



# **EMERGE Gender Questions Health Provider: Family Planning and Abortion**



## EMERGE Gender Questions – Health Provider: Family Planning and Abortion

*This module focuses on measures of gender equity related to family planning (FP) service provision and providers including frontline health workers, community health workers, counsellors, nurses and doctors that FP programs can incorporate into their efforts to improve quality of care. These measures explore*

- *family planning providers' work responsibilities and professional development;*
- *conditions of work including family support and community respect;*
- *stress and burnout, harassment and abuse;*
- *beliefs and ideologies related to family planning provision;*
- *stigma related to adolescent sexual and reproductive health services and providing abortion.*

*We recommend the use of the fertility and FP norms and sanctions measures from the module on [EMERGE Gender Questions — Social Norms on Family Planning](#). Please refer to the module on [EMERGE COVID-19 and Gender Questions: Health Worker Module](#) for questions more specifically pertaining to the effects of the COVID-19 pandemic on health workers.*

### **I. Background Information on Health Providers**

1. Please indicate your gender.
  - a. Man
  - b. Woman
  - c. Gender non-conforming/Non-binary
  - d. Other (please indicate): \_\_\_\_\_
  - e. Prefer not to say
2. What is your date of birth?  
Day/Month/Year
3. Please state your position within the healthcare system.
  - a. Medical Doctor
  - b. Alternative Medical Practitioner
  - c. Nurse
  - d. Midwife
  - e. Community Health Worker (voluntary)
  - f. Community Health Worker (paid)
  - g. FP Counsellor
  - h. Other (please mention)
4. How many years of experience do you have as a health care provider?  
Specify number of years \_\_\_\_\_
5. What is your highest level of education?
  - a. No formal education
  - b. Primary school completed
  - c. High school completed
  - d. College completed
  - e. Post-college/university training completed. Please list post-graduate degrees: \_\_\_\_\_
6. What type of healthcare setting are you currently practicing at?
  - a. Public hospital
  - b. Public health center
  - c. Family planning clinic
  - d. Mobile clinic
  - e. Other public sector (specify) \_\_\_\_\_
  - f. Private hospital
  - g. Private clinic
  - h. Private doctor's office
  - i. Mobile clinic

- j. Other private medical sector (specify) \_\_\_\_\_
  - k. NGO hospital
  - l. NGO clinic
  - m. Other NGO medical sector (specify) \_\_\_\_\_
  - n. Other (specify) \_\_\_\_\_
  - o. Don't know
7. Do you reside in your catchment area of work?
- a. Yes
  - b. No
8. How far do you reside from your catchment area of work?  
Specify in kilometers \_\_\_\_\_
9. Approximately how much money do you receive as incentives/compensation in a month?
- a. Total amount \_\_\_\_\_
  - b. Do not receive any
  - c. Can't recall
  - d. Decline to say

## **II. Family Planning Providers' Work Responsibilities and Professional Development**

1. What are your main responsibilities of work? (check all that apply)
- a. Understand the demand for FP services in the community
  - b. Provide information and counselling to women about contraceptive methods
  - c. Listen to client concerns related to family planning
  - d. Deliver contraceptives in the community
  - e. Assist other facility-based and/or community-based workers with FP tasks
  - f. Provide referrals to health facilities and FP providers
  - g. Supervise other health workers
  - h. Other (specify) \_\_\_\_\_
2. How satisfied are you with your overall job?
- a. Not satisfied at all
  - b. Somewhat unsatisfied
  - c. Neither satisfied nor unsatisfied
  - d. Somewhat satisfied
  - e. Satisfied
3. On an average, how many hours in a day do you work as a family planning/health provider?  
\_\_\_\_\_ hours
4. Do you have a supervisor or someone who monitors your work?
- a. Yes
  - b. No
5. How frequently do you meet your supervisor?
- a. Daily
  - b. Weekly
  - c. Once in two weeks
  - d. Monthly
  - e. Occasionally
  - f. Whenever required
  - g. Other (specify) \_\_\_\_\_

