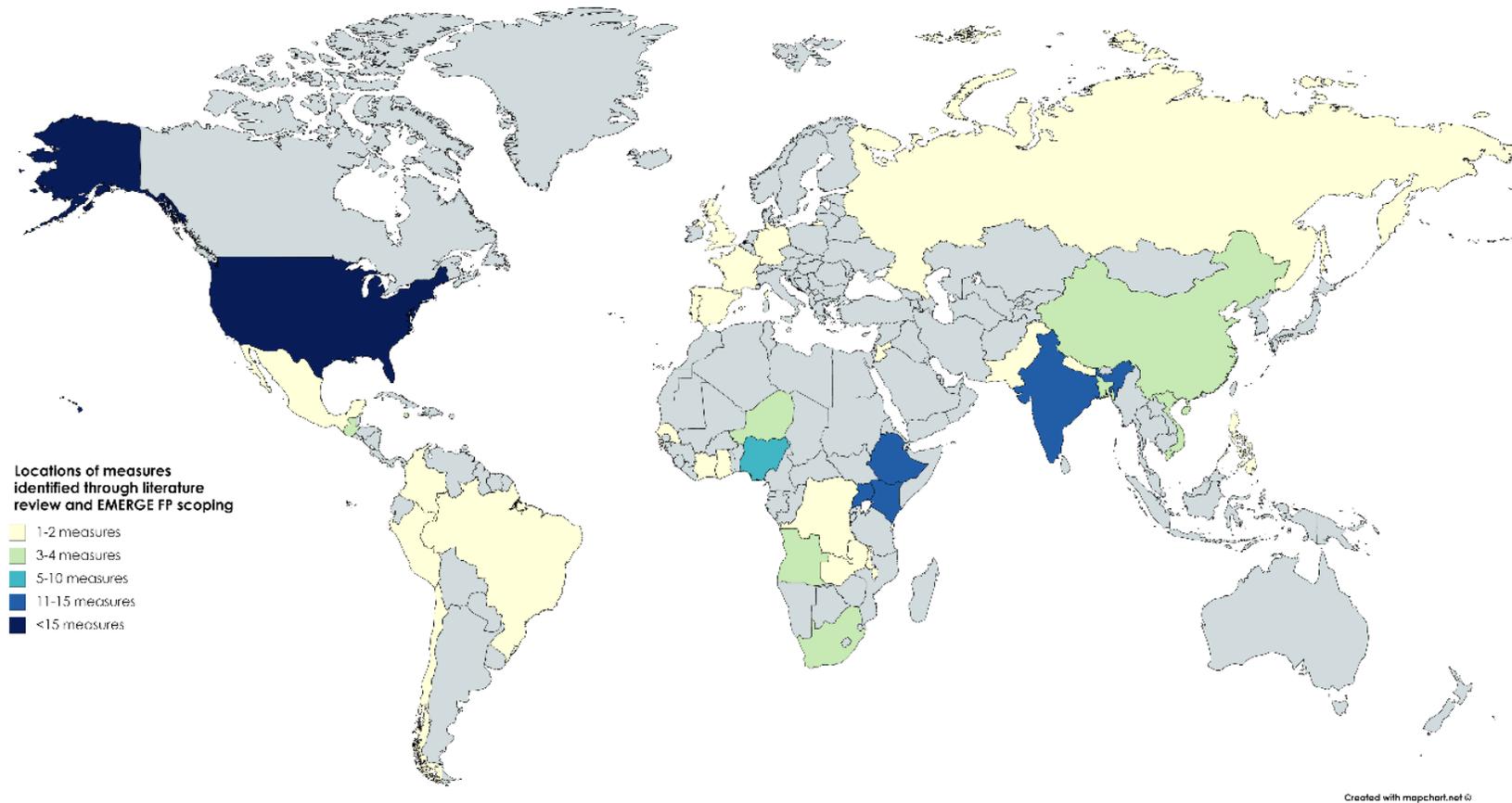
Table 4: List of search terms used as per category and feedback incorporated

