

EMERGE Gender Questions
Women’s Agency in Family Planning

This module focuses on women’s agency in family planning (including fertility, fertility planning and contraceptive use). Measures included in this module focus on self-efficacy, voice/communication, decision-making, contraceptive choice and autonomy, fertility pressures and reproductive coercion, and respect in family planning counseling, and are designed to be asked of women.

We do not in this module focus on contraceptive behaviors and fertility outcomes (parity, abortion, etc.), and instead recommend use of [Demographic Health Surveys](#) and [PMA2020](#) for these behaviors and outcomes.

SELF-EFFICACY

Family Planning Self-Efficacy Scale

For each of the following items, please say how confident you are you could do this:

Measures Questions /Items	Response Categories
<ol style="list-style-type: none"> 1. You can obtain information about different kinds of family planning methods? 2. You can talk about different family planning methods with your partner? 3. You can obtain a family planning method even if you have to wait in long lines? 4. You can discuss how many children you want to have with your partner? 5. You can discuss family planning methods with your partner? 6. You can discuss family planning methods with your friends? 7. You know other people who use family planning methods? 8. You can use a family planning method even if you don’t discuss it with your partner? 9. You can use a family planning method even if your partner does not want you to? 10. You can use a family planning method without your partner knowing? 11. You can use a family planning method even if your mother-in law does not want you to? 12. You can use a family planning method even if your parents do not want you to? 13. You can use a family planning method even if you are afraid of side effects? 14. You can use a family planning method even if you experience side effects? 15. You can use family planning even if you believe that family planning is a sin? 16. You can convince your partner that you should use family planning? 17. You can continue to use a modern method of family planning even if people in your community find out? 18. You can use a family planning method even if your neighbors criticize you? 	Confidence rating: Not at all confident1 Not very confident.....2 Moderately confident....3 Very Confident.....4 Completely Confident....5

Source: Richardson E, Allison KR, Gesink D, Berry A. Barriers to accessing and using contraception in highland Guatemala: the development of a family planning self-efficacy scale. Open Access Journal of Contraception. 2016;7:77.

To determine if efficacy is linked with actual behavior, you may wish to assess whether they have engaged in behaviors noted in above questions in the past year (or your preferred timeframe).

Measures Questions /Items	Response Categories
<ol style="list-style-type: none"> 1. You have obtained information about different kinds of family planning methods 2. You have talked about different family planning methods with your partner 3. You have discussed how many children you want to have with your partner? 4. You have used a family planning method without discussing it with your partner? 5. You have used a family planning method without your partner knowing? 	Yes...1 Yes, but not in the past year....2 No....3

Source: Questions are adapted from questions 1,2,4,8,9 in: Richardson E, Allison KR, Gesink D, Berry A. Barriers to accessing and using contraception in highland Guatemala: the development of a family planning self-efficacy scale. Open Access Journal of Contraception. 2016;7:77.

Sexual Communication Self-Efficacy Scale

Please indicate how easy or difficult it would be to discuss each of the following issues with your partner

Measures Questions /Items	Response Categories
<ol style="list-style-type: none"> 1. You tell him a certain sexual activity hurts you. 2. You tell him if a certain sexual activity makes you uncomfortable. 3. You tell him a certain sexual activity is not making you feel good. 4. You suggest a new sexual activity (e.g., a new sexual position) 5. You tell him you do not want to have sex. 6. You tell him you would like to have sex more often. 7. You tell him that a sexual activity feels good. 	<ol style="list-style-type: none"> a. Very difficult b. Difficult c. Easy d. Very easy

8. You tell them you want to have sex. 9. You tell them that you like a specific sexual activity. 10. You initiate sex.	
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Source: Adapted from: Quinn-Nilas C, Milhausen RR, Breuer R, Bailey J, Pavlou M, DiClemente RJ, Wingood GM. Validation of the sexual communication self-efficacy scale. *Health Education & Behavior*. 2016 Apr;43(2):165-71.

Note: Items on number of sexual partners and condom negotiation (STI/HIV prevention-focused items) removed

To determine if efficacy is linked with actual behavior, you may wish to assess whether they have engaged in behaviors noted in above questions in the past year (or your preferred timeframe).

Please indicate whether you have ever discussed any of the following issues with your partner

Measures Questions /Items	Response Categories
1. You told him a certain sexual activity hurts you. 2. You told him if a certain sexual activity makes you uncomfortable. 3. You told him a certain sexual activity is not making you feel good. 4. You suggest a new sexual activity (e.g., a new sexual position) 5. You told him you do not want to have sex. 6. You told him you would like to have sex more often. 7. You told him that a sexual activity feels good. 8. You told him you want to have sex. 9. You told him that you like a specific sexual activity. 10. You initiate sex.	a. Yes b. No

Source: Adapted from: Quinn-Nilas C, Milhausen RR, Breuer R, Bailey J, Pavlou M, DiClemente RJ, Wingood GM. Validation of the sexual communication self-efficacy scale. *Health Education & Behavior*. 2016 Apr;43(2):165-71.

