SUPPLEMENTAL TRAINING MODULE

Gender Integration in Family Planning Services

PARTICIPANT'S HANDOUT

পরিবার পরিকল্পনা অধিদপ্তর

Supplemental Training Module on Gender Integration in Family Planning Services

PARTICIPANT'S HANDOUT

Accelerating Universal Access to Family Planning (AUAFP)/ Shukhi Jibon Project 2022

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ShukhiJibon

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Forward

Bangladesh had made significant achievements during the last decades in reducing population growth and improving maternal and child health. In the last 50 years, Bangladesh has successfully halved infant mortality and cut the maternal mortality rate by 75%. Moreover, the total fertility rate has been brought down to 2.04 in 2020 from about 7 in the 1970s and this target should be brought down to 2.0 by 2022 to achieve a replacement level of fertility. To achieve this goal, the Contraceptive Prevalence Rate (CPR) should be raised to at least 75% and the participation of permanent and long-term methods to 20%. Reducing the maternal mortality ratio from 165 to 70 per lakh live births in Bangladesh by 2030 is an important goal of this program to achieve the Sustainable Development Goals. Various statistics have shown that gender norms, roles, behaviors, and practices affect family planning, and maternal and child health services. In this context, this Gender Integrated Family Planning Service Manual has been developed.

Almost all of us are acquainted with the word 'gender'. Gender-related knowledge identifies ongoing inequalities in personal, family, professional and social life and paves the way for equality. Gender roles and norms are deeply involved in the services of those who are especially involved in family planning, maternal and child health, and sexual & reproductive health services. Considering various indicators, it has been observed that gender norms and behaviors are closely linked with family planning and sexual & reproductive health services. In consequence, it has a huge impact on underprivileged people, especially on women's health, such as child marriage, adolescent pregnancy, infant/child mortality, and maternal mortality. Therefore, the elimination of gender inequality is essential in the development of maternal and child health.

In this context, the Directorate General of Family Planning (DGFP), Directorate General of Health Services (DGHS), National Institute of Population Research and Training (NIPORT), Shukhi Jibon Project, Pathfinder International, and USAID have jointly developed this Gender- Integrated Family Planning Service Manual. Sincere thanks and appreciation to all those who have been involved in the development of this manual for their timely assistance. This manual is a commendable initiative by the Shukhi Jibon project. The main content of the manual is designed for family planning and sexual and reproductive health care providers. Through this, service providers will get an initial idea about gender and better understand the connection of gender with family planning, and maternal and child health services. This manual can be used for basic training of family welfare visitors (FWVs). All the other manuals that are supplemented with this manual can be used in any training on family planning and maternal and child health services.

I firmly believe that the manual will contribute to developing service providers' knowledge, skills, behavior, and attitudes as well as performance. I also hope that gender will play a vital role in providing integrated family planning, and maternal and child health services.

Shahan Ara Banu, ndc
Director General (Grade 1)
Directorate General of Family Planning (DGFP)

Message

The Family Planning (FP) program of Bangladesh is a model for many countries and is appreciated all over the world. The United Nations recognized the Government of Bangladesh with an award for outstanding achievements in Maternal and Child Health Development. Extensive initiatives have been taken to ensure 24-hours safe delivery services at Union Health and Family Welfare Centers across the country. Adolescent-friendly corners are being set up in all service centers gradually. This reputation has been made possible by the multifaceted family planning programs through the last few decades. In line with the Sustainable Development Goals (SDG), Bangladesh has already made promising progress in achieving the targets of indicators related to family planning, maternal and child health. This progress and success have been made possible by the sincerity and dedication of the skilled service providers of the Directorate General of Family Planning Bangladesh (DGFP).

According to the Family Planning Program of the Government of the People's Republic of Bangladesh, bringing down the Total Fertility Rate (TFR) of eligible couple to 2.0 by June 2023 will make it possible to achieve the replacement level of fertility. Therefore, the Contraceptive Prevalence Rate (CPR) should be increased 75% and the participation of permanent and long-acting methods needs to be increased to 20%. By June 2023 we need to reduce the rate of unmet need for family planning from 12% to 10%; the adolescent pregnancy rate of 15-19-years old couples should be reduced from 30.8% to 25% and discontinuation rate should be reduced from 37% to 20%.

Proper use of family planning methods will play a helpful and necessary role in fulfilling our targeted objectives and goals. Besides, the role of family planning methods in maintaining maternal and child health is undeniable. We know that if we can ensure the use of family planning methods then it will reduce maternal and child mortality. Another significant cause of maternal mortality is repeated pregnancy, delivery, childbirth-related complications, especially ante-natal and postpartum complications that can be easily reduced through the use of family planning methods. At the same time, the desired goals of these indicators can be attained by increasing the knowledge and skills of the service providers. Considering the above and analyzing the underlying causes, it has been observed that one of the factors affecting the objective indicators is: gender-based violence caused by gender norms, customs and practices.

The Government of Bangladesh identified three issues as "Zero Tolerance": zero maternal mortality; zero unmet need of family planning and zero gender-based violence. Many issues can be solved if we work diligently on gender-based violence and sexual and reproductive health-related violence and rights. While implementing various activities, it has been observed that although the service providers have an idea about gender and gender-based violence, there is a lack in the service delivery, information sharing and gender-based knowledge to the clients. This manual has been developed with the joint efforts of the Directorate General of Family Planning (DGFP), Directorate General of Health Services (DGHS), NIPORT and' USAID Shukhi Jibon' Project.

I would like to express my sincere gratitude and appreciation to all those who have extended their support for the overall collaboration in the development and formulation of this Manual. Special thanks to all those involved in the USAID 'Shukhi Jibon' project for their timely cooperation. Following this manual, it is very important to provide appropriate and quality gender-sensitive services, which in my opinion, is very necessary for a quality program. I expect and believe that all service providers and managers involved in the family planning program will make the best use of it. Ultimately, the effective use of this manual will enable service providers to address violence in the provision of family planning services, maternal and child health services, adolescent health services and above all sexual and reproductive health services and finally assist in ensuring quality services through joint ventures.

Md. Niajur Rahman
Director (Finance) Line Director (Family Planning - Field Service Delivery)
Directorate General of Family Planning

Acknowledgments

The USAID Accelerating Universal Access to Family Planning Project, also known as Shukhi Jibon, is implemented by Pathfinder International, and works with the Government of Bangladesh (GOB) to build the responsiveness of the health care system and improve the health, especially of women and adolescents, by increasing the use of sexual and reproductive health (SRH) and family planning (FP) services. Shukhi Jibon provides technical support to the GOB to improve the skills of FP service providers and implement reproductive health strategies for disadvantaged people such as newlyweds, first-time parents, adolescents, and postpartum women. Gender is integrated in all the activities of the Shukhi Jibon Project.

Gender norms and related factors greatly influence reproductive health and family planning practices; however, FP service providers do not always understand how gender is associated with family planning services and health care. Considering this context, Shukhi Jibon developed a manual on gender integration in family planning services.

This manual provides an introduction to gender with a focus on how gender influences SRH/FP services and practices. The manual can be used in any training related to SRH services. Since it includes some Bangla words that have not been found in any other manual, both the Bangla and English terms have been kept for ease of reference. The Gender-Integrated Family Planning Services Manual was field-tested and vetted by a technical working group.

The manual will enable FP service providers to increase their knowledge and skills on gender and contribute to improving the quality of services. Our gratitude to the Directorate General of Family Planning (DGFP), Directorate General of Health Services (DGHS), and National Institute of Population Research and Training (NIPORT), as well as the subject matter experts and Shukhi Jibon team members who were involved in supporting the development of this manual.

Md. Mahbub Ul Alam
Project Director, USAID Shukhi Jibon and
Country Director, Pathfinder International

Participant Handouts

SESSION 1 HANDOUTS

HANDOUTlA

Gender-Related Terms and Concepts

Cisgender is a term used in many countries to describe a person whose sense of personal identity and gender corresponds with the sex they were assigned at birth.

Empowerment means expansion of people's capacity to make and act upon decisions affecting all aspects of their lives - including decisions related to health - by proactively addressing socioeconomic, and other power inequalities in a context where this ability was previously denied. Programmatic interventions often focus specifically on empowering women, because of the inequalities in their socioeconomic status.

Gender is about the roles, norms, and behaviors that society consider appropriate for women, men, girls, boys, and those with diverse gender identities, such as transgender. These are socially constructed and vary widely within and across cultures, religions, class and ethnicity. For example, in many societies a common gender norm is that women and girls should do most of the domestic work.

Gender-based violence, in the broadest terms, is violence that is directed at individuals based on their biological sex, gender identity, or perceived adherence to culturally-defined expectations of what it means to be a woman and man, girl and boy. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private. GBV is rooted in economic, social, and political inequalities between men and women. GBV can occur throughout the lifecycle, from infancy through childhood and adolescence, the reproductive years and into old age (Moreno 2005), and can affect women and girls, and men and boys, including transgender individuals. Specific types of GBV include (but are not limited to) female infanticide; early and forced marriage, "honor" killings, and female genital cutting/mutilation; child sexual abuse and exploitation; trafficking in persons; sexual coercion, harassment and abuse; neglect; domestic violence; economic deprivation, and elder abuse.

Gender equality is the absence of discrimination based on a person's sex or gender. It means providing the same opportunity to each person including access to and control of social, economic and political resources, including protection under the law (such as health services, education and voting rights).

Gender equity is the process of being fair to women, men and those with diverse gender identities. It recognizes that men and women have different needs, power and access to resources, which should be identified and addressed in a manner that rectifies the imbalance. Addressing gender equity leads to equality.

Gender identity refers to one's internal sense of being male, female, neither or both.