Search Category	Search terms	Hits	Adapted per feedback
FP terms AND Measurement terms AND gender social norms/attitudes/beliefs terms	("family planning"[Title/Abstract] OR fertility[Title/Abstract] OR "family size"[Title/Abstract] OR contraception[Title/Abstract] OR "birth spacing"[Title/Abstract] OR "birth interval"[Title/Abstract] OR abortion[Title/Abstract] OR "reproductive health"[Title/Abstract] OR "unintended pregnancy"[Title/Abstract] OR "unplanned pregnancy"[Title/Abstract] OR childbearing[Title/Abstract]) AND (measurement[Title/Abstract] OR scale[Title/Abstract] OR index[Title/Abstract] OR measuring[Title/Abstract] OR psychometric[Title/Abstract] OR validation[Title/Abstract] OR validity[Title/Abstract] OR vignette[Title/Abstract]) AND (norms[Title/Abstract] OR "social norms"[Title/Abstract] OR "normative attitudes"[Title/Abstract] OR "normative behaviors"[Title/Abstract] OR "gender norms"[Title/Abstract])	77	Removed ideal family size and retained family size only; removed partuition; edited the term birth interval to singular; retained vignette
FP terms AND Measurement terms AND agency terms	("family planning"[Title/Abstract] OR fertility[Title/Abstract] OR "family size"[Title/Abstract] OR contraception[Title/Abstract] OR "birth spacing"[Title/Abstract] OR "birth interval"[Title/Abstract] OR abortion[Title/Abstract] OR "reproductive health"[Title/Abstract] OR "unintended pregnancy"[Title/Abstract] OR "unplanned pregnancy"[Title/Abstract] OR childbearing[Title/Abstract]) AND (measurement[Title/Abstract] OR scale[Title/Abstract] OR index[Title/Abstract] OR measuring[Title/Abstract] OR psychometric[Title/Abstract] OR validation[Title/Abstract] OR validity[Title/Abstract] OR vignette[Title/Abstract]) AND ("self-efficacy"[Title/Abstract] OR autonomy[Title/Abstract] OR agency[Title/Abstract] OR "decision-making"[Title/Abstract] OR "couple communication"[Title/Abstract] OR "spousal communication"[Title/Abstract] OR "reproductive coercion"[Title/Abstract] OR coercion[Title/Abstract])	328	Used spousal and couple communication instead of communication
FP terms AND Measurement terms AND QoC terms	("family planning"[Title/Abstract] OR fertility[Title/Abstract] OR "family size"[Title/Abstract] OR contraception[Title/Abstract] OR "birth spacing"[Title/Abstract] OR "birth interval"[Title/Abstract] OR abortion[Title/Abstract] OR "reproductive health"[Title/Abstract] OR "unintended pregnancy"[Title/Abstract] OR "unplanned pregnancy"[Title/Abstract] OR childbearing[Title/Abstract]) AND (measurement[Title/Abstract] OR scale[Title/Abstract] OR index[Title/Abstract] OR measuring[Title/Abstract] OR psychometric[Title/Abstract] OR validation[Title/Abstract] OR validity[Title/Abstract] OR vignette[Title/Abstract]) AND ("provider"[Title/Abstract] OR "counselor"[Title/Abstract] OR "quality of care"[Title/Abstract] OR "respectful	215	Abuse in care and provider coercion did not yield any results; removed healthcare as it was picking up all health care; retained just provider with abuse; along with provider mistreatment, provider

	care"[Title/Abstract] OR "provider mistreatment"[Title/Abstract] OR "provider discrimination"[Title/Abstract] OR "provider bias"[Title/Abstract])		discrimination and provider bias
FP terms AND Measurement terms AND male engagement terms	("family planning"[Title/Abstract] OR fertility[Title/Abstract] OR "family size"[Title/Abstract] OR contraception[Title/Abstract] OR "birth spacing"[Title/Abstract] OR "birth interval"[Title/Abstract] OR abortion[Title/Abstract] OR "reproductive health"[Title/Abstract] OR "unintended pregnancy"[Title/Abstract] OR "unplanned pregnancy"[Title/Abstract] OR childbearing[Title/Abstract]) AND (measurement[Title/Abstract] OR scale[Title/Abstract] OR index[Title/Abstract] OR measuring[Title/Abstract] OR psychometric[Title/Abstract] OR validation[Title/Abstract] OR validity[Title/Abstract] OR vignette[Title/Abstract]) AND (masculinity[Title/Abstract] OR "male engagement"[Title/Abstract] OR "male involvement"[Title/Abstract] OR "male support"[Title/Abstract] OR "men's engagement"[Title/Abstract] OR "men's involvement"[Title/Abstract] OR "partner support"[Title/Abstract] OR "partner engagement"[Title/Abstract] OR "partner involvement"[Title/Abstract] OR "spousal support"[Title/Abstract] OR "spousal involvement"[Title/Abstract])	42	Removed the terms male and men by themselves as a number of irrelevant papers came up; kept in men's involvement rather than men; added support, engagement and involvement for men, male, partner and spouse.

Appendix 4: Figures and tables from the landscaping review conducted for the time period of 2010-2020

Figure 1a: Geographical distribution of measures of gender equity in family planning (2010-2020)



*Note: the map does not include measures from multi-country analyses (11 measures) and 3 measures for which location information was unavailable

Table 3a: Heat Map of Measures from the Published Literature (2010-2020) on Gender Equity in Family Planning (n=152 measures)

Conceptual Domains	Constructs	Family Planning Domain					Unmet Need (Discontinuation)
		Fertility	Contraception	Access to & utilization of FP services	Sex	Abortion	
Critical Consciousness	Family Planning Knowledge & Rights	2	9	3	0	3	0
	Perceived Self-Efficacy	3	15	0	0	2	0
Can	Actual Self-Efficacy (Freedom to Choose, Act & Control Over Action/Body/Resources/Assets)	2	14	0	0	1	0
	Communication/Voice, including couple communication	0	8	2	0	0	0
Act	Do or don't do (including Decision-making, Consent)	1	7	0	0	0	0
External Response to Action	Social support/ Support from KIs/ Male support, engagement and approval	7	13	0	0	2	0
	Limiting access to information/ Pressure/mistreatment/coercion/violence	5	3	0	1	1	0
	Quality of Care -response from systems	4	12	5	0	3	0
	Bargain/Negotiate	0	0	0	0	0	0
Resist	Do or Don't Do/Refusal (including covert use)	2	4	0	0	0	0
	Descriptive	1	4	0	0	1	0
Norms	Injunctive	1	5	1	0	1	0
	Sanctions (Rewards/Punishments)	1	0	0	0	2	0
	Reference Group/Power Holders	5	5	0	0	0	0
	Attitude and Beliefs	5	25	2	7	6	0

