Gender Integration in Family Planning Services

TRAINER'S MANUAL

পরিবার পরিকল্পনা অধিদপ্তর

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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%, to achieve this we need to increase 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 '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 UI Alam
Project Director, USAID Shukhi Jibon and
Country Director,
Pathfinder International

Contents

Acronyms and Abbreviations

AUAFP	Accelerating Universal Access to Family Planning
BOHS	Bangladesh Demographic and Health Survey
CEDAW	Convention of the All Forms of Discrimination against Women
CPR	Contraceptive prevalence rate
FP	Family planning
GBV	Gender-based violence
HTSP	Healthy timing and spacing of pregnancy
IGWG	Interagency Gender Working Group
IPV	Intimate partner violence
IUD	Intrauterine device
MoHFW	Ministry of Health and Family Welfare
RH	Reproductive health
SGDs	Sustainable Development Goals
SRH	Sexual and reproductive health
UDHR	Universal Declaration of Human Rights
UN	United Nations
USAID	United States Agency for International Development
VAW	Violence against women
WHO	World Health Organization

Notes to the Trainer

Introduction

Bangladesh's family planning (FP) program has achieved significant success,[1] however, the latest Bangladesh Demographic and Health Survey (BOHS) shows that the contraceptive prevalence rate {62%) and unmet need for FP {12%) have remained stagnant over the last decade.[2] Similarly, rates of girl's marriage and adolescent fertility rates remain high.[3] Additionally, pressure to prove fertility after marriage, son preference, women's lack of decision-making power to use contraception, and lack of access to and availability of contraception are persistent and negatively affect gender equality and reproductive health. Given this situation, it is urgent that people working in health programming and service delivery reflect on the gaps, barriers, and constraints that women, men, girls, and boys face when it comes to contraceptive access, choice, and decision making.

Gender inequality and gender-based violence (GBV) are structural drivers of poor reproductive health and family planning outcomes. Likewise, the fulfillment of the reproductive and family planning rights of women, men, and adolescent boys and girls is linked to the promotion of gender equality.[4] Additionally, there is a correlation between women experiencing GBV and a decreased ability to negotiate to use of family planning methods, making them more vulnerable to unintended pregnancies.

USAID's Shukhi Jibon Project has organized a range of trainings to build the capacity of health care service providers and managers, with the aim of developing competent trainers and service providers in the FP program. Gender is not just a cross-cutting issue in these efforts, it is a critical component to fostering equitable quality family planning service delivery. The project's objectives related to gender are:

- Support USAID's Gender Equality and Female Empowerment Policy.
- Promote gender transformation.
- Work to reduce GBV, mitigate barriers to FP and sexual and reproductive health (SRH) access, and engage men and boys in their own health and that of their families.

Goals and Objectives of the Training

Goals

The purpose of this 2-day training is to equip family planning (FP) providers with knowledge and skills needed to provide gender sensitive FP services, therefore improving provider-client interactions and overall quality of care.

[1] According to the BOHS (2017-18), the total fertility rate (TFR) decreased from 6.5 in 1975 to 2.3 in 2018.
[2] National Institute of Population Research and Training, Medical Education and Family Welfare Division Ministry of Health and Family Welfare, *BOHS 2017-2018.* (Rockville, MD/Dhaka: ICF/MoHFW, 2019).
[3] According to the BOHS 2017-18, 59% of women ages 20-24 married before age 18 and the adolescent fertility rate was 28%.
[4] Gender equality is defined as females and males having equal rights, freedoms, conditions, and opportunities for realizing their full potential.

The goals of this training are to:

1. Give FP providers an understanding of key gender concepts and how to apply them in service delivery.
2. Raise FP providers' awareness of key gender issues related to FP and reproductive health (RH) service provision.
3. Introduce providers to skills needed to be gender competent FP providers.

Specific Learning Objectives

After completing the modules in this trainings, participants will be able to:

- Reflect on their understanding of sex and gender.
- Define and understand the meaning of gender and gender-related concepts including gender roles, gender equality, and gender equity.
- Promote a better understanding of gender in their workplace.
- Explore and understand one's own ideas about and experiences with gender.
- Identify how one's personal experiences and beliefs regarding gender may affect family planning service provision.
- Define gender-based violence.
- Deconstruct the myths and realities surrounding gender-based violence and understand that gender-based violence also affects males due to gender norms.
- Understand key concepts related to reproductive agency.
- Describe the needs and challenges young married women and their partners have in exercising their reproductive agency.
- Understand the continuum of gender as it relates to integrating gendered approaches in projects and activities.
- Describe the 4 approaches to gender integration in programs and services.
- Understand the importance of engaging men in family planning.
- Explain a framework for engaging men in family planning.
- Identify approaches providers can use to engage men in family planning.
- Demonstrate gender sensitive counseling.
- Explain ways of facilitating positive couple's communication and decision making.
- Describe the DO NO HARM principles surrounding FP service provision and the risk of violence against women.
- Demonstrate how to respond to disclosures of GBV with appropriate first-line information.
- Identify challenges to providing gender sensitive family planning counseling and services.
- Identify 3 changes that participants want to make in their work immediately to implement what they have learned in this training.
- Make action plans with specific activities, barriers that might be encountered, and strategies for overcoming them.

Suggestions for Use

Timing

The curriculum allows trainers/facilitators to formulate their own training schedule based on local time and training needs. Each module can be used independently, but the curriculum works best when used in its entirety. The modules can also be lengthened or shortened depending on the level of training and expertise of the participants. As currently presented, the training content requires **12 hours** (not including meals and breaks) and would be suitable for a **2-day training.**

Participant Selection

The manual is available in English and Bangla languages and can be delivered to family planning health care workers of any cadre. The module was designed with health care providers in mind, but it can also be used as supplementary reference material for gender training and self-directed learning by a wide range of professionals in the health system, both at institutional and facility levels.

Organization of the Manual

Each module addresses 2-4 specific learning objectives. At the beginning of each module, you will find guidance on the materials needed, advance preparation required, and additional resources, as well as an overview of the sessions. Activities and content presentations are spread out throughout the modules. Content and supplementary information are incorporated into trainer instructions, while participant handouts and trainer's tools are included at the end of each module.

Guide to Symbols

Symbols are used throughout the unit to help guide and instruct trainers. These symbols include:

TOTAL SESSION/MODULE TIME

Estimated time needed for each module or session. All times listed are suggested and subject to change depending on participant learning needs.

TRAINER NOTE

Additional notes or guidance on how a particular issue or session should be dealt with.

LEARNING OBJECTIVES

METHODOLOGIES

Training methods used in the module, for example, large group discussion or roleplay

MATERIALS NEEDED

Materials needed to teach the module, for example, flipchart and markers.

ADVANCE PREPARATION

Planning and preparation for a session or exercise that should be undertaken in advance.

RESOURCES

A list of guidelines, books, journals, websites, and other documents that may be useful to trainers/facilitators or participants who want more information on topics or issues related to a specific module's content

PowerPoint Presentation

The Power Point slide sets were developed to facilitate presentations and discussions throughout the training and are available as separate slide decks. Deck 1 contains slides for Modules 0-4 and Deck 2 contains slides for Module 5-9.

Evaluation

The pre-/post-test is designed to assess knowledge gained as a result of the training. Both tests are exactly the same, except that the pre-test is administered before the start of the training and the post-test at the end of the training.

Participants do not need to write their names on either the pre- or post-test (i.e., it can be completed anonymously). However, as you will need to compare each participant's post-test score with his/her pre-test score, ask each participant to put a 3- or 4-digit number or code at the top of the pre-test. This can be any number or code, such as a favorite number (e.g. 777), year of birth (1962), or code (ABC*). It is very important that participants remember this number or code, as they will need to record the exact same number/code at the top of their post-test. When administering the pre-test, suggest that they write their number/code on the copy of the training schedule-this way they will not forget it.

Materials Needed

- Trainer's Manual
- Participant's Manual
- PowerPoint (PPT) slides to accompany each module
- Laptop computer, projector, and screen to show PPT (for all modules)
- Participant handouts and Trainer Tool (located at the end of each module)
- Flipchart papers, easel, and markers
- Index cards
- Sticky notes/Post-it notes
- Pens and paper

Guidance on Facilitating Discussion of Gender Issues

To facilitate open and nonjudgmental discussions, trainers should take time to:

- Consider their own assumptions and biases. Take time to consider your opinions about gender and why you hold them.

- Practice using neutral language (this includes gender-neutral language) and avoid making judgments about "right" or "wrong" behavior.

The role of the trainer in a participatory session is one of guidance, not authority. Training should be a learning journey that participants and trainers take together, not a one-off delivery of information from expert to audience. While there are content presentations included in the manual, the trainer should always strive to achieve a dialogue with participants.

Setting Ground Rules for Gender Discussions

Before starting the training, work with participants to agree to set of "ground rules." Because of the sensitive nature of discussions on gender, the ground rules should emphasize:

- Privacy and confidentiality for participants
- Using nonjudgmental language in the training space
- Allowing space for reaction and emotion
- Admitting when you do not know something
- Treating each other with respect
- Creating space for each person to speak

It is good practice to post the list of ground rules in the room where participants can see them, and periodically revisit them during the training.

Preparatory Work

Each module in this curriculum has information about work to be done in advance for the sessions in that module. You-the trainer/facilitator or co-trainers/facilitators-should familiarize yourselves with all components of this curriculum well in advance of the training.

The Trainer's Manual was developed to support trainers/facilitators and co-trainers/facilitators to plan and implement the training. At the beginning of each module, you will find Learning Objectives, Methodologies, Materials Needed, Resources, Advance Preparation, and Module/Session Time (see Guide to Symbols above). Each session and activity also includes the estimated amount of time required for that activity.

Before conducting the training, you should read through this introductory section carefully. Review the principles of adult learning, suggestions for trainers/facilitators, description of the role of the trainer/facilitator, trainer/facilitator checklist, and tips on managing time, managing difficult participants, and communicating effectively. Then study each of the modules, read the technical content to ensure you understand it, review the exercises closely, take note of exercises that require advance preparation, and try to anticipate participant questions.

The exercises in each module include large group discussion, brainstorms, case studies, small group work, pair work, games, and roleplays. Instructions, including recommended timeframes, for each exercise can be found in the exercise instructions.

Be flexible-be ready to change exercises or the order of the agenda to adapt to the needs of participants and the amount of time available.

Become familiar with the PPT slides prior to the training by reviewing them several times and comparing them with the module content. You may even want to practice using the slides by presenting a session, or even a module, to colleagues or just on your own. The better you know the content, understand the learning methods, and master the computer equipment and projector, the more confident you will feel!

Review the content, in particular the case studies and roleplays, to ensure local and contextual relevance.

- Case studies can be removed or modified to reflect local content.
- Names can and should be changed to reflect common local names.
- Trainers/facilitators can add new case studies based on local statistics, cultural practices, social traditions, and common health issues.
- Review the PPT presentations and flow of the session.
- Print all participant handouts and trainer tools needed for the sessions.
- Gather any additional materials needed.
- For some sessions, trainers/facilitators may want to consider:
- Preparing flipcharts with some information already written on them.
- Rearranging chairs or the training space to allow room for particular activities.
- Doing some additional research and preparation on local laws, policies, or context.

	Read curriculum objectives, technical content, and teaching exercises.
	Prepare for each of the exercises according to the Trainer's Instructions.
	Obtain or develop and organize the materials needed.
	Read the content and the suggestions for facilitating group discussion. Add your own questions or tips that will help you engage participants and ensure that key messages are discussed.
	Review the PowerPoint slides and become familiar with their content. Practice using the computer and projector and practice presenting technical content using the slides. Practice on your own or find friends or colleagues who are willing to be "participants."
	Practice! It is not always easy to explain group exercises or to draw responses from an audience. Be prepared by thinking ahead and developing strategies. For complicated exercises or discussions, consider co-facilitation.
	Have a plan for monitoring time and keeping to the schedule.
	Have a plan for coping with difficult or disruptive participants.
	Choose a technique for creating small groups. If this is done multiple times during the day, choose a different method for each instance, unless it is specified that groups should remain the same.
	Learn what you can about participants before the training (for example, their worksite, roles, responsibilities, skills, and experience). This effort should continue throughout the training.

Participatory Training Methodologies

This curriculum is firmly grounded in a participatory approach to learning. The sessions benefit learning through interactive activities, discussions, small group work, and games. Participatory learning methodologies help learners build their knowledge and skills through shared reflection, critical analysis, and collective problem solving. The role of the trainer/facilitator in a participatory session is one of guidance, not authority. This training should be considered a learning journey that participants and trainers/facilitators are taking together, not a one-off delivery of information from one source to a target audience. While there are content presentations included in this training curriculum, the trainer/facilitator should always strive for a conversational tone and a dialogue with participants.

Key Principles of Adult Learning Theory[5]

- **Respect** -Adult students must feel respected and feel like equals.
- **Affirmation** -Adult students need to receive praise, even for small attempts.
- **Experience** -Adult students learn best by drawing on their own knowledge and experience.
- **Relevance** - Learning must meet the real-life needs of adults for their work, families, etc.
- **Dialogue** - Teaching and learning must go both ways, so that the students enter into a dialogue with the teacher.
- **Engagement** -Adult students must engage with the material through dialogue, discussion, and learning from peers.
- **Immediacy-** Adult students must be able to apply the new learning immediately.
- **20-40-80 Rule** -Adult students typically remember 20% of what they hear, 40% of what they hear and see, and 80% of what they hear, see, and do.
- **Thinking, feeling, and acting** - Learning is more effective when it involves thinking, feeling (emotions), and acting (doing).
- **Safety and comfort** - Adult students need to feel safe and comfortable in order to participate and learn. They need to know that their ideas and contributions will not be ridiculed or belittled.

DOs and DON'Ts of Training:

The following should always be kept in mind by the trainer/facilitator in any learning session.

Do:

Maintain good eye contact.
Prepare in advance.
Involve participants.
Use visual aids where possible.
Speak clearly, loudly, and slowly.
Encourage questions.
Admit when you do not know an answer and commit to revisiting it.
Recap at the end of each session.
Bridge one topic to the next.
Encourage participation.
Write clearly and legibly.

[5] Partners in Health (PIH), *Training of Trainers: A manual for training facilitators in participatory teaching techniques* (Boston: PIH, 2011).

Summarize.
Reflect participants' reactions back to them.
Use good time management.
Give constructive and positive feedback.
Be aware of the participants' body language and level of participation.
Provide clear instructions.
Check to see if your instructions are understood.
Evaluate and adjust as you go.
Be patient, understanding, and empathetic.

Don't:

- x Talk to the flipchart or slide presentation.
- x Block the visual aids.
- x Stand in one place (it's helpful to move around the room).
- x Ignore participants' questions, comments, or feedback.
- x Force anyone to participate.
- x Shout at or criticize participants.
- x Dismiss participant's beliefs or opinions.
- x Let factually incorrect, biased, or judgmental statements go uncorrected.
- x Let one strong participant dominate conversation.

Tips for Training as a Team

When planning a module presentation with another trainer/facilitator, discuss the following questions to help clarify your roles:

- Which parts of the module would you like to be responsible for?
- Which parts would you like your colleague to handle?
- What is your teaching style? How does your teaching style differ from that of your colleague?
- What challenges might arise? How can you and your colleague ensure that you will work well together?
- What signal could you and your colleague use to interrupt when the other person is presenting?
- How will you handle staying on task?
- How will you field participant questions?
- How will you make transitions between each of your presentations?
- How will you get participants back from breaks in a timely manner?

Training Evaluation

You will ask participants to complete a training evaluation form at the end of the training. This evaluation form is an important source of feedback and provides much information on how the training could be improved in the future to better meet participant training needs. Upon completion of the training, take at least a half hour to read through the training evaluation forms. Focus on the questions where the ratings were relatively low and think through how these areas can be strengthened in the future. Think of ways to address suggestions offered in response to *"How can we improve this training?"* particularly if mentioned by multiple participants.

Overview of the Training

MODULE 0 Introduction to the Training	
Session 0-1: Introductions, Group Norms, and Pre-test	60min.
Total Module Time	**1 h.**
MODULE 1 Understanding Gender and its Role in Family Planning	
Session 1-1: Gender and Biological Sex	35 min.
Session 1-2: Gender Roles, Equality, and Equity	60 min.
Session 1-3: Legal Rights Supporting Gender Equality	25 min.
Total Module Time	**2 h.**
MODULE 2 Gender Values Clarification	
Session 2-1: Gender Values Clarification	45 min.
Total Module Time	**45 min.**
MODULE 3 Gender-Based Violence	
Session 3-1: What Do We Mean by GBV?	60min.
Total Module Time	**1 h.**
MODULE 4 Reproductive Agency – Young Married Women and their Partners	
Session 4-1: Reproductive Agency- Key Concepts	35 min.
Session 4-2: Understanding the Needs and Challenges of Young Married Women and their Partners	55 min.
Session 4-3: Gender Sensitive Counseling Approaches that Promote Reproductive Agency	30min.
Total Module Time	**2 h.**
MODULE 5 Gender Aware Service Delivery	
Session 5-1: Gender Aware Service Delivery	30min.
Total Module Time	**30min.**
MODULE 6 Engaging Men in Family Planning	
Session 6-1: Framework for Engaging Men in Reproductive Health	60 min.
Total Module Time	**1 h.**
MODULE 7 Skills Development – Gender Sensitive Counseling	
Session 7-1: Gender Sensitive Counseling	60min.
Total Module Time	**1 h.**
MODULE 8 Skills Development – Responding to Gender-Based Violence	
Session 8-1: Responding to GBV	45 min.
Total Module Time	**45 min.**
MODULE 9 Overcoming Obstacles to Offering Gender Sensitive Family Planning	
Session 9-1: Obstacles to Gender Sensitive FP Service Provision	45 min.
Session 9-2: Individual Action Plans	45 min.
Session 9-3: Concluding the Training	30min.
Total Module Time	**2 h.**
TOTAL TRAINING TIME	**12 hours***

**Does not include lunch or other breaks.*

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Introduction to the Training

INTRODUCTION

The introductory module provides the overview of the training, including objectives and methodologies. It is also an opportunity to create an enabling environment for learning, respect, and active participation in the training. This module includes a pre-test. The purpose of the pre-test is not to evaluate the knowledge of the participants, but rather to enable facilitators to structure the sessions and their explanations accordingly. It will also serve to measure the group's change in knowledge, when compared to the results of the post-test administered at the end of the training

TOTAL MODULE TIME

1 h.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Get to know each other.
- Understand the overall content and structure of the training.
- Agree on ground rules and norms for training.
- Assess baseline knowledge via pre-test.

METHODOLOGIES

- Presentation
- Discussion
- Group activity
- Individual exercise

MATERIALS NEEDED

- Flipchart and markers
- Trainer PPT Slide Deck 1- Slides 1-6
- Index cards
- Tool OA, OB, and OC
- Participant list
- Nametags

ADVANCE PREPARATION

- Review slides and training content
- Prepare index cards for Activity 4
- Prepare copies of Tool OA and Tool OC (optional) for all participants

OVERVIEW OF SESSIONS

SESSION	TIME
Session 0-1: Introductions, Group Norms, and Pre-test	60 min.
Total Module Time	**1 h.**

Session 0-1: Introductions, Group Norms, and Pre-test

1 H.

Activity 1: Welcome (5 minutes)

Welcome and Introduction of Trainers

STEP 1

Ask participant to take their seats.