Gender integration refers to strategies applied in in programs and health services to take gender considerations (as defined above, in "gender") into account and to compensate for gender-based inequalities.

Gender-related barriers are obstacles to access and use of health services that are related to deep rooted social and cultural norms about the roles of women, men, and those with diverse gender identities. For example, when caregivers, primarily women, have not been educated, lack decision-making power, are economically dependent, or are unable to move freely outside their homes, there is a greater likelihood that they will not take their children to get vaccinated.

Gender-responsive approaches are those that consider women's and men's specific needs without necessarily changing the larger contextual issues that lie at the root of the gender inequities and inequalities. For example, employing female health workers will facilitate enhanced FP service acceptance and uptake, but would not address the underlying cultural barrier that prevents female caregivers from seeking services from male health workers.

Gender-transformative approaches are those that attempt to re-define and change existing gender roles, norms, attitudes and practices. These interventions tackle the root causes of gender inequity and inequality and reshape unequal power relations. For example, promoting men's caregiving and active fatherhood encourages equitable gender roles, or providing health education to girls improves their agency builds their confidence.

Intersex: Individuals who have genital, chromosomal, or hormonal characteristics which do not correspond to the given standard for "male" or "female" categories of sexual or reproductive anatomy. It may take many forms and covers a wide range of bodily characteristics

Sexual orientation refers to one's sexual or romantic attractions, and includes sexual identity, sexual behaviors and sexual desires.

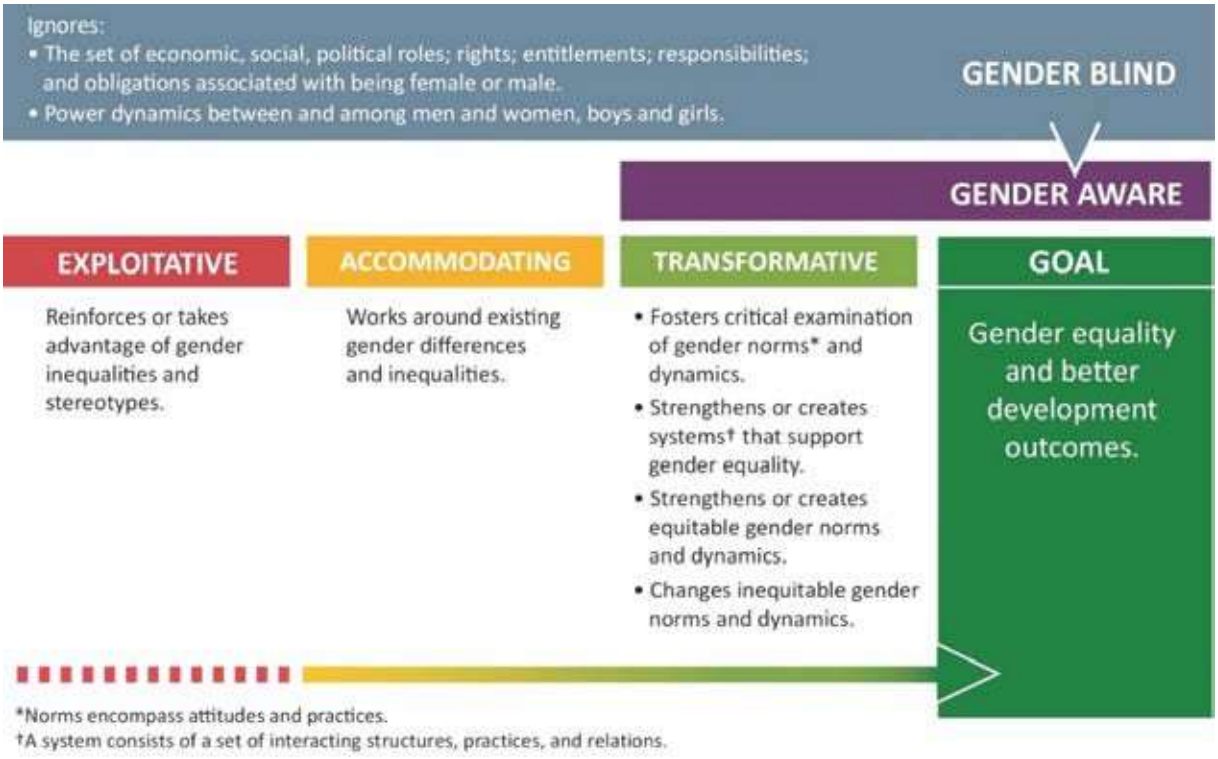
Sex is typically assigned at birth and refers to the biological characteristics that define humans as female, male or intersex.

Transgender is an umbrella term referring to individuals who do not identify with the sex category assigned to them at birth or whose identity or behavior falls outside of stereotypical gender norms. The term "transgender" encompasses a diverse array of gender identities and expressions, including identities that fit within a female/male classification and those that do not. Transgender is not the same as intersex, which refers to biological variation in sex characteristics, including chromosomes, gonads and/or genitals that do not allow an individual to be distinctly identified as female/male at birth.(The *term can include a wide range of other identities, such as members of third genders, as well as individuals who identify as more than one gender or no gender at all.*

SESSION 2 HANDOUTS

HANDOUT2A

Gender Integration Continuum



Source: Populational Reference Bureau, The Gender Integration Continuum: Training Session User's Guide. Washington, DC: Populational Reference Bureau, 2017). Available at: https://www.igwg.org/wp-content/uploads/2017/12/17-418-GenderContTraining-2017-12-12-1633_FINAL.pdf

HANDOUT2B

Gender Integration Continuum Definitions

Definitions of the Approaches on the Gender Integration Continuum[1]

The terms "gender blind" and "gender aware" relate to the degree to which gender norms, relations, and inequalities are analyzed and explicitly addressed during design, implementation, and monitoring.

Sex - classification of people as female, male, or intersex. At birth, infants are assigned a sex based on a combination of bodily characteristics including: chromosomes, hormones, internal reproductive organs and genitalia (USAID IGWG).

[1] Populational Reference Bureau, *The Gender Integration Continuum: Training Session User's Guide.* Washington, DC: Populational Reference Bureau, 2017). Available at: https://www.igwg.org/wp-content/uploads/2017/12/17-418-GenderContTraining-2017-12-12-1633_FINAL.pdf

Gender refers to roles, norms, and behaviors society considers appropriate for women, men, girls, boys, and those with diverse gender identities, such as transgender people. These are socially constructed and vary widely within and across culture, religion, class, and ethnicity. For example, in many societies a common gender norm is that women and girls should do most of the domestic work.

Gender norms are defined by what society considers male and female behavior, and it leads to the formation of gender roles, which are the roles men and women/girls and boys are expected to take in society.

Gender-related barriers are obstacles to access and use health services that are related to deep rooted social and cultural norms about the roles of women, men, and those with diverse gender identities. For example, when caregivers, primarily women, have not been educated, lack decision-making power, are economically dependent, or are unable to move freely outside their homes, there is a greater likelihood that they will not take their children to get vaccinated.

Gender Blind

Gender blind policies and programs are designed without a prior analysis of the culturally defined set of economic, social, and political roles, responsibilities, rights, entitlements, obligations, and power relations associated with being female and male and the dynamics between and among men and women, boys and girls. **The project/services ignore gender considerations altogether.** Gender blind services do not consider how gender norms and unequal power relations affect health care provision/outcomes, or how health care provision impact gender.

Gender Aware

The explicit recognition of local gender differences, norms, and relations and their importance to health outcomes. This begins with the analysis or assessment of gender differences, norms, and relations to address gender equity in health outcomes.

Gender Exploitative Programming

Gender exploitative policies and programs intentionally or unintentionally reinforce or take advantage of gender inequalities and stereotypes in pursuit of project outcome, or whose approach exacerbates inequalities. This approach is harmful and can undermine the objectives of the program in the long run.

Gender Accommodating Program

These are policies and programs that acknowledge but work around gender differences and inequalities to achieve project objectives. Although this approach may result in short-term benefits and realization of outcomes, it does not attempt to reduce gender inequality or address the gender systems that contribute to the differences and inequalities.

Gender Transformative Programming

Transformative policies and programs seek to transform gender relations to promote equality and achieve program objectives. This approach attempts to promote gender equality by:

- Fostering critical examination of inequalities and gender roles, norms, and dynamics;
- Recognizing and strengthening positive norms that support equality and an enabling environment;
- Promoting the relative position of women, girls, and marginalized groups; and
- Transforming the underlying social structures, policies, and broadly held social norms that perpetuate gender inequalities.

SESSION 3 HANDOUTS

HANDOUT 3A

The Gender Competent FP Service Provider[2]

[2] USAID/HRH 2030, "Defining and Advancing Gender-Competent Family Planning Service Providers: A Competency Framework and Technical Brief," Second Edition (2020). Available at: https://hrh2030program.org/gender-competency-tech-brief/.

SESSION 4 HANDOUTS

HANDOUT 4A

Scenarios for Gender-Sensitive Counseling Roleplays or Case Studies

Scenario 1 (FP)

A couple, Flora and Atif, have a 2-year-old daughter. They came to the FP health facility for removal of Flora's IUD. The IUD was inserted 2 months ago following a household visit counseling session Flora had with a field worker. Atif was away for work and was not present when Flora received the family planning counseling visit and accepted IUD insertion as a contraceptive choice. However, Flora informed her husband prior to having the IUD inserted.

Atif is now saying that he doesn't like the IUD as he heard that it might cause discomfort during sex. He is forcing Flora to remove IUD even though she does not have any complaints about the IUD.

- How can the service provider counsel Flora and Atif to promote positive couple's communication and cooperative decision making?
- How can the service provider counsel and educate Atif on IUD use as a safe family planning method choice and support Flora's preference to continue with the IUD?