Appendix 5: Gender Equity and Family Planning Measures, by Empowerment Concept, Family Planning Construct, and Characteristics (N=223 measures)

Table 5 presents the full list of measures of gender equity or gender equity dimensions in family planning collated through the review of literature and expert outreach in this White Paper. These measures are synthesized by agency and norms constructs and stratified by:

- availability on the EMERGE compendium (shaded light blue)
- measure was tested or adapted in one (or more):
 - low- and-middle-income country (LMIC) (shaded dark)
 - high income country (shaded light) or
 - measure from a multi-national survey (shaded blank).
- availability of psychometric data:
 - both reliability and validity (shaded dark)
 - reliability only (shaded light)
 - or no data (textured shading)
- number of items in the measure
- level of measurement or operation of the measure (self, male/couple, community, provider/systems)

Table 5: Full list of gender equity measures in family planning in the White Paper (n=223)

Concept	Constructs	Measures	LMIC ¹	Psycho metric Data ²	# of items	Level of measurement
Critical Consciousness	FP Knowledge & Rights	DHS8: Exposure to Family Planning Resources¹⁰²			1	Self
		Men's attitudes about FP and vasectomy ⁷⁸			6	Male/couple
		Pros, cons and self-efficacy for IUD ¹⁰³			11	Male/couple
		Family Planning Belief Index ¹⁰⁴			4	Male/couple
		Knowledge of Abortion Legislation ¹⁰⁵			3	Provider/systems
		Women's empowerment in four domains: economic, educational, social, and contraceptive ¹⁰⁶			10	Male/couple
		Men's contraceptive knowledge, use and decision making ¹⁰⁷			12	Male/couple
		Young Adults' Objective Knowledge Around Contraceptives ⁶⁶			23	Self
		Wife's autonomy (decisions on household needs, purchases and visits to relatives) ¹⁰⁸			3	Male/couple
		DHS8: Use of Family Planning Resources¹⁰²			7	Provider/systems
		Provider General and Inpatient-Specific Barriers to Initiating a Contraceptive Method ¹⁰⁹			12	Provider/systems
		Pregnancy Fatalism¹¹⁰			5	Self
		Decisional conflict scale for abortion ¹¹¹			16	Male/couple
		Cardiff Fertility Knowledge Scale (CFKS) - Adapted ¹¹²			22	Self, Family, Community
		Cardiff fertility knowledge scale (CFKS) ⁶⁵			13	Self, Family, Community
		Motivation questions that correspond to the Fogg Behavior Model⁶⁹			23	Self, Family, Community
Abortion Policy Polling Questions⁹⁰			9	Self		
Female Condom Attitudes Scale⁶⁴			14	Self		
Can	Perceived Self-Efficacy	Women's Empowerment in Rural Bangladesh Measure ¹¹³			21	Male/couple
		Attitudes towards family planning self-efficacy ¹¹⁴			8	Male/couple, community
		Wife's autonomy (decisions on household needs, purchases and visits to relatives) ¹⁰⁸			3	Male/couple
		Subjective norm regarding condom use ¹¹⁵			4	Male/couple, family, community
		Sexual Relationship Power Scale ⁷⁵			23	Male/couple
		Self-efficacy to discuss and use FP ¹¹⁶			4	Male/couple

	NFHS4: Fertility Preferences ¹⁰²			1	Self
	Perceived control ¹¹⁷			6	Family, Community
	Agency (decision-making, mobility, self-efficacy) ¹¹⁸			19	Male/couple
	Self-efficacy only for using condoms in the next 12 months ¹¹⁹			4	Self
	DHS8: Sexual and contraceptive autonomy in marriage ¹⁰²			3	Male/couple
	Self-efficacy regarding condom use ¹¹⁵			17	Male/couple
	Contraceptive self-efficacy scale ¹²⁰			8	Male/couple
	Contraceptive Use Ideation ¹²¹			25	Male/couple, Community, Provider/systems
	Quality of Contraceptive Counseling Scale ²¹			22	Provider/systems
	Interpersonal Quality of Family Planning (IOFP) scale ⁸⁵			11	Provider/systems
	Self-efficacy for using Safer Conception Methods ³⁷			7	Male/couple,
	Motivation to use Safer Conception Methods ³⁷			6	Male/couple
	Community Support and Condom Self-Efficacy Subscale in the Brief Social Capital for Youth Sexual and Reproductive Health Scale ¹²²			16	Male/couple, Community
	Self-efficacy for Providing Safer Conception Counseling ³⁷			8	Provider/systems
	Individual-level abortion stigma ¹²³			16	Male/couple
	Individual-level abortion stigma scale ¹²⁴			20	Male/couple
	Sexual autonomy ¹²⁵			3	Male/couple
	Contraceptive self-efficacy ¹²⁶			18	Male/couple
	Sexual Autonomy Scale ⁷³			14	Self, male/couple
	Ability questions that correspond to the Fogg Behavior Model ⁶⁹			18	Male/couple, Community
	Canadian Sexual Health Indicators (16-24 years old) ⁶⁸			33	Male/couple
	Desire to Avoid Pregnancy (DAP) ⁷⁷			14	Self
	Sexual Awareness Questionnaire ⁷⁴			36	Self, male/couple
	Sexual and Reproductive Empowerment Scale for Adolescents and Young Adults ⁷⁰			23	Self, male/couple
	Intention to use FP ⁵¹			8	Self
	Perceived control to use FP ⁵¹			25	Self, male/couple, Community
	Self-efficacy to use FP ⁵¹			7	Self
	Perception of Control over Childbearing ⁴³			3	Self, male/couple, Community
	Reproductive Empowerment Scale ⁵⁶			20	Male/couple, community
	Fertility Belief Questionnaire ⁴⁶			30	Self, male/couple
	Self-efficacy for condom use with commercial partners ⁵⁷			3	Self, male/couple
	Contraceptive Self-Efficacy among women in sub-Saharan Africa (CSESSA) - Kenya ⁴⁴			10	Self, male/couple
	Contraceptive Self-Efficacy among women in sub-Saharan Africa (CSESSA) - Nigeria ⁴⁴			11	Self, male/couple
Actual Self-Efficacy (Choose, Act & Control Over Action /Body/Resources)	UCLA Multidimensional Condom Attitudes Scale ¹²⁷			29	Male/couple, community
	DHS8: Fertility Preferences of Born Children ¹⁰²			4	Self
	Reproductive Autonomy Scale (RAS) ¹²⁸			14	Male/couple
	Condom Use Self-Efficacy Measure ¹²⁹			15	Male/couple
	Condom Use Self-Efficacy Scale (CUSES) ¹³⁰			28	Male/couple
	IHDS2: Fertility Preferences ¹³¹			10	Male/couple
	Health Risk Behavior Inventory for Chinese Adolescents ²⁷			50	Self
	DHS 8: Fertility Preferences for Future ¹⁰²			5	Self, Male/couple
	Family Planning Self-Efficacy Scale ⁶⁷			18	Male/couple, family
	DHS8: Use of Contraception ¹⁰²			8	Male/couple Provider/systems
	Household Decision Making Power Index ¹³²			9	Male/couple
	Women's Participation in Household Decision-Making ¹¹⁶			15	Male/Couple, Family
	Unplanned pregnancy ⁶³			6	Male/couple
	Balance of Power ⁷⁹			7	Male/couple
	Decision-maker for contraceptive use ⁸¹			1	Male/couple
	Indian Family Violence and Control Scale (IFVCS) ²⁶			63	Male/couple, Family
	Women's Empowerment in four domains: economic, educational, social, and contraceptive ¹⁰⁶			10	Male/couple