Note: Items on number of sexual partners and condom negotiation (STI/HIV prevention-focused items) removed and items modified to assess actual behavior.

FAMILY PLANNING CONSCIOUSNESS, AMBIVALENCE, AND INTENTION

1. If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would you have?
 - a. Number: _____
 - b. If unsure, indicate here
2. How many sons do you want to have in total?
 - a. Number: _____
 - b. If unsure, indicate here
3. How many daughters do you want to have in total?
 - a. Number: _____
 - b. If unsure, indicate here
4. Have you yourself decided whether or not to have (more) children?
 - a. Yes, within the next two years
 - b. Yes, within two or more years
 - c. Yes, but I am not sure when
 - d. No, I do not want (more) children
 - e. Don't know if I want to have (more) children
5. Are you currently trying to have a baby or prevent having a baby right now?
 - a. I am currently trying to become pregnant
 - b. I am currently trying to prevent pregnancy with a modern or traditional contraceptive
 - c. I am neither trying to become pregnant nor trying to prevent it

6. How important is it to you that you decide the timing of a future pregnancy?
 - a. Very important
 - b. Moderately important
 - c. Not that important
 - d. Not important at all
 - e. Don't know
 - f. I do not wish to have any more pregnancies

7. Do you think you will use a contraceptive method to delay or avoid pregnancy in the next 12 months?
 - a. Yes
 - b. No
 - c. Don't Know

8. Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?
 - a. Yes
 - b. No
 - c. Don't Know

9. If your partner could choose exactly the number of children to have with you in total, how many would he want?
 - a. Number: _____
 - b. If unsure, indicate here

10. How many sons would he want to have in total?
 - a. Number: _____
 - b. If unsure, indicate here

11. How many daughters would he want to have in total?
 - a. Number: _____
 - b. If unsure, indicate here

Source: Questions are adapted from the [Demographic Health Survey](#).

FAMILY PLANNING COMMUNICATION WITH PARTNER

Couple communication & couple dynamics - Balance of Power

We would like to ask you now about communication and decision-making with your partner. Please indicate how much you agree or disagree with each of the following statements.

Measures Questions /Items	Response Categories
1. My partner has more say than I do about important decisions that affect us. 2. I am more committed to this relationship than my partner is. 3. A woman should be able to talk openly about sex with her husband. 4. My partner dictates who I spend time with. 5. When my partner and I disagree, she/he gets her/his way most of the time. 6. I feel comfortable discussing family planning with my partner.	a. Strongly agree b. Agree c. Neither agree nor disagree d. Disagree e. Strongly Disagree

Source: Stephenson R, Bartel D, Rubardt M. Constructs of power and equity and their association with contraceptive use among men and women in rural Ethiopia and Kenya. *Global public health*. 2012;7(6):618-634.

Interspousal communication and support

7. Have you ever discussed family planning with your husband?
 - a. Yes
 - b. No

8. When was your most recent conversation about family planning with your husband? _____ months ago

9. Who initiated the most recent conversation about family planning?
 - a. Yourself
 - b. Husband
 - c. Health worker
 - d. Others (specify)

10. What role can a man have in resolving the problems that may be caused by contraceptive use?
 - a. Help her consult a health provider
 - b. Use a male FP method
 - c. Provide advice for switching method
 - d. Provide moral support
 - e. Others
 - f. A man cannot have a role in resolving the problems

Sources: Questions adapted from: Clark, J., Yount, K. M., & Rochat, R. (2008). Men's involvement in family planning in rural Bangladesh. *Journal of biosocial science*, 40(6), 815-840.

FAMILY PLANNING DECISION-MAKING

Reproductive Decision-Making Agency

Using each of the questions below (1-4), please ask these questions for each of the following domains (I-IV):

- I. when to have children
- II. how many children to have
- III. whether to use contraception
- IV. which method of contraception to use

1. When discussing [insert topic from base question], I want to know if you shared your opinion about what you wanted with your husband/partner. Would you say that you (read aloud options to participant):
 - a. Shared your opinion
 - b. Wanted to share your opinion but did not feel comfortable so did not share
 - c. Wanted to share your opinion but did not think opinion would be valued so did not share

2. Do you think your opinion was valued?
 - a. Had the same opinion as husband/partner
 - b. Did not share your opinion because the issue did not matter to you
 - c. Don't recall/don't know
 - d. Participant refused to answer
 - e. Was valued
 - f. Was not valued
 - g. Don't recall/don't know

3. Who had the final say on [insert topic from base question]?
 - a. Myself
 - b. Husband/partner
 - c. Myself and husband/partner
 - d. Mother-in-law
 - e. Other (specify__)
 - f. No decision made