STEP 2

Welcome the participants into the training room and introduce yourself and all facilitators to the participants.

Activity 2: Presentation (10 minutes)

Training Goals

STEP 1

Present the goals of the training **(Slides 1-4).**

Activity 3: Discussion (10 minutes)

Group Norms and Daily Training Flow

STEP 1

Ask participants to brainstorm ground rules and group norms, and write them on a flipchart.

STEP 2

Review the list and ask if everyone agrees to respect these group norms. Keep the paper displayed throughout the training.

STEP 3

Explain the following exercises that we will use to begin and end each day:

- **Where Are We?** Starting each day with "Where Are We?" is our opportunity to review the previous days' material, especially the key points of each session. Each day one participant will be assigned to conduct the exercise. This person should take some time to write down the key points from the day before. The participant who is assigned should briefly present these key points and then ask participants for any additions.
- **End of Day Wrap-up:** At the end of each day of the training, we will review key learnings and take-aways from the day using the following questions/prompts:
  - List 2 things that you learned today.
  - List 2 things you liked.
  - What should be changed or improved? Make 1 or 2 suggestions.
- **Energizers:** Each morning, before beginning instruction, the trainer will ask for 1-2 volunteers to lead energizing exercises throughout the day, when the group needs a burst of energy.

Options for wrap-up: The trainer can facilitate the wrap for the whole group or by dividing participants into 3 groups and asking each to select a representative {who should be a different person each day). Let the 3 groups discuss the above questions among themselves for 10 minutes and then representatives can list the answers at a plenary.

Energizers: Several example energizers are found in **Tool OC.** You may make copies of the tool for participants to use. Explain that they are also welcome to use energizer activities they have used in other trainings or to make up their own.

Activity 4: Group Activity (20 minutes)

Ice Breaker - Getting to Know Each Other

STEP 1

Split the index cards in 2 piles. For each index card in the pile, write a number or letter of the alphabet. Write the same numbers/letters in the second pile.

STEP 2

Give each participant one of the index cards and show **Slide 5.**

At this point, each participant carries out 2 activities:

- S/he locates the person who has the same number or letter of the alphabet.
- S/he interviews the located participant and is in turn interviewed by him/her.

Each participant should record the following information about the person they interview:

- Name
- Place of work
- 2 expectations for the workshop
- 2 words that come to mind when they hear the word "gender" *(remind participants that there are no wrong answers here!)*

| GENDER INTEGRATION IN FAMILY PLANNING SERVICES | TRAINER'S MANUAL

STEP 3

Ask each participant to introduce the person they interviewed to the larger group.

STEP4

Record participant expectations and associations with the word "gender" on flipchart paper and hang these papers in the training room.

Activity 5: Individual Exercise {15 minutes)

Pre-test Assessment

STEP 1

Distribute the pre-test **(Tool OA).**

STEP 2

Inform the participants that the pre-test is not intended to evaluate the knowledge of the participants, but rather to enable facilitators to structure the sessions and their explanations accordingly.

Note: Participants do not need to write their names on either the pre- or post-test (in other words, it can be completed anonymously). However, as you will need to compare each participant's post-test score with his/her pre-test score, ask that each participant put a unique 3 or 4-digit number or code at the top of the pre-test. This can be any number or code, such as a favorite number (e.g. 777), or code (ABC*). It is very important that participants remember this number or code, as they will need to record the exact same number/code at the top of their post-test. When taking the pre-test, suggest that they write their number/code on the copy of the training schedule-this way they will not forget it.

Module O Tools and Handouts

TOOL0A

Pre-test Assessment

Participant's unique code: _____

Date: _____

1. **True or False? Indicate if the below statements about gender and family planning are true or false by circling "true" or "false" for each statement.** (4 points)
   a. True/ False - "Gender" refers to the biological differences between males and females.
   b. True/ False - Decision-making power and access to resources affect women's ability to obtain and continue using family planning.
   c. True/ False - Providers can help female clients who have little decision-making power, or agency, by pressuring them to choose a particular family planning method.
   d. True/ False - The ability of family planning providers to provide information and services to clients in accordance with rights and local laws and without interference of personal bias is critical to being a gender sensitive family planning provider.
   e. True/ False - Reproductive coercion (threatening, harassing, or forcing someone to have or not have a child) is a form of gender-based violence.
   f. True/ False - The signs of gender-based violence are always easy for a provider to see.
   g. True/ False - A provider's personal beliefs and values should not interfere with how they provide family planning services.
   h. True/ False - One of the key principles guiding gender sensitive client-provider interaction is "do no harm."

2. **Do the characteristics refer to gender or sex? Tick the appropriate answer.** (3 points)

Characteristics	Gender	Sex
Menstruation		
Women should do all the cooking		
Breastfeeding		
Wet dreams		
Men are natural leaders		
Women can get pregnant		

3. **"Gender equity" is defined as:** (circle the correct answer) (1 point)
   a. Providing the same opportunities to women and men receive the same resources.
   b. Ignoring a person's gender.
   c. The process of being fair to women, men, and those with diverse gender identities.
   d. Legal rights given to women.

4. **"Gender integration" is defined as:** (circle the correct answer) (1 point)
   a. Strategies applied in programs and health services to take gender considerations into account and to compensate for gender-based inequalities.
   b. The process of understanding gender concepts.
   c. Determining whether a client is male or female.
   d. Offering services to men and women in the same clinic.

5. **"Reproductive agency" is defined as:** (circle the correct answer) (1 point)
   a. The process of empowering an individual to make reproductive health decisions.
   b. When an individual can make and act on reproductive and family planning decisions in consultation with whomever they choose, without pressure or obstacles.
   c. Someone who makes reproductive health decisions on behalf of someone else.
   d. Another name for a family planning provider.

6. **What can impact a woman's or a girl's access to family planning, as well as her choice of method and ability to use it?** (circle the correct answer) (1 point)
   a. Violence and/or fear of violence.
   b. Pressure on women and couples to "prove" fertility soon after marriage.
   c. Taboo on women and girls accessing reproductive health information.
   d. All of the above.

7. **Match the approach to its definition** (3 points)

1. Gender Transformative	a. Takes advantage of inequitable gender norms
2. Gender Exploitative	b. Ignores gender dynamics and norms
3. Gender Blind	c. Transforms gender relations to promote equality

8. **Violence against women and girls is:** (circle the correct answer) (1 point)
   a. An effective way to correct behaviors.
   b. A private family matter.
   c. Any act that is based on gender norms or unequal power dynamics that results in, or is likely to result in, physical, sexual, or mental harm to women.
   d. None of the above.

9. Which of the following is an appropriate opportunity to involve men in family planning? {circle the correct answer) {1 point)

a. A client says she would like her male partner to be present for family planning counseling.
b. A male client is interested in family planning methods he can use.
c. A male community leader says he wants to help young couples understanding the benefits of family planning.
d. All of the above.

10. What does the acronym "L-1-V-E-S" stand for? (circle the correct answer) {1 point)

a. Listen - Investigate - Verify- Encourage reporting to the police - Secure the home
b. Learn - Investigate -Vigilance - Empowerment- Safety
c. Listen - Inquire about needs and concerns - Validate - Enhance safety- Support
d. Look into allegations - Initiate report - Validate - Expect retribution - Support

11. Which of the following is <u>not</u> a gender or social norm that can negatively impact reproductive agency? {circle the correct answer) {l point)

a. Belief that young married women should not use long-acting contraceptive methods
b. Women and girls need permission from husbands and/or in-laws to access health services, including family planning
c. Belief that providers should counsel young married women on all available family planning methods
d. Belief that young women can't be trusted to make their own decisions; providers at health centers "know what's best for them"

Score: /18 points

Self-assessment: Please rate your knowledge and skills related to the following areas on a scale of 1-4. Put an X in the box that best represents your answer. (unmarked - 0 points)

How do you rate your knowledge of...	**1 Poor**	**2 Moderate**	**3 Good**	**4 Excellent**
Basic concepts related to gender?				
Gender integration?				
Various form of gender-based violence (GBV)?				
How to address GBV as family planning providers?				

TOOL OB

Pre-/post-test Answer Key

1. **True or False? Indicate if the below statements about gender and family planning are true or false by circling "true" or "false" for each statement.** (½ point each - 4 points total)
   a. True/ **False** - "Gender" refers to the biological differences between males and females.
   b. **True/** False - Decision-making power and access to resources affect women's ability to obtain and continue using family planning.
   c. True/ **False** - Providers can help female clients who have little decision-making power, or agency, by pressuring them to choose a particular family planning method.
   d. **True/** False - The ability of family planning providers to provide information and services to clients in accordance with rights and local laws and without interference of personal bias is critical to being a gender sensitive family planning provider.
   e. **True/** False - Reproductive coercion (threatening, harassing, or forcing someone to have or not have a child) is a form of gender-based violence.
   f. True/ **False** - The signs of gender-based violence are always easy for a provider to see.
   g. **True/** False -A provider's personal beliefs and values should not interfere with how they provide family planning services.
   h. **True/** False - One of the key principles guiding gender sensitive client-provider interaction is "do no harm."

2. **Do the characteristics refer to gender or sex? Tick the appropriate answer.** (½ point each - 3 points total)

Characteristics	Gender	Sex
Menstruation		**X**
Women should do all the cooking	**X**	
Breastfeeding		**X**
Wet dreams		**X**
Men are natural leaders	**X**	
Women can get pregnant		**X**

3. **"Gender equity" is defined as:** (circle the correct answer) (1 point)
   a. Providing the same opportunities to women and men receive the same resources.
   b. Ignoring a person's gender.
   c. The process of being fair to women, men, and those with diverse gender identities.
   d. Legal rights given to women.

4. **"Gender integration" is defined as:** {circle the correct answer) {1 point)
   - **a. Strategies applied in programs and health services to take gender considerations into account and to compensate for gender-based inequalities.**
   - b. The process of understanding gender concepts.
   - c. Determining whether a client is male or female.
   - d. Offering services to men and women in the same clinic.

5. **"Reproductive agency" is defined as:** {circle the correct answer) {1 point)
   - a. The process of empowering an individual to make reproductive health decisions.
   - **b. When an individual can make and act on reproductive and family planning decisions in consultation with whomever they choose, without pressure or obstacles.**
   - c. Someone who makes reproductive health decisions on behalf of someone else.
   - d. Another name for a family planning provider.

6. **What can impact a woman's or a girl's access to family planning, as well as her choice of method and ability to use it?** {circle the correct answer) {1 point)
   - a. Violence and/or fear of violence.
   - b. Pressure on women and couples to "prove" fertility soon after marriage.
   - c. Taboo on women and girls accessing reproductive health information.
   - **d. All of the above.**

7. **Match the approach to its definition** (3 points)

1. Gender Transformative	a. Takes advantage of inequitable gender norms
2. Gender ExploitativeA_	b. Ignores gender dynamics and norms
3. Gender Blind **B**	c. Transforms gender relations to promote equality

8. **Violence against women and girls is:** {circle the correct answer) (1 point)
   - a. An effective way to correct behaviors.
   - b. A private family matter.
   - **c. Any act that is based on gender norms or unequal power dynamics that results in, or is likely to result in, physical, sexual, or mental harm to women.**
   - d. None of the above.

9. **Which of the following is an appropriate opportunity to involve men in family planning?** {circle the correct answer) {1 point)
   - a. A client says she would like her male partner to be present for family planning counseling.
   - b. A male client is interested in family planning methods he can use.
   - c. A male community leader says he wants to help young couples understanding the benefits of family planning.
   - **d. All of the above.**

10. **What does the acronym "L-1-V-E-S" stand for?** (circle the correct answer) (1 point)
    a. Listen - Investigate - Verify- Encourage reporting to the police - Secure the home
    b. Learn - Investigate -Vigilance - Empowerment- Safety
    c. Listen - Inquire about needs and concerns - Validate - Enhance safety - Support
    d. Look into allegations - Initiate report - Validate - Expect retribution - Support

11. **Which of the following is <u>not</u> a gender or social norm that can negatively impact reproductive agency?** (circle the correct answer) (1 point)
    a. Belief that young married women should not use long-acting contraceptive methods
    b. Women and girls need permission from husbands and/or in-laws to access health services, including family planning
    c. Belief that providers should counsel young married women on all available family planning methods
    d. Belief that young women can't be trusted to make their own decisions-providers at health centers "know what's best for them"

Score: /18 points

TOOL0C

Energizers

Three truths and a lie: Everyone writes their name, along with four pieces of information about themselves on a large sheet of paper. For example, "Ramesh likes singing, loves cricket, has 2 rickshaws, and loves biryani." Participants then mingle among themselves with their sheets of paper. They meet in pairs, show their paper to each other, and try to guess which of the 'facts' is a lie.

Juggling ball game: Everyone stands in a close circle. (If the group is very large, it may be necessary to split the group into two circles.) The facilitator starts by throwing the ball to someone in the circle, saying their name as they throw it. Continue catching and throwing the ball establishing a pattern for the group. (Each person must remember who they receive the ball from and who they have thrown it to.) Once everyone has received the ball and a pattern is established, introduce one or two more balls, so that there are always several balls being thrown at the same time, following the set pattern.

Ask participants to write their name in the air with a part of their body. They may choose to use an elbow, for example, or a leg. Continue in this way, until everyone has written his/her name with several body parts.

What we have in common: The facilitator calls out a characteristic of people in the group, such as 'have children'. All those who have children should move to one corner of the room. As the facilitator calls out more characteristics, such as 'likes football', people with the characteristic move to the indicated space.

The sun shines on... Participants sit or stand in a tight circle with one person in the middle. The person in the middle shouts out "the sun shines on..." and names a color or articles of clothing that some members of the group possess. For example, "the sun shines on all those wearing blue" or "the sun shines on all those wearing socks" or "the sun shines on all those with wearing sarees". All the participants who have that attribute must change places with one another. The person in the middle tries to take one of their places as they move, so that there is another person left in the middle without a place. The new person in the middle shouts out "the sun shines on..." and names a different color or type of clothing.

COCONUT: The facilitator shows the group how to spell out C-O-C-O-N-U-T by using full movements of the arms and the body. All participants then try this together. You may also ask participants to use their bodies to write out a word that is relevant to the training content (e.g., "participatory").

Afsana Says... The facilitator tells the group that they should follow instructions when the facilitator starts the instruction by saying "Afsana says...". If thefacilitator does not begin the instructions with the words "Afsana says", then the group should not follow the instructions! The facilitator begins by saying something like "Afsana says clap your hands" while clapping their hands. The participants follow. The facilitator speeds up the actions, always saying "Afsana says" first. After a short while, the "Afsana says" is omitted. Those participants who do follow the instructions anyway are 'out' of the game. The game can be continued for as long as it remains fun

Additional energizers can be found here:
http://www.go2itech.org/HTML/TT06/toolkit/delivery/ print/TrngMethods/100Energizers. pdf

Understanding Gender and its Role in Family Planning[6]

INTRODUCTION

Numerous studies have shown that unmet need and low family planning use are often the result of gender inequality, including gender roles and norms in a society that devalue women and grant decision-making control to men. Use of family planning is also shaped by these social and gender norms, including the perceived acceptability of family planning and gender roles that limit women's autonomy and restrict communication and decision-making between men and women. In this module the trainer will provide an introduction to key gender terms and concepts in order to support family planning providers in understanding how gender can impact access and us of family planning services

TOTAL MODULE TIME

2 h.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Reflect on their understanding of sex and gender.
- Define and understand the meaning of gender and gender-related concepts including gender roles, gender equality, and gender equity.
- Promote a better understanding of gender in their workplace.

METHODOLOGIES

- Presentation
- Discussion
- Group activity

MATERIALS NEEDED

- Flipcharts and markers
- Trainer PPT Slide Deck 1- Slides 7-25
- Handout IA

ADVANCE PREPARATION

- Review slides and training content.
- Make copies of Handout IA for all participants.
- Carefully review Session 1-3 content and include any regional or updated national policies or legislation related to GBV and gender equality.

[6] Adapted from MCSP, "MCSP HRH Liberia Gender Responsive Teaching Methods" (2018); APHIA II Western, "Infant and Young Child Feeding and Gender: A Training Manual for Male Group Leaders" (2011); USAID Interagency Working Group (IGWG), "Act Like a Man, Act Like a Woman".

RESOURCES

- MCSP. MCSP HRH Liberia Gender Responsive Teaching Methods. 2018.
- United Nations. Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979.

Ensure that you are comfortable with module content and can present the module without displaying any prejudices in your verbal or non-verbal communication. If you are being supported by co-facilitator, ensure that they do the same values self-review and preparation for the module.

OVERVIEW OF SESSIONS

SESSION	TIME
Session 1-1: Gender and Biological Sex	35 min.
Session 1-2: Gender Roles, Equality, and Equity	60 min.
Session 1-3: Legal Rights Supporting Gender Equality	25 min.
Total Module Time	**2 h.**

Session 1-1: Gender and Biological Sex

35MIN.

Activity 1: Presentation (5 minutes)

Introduction and Objectives

STEP 1

Present the module learning objectives **(Slides 7-8).**

STEP 2

Explain the following:

- For many service providers, few subjects can feel more difficult, confusing, or complicated than concepts related to gender, including sexual orientation and gender identity and expression. Sometimes, our personal, cultural, or religious values and experiences put us into conflict with our desire to help clients who may be experiencing barriers related to their gender, sexual orientation, and age.
- In this training we will start by examining key gender concepts to allow us to understand how gender interacts with health and health-seeking behavior, and specifically family planning. This will allow us to better serve our clients and communities by proving gender-sensitive FP services.

STEP 3

Ask if there are any clarification questions.

Activity 2: Group Activity and Presentation {30 minutes)

Gender and Biological Sex

STEP 1

Project **Slide 9** and explain that we will now clarify some basic concepts related to gender and health care and we will reflect on what these concepts mean in our own lives as women and men.

Ask participants to arrange chairs so they are sitting in a semi-circle.

STEP 2

Ask participants: *What does gender mean to you?*

STEP 3

After acknowledging several responses, on a blank sheet of flipchart paper, create 2 columns. Title one column "Man" and the second column "Woman."

Ask participants to think of the first words that come to mind when they hear the word "Woman," as well as the first words that come to mind when they hear the word "Man."

As participants call out ideas, write them on the flipchart paper in the relevant column. Make sure that each list includes words describing biological traits (e.g., "penis" for men, "breasts" for women). If the following biological traits are not mentioned, be sure include them on the lists:

MAN	WOMAN
• Penis • Testicles • Prostate • Hair on chest, face • Broad shoulders • Larger "Adam's Apple" (aka laryngeal prominence)	• Vulva, vaginal opening • Uterus • Ovaries • Can give birth • Breasts • Can breastfeed • Wider hips

STEP4

Once the lists are complete, ask the group to point out those words in the "Man" column that can *only* apply to men. As participants call out the words, circle them on the flipchart. If participants call out traits that are non-biological, push them to reflect a bit more by asking them whether those traits might apply to both women and men (e.g., 'Can bravery also apply to women?').