		Sexual competency (autonomy, safety and satisfaction) ¹³³			3	Male/couple
		Decision difficulty in decision-making on abortion ¹³⁴			12	Self, Community
		Sexual communication self-efficacy scale ⁷²			20	Male/couple
		Contraceptive, Fertility, and Household (Financial and Freedom of Movement) Decision-Making and Communication on Contraceptives and Fertility ⁴⁵			6	Male/couple, Family
		Psychosocial Burden among people Seeking Abortion Scale (PB-SAS) ⁷¹			35	Self, Male/couple, Community
		Revised Conflict Tactics Scale (CTS2) ¹³⁵			39	Male/couple
		Indicators of Women's Condom Use: Cultural Norms ⁵⁰			4	Male/couple, Community
		Indicators of Women's Condom Use: Negotiating Power ⁵⁰			5	Male/couple
		Reproductive Autonomy (Upadhyay adapted - Ghana) ⁷⁶			6	Male/couple
		Reproductive Coercion Scale - Kenya ⁸⁰			11	Male/couple
		DHS-8: Current Pregnancy Intention ¹³⁶			2	Self
		Sex, Contraceptive, and Household (Healthcare, Freedom of Movement, Financial) Decision-Making (Combined Index) ⁵⁸			10	Male/couple, family
		Fertility and Household (Financial, Freedom of Movement, Healthcare, Child Healthcare and Education) Decision-Making (Combined Index) ⁴⁷			13	Male/couple, family
		Fertility and Household (Healthcare, Freedom of Movement, Financial) Decision-Making ¹³⁷			9	Male/couple, family
		Reproductive Autonomy (Upadhyay adapted - Adolescents) ¹³⁸			12	Male/couple
		Lifetime Reproductive Coercion - Short Scale ¹³⁹			5	Male/couple
Act	Communication/Voice (individual/couples)	Women's autonomy (participation in decision making, attitudes toward wife beating, and whether getting permission to seek medical care was a big problem) ¹⁴⁰			3	Male/couple
		Gender and Family Planning Equity (GAFPE) Scale ¹⁴¹			20	Male/couple, Community
		Reproductive decision-making Agency ²²			4	Male/couple, family
		Unplanned pregnancy ⁶³			6	Male/couple
		Spousal agreement on fertility preference ¹⁴²			4	Male/couple
		Balance of Power ⁷⁹			7	Male/couple
		Couple's communication on contraception ⁸¹			3	Male/couple
		Husband wife discussion on FP ¹⁴³			1	Male/couple
		Interspousal communication ¹¹⁶			5	Male/couple, family
		Spousal contraceptive communication ¹⁰⁸			4	Male/couple
		Husband involvement ⁸²			3	Male/couple
		Spousal communication ¹⁴⁴			1	Male/couple
		Condom Use Self-Efficacy Measure ²⁹			15	Male/couple
		Condom Use Self-Efficacy Scale (CUSES) ¹³⁰			28	Male/couple
		Kenyan Person-Centered Family Planning Scale ²⁹			20	Provider/systems
		Indian Person-Centered Family Planning Scale ²⁹			22	Provider/systems
		DHS8: Use of Contraception ¹⁰²			8	Male/couple, Provider/systems
		Self-efficacy to discuss and use FP ¹¹⁶			4	Male/couple
		Interspousal communication and spousal support ⁷⁸			2	Male/couple, Provider/systems
		Men's contraceptive knowledge, use and decision making ¹⁰⁷			12	Male/couple
		Perceived partner's willingness to use Safer Conception Methods ³⁷			5	Male/couple
		Sexual communication self-efficacy scale ⁷²			20	Male/couple
		Canadian Sexual Health Indicators (16-24 years old) ⁶⁸			33	Male/couple
		Parental Involvement in Adolescent Abortion ⁸³			23	Family
		Sexual Awareness Questionnaire ⁷⁴			36	Self, male/couple
		Motivation questions that correspond to the Fogg Behavior Model ⁶⁹			23	Self, Family, Community
		Perceived Male Involvement in FP ⁵¹			25	Male/couple
		Reproductive Autonomy (Upadhyay adapted - Ghana) ⁷⁶			6	Male/couple
		London Measure of Unplanned Pregnancy-India ⁵²			6	Male/couple
		Spousal Communication ⁵⁹			5	Male/couple
		Person-Centered Abortion Care (PCAC) Scale ⁵⁴			24	Provider/systems
		Contraceptive Self-Efficacy among women in sub-Saharan Africa (CSESSA) - Kenya ⁴⁴			10	Self, male/couple
		Contraceptive Self-Efficacy among women in sub-Saharan Africa (CSESSA) - Nigeria ⁴⁴			11	Self, male/couple