4. If there was disagreement between you and your husband/partner, who would have the final say on [insert topic from base question]?
 - a. Myself
 - b. Husband/partner
 - c. Myself and husband/partner
 - d. Mother-in-law
 - e. Other (specify__)
 - f. No decision made

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5. Would you prefer to have had more influence in the decision about [insert topic from base question] less influence, or were you happy with your level of influence?
- More influence
 - Less influence
 - Satisfied
 - Unsure

Source: Hinson L, Edmeades J, Murithi L, Puri M. Developing and testing measures of reproductive decision-making agency in Nepal. *SSM-population health*. 2019;9:100473. [Item 4 added]

CONTRACEPTIVE CHOICE AND AUTONOMY

The next set of questions are for women who are currently using a modern contraceptive method, or have used a modern contraceptive method in the past 3 months. [Assess current/most recent contraceptive method used in the past three months, and use this method to ask the following questions]

- Who mainly decided to use [current/most recent method]? Would you say it was your decision alone, your husband's decision alone, both of you decided together, provider decided, or in-laws decided or someone else?
 - Respondent's decided alone
 - Husband decided alone
 - Both decided
 - Provider decided
 - In-laws
 - Someone else decided
- If it is provider, in-laws or someone else decided, what did you discuss with them before coming to the decision to use [current/most recent method]? (circle all that apply)
 - Importance of family planning
 - Methods of contraception
 - Places to take contraception methods
 - How to use the contraceptive method
 - Side effects
 - What to do in case of complication
 - Switching over
 - Talked about delay
 - Talked about spacing between births
 - Talked about limiting family
 - Others (specify)
 - Don't remember
- Why did you stop using that FP method and switch to the [current/most recent method] or not use any FP method? (circle all that apply)
 - Inconvenient to use
 - Risk of pregnancy
 - Doesn't provide a long-term solution
 - Experienced side effects
 - Not easily available
 - Method is costly
 - Husband doesn't approve
 - Lack of access to contraceptives due to COVID
 - Others (specify)
 - Refused
 - Don't Know
 -

Sources: Questions are taken from field studies in Bihar and Uttar Pradesh, India, based on formative research. (Unpublished)

FERTILITY PRESSURES AND REPRODUCTIVE COERCION

Fertility Pressures

Using each of questions 1 and 2 below, please ask these questions for each of the following domains (I-V), to yield 10 responses:

- I. Pressure to have children when you were not sure you wanted to wait to become pregnant or did not want to become pregnant
- II. Pressure to use a modern contraceptive (e.g., pill, IUD, implant) when you were not sure you wanted to use a contraceptive
- III. Pressure to use a specific type of modern contraceptive (e.g., pill, IUD, implant) when you were not sure if that was the type of contraceptive you wanted
- IV. Pressure to continue a pregnancy when you were considering an abortion
- V. Pressure to get an abortion when you were not sure if you wanted to have an abortion

1. Have you been made to feel pressure to do this?
 - a. Yes, in the past year
 - b. Yes, but not in the past year
 - c. No, never

2. Who put this pressure on you? (circle all that apply)
 - a. Husband
 - b. Mother
 - c. Father
 - d. Mother-in-law
 - e. Father-in-law
 - f. Other female relative
 - g. Other male relative
 - h. Friends
 - i. Faith leader
 - j. Community leader
 - k. Health worker/health provider
 - l. Other (please specify _____)

Sources: Questions adapted from multi-country field tested surveys in India, Niger, and Kenya.

Reproductive Coercion

Has your husband or current male partner done any of the following ever in your relationship?

1. Tried to force or pressure you to become pregnant
 - a. Yes, in the past 12 months
 - b. Yes, but not in the past 12 months
 - c. No

2. Took away your family planning method
 - a. Yes, in the past 12 months
 - b. Yes, but not in the past 12 months
 - c. No

3. Kept you from going to the clinic or pharmacy to get your family planning method
 - a. Yes, in the past 12 months
 - b. Yes, but not in the past 12 months
 - c. No

4. Said he would leave you if you didn't get pregnant
 - a. Yes, in the past 12 months
 - b. Yes, but not in the past 12 months
 - c. No

5. Physically hurt you because you did not become pregnant
 - a. Yes, in the past 12 months
 - b. Yes, but not in the past 12 months
 - c. No

6. Have any of the following people made you feel badly, or treated you badly for not having a child? (circle all that apply)
 - a. Never
 - b. Yes, husband
 - c. Yes, in-laws
 - d. Yes, co-wife
 - e. Other
 - f. Don't know

Source: Silverman JG, Challa S, Boyce SC, Averbach S, Raj A. Associations of reproductive coercion and intimate partner violence with overt and covert family planning use among married adolescent girls in Niger. *EClinicalMedicine*. 2020;22:100359.