STEP 5

Move to the "Woman" column and ask the group to point out those words that can *only* apply to women. As participants call out the words, circle them on the flipchart. If participants call out traits that are non-biological, push them to reflect a bit further by asking them whether those traits might apply to both women and men (e.g., can men also be caring?).

STEP 6

Explain that the remaining characteristics that are not circled help to define a person's *gender.*

- Gender is the set of expectations about what women and men should do and how they should act.
- However, we are not born with these characteristics, they are not fixed, and they are not "natural."
- These expectations are created and communicated to us by the society we live in.

STEP 7

Invite questions and discussion on the exercise and the difference between biological sex and gender. If needed, use the following questions as prompts to get the discussion going:

- Looking at both lists, do the differences between women and men tend to be mostly biological or mostly societal?
- Do you think women can also be "strong," "brave," and "head of a household"? Why or why not?
- Do you think men can also be "caring" and "kind" and can "take care of the children"? Why or why not?

At the end of the discussion present **Slides 10-11** and review the definitions for 'gender' and 'sex'.

During the discussion, emphasize that the way women and men are expected to behave is not related to their sex or to their biology, but rather to what their community expects of them.

Women and men can both be strong, brave, and good providers, and women and men can both be kind, nurturing, and good with children. Make it clear that social expectations for women vary by society and can change over time-unlike sex, which cannot change.

STEPS

Present **Slide 12** and review the definitions for 'gender norms' and 'gender roles'.

STEP 9

Present **Slide 13** and explain the following:

- While gender roles are defined by behaviors, gender stereotypes are *beliefs* and *attitudes* about femininity and masculinity.
- Gender stereotypes are very influential, and they establish social categories for women and men. They fulfill the function of maintaining a hierarchical/unequal relationship between women and men. Gender stereotypes change very slowly-this may help to partially explain why gender discrimination persists even though gender roles change.
- Because gender is socially constructed and influences complex familial and power relationships, we have to take it into consideration in all aspects of FP programming and service provision(e.g., counseling, barriers to continuation, method selection, desire to space pregnancies).
- We will discuss how gender impacts family planning programming and service provision in more detail in later sessions. We will also look at how we can better support our clients and communities by being gender-sensitive FP service providers.

STEP 10

Emphasize that understanding key gender concepts is the foundation for the remaining sessions and for ensuring they are gender-sensitive family planning providers.

Ask if there are any questions regarding the difference between gender and biological sex.

STEP 11

Distribute **Handout IA** (Gender-Related Terms and Definitions).

Session 1-2: Gender Roles, Equality, and Equity

1 H.

Activity 1: Large Group Activity (30 minutes)

Act Like a Man, Act Like a Woman

This activity is a good way to understand the idea of gender norms and roles. However, gender norms and roles may also be affected by class, race, ethnicity, and other differences. It is also important to remember that gender norms are changing in many communities. It is getting easier in some places for some men and women to step outside of their "boxes." If there is time, discuss with the group what makes it easier in some places for women and men to step outside of the box.

STEP 1

Ask participants if they have ever been told to "act like a man" or "act like a woman"? Ask them to share some experiences in which someone has said this or something similar to them. Why did the individual say this? How did it make the participant feel?

STEP 2

Tell the participants that we are going to look more closely at these two phrases. Explain that by looking at them, we can begin to see how society creates very different rules for how men and women are *supposed* to behave.

Explain that these rules are sometimes called "gender norms," a term we touched on briefly in our previous discussion of gender and biological sex. These rules or "gender norms" often reflect what society believes is "normal" for men to think, feel, and do and what is "normal" for women to think, feel, and do.

Explain that these rules restrict the lives of both women and men. The rules try to keep men in their "act like a man" box. And they try to keep women in their "act like a woman" box.

STEP 3

In large letters, write on a flipchart paper the phrase "Act Like a Man" and draw a box around it. Explain that we are going to brainstorm ideas about society's expectations of who men should be, how men should act, and what men should feel and say. Ask the participants to share their ideas about what "act like a man" means.

STEP4

Write the meanings of "act like a man" that participants share inside the box. Some responses might include the following:

- Be tough
- Don't cry
- Yell at people
- Show no emotions
- Take care of other people
- Do not back down

STEP 5

Once you have brainstormed your list, facilitate a discussion using the following questions:

- Can it be limiting for a man to be expected to behave in this manner? Why?
- Which emotions are men not allowed to express?
- How can "acting like a man" affect a man's relationship with his partner and children? How can social norms and expectations to "act like a man" have a negative impact on a man's reproductive health?
- Can men actually live outside the box? Is it possible for men to challenge and change existing gender roles?
- What are the consequences of acting outside the box?
- Is it different for men in rural vs. urban areas?
- When is it OK for a man to live outside the box?

STEP 6

Now in large letters, write on a flipchart paper the phrase "Act Like a Woman" and draw a box around it. Ask the participants to share their ideas about what this means.

These are society's expectations of who women should be, how women should act, and what women should feel and say.

STEP 7

Write the meanings of "act like a woman" inside the box. Some responses may include the following:

- Be passive
- Be the caretaker
- Be smart, but not too smart
- Be quiet
- Listen to others
- Be the homemaker

STEPS

Once you have brainstormed your list, initiate a discussion by asking the following questions:

- Can it be limiting for a woman to be expected to behave in this manner? Why?
- What emotions are women not allowed to express?
- How can "acting like a woman" affect a woman's relationship with her partner and children?
- How can social norms and expectations to "act like a woman" have a negative impact on a woman's reproductive health?
- Can women actually live outside the box? Is it possible for women to challenge and change existing gender roles?
- What are the consequences of acting outside the box?
- Is it different for women in rural vs. urban areas?
- When is it OK for a woman to live outside the box?

STEP 9

Close the activity by summarizing some of the discussion and sharing any final thoughts. A final comment and question could be as follows:

Throughout men's and women's lives, they receive messages from family, media, and society about how we should act as men, and how we should relate to women and other men.[10] As we have seen, many of these differences are constructed by society, and are not part of our nature or biological make-up. Many of these expectations are completely fine and help us enjoy our identities as either a man or a woman. However, we all have the ability to identify unhealthy messages and the right to keep them from limiting our full potential as human beings. As you become more aware of how some gender stereotypes can negatively impact your lives and communities, you can think constructively about how to challenge them and promote more positive gender roles and relations in your lives and communities. We are all free to create our own gender boxes of how we choose to live our lives as men or women.

Activity 2: Presentation and Discussion {30 minutes)

Gender Equality and Gender Equity

STEP 1

Project **Slide 14** and explain that you would like to clarify two more important terms related to gender.

Ask the group if they have ever heard the term "gender equality." Ask them what they think it means.

STEP 2

After acknowledging some answers, provide the following definition:

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).

Ask the group if this definition makes sense to them and invite their questions.

STEP 3

Ask the group to discuss whether gender equality exists in Bangladesh. What are examples of gender equality programs and practices? What are examples of gender inequality?

As the group discusses this, write on a sheet of flipchart paper anything showing that women *do not* share equal status with men in all spheres of society. Be sure to include some of the following points if they are not mentioned by the group:

- Women are more likely than men to experience sexual and domestic violence.
- Men are paid more than women for the same work (in most cases).
- Men are in more positions of leadership and power within the medical field or health sector.

STEP4

Ask the group if they have ever heard the term "gender equity."

Ask what they think it means and how it is different from gender equality.

STEP 5

Acknowledge their responses and explain that:

- 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 imbalances.
- Addressing gender equity leads to equality.
- For example, an affirmative action policy adopted by a health facility to increase the number of women in senior leadership posts may be gender-equitable because it leads to ensuring equal rights among men and women.

When discussing the concepts of gender equity and equality, emphasize the following **key points:**

- The goal of gender equality is not for women and men, girls and boys, to become the same. The goal of gender equality is to ensure that women and men have the same chances to access and benefit from social, economic, and political resources (e.g., have the same opportunities to vote, to be educated).
- The goal of gender equity moves beyond equality to strive toward equality of outcomes. Thus, it moves beyond considering women and men as being equal under the law to ensuring that conditions will not block their equal participation in health promotion activities. It recognizes, for example, that women and men may have different needs, preferences, and interests, and that achieving equality of opportunity (e.g., gender equality) may require treating women and men differently and/or separately.
- Gender equality differs from gender equity in that gender equity is about how health services meet different population needs, whereas gender equality is about making sure that everyone is given the same services.

STEP 6

Project **Slide 15** and ask participants to escribe how they think the cartoon illustrates the differences between gender equity and gender equality.

After participants have shared some ideas, explain that while the "test" referred to in the cartoon creates equality of opportunity for all students, it does not actually consider their different needs so that they can actually take and pass the test. In other words, the test is not equitable. Similarly, if we provide health services, including family planning, without considering whether, how, and under what conditions all groups of men, boys, women, and girls can actually access them, we may end up like this professor, with very few students who pass the test.

STEP 7

Project **Slide 16** which illustrates visually the difference between equality and equity.

Invite participants' comments and questions.

STEPS

End the session by summarizing the main points as follows:

- Sex is fixed and does not change.
- Gender is a social construct that changes over time and varies from one cultural setting to another.
- Throughout their lives, women and men receive messages from family, media, and society about how they should act-what behavior is "masculine" and what behavior is "feminine."
- Many of the "differences" between women and men are socially constructed and are not part of our nature or biological make-up.
- Gender equality differs from gender equity in that gender equity is about how public services meet different population needs, whereas gender equality is about making sure that everyone is given the same services.

Session 1-3: Legal Rights Supporting Gender Equality

25MIN.

Activity 1: Presentation (25 minutes)

Legal and Policy Support for Gender Equality

STEP 1

Explain the following:

- There are many national and international laws and policies that support gender equality, as well as protect people, especially women and girls, who are disproportionally harmed by the consequences of unequal gender norms, including gender-based violence (GBV).

Note: Trainers should carefully review the national laws and policies included in the training material and customize based on region, audience, and as laws and policies are added and updated to ensure the most accurate and relevant information for the context for legal rights of gender equality.

STEP 2

Project **Slide 17** and summarize the following points.

- The Constitution of the People's Republic of Bangladesh[7] affirms equal rights of women. including equal rights and opportunities for women and men and ensures equality of opportunity for all citizens.
- It states that "all citizens are equal before law and entitled to equal protection of law" and that the state "shall not discriminate against any citizen on the ground of religion, race, caste, sex, or place of birth"
- Article 28(2) also states that women shall have equal rights with men in all spheres of the state and of public life and Article 28(4) paves the way for special provision to facilitate the advancement of women and children.

STEP 3

Project **Slide 18** and explain the following:

- In addition to the protections under the Constitution, the government of Bangladesh has taken other notable actions to support gender equality. Specific pieces of legislation and policies exist to prevent GBV and protect women and girls from specific forms of GBV, such as:
    - The Dowry Prohibition Act, which forbids anyone from giving or receiving dowry, including punishment provisions for "dowry violence" such as bride burning and inciting suicide.
    - Acid Crime Prevention Act {2000) and Acid Control Act {2000), which are measures to protect women and girls from acid violence.
    - Family Violence Prevention and Protection Act {2010), which makes domestic violence a punishable offense with a maximum sentence of two years in jail.

STEP4

Project **Slide 19** and explain the following:

- The United Nations (UN) has several declarations and covenants aimed at protecting human rights.
- The Universal Declaration of Human Rights[8] (UDHR) was adopted by the United Nations General Assembly in 1948. Its first article states that "all human beings are born free and equal in dignity and rights." The UDHR was the first expression of global rights to which all people were inherently entitled.
- The UN subsequently developed two additional covenants on Civil and Political Rights and Economic, Social and Cultural Rights which, together with the UDHR, are now known as the International Bill of Human Rights.[9]

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[7] *Constitution of the People's Republic of Bangladesh* (4 Nov. 1972).
[8] United Nations, Universal Declaration of Human Rights.
[9] United Nations, International Bill of Human Rights.

STEP 5

Project **Slide 20** and explain the following:

- The Convention of the All Forms of Discrimination against Women (CEDAW) is often described as THE woman's human rights treaty.
- In 1979, the CEDAW, also described as an International Bill of Rights for Women, was adopted by the United Nations General Assembly. In its 30 articles, the Convention explicitly defines discrimination against women and sets up an agenda for national action to end such discrimination. The Convention identifies culture and tradition as influential forces shaping gender roles and family relations, and it was the first human rights treaty to affirm the reproductive rights of women.
- CEDAW has been ratified by 143 out of 195 countries, including Bangladesh in 1984.
- Ratification of CEDAW legally binds signatory governments to eliminate all forms of discrimination against women in public and private life, including within the family.

STEP 6

Project **Slide 21** and explain the following

- In 2015 the UN set up a collection of 17 goals, known as the Sustainable Development Goals (SDGs).
- The SDGs are a universal call to action to end poverty, protect the planet, and ensure all people enjoy peace and prosperity.
- The goals are broad and interdependent and cover social, economic, and health domains.

STEP 7

Project **Slides 22-23** and explain the following:

- Gender equality and women's and girls' empowerment is Goal 5 of the SDGs, but it is also integral to all dimensions of inclusive and sustainable development.
- Many experts agree that all the SDGs are dependent on the achievement of Goal 5.
- SDG 5 is broken down into nine targets, all of which are relevant to our discussions in this workshop and our work as family planning providers.

STEPS

Close the session and module with the following **key points:**

- Despite national and international legal policies to prevent gender discrimination, particularly discrimination against women and girls, gender inequality and discrimination persists in many areas, including:
    - Laws and polices
    - Gender-based stereotypes
    - Social norms and practices
- Like other countries, and despite legislative actions and policies, Bangladesh faces challenges in preventing GBV, particularly violence against women, which is one of the most prevalent human rights violations in the world..
- Worldwide, an estimated 1 in 3 women experiences physical or sexual abuse in her lifetime. The negative impact of gender-based violence on individuals and on families is universal and has direct links to the overall development of the country.

- The ability of family planning providers to "...provide information and services to clients in accordance with rights and local laws and without interference of personal bias" is critical to being a gender-sensitive family planning provider.[10]

[10] HRH2030, *Defining and Advancing a Gender Competent Family Planning Service Provider: A Competency Framework and Technical Brief* (2020).

Module 1 Tools and Handouts

HANDOUT 1A

Gender-Related Terms and Concepts

Agency the capacity to make decisions freely and to exercise control over one's body in an individual's household, community, municipality, and state. An individual's agency is dependent on several intersecting factors, including race, class, sexual orientation, gender, age, education, political assertion, and others.

Empowerment a transformative process of expansion of people's agency 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 that serve as barriers to agency.

Femininity is qualities or attributes regarded as characteristics of women.

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 Accommodating 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 Aware programs and services examine and address the 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-based Violence (GBV), 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 and can affect women and girls, and men and boys, including transgender individuals[11]. Specific types of GBV include (but are not limited to) early and forced marriage, and child sexual abuse and exploitation; trafficking in persons; sexual coercion, harassment and abuse; neglect; domestic violence; economic deprivation.

[11] World Health Organization (WHO), *Multi-country study on women's health and domestic violence against women: summary report of initial results on prevalence, health outcomes and women's responses* (Geneva: 2005).

Gender Blind programs and services are designed without consideration 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 ignores gender considerations altogether.

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 Exploitative Programming programs and services 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 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-sensitive refers to supporting actions, policies, interventions, or activities that proactively recognize the 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 women, men, girls, and boys

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.

Family planning provider refers to anyone involved in the education, counseling, or provision of FP services. This can include nurses, nurse-midwives, community health workers/volunteers, health educators, clinicians, physicians, pharmacists, and private pharmacy workers.

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.

Intimate partner violence refers to any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. Examples of types of behavior are: slapping, hitting, kicking, otherwise beating, forced sexual intercourse and other forms of sexual coercion, insulting, routine humiliation, intimidation, threats to take away children, isolating a person from family and friends, restricting access to medical care, etc.

Masculinity refers to qualities or attributes regarded as characteristics of men.

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.*

Violence against Women and Girls refers to any act that is based on gender norms or unequal power dynamics that results in, or is likely to result in, physical, sexual, or mental harm to women, including threats, coercion, or arbitrary deprivation of liberty-whether occurring in public or in private life

Gender Values Clarification[12]

INTRODUCTION

This activity is designed to help introduce the ideas of gender and gender equality and stimulate discussion amongst participants who may have had limited exposure to these issues. Additionally, it aims to help participants understand that personal experiences and values impact how we view, understand, and undertake our work as family planning providers.

TOTAL MODULE TIME

45 min.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Explore and understand one's own ideas about and experiences with gender.
- Identify how one's personal experiences and beliefs regarding gender may affect family planning service provision.

METHODOLOGIES

- Large group activity
- Discussion

MATERIALS NEEDED

- Trainer PPT Slide Desck 1- Slides 26-29
- Vote with Your Feet Statements (Tool 2A)
- Open area where all participants can stand and move to either end of the room with ease.

ADVANCE PREPARATION

- Review the instructions and Vote with Your Feet statements.
- Arrange the area so that there is adequate space for participants to move from one side of the room to the other.
- Post flipchart paper on opposite ends of the room, the one on the right saying "Agree" and the one on the left saying "Disagree."

RESOURCES

- IGWG, Vote with Your Feet Activity.
- IGWG, Vote with Your Feet: Example Bank.

[12] Adapted from Interagency Working Group (IGWG), "Vote With Your Feet".

OVERVIEW OF SESSIONS

SESSION	TIME
Session 2-1: Gender Values Clarification	45 min.
Total Module Time	**45 min.**

Session 2-1: Gender Values Clarification

45MIN.

Activity 1: Values Clarification Exercise (45 minutes)

Vote with Your Feet

STEP 1

Project **Slides 26-28.**

Ask the group to stand in the center of the room. Explain that you are going to read a statement aloud **(Tool 2A).** Tell the participants to vote with their feet by moving to stand under the [11]agree" sign or the [11]disagree" sign.

STEP 2

Read the first statement. Repeat it to ensure everyone heard it. Allow participants to [11]vote with their feet." Remind them that they cannot stand in the middle.

Explain the rules of the discussion:

- Be honest-don't give in to peer pressure
- Respect others' values
- No debates

STEP 3

After everyone chooses whether they agree or not, ask 2 or 3 participants from each side to explain why they voted the way they did. Facilitate a brief discussion on their reasons.

STEP4

Read 5-10 statements, following the same process and ensuring enough time for discussion.

STEP 5

Debrief the activity by explaining the following:

- Even though we may be familiar with gender and the importance of gender-sensitive service delivery, some questions are still difficult for us to work with.

- When speaking about gender, people tend to have firm positions or strong convictions. This should be taken into account when providing family planning services.
- Our own experiences with and beliefs on gender can have an impact on how we view and understand our services or programs.

STEP 6

Facilitate a discussion on how gender-related values can affect service provision. Start by asking participants:

- How do you think providers' values and attitudes might affect their interactions with couples, male clients, or women seeking family planning services?

Answer any questions.

Prioritize allowing for reflective discussion even if it means you are not able to read out all the statements.