		Contraceptive, Fertility, and Household (Financial and Freedom of Movement) Decision-Making and Communication on Contraceptives and Fertility ⁴⁵			6	Male/couple, Family	
		Fertility and Household (Financial, Freedom of Movement, Healthcare, Child Healthcare and Education) Decision-Making (Combined Index) ⁴⁷			13	Male/couple, family	
		DHS-8: Contraceptive Decision-Making¹³⁶			2	Male/couple	
		Interspousal Agreement and Communication⁴³			5	Male/couple	
		Fertility and Household (Healthcare, Freedom of Movement, Financial) Decision-Making ¹³⁷			9	Male/couple, family	
	Do or don't do (including Decision-making, Consent)	DHS8: Sexual and contraceptive attitudes in marriage¹⁰²			2	Male/couple	
		Sexual Assertiveness Scale¹⁴⁵			18	Male/couple	
		Decision-maker for contraceptive use ⁸¹			1	Male/couple	
		Attitudes Towards Sexual IPV: Wife Can Refuse Sex ¹⁴⁶			7	Male/couple	
		DHS8: Fertility Preferences of Born Children¹⁰²			5	Self	
		Family Planning Self-Efficacy Scale ⁶⁷			18	Male/couple, Family	
		Self-efficacy for IUD initiation and continuation ¹⁴⁷			8	Male/couple	
		Sexual competency (autonomy, safety and satisfaction) ¹³³			3	Male/couple	
		Informed choice for FP ³⁹			25	Provider/systems	
		Women's Status Index⁶²			17	Male/couple, Community	
External Response to Action		Support from KIs/ Male support, engagement and approval	Adapted GEM Scale ¹⁴⁸			22	Male/couple
	Men's role in reproductive decision making ¹⁴⁹				4	Male/couple	
	Male attitudes towards FP ¹⁵⁰				2	Male/couple	
	Male Self-efficacy for general contraception ¹⁴⁷				5	Male/couple	
	Husband's support among users ⁸²				8	Male/couple	
	Partner encouragement to use FP ¹²⁰				1	Male/couple	
	Self-efficacy for IUD initiation and continuation ¹⁴⁷				8	Male/couple	
	Interspousal communication and spousal support ⁷⁸				2	Male/couple, Provider/systems	
	Self-efficacy to convince wife and decisional balance ¹⁵¹				24	Male/couple	
	Pregnancy intention ¹⁵²				3	Male/couple	
	Spousal agreement on fertility preference ¹⁴²				4	Male/couple	
	Contraceptive self-efficacy scale ¹²⁰				8	Male/couple	
	Self-efficacy for using Safer Conception Methods ³⁷				7	Male/couple,	
	Motivation to use Safer Conception Methods ³⁷				6	Male/couple	
	Perceived partner's willingness to use Safer Conception Methods ³⁷				5	Male/couple	
	Male partner involvement index ¹⁵³				6	Male/couple	
	Perceived Social Support, Partner-related Issues and Exposure to Violence ⁸⁴				9	Male/couple, Family	
	Heard a religious leader speak in favor of family planning ¹⁵⁴				1	Male/couple, Community	
	Fertility Problem Inventory ¹⁵⁵				46	Male/couple, Community	
	Decisional conflict scale for abortion ¹¹¹				16	Male/couple	
	Contraceptive self-efficacy ¹²⁶				18	Male/couple	
	Parenting norms and stigma scale ⁹³				20	Family	
	Descriptive and Injunctive Norms around Sexual Initiation and Contraceptive Use - Fogg Behaviour Model⁶⁹				7	Community	
	Perceived Male Involvement in FP⁵¹				25	Male/couple	
	Women's Status Index⁶²				17	Male/couple, Community	
	Community Attitudes Abortion Scale (CAAS)⁹⁰				7	Male/couple, Community	
	Reproductive Events and Experiences Scale (REES)⁹⁰				11	Male/couple	
	Parental Involvement in Adolescent Abortion⁸³				23	Family	
	Motivation for Childbearing in HIV-Infected Women⁹⁷				13	Self, Male/couple	
	Sexual and Reproductive Empowerment Scale for Adolescents and Young Adults⁷⁰				23	Self, male/couple	
	DHS-8: Contraceptive Decision-Making¹³⁶				2	Male/couple	
	Person-Centered Family Planning Scale - ASHA¹⁵⁶				15	Provider/systems	
Community Support for Family Planning⁴³			3	Community			
Interspousal Agreement and Communication⁴³			5	Male/couple			
Indicators of Women's Condom Use: Barriers⁵⁰			3	Male/couple			