Scenario 2 (Adolescent pregnancy)

A young newlywed couple visits the FP health facility to receive counseling on family planning. The woman, Maimuna, was married at age 17 to a man she had never seen before their wedding. Maimuna shares that she does not want to conceive right away and wishes to delay her first pregnancy until she is older. However, her husband, Rafi, wants to conceive as early as possible to provide a grandchild to his parents and wants to force his wife to get pregnant against her wishes.

- How can the service provider counsel the couple to support positive couple's communication and cooperative decision making?
- How can the service provider support the wife's decision to delay pregnancy?

Scenario 3 (Postpartum FP)

A couple, Riad and Dina, have 2 children. Dina does not want any more children. The younger child is only 5 months old, however, Dina is now pregnant. Dina states that she became pregnant without having any menstruation after childbirth. Riad is 10 years older than her, and he doesn't like any family planning methods. Dina states that she sometimes uses the pill without telling her husband. She is at the FP health facility because she wants a contraceptive that will provide her longer protection or permanent protection.

- How can the service provider counsel Dina to help her prevent future pregnancies and choose a family planning method?
- Are there any risks to Dina using contraception covertly, without telling her husband?

Scenario 4 (Postpartum FP}

A woman, Joya, gives birth in a clinic. The health care workers carefully explain the importance of family planning and healthy timing and spacing of pregnancies. They schedule for her to return for another appointment to check her health, the health of her child, and for family planning. Prior to the appointment day she tells her husband, Karim, about the clinic appointment and asks him for money for transportation and service fees. Karim tells her contraception is unnecessary. He says she can go to the clinic to get the baby checked, but not for contraception. When Joya arrives, she tells the staff that her husband doesn't approve of contraception.

- How can the service provider counsel Joya on family planning?
- How can the service provider counsel the couple to support positive couple communication and cooperative decision making?

HANDOUT4B

Gender-Sensitive Counseling Job Aid

Note: this is not a comprehensive FP counseling job aid.

Do:

- Integrate gender-sensitive counseling into existing FP counseling questions.
- Give female clients information about their health directly, not to a male partner/family member.
- Allow clients of any gender and age to voluntarily choose any available and appropriate family planning method, including permanent methods (according to country policy).
- Encourage questions and listen to client to ensure client has understood.
- Use language and terminology client will understand.
- Ensure privacy during visits.

Don't:

- Do not require a client's spouse, partner, or family member (e.g. mother-in-law) to give consent for any services, including family planning.
- Do not direct information on female client's health or contraceptive choices to male spouse, partner, or family member.

Counseling introduction:

- How may I help you with family planning today?
- Would you like to have your husband/partner in this counseling session? Family planning is for both partners to discuss. Some FP methods, such as oral contraceptives and IUDs are utilized by women and some options, such as vasectomies, are used by men.
- Is there anything you'd like to tell me before asking your husband/partner to join us? The goal is to support couple communication on FP. The decision on whether and what kind of contraception to use is still yours and I will support it.

Basic history taking:

- Have you used contraception previously?
- What method(s)? Have you ever discussed your contraception preferences with your husband/partner?
- Do you have concerns about discussing contraception with your partner?
- Has your husband/partner ever shared preferences or concerns about contraception or contraception method choices?

Responding to requests for discontinuation:

- Please tell me more about why you are looking to stop using this method.

- Are you hoping to become pregnant? (Always look to the client first and encourage her to respond before her partner.)
- I can understand that some methods such as condoms and IUD can change the experience of coitus for both partners. There are ways to minimize this and we can also review other contraceptive methods available.
- After reviewing balanced counseling ask the woman first whether she'd like to continue with her current method or switch. Then, ask her partner, do you have any concerns or questions for me?

When counseling adolescents or newlywed couples

- Provide key facts on health risks of early childbearing.
- Discuss healthy timing and spacing of pregnancy (HTSP) with couple.
- Ask both partners, starting with the young woman, if they have any concerns or fears about family planning or using contraception.
- Ask the woman: What would be your ideal timing for first pregnancy?
- If needed, offer to schedule a follow-up visit or home visit by a community health worker with the mother-in-law if it would assist with dispelling myths and sharing benefits of HTSP. Emphasize that you support women and couples FP decision making.

SESSION 5 HANDOUTS

HANDOUT 5A

LIVES Pocket Card[3]

Copy or cut out this reminder card and fold for your pocket

Signs of immediate risk

- Violence getting worse
- Threatened her with a weapon
- Tried to strangle her
- Beaten her when pregnant
- Constantly jealous
- "Do you believe he could kill you?"

Asking about violence

You might say:

"Many women experience problems with their husband or partner, but this is not acceptable."

You might ask:

"Are you afraid of your husband (or partner)?"
"Has he or someone else at home threatened to hurt you? If so, when?"
"Has he threatened to kill you?"
"Does he bully you or insult you?"
"Does he try to control you – for example, not letting you have money or go out of the house?"
"Has forced you into sex when you didn't want to?"

Listen	• Listen closely, with empathy, not judging.
Inquire about needs and concerns	• Assess and respond to her needs and concerns – emotional, physical, social and practical.
Validate	• Show that you believe and understand her.
Enhance safety	• Discuss how to protect her from further harm.
Support	• Help her connect to services, social support.

[3] Source: WHO, Caring for Women Subjected to Violence: A WHO Curriculum for Training Health-care Providers (Geneva: WHO, 2019).

HANDOUT 5B

SGBV Disclosure Roleplay

Scenario 1

Information for provider:
Rubina (age 22, 1 prior live birth) presents at the FP clinic requesting help delaying another pregnancy. She reports frequent headaches and tells you that she'd like a contraceptive method that won't cause headaches because they get her in trouble.

Information for client:
Your name is Rubina, age 22. You have 1 young child at home and have come to the FP clinic because you want to delay another pregnancy. You've told the provider that you get frequent headaches and hope there is a method of FP that will keep you from getting more headaches.

If asked or given an opportunity that feels safe, you will tell the provider that: Your husband sometimes hits you if you can't complete all your household chores, even when it's due to headaches or pregnancy. You are scared another pregnancy will lead to more headaches and additional physical violence from your husband. You do not know how your husband feels about contraception or the idea of spacing your children.

Scenario 2

Information for provider:
Mina (age 36) presents at the FP clinic wanting information about sterilization.

She reports having 6 children at home, and having lost 2 children when they were babies.

Mina has a bruise on her cheek, speaks quietly, and was very quick to say no when you asked if she would like her husband present for contraceptive counseling.

Information for client:
Your name is Mina, age 36. You have come to request sterilization because you have been pregnant 8 times and have 6 living children at home. Your husband frequently beats you if you try to avoid having sex or if the home is not clean enough. He has knocked out one of your teeth in the past, and once hit you so hard that you lost consciousness.

You are nervous he will find out about you coming to the clinic and getting sterilized, but you cannot have any more children or go through another pregnancy.

You will not tell the provider that your husband beats you because you are ashamed and worry what he would do if he found out you had told someone.

HANDOUT 5C

LIVES Communication Skills and Pathways[4]

[4] WHO, "Handout 6A" in Caring for women subjected to violence: A WHO curriculum for training health-care providers (2019). Available at: https://www.who.int/reproductivehealth/publications/caring-for-women-subject-to-violence/en/.