6. Did you receive supportive supervision\* visits from your supervisor in the last 30 days?
  - a. Yes
  - b. No
7. During the meetings with your supervisor, does your supervisor:
  - a. Review your records and reports for accuracy
  - b. Review records for any incentive vouchers
  - c. Provide you with direct feedback about your performance
  - d. Provide you with direct feedback on family planning components
  - e. Provide you with technical resources and information to help you learn and do your job better
  - f. Assist you with problems or difficulties you are facing
  - g. Observe your work through home visits
  - h. Others (specify)\_\_\_\_\_
8. Do you get support from other health staff on FP related issues in your catchment area?
  - a. Yes
  - b. No
9. What are the preferred FP methods used in your community?
  - a. Female sterilization
  - b. Male sterilization
  - c. IUD
  - d. Injectables
  - e. Implants
  - f. Pill
  - g. Condom
  - h. Female condom
  - i. Emergency contraception
  - j. Standard days method
  - k. Lactational amenorrhea method
  - l. Rhythm method
  - m. Withdrawal
  - n. Other modern method (specify)
  - o. Other traditional method (specify)
10. Have you ever felt any pressure from higher authorities to promote a specific method?
  - a. Yes
  - b. No
11. If yes, please name the method for which you ever felt pressure (please tick as many as apply):
  - a. Female sterilization
  - b. Male sterilization
  - c. IUD
  - d. Injectables
  - e. Implants
  - f. Pill
  - g. Condom
  - h. Female condom
  - i. Emergency contraception
  - j. Standard days method
  - k. Lactational amenorrhea method
  - l. Rhythm method
  - m. Withdrawal
  - n. Other modern method (specify)
  - o. Other traditional method (specify)
12. Did you receive any training on FP communication with community members (e.g. husbands, mothers-in-law, community members) in the last 12 months?

- a. Yes
- b. No

13. Did you receive any training to provide FP services to unmarried people in the last 12 months?

- a. Yes
- b. No.

*\*According to the World Health Organisation (WHO), supportive supervision “is a process of helping staff to improve their own work performance continuously. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits as an opportunity to improve knowledge and skills of health staff.” For more information, please click [here](#).*

**Reference:** Adapted from Population Council. (2021). ASHA & ANM schedules - Family Planning Surveys Among Married Women (15-49 Years) in Bihar/Uttar Pradesh

### ***III. Conditions of Work including Family Support and Community Respect***

#### **Family Support and Community Respect<sup>1</sup>**

1. In general, do you receive any support from your husband or other family members in relation to the work you do?
  - a. Yes
  - b. No (skip to question 3)
2. If yes, what kind of support do you receive from your husband or other family members? *[Read out every option; multiple responses allowed]\**
  - a. Sharing of household or domestic responsibilities
  - b. Helping in childcare responsibilities
  - c. Assisting with transport for work or other activities
  - d. Financial support
  - e. Talk to you about your workday and provide emotional support
  - f. Advise you on managing any risks/backlash related to your job for your wellbeing
  - g. Other (specify)

Measures Questions /Items	Response Categories
3. How are you viewed by the men in your residential village/community?	a. Very respectfully
4. How are you viewed by the women in your residential village/community?	b. Respectfully
5. How are you viewed by the men in the village/community that you work in?	c. Normal as other women
6. How are you viewed by the women in the village/community that you work in?	d. Not so respectfully
	e. Disgracefully

\*Items were coded as yes-no, aggregated and then dichotomized

#### **Reference:**

1. Dehingia, N., Shakya, H., Chandurkar, D., Hay, K., Dey, A., Singh, K., ... & Raj, A. (2020). Family support and community respect for community health workers and the association of these with CHW productivity and clinic health care utilization. *Journal of Global Health Reports*, 4, e2020017. *Adapted to add items on women.*

IV. **Stress and Burnout, Harassment and Abuse among Health Providers**

**Stress and Burnout among Health Workers<sup>2</sup>:** [The Copenhagen Burnout Inventory](#) relates to the stress and burnout experienced due to conditions of work. Possible score range for all scales is 0 to 100. Scores for each subscale are averaged, and a total averaged score is calculated.