	Indicators of Women's Condom Use: Cultural Norms ⁵⁰			4	Male/couple, Community
	Indicators of Women's Condom Use: Negotiating Power ⁵⁰			5	Male/couple
	Social approval/support for adolescent SRH ¹⁵⁷			1	Family, male/couple
	Reproductive Empowerment Scale ⁵⁶			20	Male/couple, community
	Women's and Girl's Empowerment in Sexual and Reproductive Health (WGE-SRH) Index ⁶⁰			22	Male/couple, Community
	Fertility Belief Questionnaire ⁴⁶			30	Self, male/couple
	Masculine Norms and Family Planning Acceptance (MNFPA) scale ⁵³			10	Male/couple
	London Measure of Unplanned Pregnancy-India ⁵²			6	Male/couple
	Spousal Communication ⁵⁹			5	Male/couple
	Sex, Contraceptive, and Household (Healthcare, Freedom of Movement, Financial) Decision-Making (Combined Index) ⁵⁸			10	Male/couple, family
	Sexual Attitudes Scale ⁷³			43	Self, Male/couple
Pressure/mistreatment/coercion/violence	Reproductive Coercion ²⁵			6	Male/couple, Family
	Macho Scale ¹⁵⁸			13	Male/couple
	Gender Equitable Men (GEM) Scale - Brazil ²³			35	Male/couple
	Reproductive Coercion (Miller questions) ¹⁵⁹			14	Male/couple
	Reproductive Coercion (adapted Miller & Moore) ¹⁶⁰			12	Male/couple
	Indian Family Violence and Control Scale (IFVCS) ²⁶			63	Male/couple, Family
	Reproductive Coercion Scale ¹⁶¹			9	Male/couple
	Reproductive Coercion Scale - Short Form ¹⁶¹			5	Male/couple
	Stigmatizing attitudes, beliefs, and actions scale (SABA) ²⁸			18	Community
	Women's autonomy (participation in decision making, attitudes toward wife beating, and whether getting permission to seek medical care was a big problem) ¹⁴⁰			3	Male/couple
	Reproductive Autonomy Scale (RAS) ¹²⁸			14	Male/couple
	Sexual Relationship Power Scale (SRPS) ⁷⁵			23	Male/couple
	Perceived Social Support, Partner-related Issues and Exposure to Violence ⁸⁴			9	Male/couple, Family
	Sexual autonomy ¹²⁵			3	Male/couple
	Reproductive Autonomy (Upadhyay adapted - Adolescents) ¹³⁸			12	Male/couple
	Lifetime Reproductive Coercion - Short Scale ¹³⁹			5	Male/couple
	Women's Sexual Decision-Making Autonomy Scale ⁶¹			4	Male/couple
	Perceived control to use FP ⁵¹			25	Self, male/couple, Community
	Psychosocial Burden among people Seeking Abortion Scale (PB-SAS) ⁷¹			35	Self, Male/couple, Community
	Revised Conflict Tactics Scale (CTS2) ¹³⁵			39	Male/couple
	Quality of Family Planning Counselling (QFPC) ⁵⁵			13	Provider/systems
	Providers' attitudes towards youth-friendly sexual and reproductive health services ⁸⁶			26	Provider/systems, Community
	Women's Indicators of Condom Use: Abuse ⁵⁰			2	Male/couple
Self-efficacy for condom use with commercial partners ⁵⁷			3	Self, male/couple	
Reproductive Coercion Scale - Kenya ⁸⁰			11	Male/couple	
Quality of Care	Kenyan Person-Centered Family Planning Scale ²⁹			20	Provider/systems
	Indian Person-Centered Family Planning Scale ²⁹			22	Provider/systems
	IHDS-2: Quality of Care ¹³¹			2	Provider/systems
	DHS8: Use of Family Planning Resources ¹⁰²			7	Provider/systems
	Quality of Care in FP Services ⁴²			8	Provider/systems
	Quality of Contraceptive Counseling Scale ²¹			22	Provider/systems
	Interpersonal Quality of Family Planning (IQFP) scale ⁸⁵			11	Provider/systems
	Process quality ³⁴			22	Provider/systems
	Process quality - Short Form ³⁴			10	Provider/systems
	Provider General and Inpatient-Specific Barriers to Initiating a Contraceptive Method ¹⁰⁹			12	Provider/systems
	Family Planning Service Quality ⁴⁰			29	Provider/systems
	Reproductive counseling obstacle scale ¹⁶²			20	Provider/systems
	Attitudes About Abortion-Providing Physicians Scale (AAAPPS) ⁹⁵			20	Provider/systems, Community