Module 2 Tools and Handouts

TOOL 2A

"Vote with Your Feet" Statements[13]

1. A woman's place is in the home.
2. It is a woman's right to choose the number, timing, and spacing of her children.
3. In today's world, a boy child is more valued than a girl child.
4. Family planning is a woman's responsibility.
5. A man is only valued for his ability to make money and provide for his family.
6. In certain circumstances, women provoke violent behavior.
7. Men sometimes have a good reason to use violence against their partners.
8. Involving men in family planning counselling sessions will only further increase men's power over decisions that affect women's fertility and health.
9. A woman should not refuse sex to her husband.
10. It is wrong to give a family planning method to a woman who wants to conceal it from her husband.
11. The most important thing a woman can do is have babies.
12. A man is only a real man once he has fathered a child.
13. Gender equitable relationships should not be the goal of a family planning programs and services.
14. Gender-based violence is too culturally sensitive an issue to be addressed in reproductive health projects.
15. Even if you offer free and convenient family planning services with a range of methods to men, they will have little interest in utilizing the services.
16. Promoting gender equality in couples is a valid goal of a family planning program.
17. A woman can do any kind of work a man can do.
18. Men sometimes have a good reason to use violence against their partners.
19. It is unfair and inappropriate to expect service providers to mitigate power dynamics between the couple seeking services.
20. Women are just as likely to perpetuate norms around violence as men are.

[13] IGWG, "Vote With Your Feet: Example Bank".

Gender-Based Violence

INTRODUCTION

Gender-based violence (GBV) is a universal problem occurring in every culture and social group. Globally, 1 in every 3 women has experience GBV-including being beaten, coerced into sex, or otherwise abused in her lifetime-most often by someone she knows, such as a member of her own family, an employer, or a coworker. Violence against women is the most common presentation of GBV. While men and boys can also experience violence as a result of gender norms, women's marginalized status in society and their relative lack of power results in high levels of violence against women and girls. In this module we will examine the meanings of the concept GBV, what types of violence are considered gender-based, where GBV occurs, and who its main victims and perpetrators are. We will explore gender-based violence as a violation of human's rights, and we will consider the unique manifestations and forms of violence against women and girls, such as reproductive coercion.

TOTAL MODULE TIME

lh.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Define gender-based violence.
- Deconstruct the myths and realities surrounding gender-based violence and understand that gender-based violence also affects males due to gender norms.

METHODOLOGIES

- Presentation
- Brainstorm
- Large group activity

MATERIALS NEEDED

- Trainer PPT Slide Deck 1- Slides 31-50
- Flipcharts and markers
- Tape
- Handouts 3A and 3B

ADVANCE PREPARATION

- Write the following questions flipchart paper and post in training room in preparation for Session 1-1 Activity 2:
  - What does the phrase 'gender-based violence' mean to you?
  - What acts do you qualify as 'violence'?
- GBV is a sensitive topic that may be affecting the life of participants. It is important to have referral resources on hand and to let participants know that you will be available for 30 minutes at the end of the day, if anyone wishes to speak privately.

RESOURCES

- IGWG, "Gender Based Violence: A Primer".
- UN Women, 10 Myths About Violence Against Women and Girls (2019).

OVERVIEW OF SESSIONS

SESSION	TIME
Session 3-1: What Do We Mean by GBV?	60 min.
Total Module Time	**1 h.**

Session 3-1: What Do We Mean by GBV?[14]

1 H.

Activity 1: Presentation (5 minutes)

Introduction and Objectives

STEP 1

Present the Module 3 learning objectives **(Slides 31-32).**

STEP 2

Explain the following:

- It is important to be prepared to address gender-based violence with FP clients because experiences of violence have important implications for whether or not clients are able to access and use FP information and services.
- In this session we are going to explore and discuss together what the meaning of the term "gender-based violence" (or GBV) and the various forms it takes.
- In a later session, we will discuss and practice skills to address GBV as FP providers.

STEP 3

Ask if there are any clarification questions.

[14] Adapted from IGWG, Gender Based Violence: A Primer and Minnesota Advocates for Human Rights, What Is Gender-Based Violence? (2003).

Activity 2: Brainstorm and Presentation (30 minutes)

Defining Gender-Based Violence (GBV}

STEP 1

Project **Slide 33** and divide participants into small groups of 3-5 people. Distribute sheets of flipchart paper to each group.

STEP 2

Tell the groups they will take 5-7 minutes to brainstorm a list of words that describe gender-based violence. Tell participants they may build on ideas voiced by others, but no ideas should be criticized or discussed.

Tell participants to respond to the below questions as part of their brainstorming:

- What does the term "gender-based violence" mean to you?
- What acts do you think qualify as "violence"?

STEP 3

After the brainstorm, have each group post the list on the wall so it is visible throughout the session.

STEP4

Review each list together and ask participants if they think all elements of GBV have been covered. Facilitate a discussion on the definition of gender-based violence. Ensure that you include a discussion of power and power imbalance as drivers of GBV (e.g., do women need male permission to use contraception, open a bank account, get a divorce, etc.).

If not raised by participants, ask specifically about subtler forms of GBV including:

- Psychological violence
- Reproductive coercion (threatening, harassing, or forcing someone to have or not have a child)
- Denial of needs such as food, social interaction, or access to hygiene as a form of discipline

STEP 5

Project **Slide 34** and present the following definition of GBV:

Gender-based violence "refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships."[15] GBV inflicts harm on women, girls, men, and boys. It can take the form of:

- Threats of violence and coercion
- Physical or sexual assault
- Emotional or psychological harm
- Denial of resources or access to services
- Denial of legal self-autonomy

[15] UNHCR, "Sexual and Gender-based Violence" (webpage). Accessed at: https://www.unhcr.org/en-us/sexual-and-gender-based-violence.html.

STEP 6

Project **Slide 35** and present the content below:

Violence against women (VAW) refers to "any act that is based on gender norms or unequal power dynamics that results in, or is likely to result in, physical, sexual, or mental harm to women, including threats, coercion, or arbitrary deprivation of liberty-whether occurring in public or in private life."[16] It includes: [17]

- Intimate partner violence
- Sexual assault and rape
- Female genital cutting
- Reproductive coercion
- Forced marriage
- Trafficking
- Denial of education, financial, and legal services

STEP 7

Project **Slide 36** and present the below content:

Intimate partner violence (IPV) refers to "any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship."[18] Examples of types of behavior include:

- Acts of physical violence, such as slapping, hitting, kicking, and beating
- Sexual violence, including forced sexual intercourse and other forms of sexual coercion
- Emotional (psychological) abuse, such as insults, belittling, constant humiliation, intimidation (e.g., destroying things), threats of harm, threats to take away children
- Controlling behaviors, including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education, or medical care

STEPS

Project **Slide 37** and summarize the following **key points:**

- GBV includes physical, sexual, and psychological violence such as:
    - Domestic violence
    - Sexual abuse, exploitation, and slavery, including rape and sexual abuse of children by family members
    - Violence in armed conflict, such as mass rape
    - Emotional abuse, such as coercion and abusive language
- GBV occurs in both the public and private spheres, in the family and in the general community.
- GBV happens in all societies, across all social classes.

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[16] United Nations, *Declaration on the elimination of violence against women* (New York: UN, 1993).

[17] WHO, "Violence Against Women - Factsheet" (WHO: 29 Nov. 2017). Accessed at: https://www.who.int/ en/news-room/fact-sheets/detail/violence-against-women.

[18] WHO, "Violence Against Women - Factsheet."

- GBV perpetrated against women is known as VAW, which includes any act or threat by men or male-dominated institutions that inflict physical, sexual, or psychological harm on a woman or girl because of their gender. Universally, women and girls are most likely to experience violence at the hands of men they know well. VAW manifests as physical, sexual, or psychological violence, and includes:
    - Forced pregnancy and other types of reproductive coercion
    - Denial of resources including food, education, freedom of movement, or property
    - Traditional practices harmful to women, such as honor killings, burning or acid throwing, female genital mutilation, dowry-related violence
- In most cultures, traditional beliefs, norms, and social institutions legitimize and therefore perpetuate violence against women.
- Child and forced marriage, and sexual harassment, and intimidation at work are additional examples of violence against women.

STEP 9

Ask if there are any clarifying questions and transition to the next activity.

Activity 2: Large Group Activity {25 minutes)

Myths and Realities of GBV

Note: This activity is often very useful, but if other activities and discussions have run long or if trainers have identified additional priorities, the presentation aspect of this activity could be omitted, and the trainer could skip Steps 1-3 and close this module with Steps 4 and 5.

STEP 1

Project **Slide 38** "Gender-Based Violence: Myth or Reality" and explain we will be reading a list of statements and determining if it is "myth" or "reality" (or true or false).

STEP 2

Project **Slide 39** and read the first statement aloud and ask whether it is a 'myth' or 'reality'. Have participants raise their hand for the response they choose.

Facilitate a brief discussion on the statement, asking participants why they chose the answer they did. Show **Slide 40** and discuss the information.

STEP 3

Go through the next statements and do the same **(Slides 41-48),** briefly discussing participants' responses to each statement.

STEP4

Once all "Myth or Reality?" statements have been read, distribute **Handouts 3A** and **3B** and discuss the below questions with participants.

- Is GBV an issue in the communities that you work in?

- How do you think GBV affects community members, particularly women and girls, physically, emotionally, and psychologically?

STEP 5

Close the session with the following **key points:**

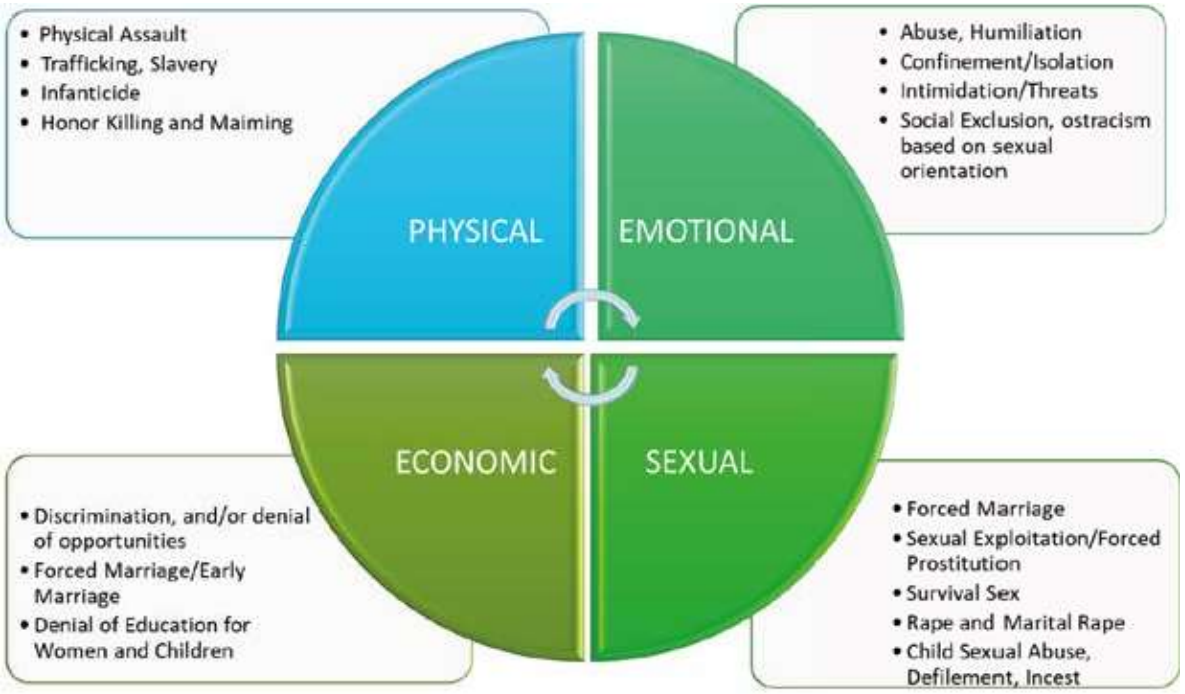
- GBV takes many forms-some that are outwardly apparent, such as physical violence, and some that are subtler or hidden, such as verbal abuse or reproductive coercion. All forms of GBV are harmful and have a negative impact on individual's health and wellbeing.
- GBV can impact anyone, regardless of class, religion, caste, or ethnicity, however GBV impacts women and girls far most frequently.
- Violence and/or fear of violence can influence a woman or girl's access to FP, as well as her choice of method and ability to use it.
- Acts of gender-based violence are perpetrated to gain power and control. In a couple, this can include power over reproduction and use of family planning.
- As FP providers, it is critical that we be aware of GBV, its various forms, and impact on clients' health and wellbeing, including reproductive health and family planning.

Ask if there are any clarification questions.

Module 3 Tools and Handouts

HANDOUT3A

Types of Gender-Based Violence



HANDOUT 3B

Gender-Based Violence: Myth or Reality?[19]

35% of women globally experience GBV in their lifetime.

Reality

Globally, 1 in 3 women experience physical, sexual, or emotional violence due to their gender. Similar numbers of women have already experienced GBV by the age of 19. Prevalence among 15-19-year-olds is estimated at 29% globally. [20]

Gender-based violence does not occur in Bangladesh.

Myth

Almost two-thirds (72.6%) of ever married women in Bangladesh have experienced one or more forms of violence by their husband at least once in their lifetime. More than half (54.7%) report having experienced violence in the last 12 months.[21]

There is nothing we can do to stop gender-based violence

Myth

Gender-based violence is a product of learned attitudes and norms. It can be eliminated by promoting a culture of respect and equality in family and society.

Gender-based violence is an inevitable part of marriage/intimate partner relations.

Myth

Disagreements and disputes may be inevitable parts of intimate partner relations. However, violence as a way to resolve those disputes is not. Violence is a learned behavior and can be unlearned.

Domestic violence is not just a private, family matter.

Reality

Gender-based violence is a human rights violation and a serious, widespread crime. It is the responsibility of all us, but particularly health providers to contribute to ending gender-based violence.

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[19] Adapted from: UN Women, 10 myths about violence against women and girls (2019).

[20] WHO, Violence against Women - Factsheet (2017).

[21] Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh. Report on Violence Against Women (VAW) Survey 2015

Reproductive Agency-Young Married Women and their Partners

INTRODUCTION

In much of Bangladesh, a significant proportion of adolescent girls and young women are married. More than half (59%) of girls and women in Bangladesh are married before their turning 18 and 22% are married before age 15.[22] For most young women and adolescent girls, sexual debut and childbearing occur within the context of marriage. Use of modern contraceptives is low among young married women, and childbearing usually begins soon after marriage. For the purposes of this training, the term "young married women" refers to adolescents and young women (ages 10-24) in formal and informal unions, in which they are living with a partner. This group includes both those with and those without children.

TOTAL MODULE TIME

2 h.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Understand key concepts related to reproductive agency.
- Describe the needs and challenges young married women and their partners have in exercising their reproductive agency.

METHODOLOGIES

- Presentation
- Case study
- Small group work
- Brainstorm
- Discussion

MATERIALS NEEDED

- Trainer PPT Slide Deck 1- Slides 51-67
- Flipcharts and markers (for Session 4-3)
- Tools 4A and 4B
- Handout 4A

ADVANCE PREPARATION

- Review PPT slides and training content.
- Make copies of Tools 4A and 4B and Handout 4A.

[22] Girls Not Brides, Bangladesh - Child Marriage Around the World. Girls Not Brides (webpage). June 2019.

RESOURCES

- WHO. Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations. 2014.
- FP2020 Rights & Empowerment Working Group. Family Planning 2020: Rights and Empowerment Principals for Family Planning.
- FP2020. Rights-Based Family Planning: Developing & implementing programs that aims to fulfill the rights of all individuals (2020).
- International Center for Research on Women (ICRW). A Conceptual Framework for Reproductive Empowerment: Empowering Individual and Couples to Improve Their Health. 2018.
- HRH2030. Defining and Advancing a Gender Competent Family Planning Service Provider: A Competency Framework and Technical Brief. 2020.

OVERVIEW OF SESSIONS

SESSION	TIME
Session 4-1: Reproductive Agency- Key Concepts	35 min.
Session 4-2: Understanding the Needs and Challenges of Young Married Women and their Partners	55 min.
Session 4-3: Gender Sensitive Counseling Approaches that Promote Reproductive Agency	30 min
Total Module Time	**2 h.**

Session 4-1: Reproductive Agency - Key Concepts

35MIN.

Activity 1: Presentation (20 minutes)

Understanding Reproductive Agency

STEP 1

Display **Slide 51-52** and present the module learning objectives. Then present the content below:

- In this session we will discuss concepts of reproductive agency, gendered barriers that may impact reproductive agency, and how we, as providers, can support individuals and couples with FP information and services to empower them to freely decide on their reproductive health goals and act on those decisions.
- We will then apply this knowledge to case studies of young married women, who often face significant barriers and bias related to their reproductive agency.

STEP 2

Explain that we will review key concepts and terms related to gender and reproductive agency that are critical to ensuring gender sensitive and rights-based family planning services.

STEP 3

Display **Slide 53** and present the below content:

- Gender sensitive family planning service provision enables providers to more effectively meet a client's reproductive needs and support a rights-based approach to FP services. Rights-based FP service provision, an approach supported by both WHO[23] and FP2020, "aims to fulfill the rights of all individuals to choose whether, when, and how many children to have; to act on those choices through high-quality sexual and reproductive health services, information, and education; and to access those services free from discrimination, coercion, and violence."[24]
- Using a rights-based approach to family planning increases access to quality FP services, thereby contributing to fewer unintended pregnancies, fewer women and girls dying in pregnancy and childbirth, including from unsafe abortions, and fewer infant deaths. [25] Unfortunately, gender norms and gender biases often interfere with a client's ability to access quality FP information and services. By practicing a gender sensitive, rights-based approach, FP providers can support a client's reproductive empowerment, allowing them to make decisions about their reproductive health, including use of family planning.

STEP4

Display **Slide 54** and present the content below:

- To understand and support reproductive empowerment, we must understand the concepts of "agency" and "reproductive agency."
- **Agency** broadly refers people's ability or sense of ability to define their goals, act upon them, and decide on their own strategic life outcomes. [26]
- In the context of FP decision making, **"reproductive agency** means being able to set individual reproductive goals and follow through with actions to realize the goals." This would include reproductive goals about whether, when, and how many children to have, and being able to effectively use contraceptives to control fertility, to enable individuals to realize their goals.[27]
- Put another way, an individual exercising reproductive agency feels that she can make and act on family planning decisions in consultation with whomever she chooses, without pressure or obstacles.
- Often, gender and social norms around fertility, decision making, and even mobility interfere with an individual's ability to exercise reproductive agency.

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[23] WHO, *Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations* (2014).

[24] FP2020, "Rights-Based Family Planning: Developing & implementing programs that aims to fulfill the rights of all individuals" (2020).

[25] FP2020's Rights & Empowerment Working Group, Family Planning 2020: Rights and Empowerment Principals for Family Planning.

[26] Naila Kabeer, "Resources, agency, achievements: reflections on the measurement of women's empowerment" *Dev. Change* 30, 1999: 435-464.

[27] S. Willan, A. Gibbs, I. Petersen, R. Jewkes, "Exploring young women's reproductive decision-making, agency and social norms in South African informal settlements" *PLoS ONE* 15(4). 2020.

As you review the concepts and terms in this module, pause to ask participants if they have any questions or need anything clarified. These are complex concepts and it is important that participants have many opportunities to clarify their understanding.

Activity 2: Brainstorm and Discussion {15 minutes)

Norms that Restrict Reproductive Agency

STEP 1

Display **Slide 55** and ask participants if they can think of any gender or social norms that they have observed that may interfere with an individual's ability to act exercise reproductive agency.