HANDOUT 5D

Powerpoint Presentation

SUPPLEMENTAL TRAINING MODULE

Gender Integration in Family Planning Services

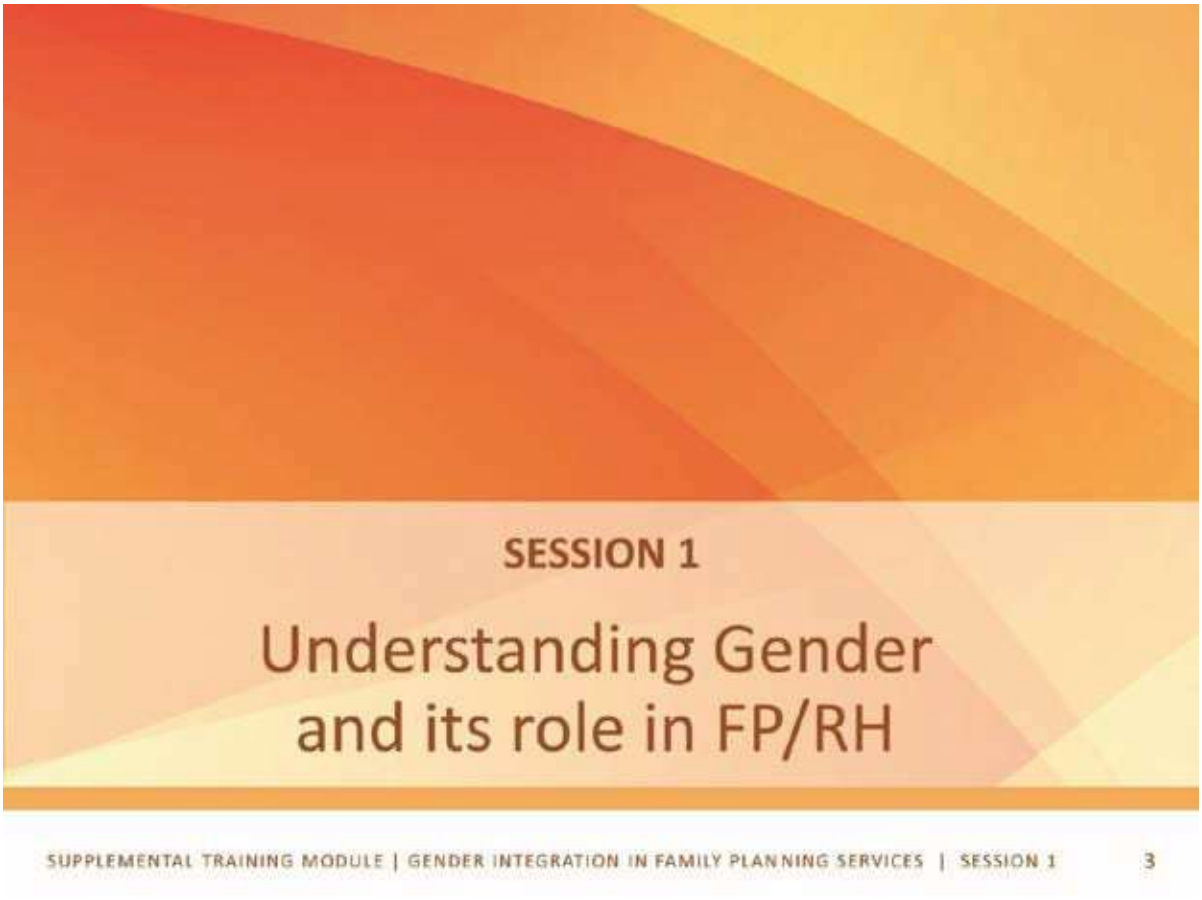
পরিবার পরিকল্পনা অধিদপ্তর

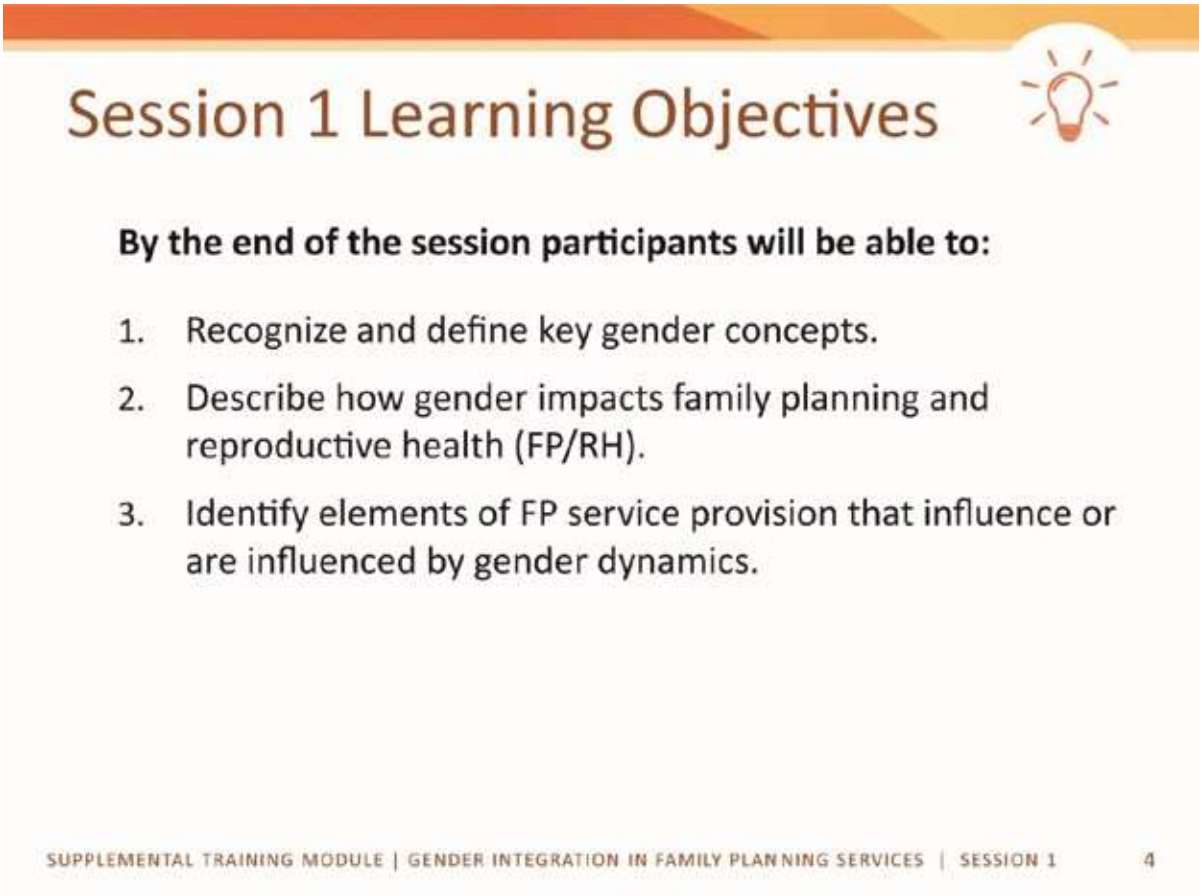
Module Learning Objectives

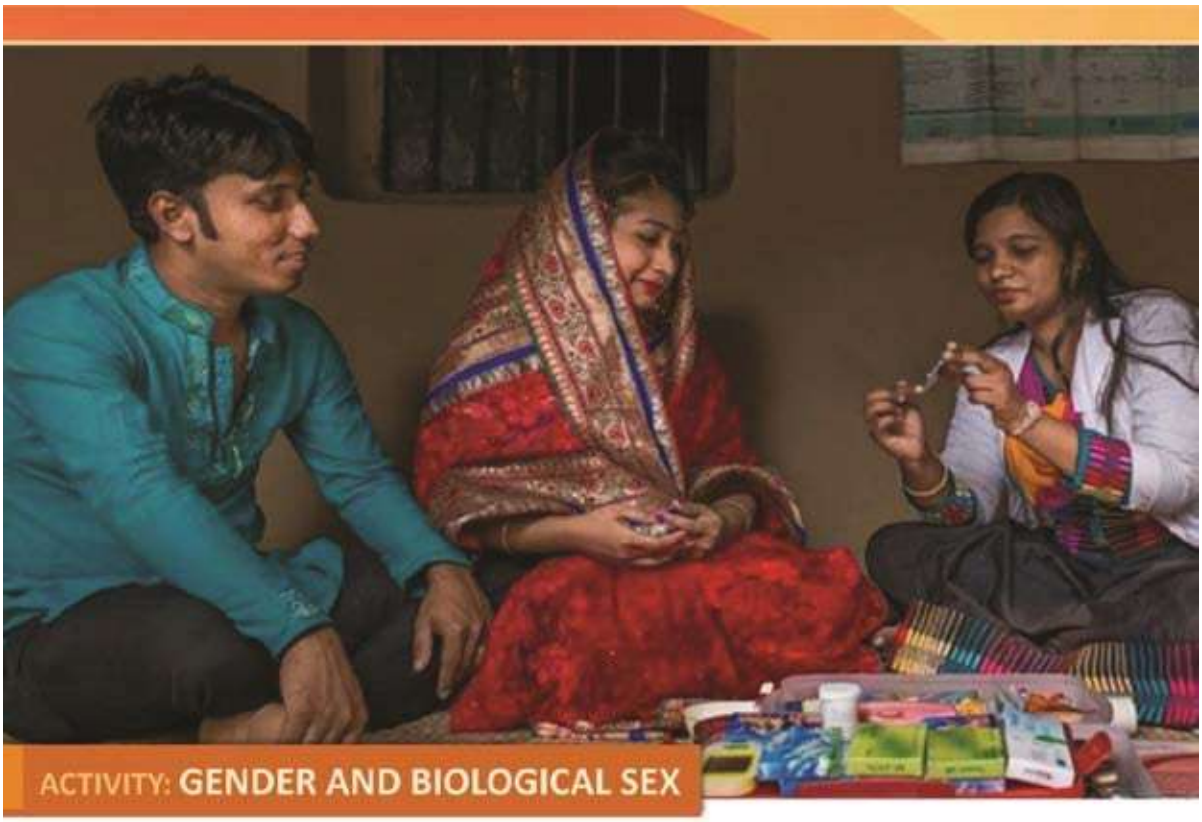
By the end of this supplemental module, participants will:

1. Understand key concepts related to gender norms, gender dynamics, and gender-sensitive FP service delivery.
2. Gain familiarity with the interaction between FP/RH programs and gender dynamics.
3. Acquire knowledge of the impact of gender inequality and violence against women (VAW) on FP/RH in Bangladesh.
4. Develop foundational skills in gender-sensitive FP service provision.

SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 1 2


SESSION 1
Understanding Gender and its role in FP/RH
SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 1
3


Session 1 Learning Objectives
By the end of the session participants will be able to:
1. Recognize and define key gender concepts.
2. Describe how gender impacts family planning and reproductive health (FP/RH).
3. Identify elements of FP service provision that influence or are influenced by gender dynamics.
SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 1
4



Key Gender Terms and Concepts

- **Sex** – classification of people as female, male or intersex. At birth, infants are assigned a sex based on a combination of bodily characteristics including: chromosomes, hormones, internal reproductive organs and genitalia (USAID, IGWG).
- **Gender**- refers to roles, norms, and behaviors society considers appropriate for women, men, girls, boys, and those with diverse gender identities, such as transgender people. These are socially constructed and vary widely within and across culture, religion, class, and ethnicity. For example, in many societies a common gender norm is that women and girls should do most of the domestic work.

SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 1 6

Difference Between Sex and Gender

SEX	GENDER
• Is biological	• Is socially constructed
• You are born with it	• It is learned
• Cannot be changed	• It can be changed
• It is constant	• It varies with society, culture, country and religious perspectives

Any questions regarding the understanding the difference between gender and biological sex?

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Key Gender Terms and Concepts

- **Gender norms** – what society considers male and female behavior, and it leads to the formation of gender roles, which are the roles men and women/girls and boys are expected to take in society.
- **Gender-related barriers** – obstacles to access and use health services that are related to deep rooted social and cultural norms about the roles of women, men, and those with diverse gender identities. For example, when caregivers, primarily women, have not been educated, lack decision-making power, are economically dependent, or are unable to move freely outside their homes, there is a greater likelihood that they will not take their children to get vaccinated.