RESISTANCE AGAINST FERTILITY PRESSURES

Covert Contraceptive Use

1. Have you ever used a contraceptive without telling your husband?
 - a. Yes
 - b. No If no, go to next section
 - c. Don't know If don't know, go to next section

2. If yes, when was the most recent time that you decided to use family planning without telling your husband?
 - a. Within the past 3 months
 - b. Within the past 12 months
 - c. Over a year ago
 - d. Don't know

3. If yes, the most recent time you decided to use a family planning method without telling your husband, what method did you use? (more than one method can be indicated)
 - a. IUD
 - b. Injectable
 - c. Pills
 - d. Other (Please specify _____)

When you used family planning without telling your husband, why did you do this? Were you:

4. Afraid he would threaten to hurt you	a. Yes b. No c. Don't Know
5. Afraid he would physically hurt you	a. Yes b. No c. Don't Know
6. Afraid he would take the family planning method away from you or prevent you from using it	a. Yes b. No c. Don't know
7. Afraid he would yell at you, insult you, or otherwise treat you badly for using family planning	a. Yes b. No c. Don't know
8. Afraid he would accuse you of wanting to have sex with someone else?	a. Yes b. No c. Don't know
9. Afraid he would leave you or take another partner/wife if he knew you were using family planning	a. Yes b. No c. Don't know

Sources: Questions adapted from multi-country field tested surveys in India, Niger, and Kenya.

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Interpersonal Quality of Family Planning

Now I would like to ask you about your most recent experience with the family planning counselor using each of the following questions, please indicate how much the given item held true in that counseling session:

- | | | | |
|---|---|---|---|
| a. No, not at all | | | |
| b. Somewhat/a little bit | | | |
| c. Yes, very much | | | |
| 1. Respected you as a person/ treated you with respect | a | b | c |
| 2. Maintained privacy during the interaction | a | b | c |
| 3. Showed (you) care and compassion | a | b | c |
| 4. Let you say what mattered to you about your method of contraception | a | b | c |
| 5. Gave you an opportunity to ask questions | a | b | c |
| 6. Took your preferences about your method of contraception seriously | a | b | c |
| 7. Considered your personal situation when advising you about method of contraception | a | b | c |
| 8. Worked out a plan for your method of contraception with you | a | b | c |
| 9. Gave you enough information to make the best decision about your method of contraception | a | b | c |
| 10. Told you how to take or use your method of contraception most effectively | a | b | c |
| 11. Told you the benefits and risks of the method of contraception you chose | a | b | c |

Source: Dehlendorf C, Henderson JT, Vittinghoff E, Steinauer J, Hessler D. Development of a patient-reported measure of the interpersonal quality of family planning care. *Contraception*. 2018;97(1):34-40.

Quality of Contraceptive Counseling

Please indicate how much you agree with each of the following statements about the information your received and shared during your most recent family planning counseling visit.

- Completely agree
- Agree
- Disagree
- Completely disagree

1. During the contraception consultation, I was able to give my opinion about what I needed.	a	b	c	d
2. I received complete information about my options for contraceptive methods.	a	b	c	d
3. The provider knew how to explain contraception clearly.	a	b	c	d
4. I had the opportunity to participate in the selection of a method.	a	b	c	d
5. I received information about how to protect myself from sexually transmitted infections.	a	b	c	d
6. I received information about what to do if a method fails (e.g., broken condom, forget a pill, feel an IUD is poorly placed).	a	b	c	d
7. I could understand how my body might react to using contraception.	a	b	c	d
8. I could understand how to use the method(s) we talked about during the consultation.	a	b	c	d
9. I received information about what to do if I wanted to stop using a method.	a	b	c	d
10. The provider explained to me what to do if I had a reaction to a method (e.g., allergies, nausea, pains, and menstrual changes).	a	b	c	d

Please indicate how much you agree with each of the following statements about your most recent family planning counseling visit.

- Yes
- Yes, with doubts
- No, with doubts
- No

1. The provider pressured me to use the method they wanted me to use.	a	b	c	d
2. I felt the provider treated me poorly because they tend to judge people.	a	b	c	d
3. I felt scolded because of my age.	a	b	c	d
4. The provider made me feel uncomfortable because of my sex life (e.g., when I started having sex, my sexual preferences, the number of partners I have, the number of children I have).	a	b	c	d
5. The provider looked at me or touched me in a way that made me feel uncomfortable.	a	b	c	d

Source: Information and Disrespect and Abuse Subscales from: Holt K, Zavala I, Quintero X, Hessler D, Langer A. Development and Validation of the Client-Reported Quality of Contraceptive Counseling Scale to Measure Quality and Fulfillment of Rights in Family Planning Programs. *Studies in family planning*. 2019;50(2):137-158.

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