Write participant responses on a flipchart that can be posted and referred to as needed throughout the session.

STEP 2

Display **Slides 56-57** and fill in any gaps from the brainstorm with the content below.

Gender and social norms that may impact reproductive agency:

- Pressure on young women and couples to "prove" fertility soon after marriage
- Belief that young married women and couples without children should not be counseled on family planning/contraception
- "Son preference" or preference to produce a male child
- Women need husbands'/in-laws' permission to use contraception
- Belief that young women shouldn't use contraception or long-acting methods
- Women and girls need permission from husbands and/or in-laws to access health services, including family planning
- Taboos on women and girls accessing information on reproductive health
- Women and girls' lack financial support or need to ask husband for money to seek family planning services, including money for transportation and contraceptive commodities
- After marriage, women and girls are considered "property" of their husbands
- Forced sexual intercourse in marriage is not socially recognized as GBV and providers do not treat it as such
- Belief that young women can't be trusted to make their own decisions; providers at health centers "know what's best for them"
- Norms that reward young women who please their husbands
- Belief that new brides should spend almost all of their time in the home

STEP 3

Display **Slide 58** and present the below content.

- Agency and reproductive agency refer to a "state of being"-of being able to make and act on family planning decisions. However, many individuals, especially women and girls, are not able to make and act on FP decisions.
- FP providers serve as vital resources to support building individuals' and couples' reproductive agency. The outcome of this process is referred to as "reproductive empowerment."

Session 4-2: Understanding the Needs and Challenges of Young Married Women and their Partners[28]

SSMIN.

Activity 1: Case Study and Discussion (25 minutes)

Understanding the Needs and Challenges of Young Married Women and their Partners Case Study

STEP 1

Display **Slide 59** and explain that gender inequalities make young women particularly vulnerable, especially in their ability to act on their reproductive agency.

Tell participants that in this session we will examine the specific challenges that young married women and their partners face to their reproductive agency and living healthy reproductive lives.

STEP 2

Distribute **Tool 4A** (Fatima Case Study) and tell participants that you will read the case aloud to them. While they listen, they should write down each of the barriers that Fatima faces while trying to access contraceptive services. Explain that the barriers can be within her home, her community, and at the health facility.

STEP 3

Read the case study out loud to participants.

After reading the case study, give participants a few minutes to reread the case study themselves and make additional notes, if necessary.

[28] Adapted from Pathfinder International, *Providing Reproductive Health Services to Young Married Women and First-time Parents: A Supplemental Training Module for Facility-based Health Care Providers* (Watertown, MA: Pathfinder International, 2016).

STEP4

Ask them to share some of the challenges that they wrote down and facilitate a discussion with the participants, using the questions below. Allow the group to discuss their answers to the questions.

- Could the story in this case apply to young married women in your community? Why or why not?
- What do you think Fatima is thinking and feeling during this experience?
- What might be some of the health needs of Fatima and other young married women in your community?
- What support would be useful to Fatima and other young married women and their partners in your community to ensure they have reproductive agency?
- What does this case study tell you about a young married woman or young mother's ability to make choices about when and if to have a child?
- How is she influenced and pressured by those people around her?
- Remind participants that "gender norms" are the roles and behaviors that society thinks are appropriate for men and boys and women and girls. "Gender inequalities" are the differences in power that men and boys may have in comparison to women and girls.
    - How do gender norms and gender inequalities play a role in Fatima's ability to make reproductive health decisions?
- Who are the most powerful influencers of young married women and their partners in your community? Who pressures them to have children soon after marriage and to have many children before they grow older?
- Who might provide positive support for young married women to practice healthy timing and spacing of pregnancies?

STEP 5

Conclude the activity by reading the following:

- When a young woman enters a marriage or has a child, her life and the life of her partner can change both positively and negatively. Depending on the person's support structure, culture, economic situation, and personal relationships, a new relationship can create new gendered challenges for which they may not be prepared.
- As we discussed in the case study, young women often experience pressures and influences that are different from those affecting unmarried young women, men, or older married women, particularly around childbearing.
- As a family planning provider, it is important to understand these pressures and provide supportive counseling for young women and their partners, so they can navigate the various challenges and support their reproductive empowerment.

Activity 2: Brainstorm and Presentation (15 minutes)

Providing Services to Young Married Women and their Partners

STEP 1

Ask participants to brainstorm responses to the question below and record their answers on a flipchart.

- As family planning providers why do you think it is important to offer young married women and their partners comprehensive, nonjudgmental family planning counseling and services?

STEP 2

After participants have shared, supplement their responses by showing slide **Slides 60-61** and presenting the content below.

- Young women often have very little power, or reproductive agency, to:
  - Negotiate use of health services
  - Decide when and if to have children
  - Decide when and if to use contraception
- Young married women experience pressures from community, family, and husbands to bear children immediately, with added pressure to provide a son.
- Young married women are often ignored by other programs designed for youth because they are not in school or in community-based youth groups.
- Young married women and their partners are just beginning their relationships and reproductive lives together, so this is an opportunity to develop lifelong healthy reproductive practices and to promote better communication and joint decision making among couples.
- Promoting joint decision making and communication between young women and their partners, can result in an increase in contraceptive use, lower lifetime fertility, reduced maternal mortality, and increased ability for young women to participate in educational and economic opportunities.

Activity 3: Small Group Work- Case Study {25 minutes)

Understanding Reproductive Agency Challenges of Young Married Women[29]

STEP 1

Introduce the activity by reading out loud the content below:

- As a family planning provider, it is important to consider how to best support client's reproductive empowerment through quality, gender sensitive family planning counseling. As we've discussed, young married women and their partners often experience barriers to exercising reproductive agency.
- The way you communicate with people impacts what they are willing and able to learn from you. If you are speaking to a young woman and you do not think she should be using contraception, this will come across in your actions, in your tone of voice, and in your body language.

STEP 2

Display **Slide 62** and distribute **Handout 4B** (Amala Case Study) and explain that we are going to think more about counseling young married women in a way that allows them to exercise reproductive agency.

STEP 3

Divide participants into small groups of 2-4. Ask them to read the case study together and discuss the two questions.

[29] Adapted from Pathfinder International. *Providing Reproductive Health Services to Young Married Women and First-time Parents: A Supplemental Training Module for Facility-based Health Care Providers.* Watertown, MA: Pathfinder International, 2016.

Explain that they should be prepared to discuss their answers and ideas with the larger group in ~15 minutes.

STEP4

After 15 minutes, lead a group discussion on the two questions. You may choose to invite one the groups to share a few of their answers, then move to another group to see if they have any additions, and so on (for both of the questions).

Supplement the discussion with the possible answers listed below, if necessary.

What did Amo/a, the family planning provider, do well?

- Amala closed the door to make sure there was privacy.
- Amala greeted Joya warmly.
- Amala sat in front of Joya, at eye-level (not above her).
- Amala asked Joya open-ended question about her health and the health of her child.

What did Amo/a, the family planning provider, not do well?

- Amala scolded Joya for wanting to use contraception.
- Amala told Joya incorrect information about the healthiest spacing of pregnancies.
- Amala should not require Karim's permission to give Joya contraception.
- Amala should respect Joya's privacy and should not let her friendship with Karim's mother affect her advice to Joya.
- Amala should have provided Joya thorough contraceptive counseling and the contraceptive method of her choice.

STEP 5

Wrap up the discussion by reading the content below:

- As family planning providers who are going to be counseling young married women and their partners, it is important to be gender sensitive and learn from the mistakes that Amala made and build on the good things she did.
- It is your obligation to protect the privacy and confidentiality of all clients and treat them with respect and dignity.
- It is important to be aware of how gender can impact an individual's ability to exercise their reproductive agency and how as a provider you can support empowering them to act on their reproductive choice, by ensuring they receive comprehensive, unbiased family planning information.
- It is also important to note that if a male partner accompanies a young woman to the clinic and the young woman is comfortable with him joining them in the counseling session, the health care provider should be welcoming and invite the man to join the consultation.

Session 4-3: Gender Sensitive Counseling Approaches that Promote Reproductive Agency

30MIN.

Activity 1: Small Group Work {30 minutes)

Gender Sensitive FP Counseling

STEP 1

Divide participants into small groups of 3-4 and give each group a sheet of flipchart paper and markers.

Ask participants to imagine that they have been asked to develop guidance for new FP providers on gender sensitive FP counseling. Ask them to list all of the techniques they know that support gender sensitive family planning counseling. Encourage participants to imagine they are drafting content for a job aid or easy reference list presenting gender sensitive FP counseling tips to their colleagues.

Tell participants they have 15 minutes to draft their list of tips and then we will discuss each group's work all together.

STEP 2

After 15 minutes, ask one group to present their list of tips. Move to the next group and ask if they thoughts of tips the previous group did not, or if they disagree with any of the tips. Move on to the next group, asking each one to build on the contributions of the previous groups.

STEP 3

Show **Slides 63-65** and be sure to mention the items below, if none of the groups raised them.

Supplemental answers for considerations for gender sensitive family planning counseling:

- Protect the client's privacy and confidentiality. Ensure that counseling is done in a room where others cannot see or hear. Do not announce to the waiting area what services the client is at the clinic for.
- Sit at eye-level with the client.
- Welcome the client warmly.
- Ask open-ended questions about her wellbeing and the wellbeing if her child/children (if she has any).
- Do not do all the talking.
- Show respect for the relationship between the couple, by asking about the woman's relationship with her partner (e.g., how are decisions made in the household) and

- the partners' fertility desires and perspective on the use of contraception. However, **under no circumstances should a woman be denied contraception or a specific contraceptive method because her husband has not approved.**
- Emphasize the importance of Healthy Timing and Spacing (HTSP) to the health of the family, and the other benefits of HTSP, such as greater economic stability and improved nutrition.
- Be aware of yourself, what you are feeling, and what you are giving to the other person. Do not let personal values and biases prevent you from counseling young woman accurately and comprehensively.
- Provide accurate information, never give wrong information, and if you do not know something, to say you do not know (and will find out).
- Use simple/local words.
- Encourage the client to ask questions.
- Use visual aids (e.g., a picture, flipchart) if available or show a person how to do a task as you explain.
- Listen carefully to what is said and repeat back to make sure you have understood correctly.

STEP 4

Wrap up discussion and distribute **Handout 4A.**

Explain that they will practice applying what they have learned in this module later in the training during counseling roleplays.

Module 4 Tools and Handouts

TOOL4A

Fatima Case Study

My name is Fatima. I am 17 years old. I have a baby girl who is 1 year old. I have been married to my husband for two years. I love my baby girl, but I worry about her a lot because it seems like she is always sick. My husband's mother is always asking when we will have our next child. She says that the baby will start running everywhere soon, so it is time. I know I need to have another baby, especially because my first baby is a girl. But, I know that having another baby soon will be very hard for me and my little girl, since she has been so sick.

I heard you could get a shot to avoid having a baby for three months, but I don't know anything about it. There are some community health workers working in my community, but they are older women who are friends with my mother-in-law, and I know my husband and mother-in-law would disapprove if they knew I wanted to learn more about the medicine to prevent pregnancy. I don't have any friends to talk to about this. I hardly even leave the compound. All my friends from school are also married and live far away.

I was scared, but I decided to try to go to the nearest health center. I hoped that I wouldn't see people I knew there. I told my husband and mother-in-law that the baby was sick and walked the 10 km to the nearest health center. I went to the health center early in the morning because I needed to go back home and do household chores before it became too late in the day. When I arrived, there were several women waiting outside with many children. They kept looking at me.

The health center staff was late to arrive. I waited for an hour. When the facility opened, I got up enough courage to speak to the woman behind the table with a sign saying "Reception." She asked me why I was at the clinic when my baby wasn't sick. When I explained that I wanted to talk with the service provider about family planning, she made a disapproving face and just pointed to the consultation waiting area. I waited for two hours near the family planning room. I felt that all the older women were staring at me. One of the women recognized me. She is a friend of my mother-in-law and asked me why I was there since the family planning services are for older women who are ready to stop having children.

I was finally called in to speak with one of the providers. When I went into the consultation room, the provider looked angry. She asked me why I was here. I told her that I didn't want to be pregnant so soon after my last baby and I had heard there was some kind of shot I could get. She asked if my husband had given me permission to be there. I looked down and told her that I hadn't told him why I was coming. The provider told me that I had better not use family planning since my husband was certain to find another wife if I didn't have another baby soon, especially since my first baby was a girl. She said I should have all my babies now while I'm young.

I explained that my baby was sickly and it wouldn't be good for us to have another child so soon. The provider finally said that it is ok for me to use a method and said I should use the 3-month injectable.he didn't mention any other method options. I waited for another hour before she gave me the injection, and then the provider called me in a very loud voice "Fatima, your injection is ready." I could feel the eyes of the other women in the waiting room staring at me, including that friend of my mother-in-law. I got my injection and left the clinic very embarrassed and worried.

Questions for Small Group Work

- What did do well?
- What did *not* do well?

TOOL4B

Amala Case Study

Amala is a family planning provider at the health center. Joya is 19 years old and has been married to Karim for one and a half years. They have a 6-month-old baby and Joya is a first-time mother. Joya is planning to introduce solid foods to her baby and once she does that, she knows that breastfeeding will not protect her from becoming pregnant anymore. She does not want another child right away, but does not know much about contraception.

Joya goes to find out more at the nearest health center. After waiting 3 hours, it is Joya's turn to see Amala (the family planning provider). Being careful to protect Joya's privacy, Amala calls Joya to the consultation room quietly and makes sure the door is closed. Amala sits in front of Joya and looks at her very kindly. Amala asks Joya questions about her health and the health of the baby. Then she asks Joya why she came to the family planning room. Joya tells her that she knows that breastfeeding will no longer protect her from pregnancy and she wants to wait to have another baby and she had heard that there was some medicine that could prevent pregnancies.

Amala starts to look angry. She asks: "Joya, does Karim know you are here?" Joya says that she told him she had to come to the clinic to have the child seen by the nurse. Amala says that Joya does not need to be using contraception now, she only needs to wait 6 months between having a baby and becoming pregnant again, and that it is a perfect time to begin trying to have a baby. Even if she wanted contraception, Amala does not feel comfortable giving it to her without Karim's permission. Amala is friends with Karim's mother and knows that his mother would not approve.

Questions for Small Group Work

- What did Amala, the family planning provider, do well?
- What did Amala, the family planning provider, *not* do well?

HANDOUT 4A

Gender Sensitive Family Planning Counseling Tips

- Protect the client's privacy and confidentiality. Ensure that counseling is done in a room where others cannot see or hear. Do not announce to the waiting area what services the client is at the clinic for.
- Sit at eye-level with the client.
- Welcome the client warmly.
- Ask open-ended questions about her wellbeing and the wellbeing if her child/children (if she has any).
- Do not do all the talking.
- Show respect for the relationship between the couple, by asking about the woman's relationship with her partner (e.g., how are decisions made in the household) and
- the partners' fertility desires and perspective on the use of contraception. However, **under no circumstances should a woman be denied contraception or a specific contraceptive method because her husband has not approved.**
- Emphasize the importance of Healthy Timing and Spacing (HTSP) to the health of the family, and the other benefits of HTSP, such as greater economic stability and improved nutrition.
- Be aware of yourself, what you are feeling, and what you are giving to the other person. Do not let personal values and biases prevent you from counseling young woman accurately and comprehensively.
- Provide accurate information, never give wrong information, and if you do not know something, to say you do not know (and will find out).
- Use simple/local words.
- Encourage the client to ask questions.
- Use visual aids (e.g., a picture, flipchart) if available or show a person how to do a task as you explain.
- Listen carefully to what is said and repeat back to make sure you have understood correctly.

Gender Aware Service Delivery[30]

INTRODUCTION

The purpose of this session is to introduce participants to the Gender Integration Continuum. The application of the Continuum enables participants to not only focus on what specific activities are being undertaken through their family planning programs but also on what impacts these activities have on the achievement of gender equality.

TOTAL MODULE TIME

30 min.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Understand the continuum of gender as it relates to integrating gendered approaches in projects and activities.
- Describe the 4 approaches to gender integration in programs and services.

METHODOLOGIES

- Presentation
- Discussion

MATERIALS NEEDED

- Trainer PPT Slide Deck 2 - Slides 1-13
- Flipchart and markers
- Handout SA

ADVANCE PREPARATION

- Review PPT slides and training content, particularly the gender integration continuum definitions and materials.
- Make copies of Handout SA

RESOURCES

- Population Reference Bureau, The Gender Integration Continuum: Training Session User's Guide (2017).
- IGWG, Gender Equality Continuum Tool.
- USAID Learning Lab, Gender 101: Gender Equality at USAID eLearning Course (2013).

OVERVIEW OF SESSIONS

SESSION	TIME
Session 5-1: Gender Aware Service Delivery	30 min.
Total Module Time	**30min.**

[30] The Population Council. "The Gender Integration Continuum Training Session User's Guide". 2017.

Session 5-1: Gender Aware Service Delivery

30MIN.

Activity 1: Presentation (5 minutes)

Introduction and Objectives

STEP 1

Present the module learning objectives **(Slide 3).**

STEP 2

Display **Slide 4** and explain the following:

- We will begin understanding how taking gender norms and roles into consideration-or not-in health activities, including family planning services, can impact outcomes.
- The USAID Interagency Working Group {IGWG) has adopted a continuum of how gender is approached in projects: On one end, we don't address gender at all, or gender norms and roles are exploited, which is harmful and promotes gender inequity. As one moves along the Continuum away from exploitative, one gradually moves towards actively trying to influence and promote equality between genders.
- This Continuum is utilized by numerous international development organizations, bilateral donors, and NGOs around the world.
- The Gender Integration Continuum is a tool for project designers to use in planning how to integrate gender into their programs, including family planning programs and activities. Implementers can also use the Continuum to redesign or revise their activities or approaches to be more gender equitable.

Ask the group if they have any questions so far.

Activity 2: Presentation (15 minutes)

Overview of the Gender Integration Continuum

As you define the various terms and approaches, you will ask participants if they have heard of these terms and/or know what they mean. Help facilitate any discussion if participants are familiar with a term, but also let them know that it is fine if they have not.

STEP 1

Tell participants we will look at how taking gender norms and roles into consideration-or not-when designing services can impact outcomes.

STEP 2

Show the gender continuum slides **(Slides 5-8)** and present the content below.

Gender Continuum:

- USAID has adopted a Gender Integration Continuum showing how gender is approached in projects, and we are going to use it to evaluate family planning services:
  - On one end, we do not address gender at all, or gender norms and roles are exploited, which is harmful and promotes gender inequity.
  - As one moves along the Continuum away from exploitative, one gradually moves toward actively trying to influence and promote equality between the genders. This is where gender-sensitive service provision and service providers aim to be.
- This Continuum is used by numerous international development organizations, donors, NGOs, and governments (ministries of health) around the world.

Gender Blind:

- Gender inequalities in the greater society impact the use of health care, including FP/RH, and this is detrimental in relation to both health experience and opportunities. In addition, health systems that are 'gender blind' - that is, where gender differentials in health services are not recognized - may maintain and/or reinforce gender inequalities and gender inequity in wider society, both in their day-to-day operation and in their development of health policies.
  - Ask if anyone can think of an example of a gender-blind project.
  - Share the example of a single, uniform health program open to all girls and boys.