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Gender Equality & Gender Equity

EQUALITY	EQUITY
• Equality means sameness • Giving everyone the same • It works if everyone starts from the same place	• Equity means fairness • Access to the same opportunity • We must first ensure equity before we can enjoy equality

Everybody does not need to be the same to achieve gender equality

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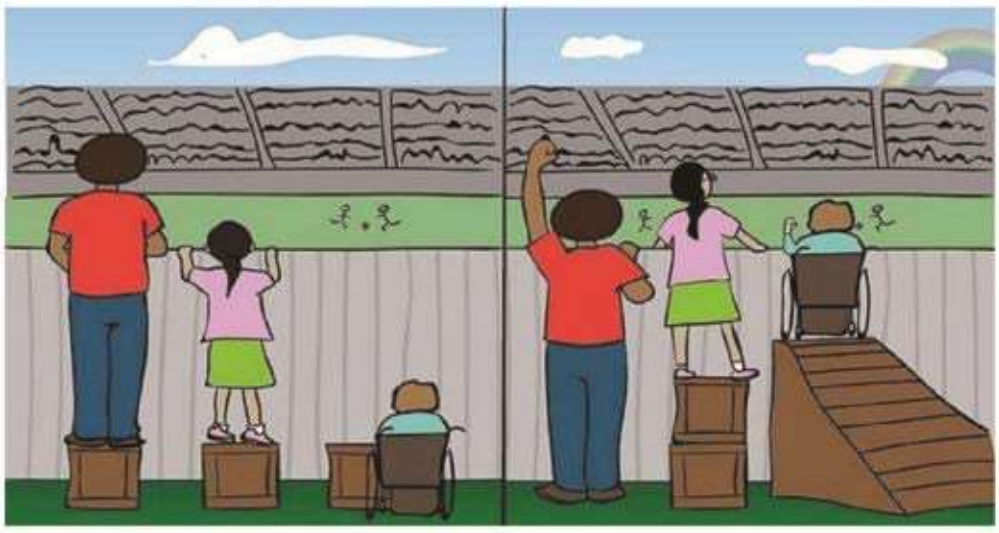
Equality vs. Equity



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SESSION 2

The Continuum of Gender-Aware Service Delivery

Session 2 Learning Objectives

By the end of the session participants will be able to:

1. Explain the continuum of gender as it relates to integrating gendered approaches in family planning service provision.
2. Describe the 4 approaches to gender integration in programs and services.

Gender Inequity Impacts FP/RH Outcomes

FP/RH Indicators	Indicator	References
CPR*	62%	BDHS 2017
High adolescent fertility †	81/1000 live births	World Bank 2019
Unmet need‡	12%	BDHS 2017
Child marriage†	50.2%	BDHS 2017
Maternal mortality*	176/ 100000live births	BMMS 2015
Violence against women (VAW) §	54.2% physical violence/intimate partner violence	BBS 2016

* Sample Vital Registration System 2019
† Multiple Indicator Cluster Survey 2019
‡ Bangladesh Demographic and Health Survey 2017-2018
§ Estimates of VAW prevalence are from the 2015 national VAW survey

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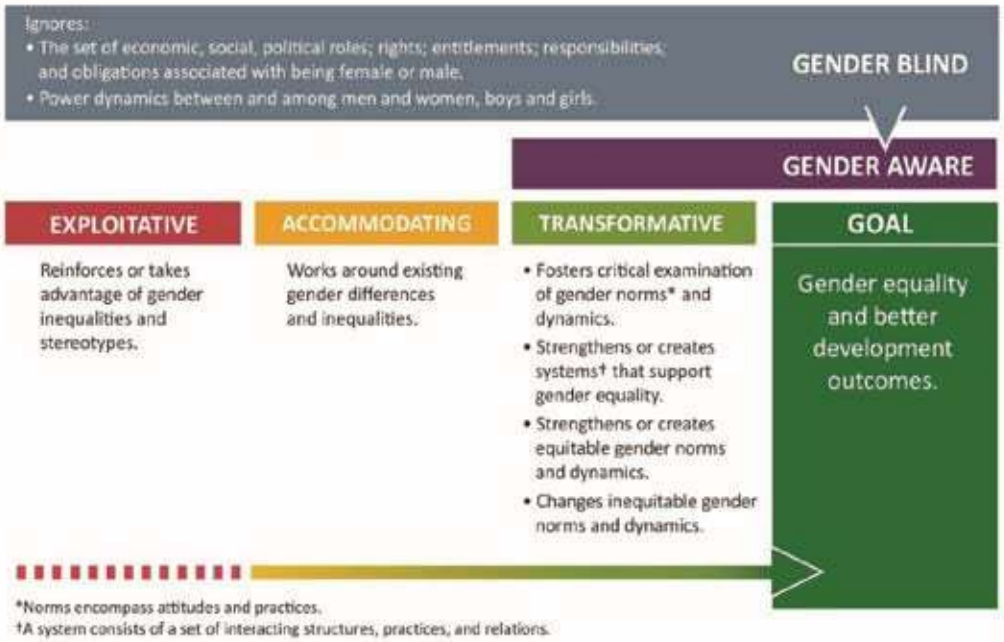
How Does Gender Affect FP/RH?

Topics	Examples
CPR	Male methods not popular, in many cases man are not supportive of partners desired FP method
Adolescent high Fertility	Adolescents don't get the chance to discuss their choice of birth timing/ spacing, strong pressure on married adolescents to prove fertility or produce a son
Unmet need	Restrictions on women's independent movement outside the home limits access to contraceptives
Child marriage	De-valuing of girls' education, high value placed on early proof of fertility
Maternal mortality	Lack of access to services during pregnancy and childbirth due to gendered mobility restrictions
Violence against women (VAW)	Wife beating for use or non-use of contraception, son preference

Gender Integration Continuum*



* Image adapted from IGWG

Gender Blind & Gender Aware

- **Gender Blind**

  Gender blind policies and programs are designed without a prior analysis of the culturally defined set of economic, social, and political roles, responsibilities, rights, entitlements, obligations, and power relations associated with being female and male and the dynamics between and among men and women, boys and girls. Gender blind services do not consider how gender norms and unequal power relations affect health care provision/outcomes, or how health care provision impact gender.

Gender Aware

The explicit recognition of local gender differences, norms, and relations and their importance to health outcomes. This begins with the analysis or assessment of gender differences, norms, and relations to address gender equity in health outcomes.

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Unpacking Gender Aware Programming

Continuum Stage	Characteristics
Gender Exploitative	Intentionally or unintentionally reinforces or takes advantage of gender inequalities and stereotypes in pursuit of project outcomes.
	Takes advantage of rigid gender norms and existing imbalances in power to achieve the health program objectives.
	This approach is harmful and can undermine program objectives in the long run.

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Unpacking Gender Aware Programming

Continuum Stage	Characteristics
Gender Accommodating	Considers gender norms, roles, and relations for women and men and how they affect access to and control over resources
	Considers women's and men's specific needs
	Intentionally targets and benefits a specific group of women or men to achieve certain policy or program goals or meet certain needs

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Unpacking Gender Aware Programming

Continuum Stage	Characteristics
Gender Transformative	Considers gender norms, roles and relations for women and men and that these affect access to and control over resources
	Considers women's and men's specific needs
	Addresses the causes of gender-based health [and other] inequities
	Includes ways to transform harmful gender norms, roles and relations
	The objective is often to promote gender equality

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Example: FP Promotion Program

Intervention	Exploitative	Accommodating	Transformative
FP awareness raising program supported through serial cartoon strip and radio program	Characters featured in the program included an inconsiderate husband and his wife who is burdened with raising 5 children and tending to their small plot of land. Episodes that included domestic violence were featured in the serial without any discussion. From an awareness raising perspective, the program was deemed very successful as FP demand increased. However, the underlying message exacerbates gender inequalities and, as a result, domestic violence in the community remains unchanged.	An episode of domestic violence featured women caring for a woman who had been beaten by her husband. There was no discussion of men's roles in treating the problem. The program met its health objectives as more people became aware of FP services and was deemed very successful, but the underlying message maintains gender inequalities that fail to question or challenge the status quo. In this case, VAW was accepted—the symptoms were treated but the underlying causes were left unchallenged.*	An episode of domestic violence in the storyline included counseling and community involvement. In the program, groups of men and women dealt with domestic violence by exploring gender roles and roleplaying positive behavior. The program was very successful on 2 levels. FP awareness increased and communities were engaged to deal with combating domestic violence by promoting positive, healthy relations between men/boys and women/girls.

*Note: In some settings, publicly acknowledging the existence of domestic violence is revolutionary. Thus, this example could also potentially fall under the "transforming" category.