Measures Questions /Items	Response Categories
1. How often do you feel tired? 2. How often are you physically exhausted? 3. How often are you emotionally exhausted? 4. How often do you think: "I can't take it anymore?" 5. How often do you feel worn out? 6. How often do you feel weak and susceptible to illness? 7. Do you feel worn out at the end of the working day? 8. Are you exhausted in the morning at the thought of another day at work? 9. Do you feel that every working hour is tiring for you? 10. Do you have enough energy for family and friends during leisure time? 11. Is your work emotionally exhausting? 12. Does your work frustrate you? 13. Do you feel burned out because of your work? 14. Do you find it hard to work with clients? 15. Does it drain your energy to work with clients? 16. Do you find it frustrating to work with clients? 17. Do you feel that you must give a lot to your clients, and get little back from them in terms of respect or listening to your advice?	a. Always – 100% b. Usually or Often – 75% c. Sometimes – 50% d. Seldom or Rarely – 25% e. Never – 0%
18. Are you tired of working with clients? 19. Do you sometimes wonder how long you will be able to continue working with clients?	a. To a very high degree - 100% b. To a high degree - 75% c. Somewhat - 50% d. To a low degree - 25% e. To a very low degree - 0

\*#17 modified for clarity

**Reference:**

- Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress*, 19(3), 192-207. <https://doi.org/10.1080/02678370500297720>

**Harassment and Abuse among Health Workers<sup>3-4</sup>:** The following questions relate to any mistreatment you may have experienced at work.

Measures Questions /Items	In the last year	In the last month
1. How often have you been verbally abused?	a. Never b. Occasionally c. Monthly d. Weekly or more	a. All the time b. Sometimes c. Once or twice d. Never
2. Who has verbally abused you? (check all that apply)	a. Patient/Client b. Relatives of patient/client c. Staff member d. Management/Supervisor e. External colleague/worker f. Community member g. Own relative/family	
<i>Have you ever experienced the following:</i> 3. Someone in your workplace withholding information which affects your performance 4. Persistent criticism of your work and effort from your supervisor or colleagues 7. Repeated reminders of your errors or mistakes by your supervisor or colleagues 8. Colleagues or your supervisor spreading gossip and rumours about you	a. Never b. Occasionally c. Monthly a. Weekly or more	a. All the time b. Sometimes c. Once or twice d. Never

9. Practical jokes carried out by people at work that you do not get along with 10. Having colleagues make insulting or offensive remarks about your person, attitudes or your private life 11. Being shouted at or being a target of spontaneous rage by your supervisor or colleagues 12. Being ignored or excluded at work 13. Being ignored or facing a hostile reaction when you approach your colleagues in the workplace		
---	--	--

#### References:

- Adapted from - World Health Organization (2003). Workplace Violence in the Health Sector - Country case Studies Research Instruments.
- Notelaers, G., Van der Heijden, B., Hoel, H., & Einarsen, S. (2019). Measuring bullying at work with the short-negative acts questionnaire: identification of targets and criterion validity. *Work & Stress*, 33(1), 58-75.

- V. ***Beliefs and Ideologies Related to Family Planning Provision<sup>5-7</sup>***: The following questions relate to beliefs related to family planning decision-making, and gender ideologies related to FP and informed choice. Item scores are summed to create a final score. Higher scores on the total score reflect a more gender equitable ideology:

Measures Questions /Items	Response Categories
1. When providing FP counselling, how important do you think it is to: a. Ask how many children the woman wants b. Ask how many children the husband/partner wants c. Ask about the gender composition of living children d. Ask about the preferred gender composition of children	a. Very important b. Important c. Not important
2. You believe that: a. Family planning is the joint responsibility of the husband and wife b. Women have an equal right to information about family planning c. A couple should talk to each other before making any family planning decision d. A husband should support his wife's family planning choices and decisions e. You should advise family planning to both husband and wife together so that they can have a smooth conversation in this regard	a. Agree b. Neither agree nor disagree c. Disagree
3. You believe that: a. Contraception should only be women's responsibility, and should have nothing to do with men* b. Gynaecological diseases are women's problems and should not involve men* c. Women should not make excessive demands of their husbands in relation to their sexual life* d. It is shameful for menopausal women to consult medical professionals about sexual issues* e. Doctors' discriminatory attitudes against unmarried pregnant girls in medical treatment are acceptable* f. It is worth paying the social maintenance fee to give birth to a boy outside the birth quota* <sup>#</sup> g. It is not worth paying the social maintenance fee to give birth to a girl outside the birth quota* <sup>#</sup> (OR It is not worth the cost to give birth to a girl when a couple already has two living children) <sup>\$</sup> h. To prevent the spread of STIs, female STI patients' personal information should be open to the public* <sup>\$</sup> i. A husband should be cooperative and supportive when his wife receives treatment for gynaecological diseases such as reproductive tract diseases. j. The husband should accompany his wife when she receives an induced abortion. k. The husband should be cooperative and supportive to help his wife deal with menopausal problems l. A wife should be considerate of her husband when he has a disorder of sexual function. <sup>\$</sup> m. The husband should help his wife enjoy a satisfying sexual life. n. Men should acquire as much sexual knowledge as they can. o. Women should acquire as much sexual knowledge as they can. *reverse-coded <sup>#</sup> This item is specific to contexts such as China's where the one-child norm was once prevalent. <sup>\$</sup> This item has been adapted	a. Strongly agree b. Agree c. Neither agree nor disagree d. Disagree e. Strongly Disagree

#### References:

- Valdés PR, Alarcon AM, Munoz SR. Evaluation of Informed Choice for contraceptive methods among women attending a family planning program: conceptual development; a case study in Chile. *Journal of clinical epidemiology* 2013; 66(3): 302-7.
- Adapted from CARE Bihar's Integrated Family Planning Survey – ASHA & ASHA Facilitator Tool
- Yang, X., Li, S., & Feldman, M. W. (2013). Development and validation of a gender ideology scale for family planning services in rural China. *PLoS ONE*, 8(4), e59919. <https://doi.org/10.1371/journal.pone.0059919>. The full scale is also available on EMERGE, [here](#).



## VI. Stigma Related to Adolescent Sexual and Reproductive Health Services

**Adolescent Sexual and Reproductive Health (SRH) Stigma Scale:** Items are summed to create a total scale score ranging from 0-20 possible points. Higher scores mean higher perceived stigma.

*For each of the following items, please indicate how much do you agree or disagree:*

Measures Questions /Items	Response Categories
1. People behave differently toward an adolescent whom they know has had sex 2. People behave differently toward an adolescent whom they know has had an abortion 3. People behave differently toward an adolescent whom they know has used modern family-planning methods 4. Having sex as an adolescent often leads to getting beaten or physically hurt by one's parents 5. If I had become pregnant and had a baby as an adolescent, it would cause people to behave differently around me 6. If I had become pregnant and had a baby as an adolescent, it would cause others to tease, insult, swear, or gossip about me 7. Having sex as an adolescent is a form of disobedience 8. Young women who have abortions are bad girls 9. Young women who use modern family planning are promiscuous 10. Adolescent girls who use modern family planning are viewed as bad girls 11. Having sex as an adolescent brings disgrace and shame to a young woman and her family 12. If I had become pregnant and had a baby as an adolescent, it would bring disgrace to my family 13. If I had become pregnant and had a baby as an adolescent, it would make me feel ashamed and bad about myself 14. Young women who have abortions will encourage others to have abortions 15. Modern family planning is not acceptable for unmarried women 16. Modern family-planning methods have bad effects on a woman's health 17. Having an abortion is like committing a murder 18. The media, including the television, Internet, or magazines, has a strong impact on adolescents' sexual behaviour 19. When adolescents have sex for the first time, it is usually because they were pressured by their friends or partners to do so 20. Children born to adolescent parents are worse off than those born to adults	a. Agree.....1 b. Neutral...0 c. Disagree..0

### Reference:

- Hall, K. S., Manu, A., Morhe, E., Harris, L. H., Loll, D., Ela, E., Kolenic, G., Dozier, J. L., Challa, S., Zochowski, M. K., Boakye, A., Adanu, R., & Dalton, V. K. (2018). Development and validation of a scale to measure adolescent sexual and reproductive health stigma: Results from young women in Ghana. *Journal of Sex Research*, 55(1), 60-72.