Gender Exploitative:

- This approach is harmful and, in the long run, can undermine project objectives, even if it achieves short-term results.
  - **Example - Campaign to Increase Male Involvement in Zimbabwe:** In an effort to increase contraceptive use and male involvement in Zimbabwe, an FP project initiated a communication campaign promoting the importance of men's participation in FP decision making. Messages relied on sports images and metaphors, such "Play the game right-once you are in control, it's easy to be a winner," and "It is your choice." The campaign increased the use of contraceptive methods. When evaluating impact, the project asked male respondents whether ideally they, their partners, or both members of the couple should be responsible for making family planning decisions. The evaluation found that: 'Whereas men were far more likely to believe that they should take an active role in family planning matters after the campaign, they did not necessarily accept the concepts of joint decision making.' Men apparently interpreted the campaign messages to mean that family planning decisions should be made by men alone.

Gender Accommodating:

- Programs and services that maintain existing gender dynamics and roles to achieve project outcomes. While this approach is not harmful, it does not seek to reduce gender inequalities or address broader systemic factors that perpetuate inequalities and maintain the status quo.
  - **Example - Community-based Delivery of Long-acting Methods:** The Ministry of Health (MOH) in Ethiopia wanted to address unmet need for contraception by expanding access to long-acting methods, including the implant (Implanon/Jadelle). To meet this need, the MOH trained community health extension workers, who already go door-to-door addressing a range of health issues (for example, water and sanitation, HIV, immunization, and FP) to offer Implanon. Community health workers were trained to provide information on Implanon (as part of their FP counseling), screen women for medical eligibility criteria, and provide Implanon (in addition to condoms and contraceptive pills).

STEP 3

Show **Slide 9** and walk participants through the example of how an FP promotion program could fit along the Continuum.

STEP4

Distribute **Handout SA.**

Activity 3: Presentation and Discussion {10 minutes)

Importance of Understanding Where a Program or Services are Along the Continuum

STEP 1

Show PPT **Slide 10** and explain the following:

- To achieve the goal of the current Health Population and Nutrition Sector Program (HPNSP) to increase CPR by 75% by 2022 it is urgent that above key gender issues are addressed. Achieving these goals will require acknowledging and responding to gender norms and dynamics that influence FP/RH.
- This can be done to varying degrees along a continuum as resources and time allow.

STEP 2

Show **Slide 11** and explain that:

- The Gender Integration Continuum is used in planning how to integrate gender into FP programs and services. It can also be used to revise health services or approaches to be more gender equitable.
- This Continuum can be used as a diagnostic tool or a planning framework. In either case, it reflects a two-tiered process of analysis that begins with determining whether interventions are "gender blind" or "gender aware," and then considers whether they are exploitative, accommodating, or transformative.
- As a diagnostic tool, it can be used to assess if or how well FP programs and/or services are currently identifying, examining, and addressing gender considerations, and to determine how to move along the Continuum toward more gender transformative programming.
- As a planning framework, it can help determine how to move along the Continuum toward more gender-transformative FP programs and services.
- It is important to emphasize that programmatic interventions should always aim to be "gender aware" and to move towards "transformative gender programming."

STEP 3

Ask the group if they have any questions or comments about the four categories.

STEP4

Share the following **key points** in summary:

- The most important principal is to ensure that the program does not adopt an exploitative approach in keeping with the fundamental principle in development of **DO NO HARM.** The tool attempts to reflect this visually, using the color red and the dotted line to highlight that while

some interventions may be, or contain elements that are (intentionally or unintentionally) exploitative, the aim should always be to move them toward transformative approaches.

- Gender blind interventions may be unintentionally exploitative or accommodating. They are much less likely to be transformative, as this approach presumes a proactive and intentional effort to promote gender equality.
- The Continuum reflects a spectrum-a particular project or activity may not fall neatly under one type of approach, and may include, for example, both accommodating and transformative elements.
- Transformative elements can be integrated into ongoing projects, without having to start the project over.

Thank the group for their participation and energy.

Module 5 Tools and Handouts

HANDOUT SA

Understanding the Gender Integration Continuum[31]

The Gender Integration Continuum

Ignores:

- The set of economic, social, political roles; rights; entitlements; responsibilities; and obligations associated with being female or male.
- Power dynamics between and among men and women, boys and girls.

Gender

Reinforces or takes advantage of gender inequalities and stereotypes.

Works around existing gender differences and inequalities.

- Fosters critical examination of gender norms* and dynamics.
- Strengthensorcreates systemst that support gender equality.
- Strengthens or creates equitable gender norms and dynamics.
- Changes inequitable gender norms and dynamics.

* Norms encompass attitudes and practices.

t **A system consists of a set of interacting structures, practices, and relations.**

[31] The Gender Integration Continuum Training Session User's Guide. 2017.

Definitions of the Approaches on the Gender Integration Continuum[32]

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.

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 ignores gender considerations altogether.

Gender Aware:

Gender aware policies and programs examine and address the 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.

Exploitative Gender 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.

Accommodating Gender 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.

Transformative Gender 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
- Transforming the underlying social structures, policies, and broadly held social norms that perpetuate gender inequalities.

[32] The Gender Integration Continuum Training Session User's Guide. 2017.

Engaging Men in Family Planning

INTRODUCTION

Engaging men in family planning can be beneficial for contraceptive access, use, and continuation, but when done correctly, has it also been shown to promote positive couple's communication and cooperative decision making. When men are engaged in constructive ways-as FP users, supportive partners, and agents of change-it can improve both health and gender outcomes. Evidence has shown that engaging men in FP/RH programs has been successful in decreasing unintended pregnancies, improving maternal health, and reducing sexually transmitted infections (STIs), including HIV.[33]

TOTAL MODULE TIME

1 h.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Understand the importance of engaging men in family planning.
- Explain a framework for engaging men in family planning.
- Identify approaches providers can use to engage men in family planning.

METHODOLOGIES

- Presentation
- Small group activity
- Discussion

MATERIALS NEEDED

- Trainer PPT Slide Deck 2 - Slides 14-23
- Flipchart and markers
- Handouts 6A and 6B

ADVANCE PREPARATION

- Review PPT slides and training content.
- Make copies of Handouts 6A and 6B.

RESOURCES

- IPPF and UNFPA. Global Sexual and Reproductive Health Service Package for Men and Adolescent Boys. London: IPPF and New York City: UNFPA, 2017.
- Family Planning High Impact Practices (HIP). Engaging Men and Boys in Family Planning: A Strategic Planning Guide. 2018.

[33] E. Rottach, S. Schuler, and K. Hardee, *Gender perspectives improve reproductive health outcomes: new evidence* (Washington, DC: Population Reference Bureau, 2009).

- J. Pulerwitz, A. Gottert, M. Betran, and D. Shattuck on behalf of the Male Engagement Task Force, USAID Interagency Gender Working Group (IGWG). Do's and don'ts for engaging men & boys. Washington, DC: IGWG, 2019.
- EngenderHealth. Engaging Men in Sexual and Reproductive Health Services: A Continuum of Programme Activities.

OVERVIEW OF SESSIONS

SESSION	TIME
Session 6-1: Framework for Engaging Men in Reproductive Health	60 min.
Total Module Time	**1 h.**

Session 6-1: Framework for Engaging Men in Reproductive Health[34]

1 H.

Activity 1: Discussion (10 minutes)

Introduction and Learning Objectives

STEP 1

Display **Slide 15.** Present the learning objectives and the content below:

- In this session we will introduce you to principles of engaging men in FP/RH and to the skills needed to integrate "constructive male engagement" approaches into your work.
- Keep the gender integration continuum framework in mind as we discuss strategies to constructively engage men and boys in family planning. We want to avoid gender exploitative approaches and aim for gender transformative approaches.

STEP 2

To get participants thinking about this module's topic, ask:

- What challenges have you encountered in engaging men in FP decision making and services?
- What approaches have worked well and what approaches have not?

Note down the ideas they share, writing the challenges on one flipchart and the approaches on another.

[34] Adapted from "Engaging Men and Boys in GBV Prevention and Reproductive Health in Conflict and Emergency Response Settings: A Workshop Module" (New York: ACQUIRE Project, 2008).

Activity 2: Presentation (20 minutes)

Framework for Engaging Men in RH

STEP 1

Explain that:

- We are going to look at a simple framework developed by EngenderHealth that presents different approaches to engage men in reproductive health.
- This framework was developed based on the work that many organizations have done over the years with men and boys.
- The purpose of the framework is to help people think about the different ways that programs, including family planning programs and services, can better reach and engage men.

STEP 2

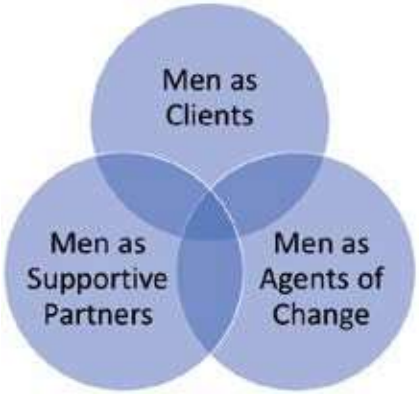
Display **Slide 16** and present the content below:

- Often family planning providers are reluctant to engage with men in FP service delivery because they feel it may take essential resources and decision-making power away from women.
- However, *constructive* male engagement efforts that are implemented in a gender aware and equitable way are important. This means these efforts should address:
    - Both men's and women's roles, norms, and vulnerabilities
    - Access to resources
    - Control over resources
    - Decision making
    - How gender norms exacerbate gender inequalities or promote gender equality

STEP 3

Display **Slide 17** and explain that:

- Engaging men in family planning has typically used three main approaches:
    - Men as Clients
    - Men as Supportive Partners
    - Men as Agents of Change
- All three approaches will be discussed in greater detail in this presentation. The three approaches are illustrated as intersecting circles because they are not mutually exclusive. Ideally, FP providers should include as many of these approaches as possible.



STEP4

Display **Slide 18** and explain that:

- This approach aims to meet men's FP/RH needs.
- Men are encouraged to use male contraceptive methods, such as condoms and vasectomies.
- Under this approach FP providers should:
    - Recognize men as potential users of FP by providing men with information on methods, counseling, and obtaining methods of choice, including speaking confidently about vasectomy to clients.
    - Bring up and provide information on male-controlled and cooperative contraceptive methods and provide referrals when male contraception is not readily available.
    - Pursue opportunities to engage men who may not traditionally seek FP services, without decreasing women's agency and reproductive agency. [35]

STEP 5

Display **Slide 19** and explain that:

- In this approach, providers seek to focus on the partnership with-in couples. Women generally have more access to FP/RH services, but may have less access to resources and less agency to make decisions. By engaging men as supportive partners, you as providers can bring about change in these imbalances, while potentially transforming gender norms as well.
- This approach focuses on the positive influence and support men can give to their partners to support reproductive empowerment and FP decision making. Under this approach FP providers should:
    - Recognize the potential for unequal power in decision-making power between partners about FP choices before initiating couple's communication and cooperative decision making.
    - Promote positive male participation in method choice and use, including shared responsibility for family planning and contraceptive use. [36]
    - Engage men as allies and support resources to their partners in improving family planning use.
    - Consider the gender inequities (be "gender aware") that negatively impact FP/RH and aim to help address those inequalities to support gender sensitive FP counseling and service provision.

STEP 6

Display **Slide 20** and explain that:

- The goal of this approach is to improve RH and promote gender equity through conscious, considered, and constructive engagement of men.
- This approach is more gender transformative since the focus is on explicitly addressing gender norms that put women and men at risk. Programs that implement this approach often include interventions that are broader than family planning (e.g., reproductive health promotion, GBV prevention). The programs ask boys and men to examine gender norms that negatively affect their lives and the lives of their partners and families and to develop healthier alternatives.

[35] HRH2030, Defining and Advancing Gender Competent Family Planning Providers: A Competency Framework and Technical Brief (2018).
[36] Ibid.

- This approach assumes that more progressive norms around gender will translate into improved RH outcomes and decreased GBV.
- Programs that focus on "men as agents of change" are often the most intensive, costly, and difficult to carry out because they ask boys and men to make individual changes, often in unsupportive environments.
- Some programs using this approach ask boys and men to engage others in their communities to promote gender equity, including in relation to GBV prevention and RH promotion.

STEP 7

Close the presentation by explaining that:

- Constructively engaging men in FP relies on providers' ability to engage with them as clients and "partners in the family planning decision-making process, while protecting women's rights and agency, convey the potential value of family planning ... and discuss reproductive health intentions and concerns with both male clients and their female partners."[37]
- FP providers should also understand the roles men may play in clients' voluntary and informed choice of FP methods. Providers may need to adjust FP counseling sessions to clarify basics of reproduction and family planning with men before moving forward with shared FP decision making. A gender competent FP provider can also promote positive and healthy gender norms, including those associated with being a man, to contribute to shifting community norms and promoting behavior change.[38]

STEPS

Explain that we will now look at examples of actual interventions to engage men in RH to understand how these approaches have been used. As we examine these examples, consider the approaches we discussed at the beginning of this session and where they fit in the framework.

Refer to the flipchart with "Approaches to Engage Men" that participants contributed to in the beginning of the session.

Activity 3: Small Group Work {30 minutes)

Male Engagement Strategies

STEP 1

Display **Slide 21** and distribute **Handouts GA** and **GB.**

Divide participants into small groups of ~3 people.

STEP 2

Explain that they should read through and discuss the two handouts together as a group.

[37] Ibid.
[38] Ibid.

Ask each group to come up with ways that they and/or their facilities/teams could engage men (and adolescent boys). They should propose at least one strategy for each of the approach:

- Men as Clients
- Men as Supportive Partner
- Men as Agents of Change

STEP 3

After 15 minutes, ask the groups to share their male engagement strategies and discuss with the larger group.

STEP4

Invite them to share any additional questions and observations that that came up in their small group work.

Module 6 Tools and Handouts

HANDOUT GA

Tips to Engage Men in Family Planning[39]

Couples who discuss family planning-with or without a provider's help-are more likely to make plans that they can carry out.

Promote Positive Couples Communication and Cooperative Decision Making

Providers can:

- Coach men and women on how to talk with each other about reproduction and family planning.
- Encourage cooperative decision-making about reproductive health and family planning.
- Invite and encourage women to bring their partners to the clinic for joint counselling, decision-making, and care.
- Suggest to female clients that they tell their partners about health services for men, and give them informational materials to take home, if available.

Provide Accurate Information

To inform opinions and decisions, men need to receive accurate information and to have their misperceptions corrected. Important topics include.

- Family planning methods, both for men and for women, including safety and effectiveness
- The health benefits of waiting until the youngest child is 2 years old before a woman becomes pregnant again
- Male and female sexual and reproductive anatomy and function
- Safe pregnancy and delivery

Offer Services or Refer

Important services which many men want include:

- Condoms, vasectomy, and counselling about other methods
- Counselling and help for sexual problems
- Infertility counselling
- Screening for penile, testicular, and prostate cancer

Like women, men of all ages, married or unmarried, have SRHR needs. They deserve high-quality services and respectful, supportive, and nonjudgmental counselling.

[39] Adapted from: World Health Organization (WHO), *Family planning: A global handbook for providers* (2011 update). (Baltimore and Geneva: WHO Department of Reproductive Health and Research and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, 2011).

HANDOUT GB

Do's and Don'ts for Engaging Men and Boys[40]

What should you do, and not do, when engaging men & boys in promoting health and gender equity? This resource brings together recent best practices and lessons learned for male engagement across health areas. It is intended to inform decision-making about programs, policy, media coverage, and funding priorities.

Why should you engage men & boys? Because they have their own distinct health needs and vulnerabilities, and because engaging men can benefit everyone-including women and girls. The reality is that inequalities in social value, power, and opportunities of men and women have provided men with many advantages, while at the same time men are disproportionately affected by many health challenges (e.g., homicide, alcohol abuse). Confronting both issues requires a careful balance, and the guidance below seeks to provide practical suggestions around how to do this.

DO recognize and meet men's distinct needs.

- Engage men and boys in ways that acknowledge and meet their unique needs-as clients, as partners, and as agents of change.
- Don't overlook men and boys as clients, including within reproductive health programs. Men often access health services later than advised (including for HIV/STIs), which can lead to adverse outcomes and high mortality rates.
- Take into account the high rates of violence, depression, and substance abuse men experience, linked to harmful norms around masculinity. Ideally, seek to prevent these experiences, through intervention and legal/policy reform.

DON'T engage men at the expense of women.

- Ensure that male engagement efforts do not compromise women's safety and ability to make decisions and access services. Track this carefully.
- Pay particular attention to any potential increases in gender-based violence; know referral pathways to provide adequate support to survivors.
- Provide sufficient staff training-including refresher training-around how best to balance engaging men and women, and monitor programs to make sure that women aren't left out.

DO seek to transform harmful gender relations and norms.

- Recognize that some common gender norms and dynamics are harmful.
- Implement programs that explicitly seek to shift gender norms-called "gender transformative" programming-which are more effective in improving health outcomes than those that do not (see link to resources on the back). Investing in transforming gender norms can also be cost-effective and improve program sustainability.
- Engage men in caregiving as a powerful entry point for transforming gender relations and norms.

DON'T discount the structural barriers men face when accessing health services.

- Ensure privacy, convenience (e.g., after-work hours), and a welcoming environment (e.g., staff prepared to receive men). Like other clients, men need options and information that meet their needs.
- Don't assume that health facilities are necessarily the best place to provide health services. Often, community-based services can best reach men.
- Advocate for policy change that breaks down structural barriers preventing men from accessing services.

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[40] This handout is a replication of: J. Pulerwitz, A. Gottert, M. Betran, and D. Shattuck on behalf of the Male Engagement Task Force, USAID IGWG, Do's and don'ts for engaging men & boys (Washington, DC: IGWG, 2019).

DO gather evidence with men and boys (and not just women and girls).

- Speak directly to men and boys, in addition to women and girls, when designing a male engagement program/ policy or evaluating its effects.
- Seek to understand the kinds of issues raised in these DO's and DON'Ts: for example, diversity and needs across the life course, structural barriers to accessing services, and the impact of transforming gender norms.
- Ensure that all research follows ethical standards, especially around sensitive subjects like relationship violence.
- Use the research tools and measures already available whenever possible.

DON'T start with the assumption that all men are bad actors.

- It is counter-productive to hold negative assumptions about men as a group, even though men who engage in harmful behaviors like partner violence must be held accountable.
- Find and amplify the voices of men who support gender equity and those who are positively changing.
- Engage men and boys in recognizing how restrictive masculine norms negatively affect their own health and well-being, as well as that of partners, children, and families-and how moving away from these norms can benefit everyone.

DO start early in the life course.

- Start building equitable gender norms in childhood to promote healthier decision-making later in life. Messages about men's and women's expected roles and behavior are internalized starting early in life.
- Ensure boys' and young men's access to mentors who endorse equitable gender norms and model healthy behavior.
- Implement evidence-based interventions to prevent and address children's exposure to adverse experiences like violence and trauma, which are common among both boys and girls. These experiences affect men's and their partners' health outcomes later in life.

DON'T overlook the diversity of men and boys in the population.