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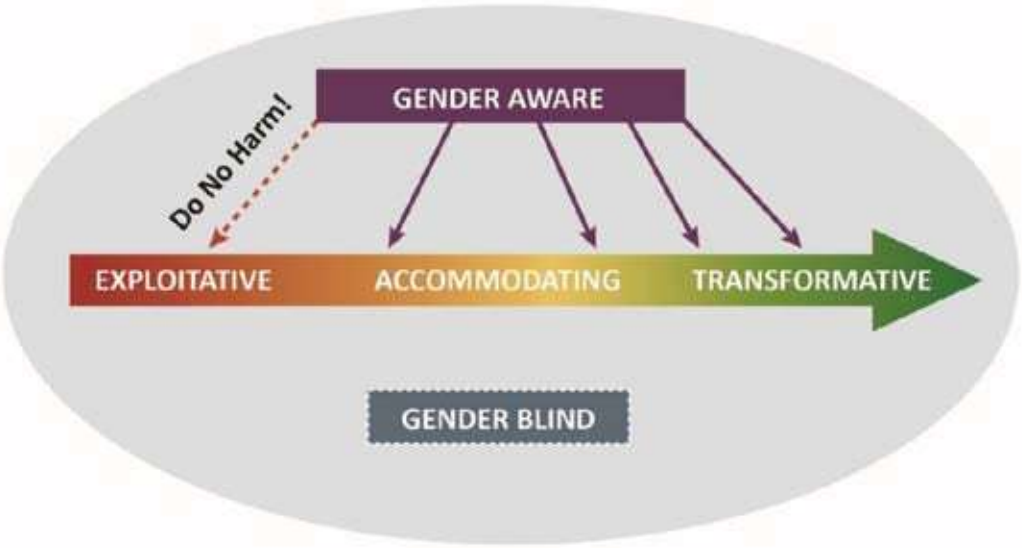
Concept into Action: Bangladesh's FP Program

- BDHS data shows that male sterilization is declining
- Limited dialogue between sexual partners around FP, use of contraception, or the pros and cons of different methods
- 2015 national survey on VAW shows high prevalence of reproductive coercion:
  - 36.1% women seek permission before accessing health services
  - 49.6% of experience physical intimate partner violence (IPV)
  - 6.4% of women report being forced to use contraception
- Standard practice for FP counseling rarely includes or provides:
  - Guidance for consideration of IPV
  - Woman's degree of independent decision making
  - How the client might perceive gender-based expectations or discrimination

SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 2 22

Gender Continuum — Do No Harm



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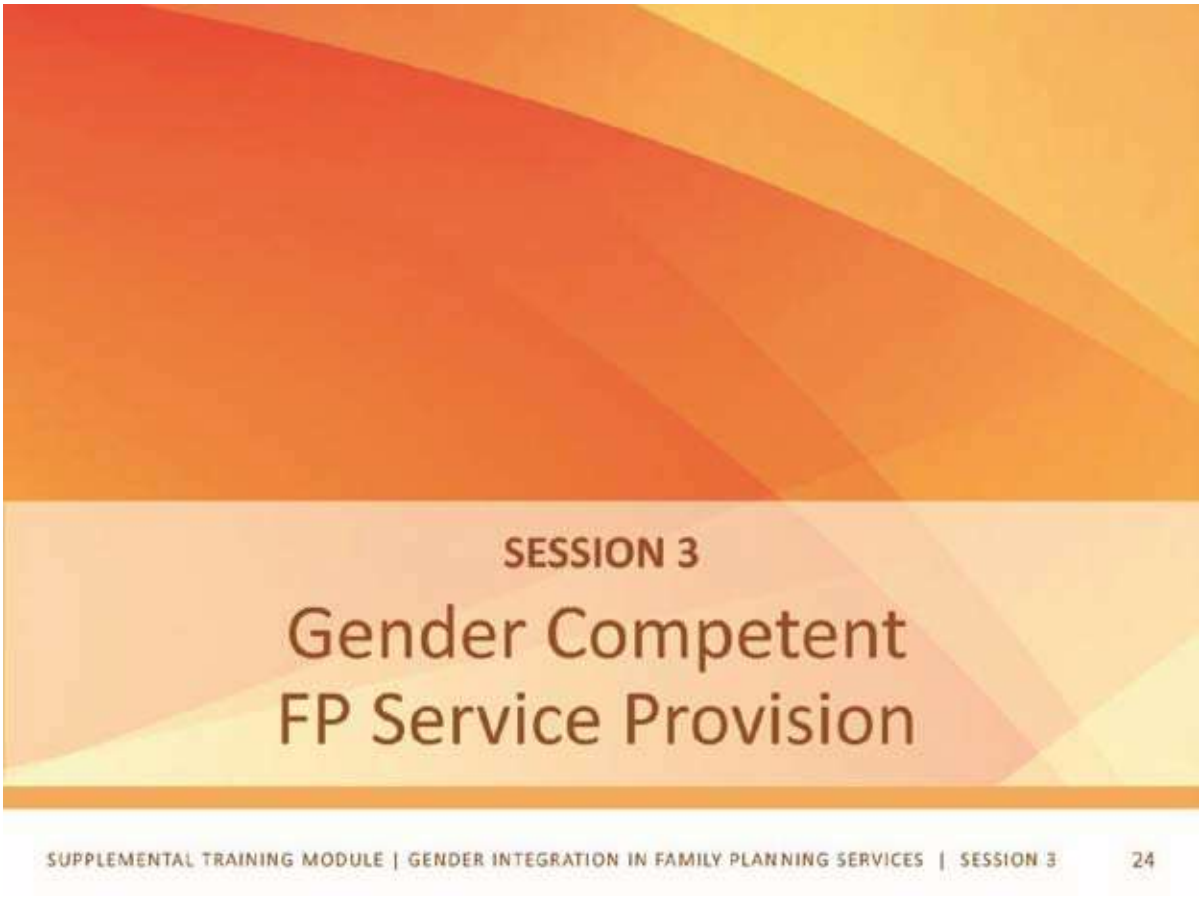
SESSION 3
Gender Competent
FP Service Provision
SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 3
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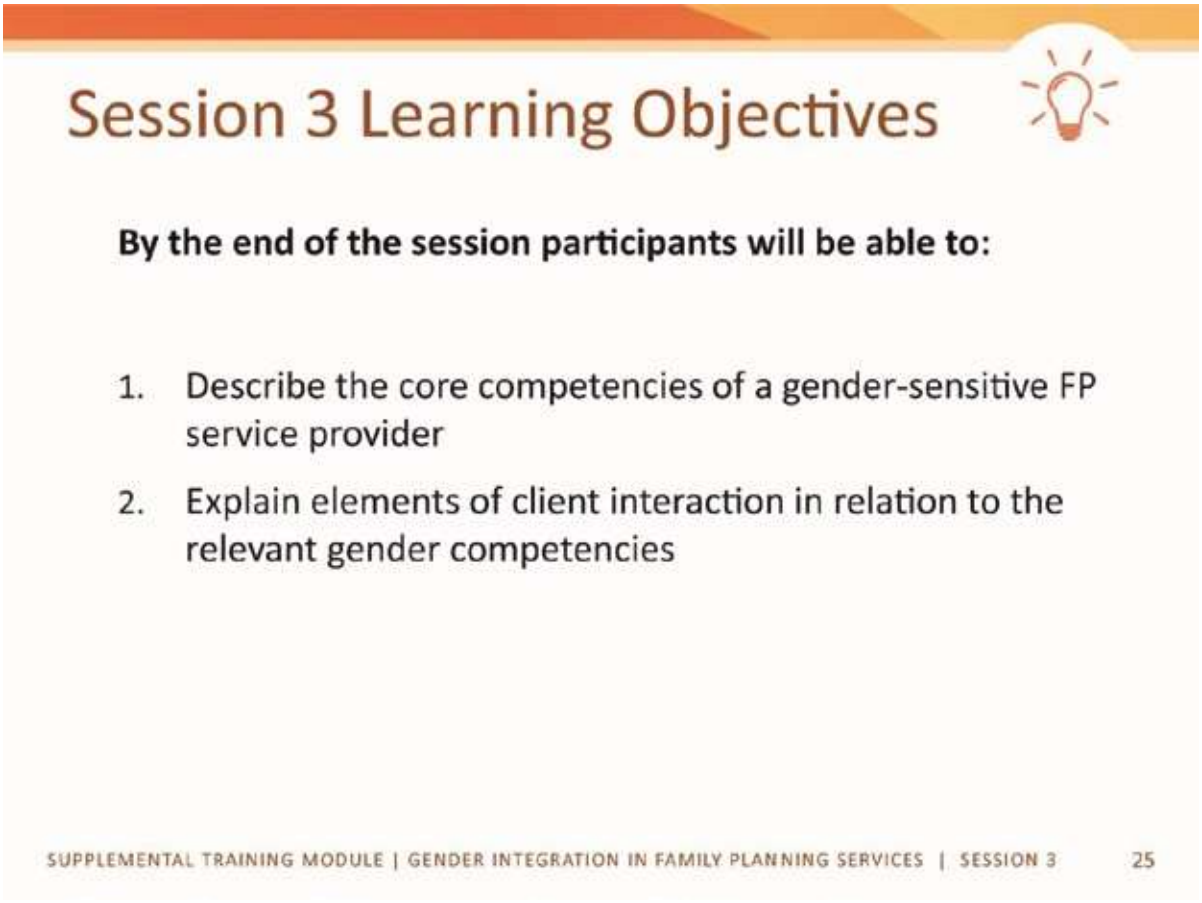
Session 3 Learning Objectives
By the end of the session participants will be able to:
1. Describe the core competencies of a gender-sensitive FP service provider
2. Explain elements of client interaction in relation to the relevant gender competencies
SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 3
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Understanding Gender Competency

Gender Competency

The capacity to identify when and how different norms, social constructs, roles, expectations, power differentials, opportunities, and constraints assigned to women, men, girls, and boys are manifested in daily life, and how they might affect health and well-being, including how the provider's own attitudes and norms about gender and power affect professional interactions.

Gender competency requires the application of appropriate knowledge, skills, and attitudes in daily work and interactions to communicate and treat people equitably and produce more equal agency and decision-making for women, men, girls, and boys, regardless of age or relationship status.