## VII. Stigma Related to Abortion Provision

These measures relate to community members' perception of abortion providers and internalized stigma among health providers based on community response to their work.

The **Abortion Provider Stigma measure**<sup>9</sup> is a measure of abortion providers' internalized stigma and apprehensions/fears. The mean of the total and three subscales is calculated.

Disclosure Management	Response Options
People's reactions to my being an abortion worker make me keep to myself* I feel marginalized by other health workers because of my decision to work in abortion care* I feel like if I tell people about my work they will <i>only</i> see me as an abortion worker* I worry about telling people I work in abortion care* It bothers me if people in my neighbourhood know that I work in abortion care* I avoid telling people what I do for a living* I am afraid that if I tell people I work in abortion care I could put myself or my loved ones at risk for violence*	All the time.....1 Often.....2 Sometimes.....3 Rarely.....4 Never.....5
Resilience and Resistance	
I am proud that I work in abortion care	



I feel connected to others who do this work By providing abortions I am making a positive contribution to society I find it important to share with people that I work in abortion care  <i>Discrimination</i> Newspapers/television take a balanced view about abortion care I feel that patients use me as an emotional punching bag*	
---	--

\*Items are reverse-coded, ensuring higher values indicate greater stigma.

#### Reference:

- Martin LA, Debbink M, Hassinger J, Youatt E, Eagen-Torkko M, Harris LH. Measuring stigma among abortion providers: Assessing the abortion provider stigma survey instrument. *Women & Health* 2014; **54**(7): 641-61.

**The Attitudes about Abortion Providing Physicians Scale<sup>10</sup>** is a measure examining perceptions of abortion providers among their physician colleagues and support received or stigma experienced. Values of items are summed to create the sub-scale and total scale scores. Higher sums reflect more positive attitudes. Aggregated total scores range from 13 to 79.

<b>Opinions (13 items)</b> 1. Abortion providers provide necessary care for women. 2. Abortion providers make a positive contribution to society. 3. If my child became a physician, I would be proud if they offered abortion services. 4. Abortion providers are heroes. 5. I would be happy to help if an abortion provider calls me for consultation about a mutual patient seeking abortion care. 6. I would be happy to help if an abortion provider calls me for consultation about a patient that I do not know who is seeking abortion care. 7. I do not wish to play a consultant role in the care of any woman seeking abortion care.* 8. I am suspicious of the motivations of abortion providers.* 9. I think that abortion providers should be ashamed of their work.* 10. Abortion providers who work in free-standing clinics (e.g., Planned Parenthood) are generally unskilled physicians.* 11. I am more likely to forgive a medical error by a general surgeon than by a physician who performs abortions.* 12. I see more complications from abortion than I would expect if it is as safe as data suggest.* 13. My sense is that complications from abortion are more common than those from miscarriage treatment.*	<b>Response options:</b> Strongly disagree.....1 Disagree.....2 Neither agree/disagree.....3 Agree.....4 Strongly agree.....5
<b>Motivations (4 items):</b> <i>Compared with most other doctors, abortion providers:</i> 14. care _____ deeply for their patients. 15. are _____ concerned for their patients' safety. 16. are _____ motivated by their conscience to do their work. 17. are _____ motivated by money.*	<b>Response Options</b> More.....2 Equally.....1 Less.....0
<b>Competence (3 items)</b> <i>Compared with most other doctors, abortion providers:</i> 18. are _____ competent physicians. 19. are _____ technically skilled. 20. are _____ well-trained to do the work they do.	<b>Response Options</b> More.....2 Equally.....1 Less.....0

\*Items are reverse-coded.

#### Reference:

- Martin LA, Seewald M, Johnson TR, Harris LH. Trusted Colleagues or Incompetent Hacks? Development of the Attitudes About Abortion-Providing Physicians Scale. *Women's Health Issues* 2020; **30**(1): 16-24).