- Design programming and activities to reflect critical dimensions of men's diversity, such as gender identity, sexual orientation, race/ethnicity, fatherhood, class, religion/faith, and age.
- Intervene during transformative moments in the life of men and boys (e.g., puberty, school graduation, marriage, parenthood), when their needs and outlooks are changing.

DO engage men on their own and in groups of men, as well as together with women.

- Consider implementing male-only groups as spaces for men to consider harmful gender norms and the benefits of change, as well as to freely discuss sensitive topics, express worries, practice healthy communication, and seek advice.
- Avoid ONLY engaging men in male-only spaces, which can reinforce inequitable gender norms. Ensure opportunities for men and boys to engage in dialogue that includes women and girls.
- Seek to build skills around positive communication and shared decision-making among genders within couples and families, in all program activities.

DON'T overlook scale and sustainability for achieving impact.

- Consider how to reach entire populations or communities and how to sustain those efforts over time.
- Seek to build effective male engagement strategies into policies, institutions, and systems-for example in healthcare, education, the workplace, and government.
- Use one of the existing, evidence-based male engagement strategies and activities whenever possible.

Skills Development - Gender Sensitive Counseling

INTRODUCTION

Gender norms and gender inequalities (systematic unequal treatment based on a person's gender) can affect access and use of family planning services. For example:

- A man who does not "allow" his wife to use family planning because his parents believe he should have many sons to assure the family's lineage; or
- A woman who does not want her husband to have a vasectomy because she thinks it will lead to promiscuity.

However, gender norms and gender inequality are not fixed. They evolve over time, vary from place to place, and are subject to change. Family planning providers can offer gender-sensitive family planning services and promote societal change to contribute to eliminating gender as a barrier to family planning.

TOTAL MODULE TIME

1 h.

LEARNING OBJECTIVES

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

- Demonstrate gender sensitive counseling.
- Explain ways of facilitating positive couple's communication and decision making.

METHODOLOGIES

- Presentation
- Roleplay
- Discussion

MATERIALS NEEDED

- Trainer PPT Slide Deck 2 - Slides 24-30
- Handout 7A and Tool 7A

ADVANCE PREPARATION

- Review PPT slides and training content.
- Make copies of Handout 7A and Tool 7A for all participants.

OVERVIEW OF SESSIONS

SESSION	TIME
Session 7-1: Gender Sensitive Counseling	60 min.
Total Module Time	**1 h.**

Session 7-1: Gender Sensitive Counseling

1 H.

Activity 1: Presentation (5 minutes)

Introduction to Gender Sensitive Counseling

STEP 1

Explain that this module is focused on developing skills related to gender sensitive counseling and positive couple's counseling.

STEP 2

Present the module learning objective **(Slides 25).**

STEP 3

Show **Slide 26** and make the connection between this content and the previous modules clear.

Activity 2: Skills Building Roleplay (35 minutes)

Gender Sensitive Counseling

STEP 1

Show **Slide 27** and explain to participants that we are going to act out roleplays to develop skills in gender sensitive counseling.

Divide the participants into groups of 3-4 people.

Distribute **Handout 7A** and **Tool 7A.**

STEP 2

Show **Slide 28** and discuss the activity instructions (below).

Roleplay instructions

- Work together as a team.
- Select one of the scenarios from **Tool 7A** as your first roleplay.

- Review **Handouts 7A** and **4A** (from Module 4) and draw on the content as you prepare your roleplays and conduct observation of the roleplays.
- In each group, 1 participant will play the role of the client (and 1 participant will pay the partner, if it is a couple's counseling scenario); 1 participant will roleplay the provider. The remaining participants will be observers.
- Review the scenario and the associated questions on **Tool 7A** as a team.
- The observers should give feedback using **Handout 7A** to guide their observations.
- Spend no more than 10 minutes on the first scenario, then switch to a different scenario-switching roles. Every participant should have the chance to play the role of provider.
- After 10 minutes, you will choose another scenario and switch roles again.

STEP 3

Tell participants to start working on preparing, conducting, and discussing feedback on their first roleplay scenario (10 minutes).

One person should act as the provider, another as the client, and the third as the observer. After they have acted out the first scenario, the observer should provide his/her feedback using **Handout 7A** to guide their observations.

You may circulate and observe the role plays. If the "provider" needs assistance, you may use the suggestions included in **Handout 4A** from Module 4 and/or **Handout 7A** as prompts.

STEP4

After 10 minutes, ask the participants to select a different scenario and rotate roles so that the person who was the provider is now the client, the person who was the client is now the observer, and the person who was the observer is now the provider. Repeat step 3.

STEP 5

Then ask the participants to select a third scenario and switch roles so that each member plays the role they have not played yet.

Repeat step 3.

You may want to set a timer for participants as they roleplay each scenario to ensure 10-15 minutes is available for discussion at the end of activity.

Activity 3: Discussion (20 minutes)

Gender Sensitive Counseling Roleplay Debrief

STEP 1

Bring the group back together and facilitate a discussion using the questions below. Ask respondents to refer to their observation checklists as they share their observations during discussion.

- When you were in the client role, what behaviors did you notice that were not comforting? What behaviors were comforting?
- When you were in the provider role, what behaviors did you find came naturally to you?
- What behaviors were not as natural or were more difficult?
- When you were the observer what were some of the positive counseling skills you observed? What were some ways that the providers could improve?

STEP 2

Invite participants to share any remaining questions or observations.

Module 7 Tools and Handouts

TOOL 7A

Scenarios for Gender Sensitive Counseling Roleplays

Scenario 1 (FP)

A couple, Flora and Atif, with a 2-year-old daughter came to the FP health facility for removal of IUD. The IUD was inserted two months prior following a household visit counseling session Flora had with a field worker. Atif was away for work and 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 expressing that he doesn't like the IUD as he heard that it might cause discomfort during sex. He is forcing Flora to remove IUD despite that she does not have any complaint of the IUD.

- *How can the service provider counsel Flora and Atif to promote positive couple 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 wife, Maimuna, was married at the age of 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 communication and cooperative decision making?*
- *How can the service provider support the wife's decision to delay pregnancy?*

Scenario 3 (Postpartum FP and Covert Contraception)

A couple, Riad and Dina, have two children and Dina does not want any more children. The younger child is only 5 months old, however, Dina is now pregnant. Dina states became pregnant without any menstruation after childbirth. Riad is 10 years senior to her, and he doesn't like any family planning method. 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?*

HANDOUT 7A

Observation Checklist for Counseling

Task or Action	Yes	No	Comments
Provider assures confidentiality?			
Friendly/welcoming/smiling/respectful?			
Not judgmental or condescending?			
Listens attentively/nods head to encourage and acknowledge client's responses?			
Uses open-ended questions (i.e., not yes/no questions)?			
Uses non-technical terms and language the client can understand?			
Ask client appropriate/relevant ask about their relationship with partner and their fertility desires and perspectives on use of contraception?			
Asks the client(s) about pressures they may be feeling at home to have a baby and discusses how to deal with those pressures?			
Supports and facilitates positive couple's communication on family planning?			
Listens to client's responses closely and patiently?			
Provides encouragement and reassurance? Counsels the client on a full range of contraceptive methods, including long-acting methods (i.e., does not just offer one or two methods)?			
Prepares the client to use the method she selects effectively, including thorough discussion of side effects and what the client can expect?			
Responds to client's non-verbal communication (i.e. reassure the client if she seems nervous)?			
Is non-directive (i.e., does not tell the client what to do)?			
Does not require client to seek their spouse, partner or family member's consent for contraception or sterilization?			
Asks the client if she has any questions?			
Answers client's questions?			
Summarizes and ensures a common understanding of the discussion?			

Please record any additional observations/commentsfor feedback for the provider:

Skills Development - Responding to Gender-Based Violence

INTRODUCTION

GBV impacts millions globally and as women and girls are disproportionately impacted due their unequal status in society it is often FP providers that they go to for health care and support. Often FP providers are not prepared to address GBV, even though it impacts their clients and undermines the services they provide. If FP providers do not have procedures to respond to such clients, they are unable to deliver the highest quality services and may inadvertently contribute to a client's problems. In this module participants will learn how to respond to GBV with appropriate care that mitigates additional client harm.

TOTAL MODULE TIME

45 min.

LEARNING OBJECTIVES

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

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

METHODOLOGIES

- Presentation
- Roleplay
- Demonstration
- Discussion

MATERIALS NEEDED

- Trainer PPT Slide Deck 2 - Slides 31-38
- Handouts 8A and 8B
- Tool 8A

ADVANCE PREPARATION

- Review PPT slides and training content.
- Make copies of Tool 8A and Handouts 8A and 8B for all participants.

RESOURCES

- WHO. *Caring for Women Subjected to Violence: A WHO Curriculum for Training Health-care Providers.* Geneva: WHO, 2019.

OVERVIEW OF SESSIONS

SESSION	TIME
Session 8-1: Responding to GBV	45 min.
Total Module Time	**45 min.**

Session 8-1: Responding to GBV

45MIN.

Activity 1: Presentation and Discussion {10 minutes)

Do No Harm

STEP 1

Present the learning objectives **(Slide 32).**

STEP 2

Show **Slide 33** and lead a discussion on the content.

Emphasize the following **key points:**

- One of the key issues of gender-sensitive client provider interaction is DO NO HARM.
- If being used against a partner's wishes, in the context of intimate partner violence, use of contraception can result in escalation of that violence. These can include increased frequency and severity of beating, forced sex, or restrictions on a woman's movements or ability to socialize.
- All of these may be viewed as "normal" given that recent evidence indicates at least 1 in 4 married women in Bangladesh are currently living with intimate partner violence.
- As a health provider each of you has a duty to provide services in a way that *does no harm* and minimizes the risk of your actions increasing, escalating, or triggering violence against your clients.

STEP 3

Ask participants to share examples of the confidentiality procedures used at their facility (3-4 brief shares, or as time permits).

STEP4

Show **Slide 34** and emphasize the following **key points** on responding to disclosures of gender-based violence using LIV(ES):

- As a health provider, we tend to want to fix and treat. This may not always be possible-often it is not possible in the context of an FP visit. But, compassionate, respectful acknowledgement,

especially when accompanied by provision of information or referral for other services, can be catalytic.

- In a moment, you will have a chance to roleplay the skills of listening, inquiring about, and validating a survivor's experience. The most important thing to remember is that it is *not* recommended that you try to make a woman disclose experiences of violence. It *is* recommended that you listen in an open and respectful manner that helps a woman to feel safe sharing experiences or fear of violence.
- The LIVES mnemonic/acronym was developed to help providers remember that straightforward listening techniques can have a positive impact on their patients. However, the final 2 elements of the acronym are only for use in settings where GBV treatment and response services are actively provided. Don't worry about learning those at this time.

STEP 5

Distribute **Handout SA:** LIVES Pocket Card.

Reiterate that the last 2 components (the E and S) of LIVES should not be undertaken before a readiness assessment is done to determine whether the health facility meets minimum standards for GBV service provision

Activity 2: Demonstration and Discussion (5 minutes)

Responding to GBV Disclosure

STEP 1

Demonstrate a simple disclosure and the steps of L - 1-V with another facilitator using the demonstration example below.

Client - I don't want to get pregnant, but I'm worried about my husband.

Provider - Okay. Before I explain the different contraceptive options, do you have any specific concerns you'd like to share with me?

Client (disclosing) - I'm afraid my husband will beat me if he finds out I'm avoiding getting pregnant.

Provider - I'm sorry you are dealing with that. You deserve to feel safe and to be able to choose when is the best time for you to become pregnant. Would you like to have your husband be a part of the decision making? I can also give you information on different family planning options that may be more private.

STEP 2

Invite several participants to share their observations or ask questions.

STEP 3

Point out the provider's open body language; open questions; non-blaming response.

Activity 3: Roleplay (15 minutes)

Responding to GBV Disclosure

STEP 1

Display **Slide 35** and divide participants into small groups of 3.

STEP 2

Distribute **Tool SA** and ask half the groups do work on Scenario 1 and half the groups to work on Scenario 2.

STEP 3

Show **Slide 36** and give the instructions below:

- Each group should identify 1 person to roleplay provider, 1 person to roleplay client, and 1 person to serve as an observer. (If there is a fourth, that person can also serve as an observer.)
- You have **10 minutes** to conduct the roleplays in their small groups. You should switch roles so everyone has a chance to play the provider. ***(NOTE:** Facilitators will circulate during this time.)*
- After 10 minutes, come back together as a group to discuss the roleplay experience.

Activity 4: Discussion (15 minutes)

GBV Disclosure Roleplays Debrief

STEP 1

Facilitate a large group discussion using the questions below as a guide.

Ask the providers:

- How did it feel to not offer a solution or a fix?
- What do you think went well?
- What aspects of the counseling session would you do differently?

Ask the clients:

- How did you feel during the counseling session?
- If you disclosed experiencing violence, did you feel comfortable doing so? Why or why not?
- If you did not disclose violence, did you feel heard and respected?
- Which aspects of the counseling session could have been done differently?

Ask the observers:

- What went well in the roleplay you observed? What did it achieve?
- What challenges did you observe during the roleplay?

STEP 2

Distribute **Handout 8B** as a reference.

Module 8 Tools and Handouts

TOOL SA

GBV 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 SA

LIVES Pocket Card[41]

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

Inquire about needs and concerns

Validate

Enhance safety

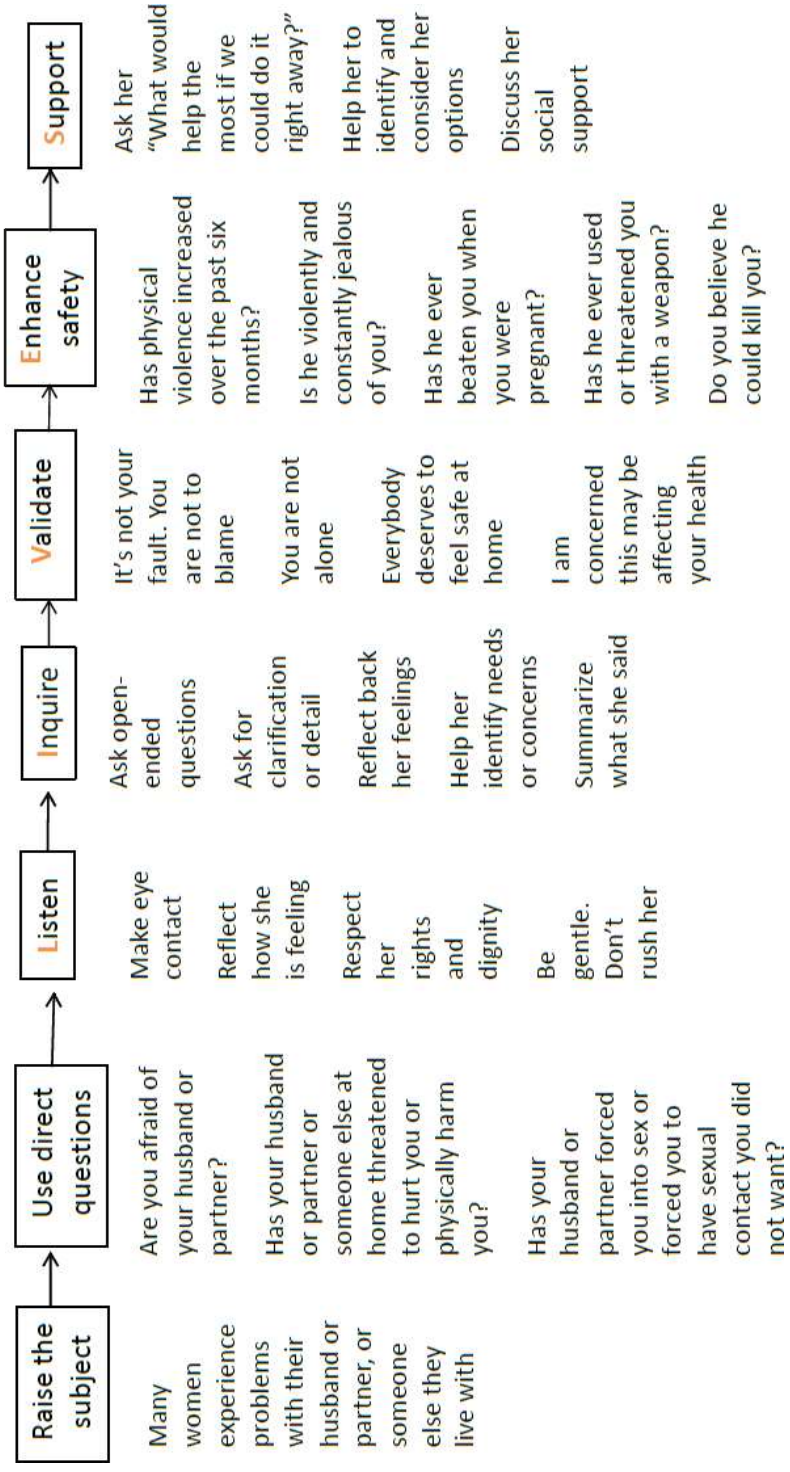
Support

- Listen closely, with empathy, not judging.
- Assess and respond to her needs and concerns - emotional, physical, social and practical.
- Show that you believe and understand her.
- Discuss how to protect her from further harm.
- Help her connect to services, social support.

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

HANDOUT SB

LIVES Communication Skills and Pathways



Overcoming Obstacles to Offering Gender Sensitive Family Planning[42]

INTRODUCTION

Family planning providers work within a health system and often do not have full decision-making power or control over their daily activities. Management in many health systems is often slow or poor, and this causes understandable frustrations for family planning providers. IN addition, many the facilities are overstretched due to the overwhelming number of people requiring medical services, including family planning services. In this module, we will explore the point of view of family planning providers, what problems challenges they face to providing gender sensitive FP services, and what strategies they could use to overcome these obstacles.

TOTAL MODULE TIME

2 h.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify challenges to providing gender sensitive family planning counseling and services.
- Identify 3 changes that participants want to make in their work immediately to implement what they have learned in this training.
- Make action plans with specific activities, barriers that might be encountered, and strategies for overcoming them.

METHODOLOGIES

- Presentation
- Small group activity
- Brainstorm
- Discussion
- Individual exercise

MATERIALS NEEDED

- Trainer PPT Slide Deck 2 - Slides 39-49
- Sticky notes (or Post-it Notes), 5 per participant
- Flipchart, markers, pens
- Tools OB, 9A, 9B, 9C
- Handout 9A

[42] Adapted from: EngenderHealth, "Comprehensive Counseling for Reproductive Health: An Integrated Curriculum" (2003); IntraHealth, "Better Practices in Gender Sensitivity: Gender Sensitivity Assessment" (2003); WHO, "Health Workers For Change: A Manual to Improve Quality of Care" (2018).

ADVANCE PREPARATION

- Prepare a 2-column flipchart on barriers and strategies (Activity 3).
- Review PPT slides and training content.
- Make copies of Tools 9B and 9C and Handout 9A for all participants.
- Prepare certificates of completion (optional).

OVERVIEW OF SESSIONS

SESSION	TIME
Session 9-1: Obstacles to Gender Sensitive FP Service Provision	45 min.
Session 9-2: Individual Action Plans	45 min.
Session 9-3: Concluding the Training	30 min
Total Module Time	**2 h.**

Session 9-1: Obstacles to Gender Sensitive FP Service Provision

45MIN.