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The Gender Competent FP Service Provider

SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 3 27

1. Using Gender-Sensitive Communication

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

- Aware of the power differentials that may exist because of gender, culture, education, or other differences and that impact access to information and services.
- Provides information to clients to obtain FP services, regardless of barriers created by the client's gender, including literacy, access to media and technology, and ability to attend counseling.
- Maintains relaxed, friendly, and attentive body postures and eye contact, as appropriate, to show respect for the client, regardless of gender.
- Recognizes the effects of his/her own gender and power as a provider and the potential for bias to interfere with the provision of FP services.

SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 3 28

2. Promotes Individual Agency

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

- Agency is defined as the capacity of individuals to act independently and to make their own free choices.
- Always make time for informed choice.
- Provide information and ask questions in a neutral fashion that creates an environment for clients to express their own needs and desires.
- Provide counseling information with minimal technical terms to enable all clients to understand their options.

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3. Engages Men and Boys as Partners and Users

Refers to the provider's recognition of men and boys as supportive partners to women and as potential users of FP.

- Providers encourage shared FP responsibility.
- Involve male partners in FP decision making, while protecting women's rights and agency.
- A gender-competent provider promotes positive and healthy masculinities to contribute to shifting community norms and behavior change.
- A provider can most effectively achieve this competency after mastering the previous domains.

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4. Supporting Legal Rights and Status Related to FP

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

- Providers must know local laws and policies and have the capacity to respond to the particular needs of a client to help them make voluntary and informed decisions about FP, as well as be able to dispel any common misconceptions about rights related to FP.
- Apply accurate knowledge in client-centered service provision, free from interpretation based on the provider's own perception of gender norms, roles, and expectations.
- Post wall charts and other visual materials that remind women and men, girls and boys, of their legal right to voluntary family planning.

SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 3 31

5. Facilitate Positive Couple's Communication and Cooperative Decision Making

Refers to the provider's capacity to help clients articulate, discuss, and negotiate reproductive intentions and to make joint reproductive decisions as a couple.

- Offer to include male partners in counseling sessions.
- Never insist on including partners or parents in counseling sessions.
- Create space for each person to ask their own questions and give their own responses.
- Facilitate opportunities for the girl or woman to respond and share preferences first.
- Upon method selection, provide information on how the partner can support correct and consistent use.

SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 3 32

6. Addressing Gender-Based Violence

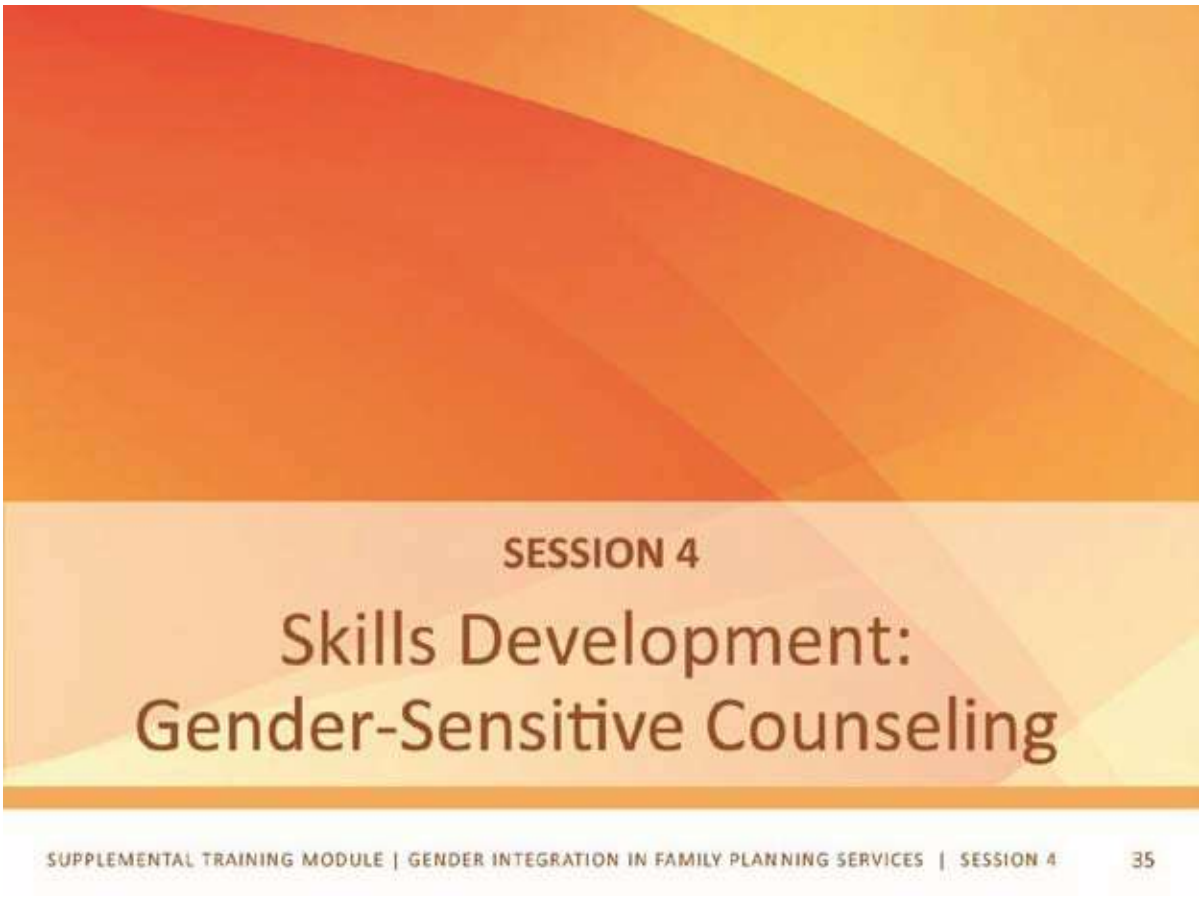
Refers to the provider's ability to respond to GBV through brief empathetic counseling, safety planning, and appropriate referrals.

- Global evidence strongly demonstrates that pushing for disclosures of violence can cause harm.
- Confidentiality and privacy can protect women living with violence from escalation related to their FP care and use.
- Include clear, but objective questions that create space for disclosure of violence.
- Provide information for each contraceptive method on degree of discreetness, regardless of whether IPV is disclosed.
- Provide nonjudgmental, compassionate response if a client does disclose being a survivor of GBV of any form.

SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 3 33

The Gender Competent FP Service Provider

SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 3 34


SESSION 4
Skills Development:
Gender-Sensitive Counseling
SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 4
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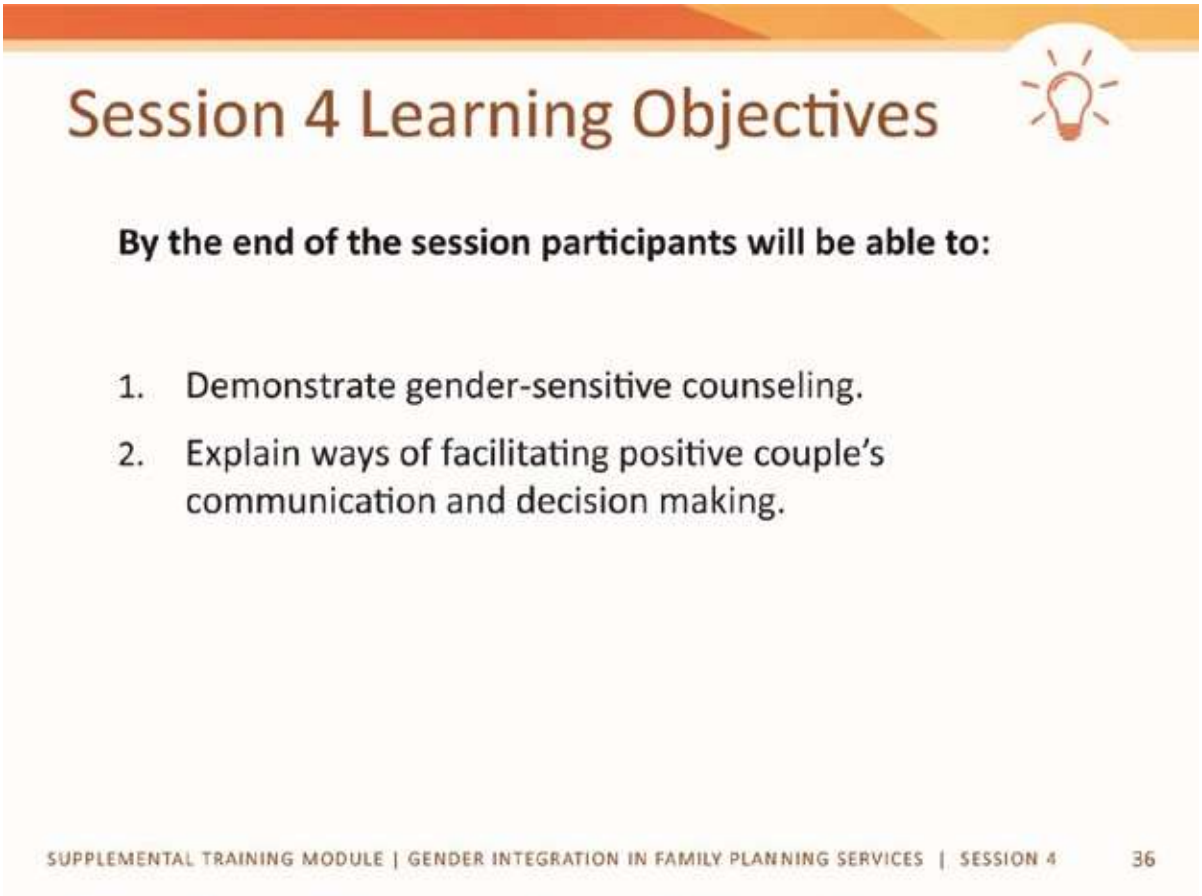
Session 4 Learning Objectives
By the end of the session participants will be able to:
1. Demonstrate gender-sensitive counseling.
2. Explain ways of facilitating positive couple's communication and decision making.
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Gender-Sensitive Counseling

Key points to remember:

- Gender norms and power dynamics affect your client's ability to make rights-based, personal choices.
- FP/contraception impacts men and women, and can be used by both men and women.
- Gender norms likely reduce women's comfort and ability to express different opinions from their male partners – when counseling couples, seek the women's response first.