		Abortion Provider Stigma Scale ⁹⁴			15	Provider/systems, Community
		Receipt of method-choice ¹⁶³			4	Provider/systems
		Provider Stigma of Childbearing Among PLWHIV ³⁷			5	Provider/systems
		Interest in Providing Safer Conception Counseling ³⁷			9	Provider/systems
		Perceived Value of Providing Safer Conception Counseling ³⁷			6	Provider/systems
		Self-efficacy for Providing Safer Conception Counseling ³⁷			8	Provider/systems
		Informed Consent in the context of sterilization ⁸⁹			3	Provider/systems
		Gender Ideology Scale - Family Planning ³⁸			15	Provider/systems
		Interpersonal Quality of Abortion Care ¹⁶⁴			9	Provider/systems
		Four Habits Coding Scheme ¹⁶⁵			22	Provider/systems
		Provider Attitudes (Program Capacity) ¹⁶⁶			1	Provider/systems
		Informed choice for FP ³⁹			25	Provider/systems
		Anticipated Stigma Index ⁴¹			14	Male/couple, Community
		Person-Centered Contraceptive Counseling (PCCC) scale ⁸⁸			4	Provider/systems
		Quality of Family Planning Counselling (QFPC) ⁵⁵			13	Provider/systems
		Person-Centered Family Planning Scale - ASHA ¹⁵⁶			15	Provider/systems
		Providers' attitudes towards youth-friendly sexual and reproductive health services ⁸⁶			26	Provider/systems, Community
		Quality of Sterilization Care Index ⁸⁷			5	Provider/systems
		Social approval/support for adolescent SRH ¹⁵⁷			1	Family, male/couple
		Person-Centered Abortion Care (PCAC) Scale ⁵⁴			24	Provider/systems
Resist	Bargain/Negotiate	-----	---	---	---	
	Do or Don't Do/Refusal (including covert use)	Contraceptive Attitude Scale ³⁰			32	Self, Male/couple
		DHS: Covert Use ¹⁶⁷			3	Male/couple
		Reproductive Coercion (Miller questions) ¹⁵⁹			14	Male/couple
		Reproductive Coercion (adapted Miller & Moore) ¹⁶⁰			12	Male/couple
		Sexual Assertiveness Scale ¹⁴⁵			18	Male/couple
		Contraceptive self-efficacy scale ¹²⁰			8	Male/couple
		Women's Sexual Decision-Making Autonomy Scale ⁶¹			4	Male/couple
Norms	Descriptive	Descriptive norm regarding having sex and using condoms ¹¹⁹			3	Community
		Descriptive norms (knew any friend who ever used a condom) ¹⁶⁸			1	Community
		Adolescent Sexual and Reproductive Health Stigma Scale ³¹			20	Family, Community
		Social norms related to Family Planning – items related to community Prevalence relating to FP use ³⁵			2	Community
		Stigmatizing attitudes, beliefs, and actions scale (SABA) ²⁸			18	Community
		Perceived community stigma towards childbearing among PLWHIV ³⁷			3	Community
		Descriptive and Injunctive Norms around Sexual Initiation and Contraceptive Use - Fogg Behaviour Model ⁶⁹			7	Community
		Community Support for Family Planning ⁴³			3	Community
		Reproductive Empowerment Scale ⁵⁶			20	Male/couple, community
		Gendered Norms about Romantic Engagement Early in Adolescence ⁴⁹			10	Community
	Injunctive	Injunctive norm regarding having sex and using condoms ¹¹⁹			4	Male/couple, family
		Subjective norms ¹¹⁷			6	Family, community
		Family Planning Approval Index ¹⁰⁴			5	Male/couple
		Social norms related to Family Planning – items related to Perceptions of social approval on FP ³⁵			7	
		Injunctive norms/attitude (worried about what people in my community would say about me if they found out I needed condoms) ¹⁶⁸			1	Community
		Internalized Stigma Towards Childbearing Among PLWHIV ³⁷			4	Community
		Attitudes About Abortion-Providing Physicians Scale (AAAPPS) ⁹⁵			20	Provider/systems, Community
		Anticipated Stigma Index ⁴¹			14	Male/couple, Community
		Cardiff Fertility Knowledge Scale (CFKS) - Adapted ¹¹²			22	Self, Family, Community
		Fertility Decision-Making Beliefs/Perceptions ¹⁶⁹			2	Self, community

	Descriptive and Injunctive Norms around Sexual Initiation and Contraceptive Use - Fogg Behaviour Model ⁶⁹			7	Community
	Costs and Benefits of Having Children ⁴³			16	Self, community
	Perception of Control over Childbearing ⁴³			3	Self, male/couple, Community
Sanctions	Macho Scale ¹⁵⁸			13	Male/couple
	Adolescents Stigmatizing Attitudes, Beliefs and Action ³³			18	Community
	Perceived control to use FP ⁵¹			25	Self, male/couple, Community
	Women's and Girl's Empowerment in Sexual and Reproductive Health (WGE-SRH) Index ⁶⁰			22	Male/couple, Community
	Reproductive Coercion ²⁵			6	Male/couple family
Reference Group/Power Holders	Gender and fertility norms at individual and community level ¹⁷⁰			3	Community
	Subjective norm regarding condom use ¹¹⁵			4	Male/couple, Family, Community
	Perceived partner approval of FP ¹²⁰			1	Male/couple
	Heard a religious leader speak in favor of family planning ¹⁵⁴			1	Male/couple, Community
	Psychosocial Burden among people Seeking Abortion Scale (PB-SAS) ⁷¹			35	Self, Male/couple, Community
	Providers' attitudes towards youth-friendly sexual and reproductive health services ⁸⁶			26	Provider/systems, Community
	Perceived barrier to FP ¹⁷¹			4	Provider/systems, Community
	DHS8: Sexual and contraceptive attitudes in marriage ¹⁰²			2	Male/couple
	Attitudes Towards Sexual IPV: Wife Can Refuse Sex (Men Reporting) ¹⁴⁶			7	Male/couple
Attitude and Beliefs	UCLA Multidimensional Condom Attitudes Scale ¹²⁷			29	Male/couple, Community
	Belief in Women's Health Rights Subscale ¹¹⁶	NA		2	Provider/systems, Male/couple
	Belief in Women's Right to Refuse Sex Scale ¹⁷²	NA		3	Male/couple
	Gender Norms Around Women's Right to Refuse Sex ¹⁷³			9	Male/couple
	Female condom attitude scale ³²			13	Self
	Condom Use Responsibility Scale ¹⁷⁴			3	Male/couple
	Gender and Family Planning Equity (GAFPE) Scale ¹⁴¹			20	Male/couple, Community
	Women's Empowerment in Rural Bangladesh Measure ¹¹³			21	Male/couple
	Adapted GEM Scale ¹⁴⁸			22	Male/couple
	IHDS-2: Health Beliefs around Contraception and Reproductive Health ¹³¹			2	Self
	Support for Traditional Gender Roles (Male Dominance) Scale ¹¹⁶			7	Male/couple
	Knowledge, attitude and practice of contraception ¹⁷⁵			11	Male/couple
	Attitudes towards family planning self-efficacy ¹¹⁴			8	Male/couple, Community
	Men's role in reproductive decision making ¹⁴⁹			4	Male/couple
	Male attitudes towards FP ¹⁵⁰			2	Male/couple
	Decisional balance scale items (IUD and contraception) ¹⁴⁷			26	Male/couple
	Contraceptive Attitude Scale ³⁰			32	Self, Male/couple
	Attitudes towards couples' family planning decisions ¹¹⁴			9	Male/couple
	Gender Equitable Men – Inequitable ¹⁷⁶			24	Male/couple
	Gender Equitable Men (GEM) Scale – Brazil ²³			35	Male/couple
	Belief in Women's Right to Refuse Sex Scale	NA		3	Male/couple
	Attitude towards contraception ¹¹⁷			6	Male/couple
	Attitude towards condom use ¹¹⁵			10	Self
	Male Role Norms Inventory ¹⁷⁷	NA		58	Male/couple
	Family planning attitudes ¹⁷⁸			7	Male/couple
	Contraceptive use stigma ³³			7	Male/couple
	Attitude towards contraception use in marriage ¹⁷⁹			1	Self
	Men's attitudes about FP and vasectomy ⁷⁸			6	Male/couple
	Pros, cons and self-efficacy for IUD ¹⁰³			11	Male/couple
	Family Planning Belief Index ¹⁰⁴			4	Male/couple
	Index of perceived benefit ¹⁷¹			4	Provider/systems
	Equitable Attitudes within Relationships Scale ⁷⁹			16	Male/couple

	Gender Relations Scale ⁷⁹			23	Male/couple
	Gender Equitable Men (GEM) Scale - Uganda²⁴			18	Male/couple
	Individual-level abortion stigma ¹²³			16	Male/couple
	Gender Ideology Scale - Family Planning ³⁸			15	Provider/systems
	Fertility Problem Inventory ¹⁵⁵			46	Male/couple, Community
	Individual-level abortion stigma ¹²⁴			20	Male/couple
	Community-level abortion stigma³⁶			33	Community
	Infertility self-efficacy scale ⁹¹			16	Self
	Decision difficulty in decision-making on abortion ¹³⁴			12	Self, Community
	Abortion norms and stigma scale ⁹³			21	Community
	Parenting norms and stigma scale ⁹³			20	Family
	Sexual Attitudes Scale ⁷³			43	Self, Male/couple
	Sexual Autonomy Scale ⁷³			14	Self, male/couple
	Ability questions that correspond to the Fogg Behavior Model⁶⁹			18	Male/couple, Community
	Accepting the Two-Child Family⁴³			19	Community
	Attitude toward Potential Pregnancy Scale¹⁸⁰			5	Male/couple, Self
	Motivation questions that correspond to the Fogg Behavior Model⁶⁹			23	Self, Family, Community
	Expressional attitude towards FP⁵¹			26	Self
	Instrumental attitude towards FP⁵¹			26	Self
	Women's Status Index⁶²			17	Male/couple, Community
	Gender Equality among Adolescents⁴⁸			12	Self
	Community Attitudes Abortion Scale (CAAS)⁹⁰			7	Male/couple, Community
	Reproductive Events And Experiences Scale (REES)⁹⁰			11	Male/couple
	Abortion Policy Polling Questions⁹⁰			9	Self
	Childbearing Motivations Scale⁹⁶			47	Self
	Female Condom Attitudes Scale⁶⁴			14	Self
	Attitude toward Potential Pregnancy Scale¹⁸⁰			5	Self
	Motivation for Childbearing in HIV-Infected Women⁹⁷			13	Self, Male/couple
	Indicators of Women's Condom Use: Cultural Norms⁵⁰			4	Male/couple, Community
	Indicators of Women's Condom Use: Negotiating Power⁵⁰			5	Male/couple
	Masculine Norms and Family Planning Acceptance (MNFPA) scale⁵³			10	Male/couple

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