GROUP ACTIVITY

Roleplay Instructions

Roleplay Time	15 minutes
• Review your assigned scenario	
• Assign each person a role (client, provider, partner, observer)	
• Rotate so each person can play the role of provider	
• Review Handout 4B and use it as a guide	
Group Discussion	20 minutes

GROUP ACTIVITY

Case Study Instructions

Preparation Time	5 minutes
• Review the scenario and the questions together.	
• Review Handout 4B and refer to it as you discuss.	
• Prepare to present your thoughts on the case and the questions to the group.	
Presentation	5 minutes
Discussion	5 minutes

SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 4 39

SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 5 40

Session 5 Learning Objectives

By the end of the session participants will be able to:

1. Describe the DO NO HARM principles surrounding FP service provision and the risk of violence against women.
2. Demonstrate how to respond to disclosures of SGBV with appropriate first-line information

SUPPLEMENTAL TRAINING MODULE | GENDER INTEGRATION IN FAMILY PLANNING SERVICES | SESSION 5 41

FP in the Context of GBV

First, DO NO HARM

- At least 1 in 4 married women in Bangladesh are currently living with intimate partner violence.
- Confidentiality and privacy are essential to protect women from escalation or further violence.
- Include discreetness pros and cons when providing counseling for each method to all clients.
- Discuss implications for effectiveness and safety pragmatically and without judgement if a client has disclosed IPV or fear of VAW from other perpetrators.

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FP in the Context of GBV

LIV(ES)

- Always allow the woman to lead. If she does not want to discuss or disclose that is okay.
- As her reproductive health provider, you may be one of her few contacts outside of her home. Every FP provider should be able to:
- LISTEN to what a woman is saying, and not saying
- INQUIRE with respect and through simple open-ended questions
- VALIDATE the woman's feelings and experience, reflecting that she deserves to be safe and receive care.

Health system response to gender-based violence is complex. Additional trainings are available should you or your facility be interested.

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SMALL GROUP ACTIVITY

Practice: Responding to SGBV during an FP Service Visit

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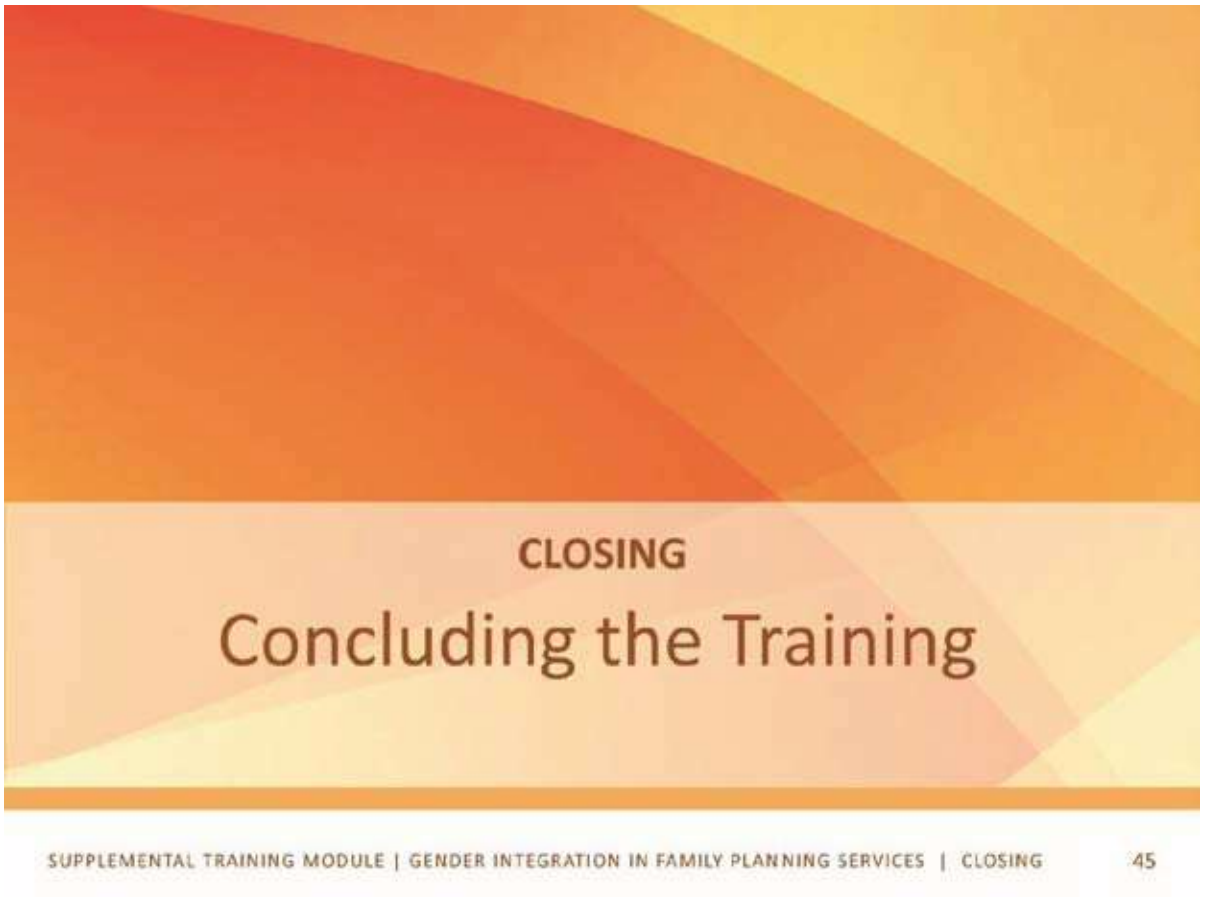
CLOSING
Concluding the Training
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Primary Take-Aways

Gender is a socially constructed set of norms, behaviors, and expectations that influence behavior, agency, and power for girls and boys, women and men.

Gender Inequity and some traditional gender norms contribute to harmful FP/RH behaviors, including barriers to uptake and proper use of contraception.

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Primary Take-Aways Continued

- FP providers can play an important role in mitigating the negative impact of gender inequality on reproductive health.
- Gender inequity contributes to high incidence of violence against women.
- FP providers have an important role to play in mitigating the risks of and from VAW as they relate to FP/RH.

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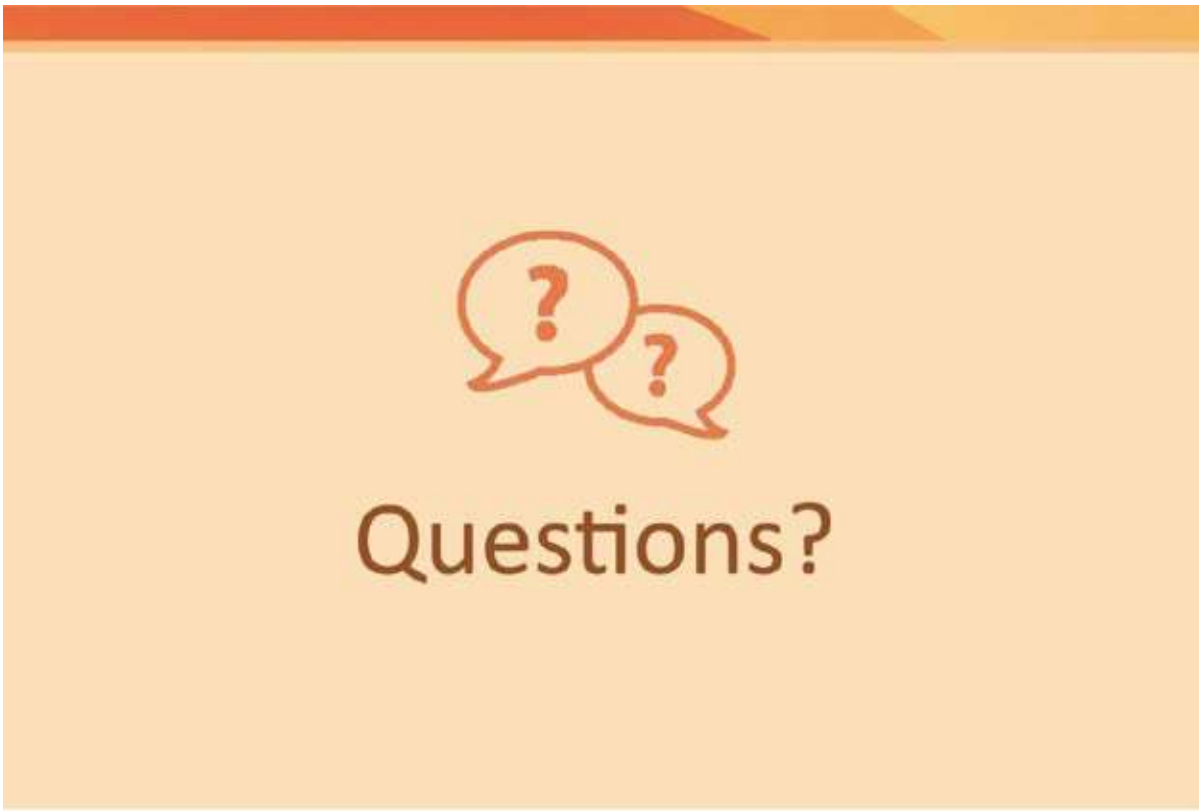

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