Activity 1: Presentation (10 minutes)

Introduction and Objectives

STEP 1

Explain that this module is focused on identifying the challenges family planning providers face in delivering gender sensitive FP counseling and services. Researchers often ask clients what problems they face, but they rarely ask providers.

In this session we would like to know what problems you think that you may have applying the knowledge, skills, and techniques we have covered in this training? How you think these problems may affect your interactions with clients, and what strategies can you apply to overcome them?

Present the module learning objectives **(Slide 40).**

STEP 2

Present **Slide 41** and summarize the categories of needs of health care staff.

STEP 3

Present **Slides 42-44** and describe the 3 categories of needs and why they are important. Tell participants that we will return to these categories later in the session.

STEP4

Ask if there are any questions.

Activity 2: Small Group Activity (15 minutes)

Challenges to Providing Gender Sensitive FP Services

STEP 1

Explain that now that we have learned more about what being a gender sensitive family planning provider means and practiced some new counseling skills, we will consider what FP providers need in order to offer gender sensitive family planning services.

STEP 2

Tell the participants that we will break up into small groups and discuss challenges in providing gender sensitive FP services.

Divide participants into small groups of 3-4 people.

You can divide participants into similar categories of providers as people in a similar position are likely to have similar experiences and problems.

STEP 3

Ask the groups to discuss what obstacles they encounter at work that may get in the way of being able to provide gender sensitive FP services, including some of the counseling skills we practiced today.

Trainers should walk around and assist the groups to generate this list.

They do not have to write everything down. The purpose of the small group exercise is simply to get everyone thinking. Tell them they have approximately 10 minutes to discuss.

STEP4

Thank everyone for their participation and ask them to come back together as a large group.

Activity 3: Large Group Activity (20 minutes)

On-the-Job Application of Learning

STEP 1

Ask participants to think about what might make it challenging to for them to provide gender sensitive family planning services when they get back to their work sites and daily work routines.

STEP 2

Give each person 5 sticky notes and ask everyone to write down the 5 biggest challenges or obstacles they think they may face (one challenge per each sticky note). They should not put their names on any of the pieces of paper.

STEP 3

Post the pre-prepared flipchart with 2 columns: one labeled "Barriers to Gender Sensitive FP Services" and one labeled "Strategies for Overcoming Barriers."

STEP4

Ask participants to place their sticky notes under barriers column. Once all the participants have placed their sticky notes move the papers as needed, so that similar barriers are grouped together. This can also help demonstrate which barriers are most common.

STEP 5

Project **Slide 41** again, showing the "Needs of Health Care Workers" categories.

STEP 6

Starting with the first barrier (group of sticky notes) on the flipchart, ask participants which needs category this falls into. In the right-hand column next to the barrier write "S" for "Supportive", "I" for "Information", or "E" for "Equipment" depending on the participants discussion. More than one needs category can apply to a barrier.

STEP 7

Then ask participants what could be done to overcome this barrier. Tell participants that the type of need a barrier represents could give them insight into how to overcome that barrier. After a brief discussion of that barrier, summarize participants' ideas in the right-hand column.

You may consult **Tool 9A** for examples of barriers and solutions, if needed.

STEPS

Continue steps 6 and 7 for the remaining barriers.

STEP 9

Thank participants for their contributions and explain that the barriers and solutions they generated will inform the act plans they create in the next session.

Session 9-2: Individual Action Plans

45MIN.

Activity 1: Individual Exercise {30 minutes)

Action Planning

STEP 1

Explain that now we will pull together what we have learned in this training and conclude by identifying and planning things we can do as providers to offer gender sensitive family planning services.

STEP 2

Present **Slide 45** and then share the following:

- When a provider is aware of their personal gender beliefs, attitudes, and biases, it enhances their ability to offer high-quality services to clients (whether they are women, men, adolescent boys or girls, or couples).
- For example, a provider who has a bias against men may make male clients feel uncomfortable or unwelcome, thus reinforcing men's distrust of family planning services, as well as men's resistance to their partner accessing these services. Or, for example, a provider who believes a woman should have her husband's consent before using contraception will be unsupportive of women's reproductive agency, making female clients feel uncomfortable, and contributing to unmet need for family planning.

STEP 3

Display **Slide 46** and distribute **Handout 9A** (Action Plan: Improving Gender Sensitive Family Planning).

Explain that the action plan is a place to record:

- Specific actions that that can be implemented immediately to provide gender sensitive family planning services.
- Why you want to make this change.
- Challenges that might be encountered.
- Strategies to overcome these challenges.

STEP4

Ask participants to identify 3 actions they can implement when they return to work, based on what they learned in this training.

Explain that it is important to articulate why they want to implement each action in the action plan:

- Being clear about why you are making a change to improve gender sensitive family planning will be helpful if people, particularly colleagues and supervisors, are curious or affected by these changes.

- Knowing why you want to make a change will also provide you an idea or vision of the desired outcome. For example, supporting positive couple's engagement that promotes individual reproductive agency can reduce unmet need and unwanted pregnancies, contributing to national FP goals, such as "unmet need among married adolescents brought down from 17% to 15% by 2021."[43]

STEP 5

Ask each participant complete **Handout 9A.**

Ask participants to be prepared to share at least one action, along with why they want to implement this change.

Tell participants to refer to the Barriers and Strategies flipchart brainstormed in the previous session as they draft their action plan.

Walk around and offer to answer any questions participants may have as they complete their individual action plans.

Provide a timing update halfway through and 5 minutes prior to returning as a group.

STEP 6

After 20 minutes transition the group back together to discuss their action plans.

Activity 2: Large Group Discussion {15 minutes)

Action Plans

STEP 1

Ask each participant to briefly share at least one action to improve gender sensitive family planning services that they committed to, why they want to make this change, barriers they may encounter, and strategies for overcoming these barriers.

Mark off the barriers and strategies referred by the participants on the flipchart from the previous session.

STEP 2

Once all participants have shared at least one action to improve gender sensitive family planning service delivery, ask the group what similarities and differences they see in each other's action plans. Point out any patterns that emerge from the barriers/strategies that the participants have identified.

[43] *FP2020 Commitment Update Questionnaire 2018-2019- Bangladesh.* Available at: http://www.fami lyplanning2020.org/sites/default/files/Bangladesh_Self-Reporting_Questionnaire_2019.pdf

Session 9-3: Concluding the Training

30MIN.

Activity 1: Individual Exercise {15 minutes)

Post-test Knowledge Assessment

STEP 1

Display **Slide 47** and distribute the post-test **(Tool 9B).**

Remind participants that the post-test is not intended to evaluate the knowledge of the participants as individuals, but rather to measure any change in knowledge of the whole group as a result of training. The goal is to assess the effectiveness of training.

They should use the ***same code*** they used on their pre-tests.

Use **Tool OB** (Pre-/post-test Answer Key) to score the tests.

Activity 2: Individual Exercise {10 minutes)

Evaluating the Training

STEP 1

Distribute copies of **Tool 9C** and ask the participants to complete the training evaluation.

STEP 2

Explain that the process is anonymous and is intended to help trainers and facilitators improve their techniques and the training itself.

STEP 3

After participants have completed the assessment, if you have additional time, invite participants to share some of their feedback verbally (things that worked well, areas for adjustments, etc.).

Activity 3: Closing Remarks (5 minutes)

Conclusion

STEP 1

Display **Slide 48** and close session by thanking participants and summarizing the below points.

- Some of what we discussed in this training may not have been new for you and some of it may have been completely new.
- Some of the topics discussed may have made you feel good about your work as family planning providers and the potential impact you have to transform gender norms that act as barriers to family planning and contraception, while some of it may have made you feel overwhelmed and that you will never be able to do gender sensitive family planning (and may not even want to!)
- All of this is okay. Doing this work-learning how to provide gender sensitive FP services and support reproductive agency-is not easy. No type of lasting change, particularly when it comes to shifting deeply entrenched gender and social norms, happen overnight, or even in the course of a 2-day training!
- As you move forward with your individual action plans, focus on a few key ways to apply what you have learned to your workplace, as soon as you get there.
- The actions outlined in your individual plans may feel like small changes, but they will give you the chance to practice what you have learned and see how it works for you.
- Bigger change takes more time, but as you apply the skills and knowledge you have acquired in this training, that change will start with each of you!

STEP 2

Thank participants, co-facilitators, and organizers for their time, energy, and commitment!

Module 9 Tools and Handouts

TOOL 9A

Examples of Barriers to Provision of Gender Sensitive FP Services and Strategies to Overcome Them

Needs of Health Care Workers

Key:

S = Supportive supervision and management
I = Information, training, and development
E = Equipment, supplies, and infrastructure

Barriers to Gender Sensitive Family Planning	Strategies for Overcoming Barriers
Not enough time to provide gender sensitive family planning counseling	**S:** • Clinic flow is reorganized to free up staff for counseling and use time more efficiently. • Providers who are performing FP counseling are not required to do other tasks.
Not enough space or adequate infrastructure to provide confidential counseling and privacy	**S/E:** • Large rooms (e.g. waiting room) can be sectioned off to provide visual privacy. • An area of a large room could be set aside with seating arranged far enough away to provide listening privacy. • Multiple use of spaces, such as examining rooms or offices that not always in use utilized as counseling rooms.
Lack of support from coworkers and supervisors to provide gender sensitive family planning services	**S/1:** • Supervisors and managers communicate with all staff the needs and benefits of gender sensitive family planning. • Training on gender sensitive family planning conducted for all staff.
Discomfort with new gender sensitive counseling techniques, including • Gender sensitive communication • Facilitating positive couple's communication	**S/1:** • Recognize all new skills are a development process and more they are used the natural they will feel. • Acknowledge the effect your own gender, the provider-client power differential, and the potential for bias has to interfere with the provision of FP services. • Continue to roleplay and practice new counseling techniques with colleagues.

TOOL 9B

Post-test Evaluation

Participant's unique code: _____

Date: _____

1. **True or False? Indicate if the below statements about gender and family planning are true or false by circling "true" or "false" for each statement.** (4 points)
   a. True/ False - "Gender" refers to the biological differences between males and females.
   b. True/ False - Decision-making power and access to resources affect women's ability to obtain and continue using family planning.
   c. True/ False - Providers can help female clients who have little decision-making power, or agency, by pressuring them to choose a particular family planning method.
   d. True/ False - The ability of family planning providers to provide information and services to clients in accordance with rights and local laws and without interference of personal bias is critical to being a gender sensitive family planning provider.
   e. True/ False - Reproductive coercion (threatening, harassing, or forcing someone to have or not have a child) is a form of gender-based violence.
   f. True/ False - The signs of gender-based violence are always easy for a provider to see.
   g. True/ False - A provider's personal beliefs and values should not interfere with how they provide family planning services.
   h. True/ False - One of the key principles guiding gender sensitive client-provider interaction is "do no harm."

2. **Do the characteristics refer to gender or sex? Tick the appropriate answer.** (3 points)

Characteristics	Gender	Sex
Menstruation		
Women should do all the cooking		
Breastfeeding		
Wet dreams		
Men are natural leaders		
Women can get pregnant		

3. **"Gender equity" is defined as:** (circle the correct answer) (1 point)
   a. Providing the same opportunities to women and men receive the same resources.
   b. Ignoring a person's gender.
   c. The process of being fair to women, men, and those with diverse gender identities.
   d. Legal rights given to women.

4. **"Gender integration" is defined as:** {circle the correct answer) {l point)
   a. Strategies applied in programs and health services to take gender considerations into account and to compensate for gender-based inequalities.
   b. The process of understanding gender concepts.
   c. Determining whether a client is male or female.
   d. Offering services to men and women in the same clinic.

5. **"Reproductive agency" is defined as:** {circle the correct answer) {1 point)
   a. The process of empowering an individual to make reproductive health decisions.
   b. When an individual can make and act on reproductive and family planning decisions in consultation with whomever they choose, without pressure or obstacles.
   c. Someone who makes reproductive health decisions on behalf of someone else.
   d. Another name for a family planning provider.

6. **What can impact a woman's or a girl's access to family planning, as well as her choice of method and ability to use it?** {circle the correct answer) {1 point)
   a. Violence and/or fear of violence.
   b. Pressure on women and couples to "prove" fertility soon after marriage.
   c. Taboo on women and girls accessing reproductive health information.
   d. All of the above.

7. **Match the approach to its definition** {3 points)

1. Gender Transformative	a. Takes advantage of inequitable gender norms
2. Gender Exploitative	b. Ignores gender dynamics and norms
3. Gender Blind	c. Transforms gender relations to promote equality

8. **Violence against women and girls is:** {circle the correct answer) {1 point)
   a. An effective way to correct behaviors.
   b. A private family matter.
   c. Any act that is based on gender norms or unequal power dynamics that results in, or is likely to result in, physical, sexual, or mental harm to women.
   d. None of the above.

9. **Which of the following is an appropriate opportunity to involve men in family planning?** {circle the correct answer) {l point)
   a. A client says she would like her male partner to be present for family planning counseling.
   b. A male client is interested in family planning methods he can use.
   c. A male community leader says he wants to help young couples understanding the benefits of family planning.
   d. All of the above.

10. What does the acronym "L-1-V-E-S" stand for? (circle the correct answer) (1 point)

a. Listen - Investigate - Verify- Encourage reporting to the police - Secure the home
b. Learn - Investigate -Vigilance - Empowerment- Safety
c. Listen - Inquire about needs and concerns - Validate - Enhance safety- Support
d. Look into allegations - Initiate report - Validate - Expect retribution - Support

11. Which of the following is <u>not</u> a gender or social norm that can negatively impact reproductive agency? (circle the correct answer) (1 point)

a. Belief that young married women should not use long-acting contraceptive methods
b. Women and girls need permission from husbands and/or in-laws to access health services, including family planning
c. Belief that providers should counsel young married women on all available family planning methods
d. Belief that young women can't be trusted to make their own decisions; providers at health centers "know what's best for them"

Score: /18 points

Self-assessment: Please rate your knowledge and skills related to the following areas on a scale of 1-4. Put an X in the box that best represents your answer. (unmarked - 0 points)

How do you rate your knowledge of...	**1 Poor**	**2 Moderate**	**3 Good**	**4 Excellent**
Basic concepts related to gender?				
Gender integration?				
Various form of gender-based violence (GBV)?				
How to address GBV as family planning providers?				

TOOL 9C

Training Evaluation

Instructions: Please evaluate the training by responding to the statements below. Kindly score each statement from 1 to 5, with 1 being the poor and 5 being excellent. Where the statement is not applicable to the session, please note N/A in the comments column. The final score should be indicated, with the exclusion of the statements marked as N/ A. This is an ***anonymous*** process.

Province: ..... Venue: ..... Date: _____

Content Evaluation	1	2	3	4	5	Comments
The content was presented in a clear manner.						
The standard of the content presented was of a high quality.						
The content was relevant to the training.						
The information is up to date and well researched.						
I gained new knowledge and skills.						
The session that was of <u>most value</u> (give the session a score and write which session in the comments column).						
The session that was of <u>least value</u> (give the session a score and write which session in the comments column).						
Adequate time was allocated for all the sessions of the day.						
Presentation/Organization/Preparation	**1**	**2**	**3**	**4**	**5**	**Comments**
The training schedule was well prepared.						
The flow/transition between sections/topics was logical and easy to follow.						
All topics presented were linked to real-life situations/experiences/current events.						
Activities conducted were relevant to the topic and allowed participants to reflect on what was being discussed.						
Handouts were prepared and distributed when they were to be used.						

Delivery of Content						Comments
The trainers/facilitators maintained a level of professionalism throughout in a non-threatening manner.						
The trainers/facilitators were confident about presenting the topics.						
The trainers/facilitators spoke clearly and projected their voice.						
All participants were engaged in the activities and listening.						
The trainers/facilitators encouraged participation throughout.						
The trainers/facilitators responded knowledgeably and appropriately to questions.						
The trainers/facilitators did a summary at the end of all sessions and activities.						
The session was concluded with a summary which reflected valuable information.						
Distractions and interruptions were managed appropriately.						
Overall rating of the training						
Overall time management rating:						

General comments on how to strengthen the training, if any:

HANDOUT 9A

Individual Action Plan: Improving Gender Sensitive Family Planning Service Provision

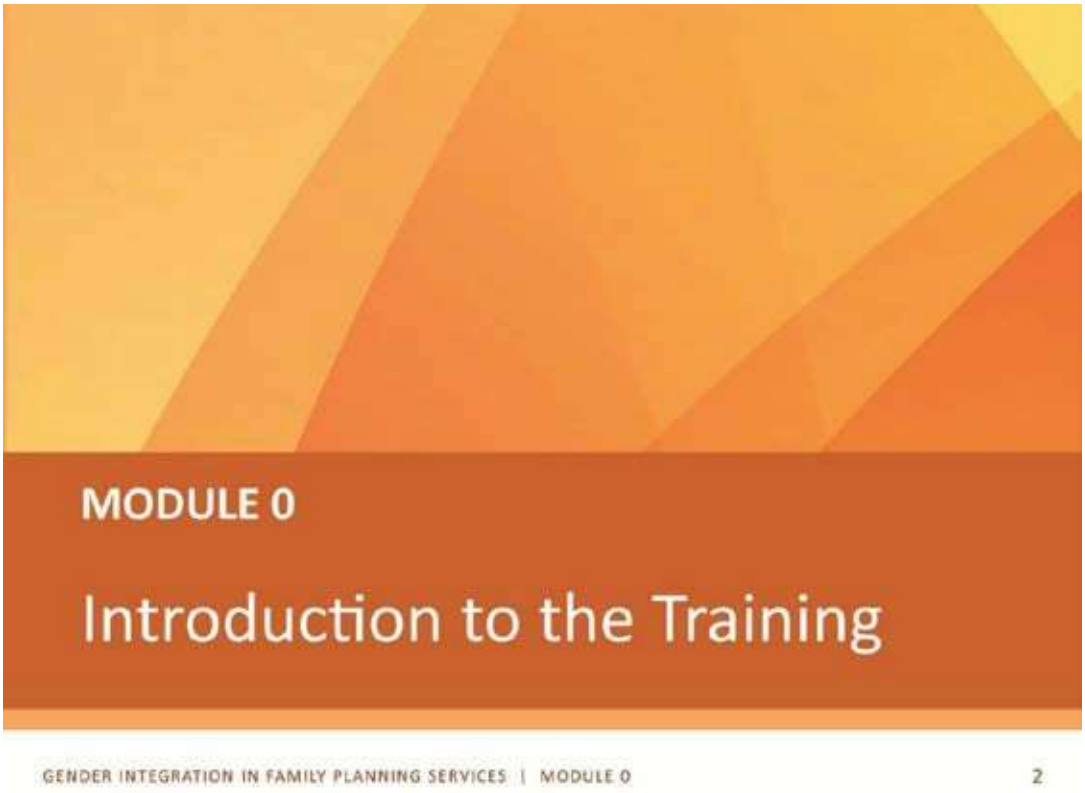
I understand that to provide gender sensitive family planning services. I need to:

- Support gender sensitive communication,
- Promote reproductive agency by encouraging clients, whether men or women, to make their own reproductive choices regardless of their age, marital status, or consent by spouse or family members.
- Engage men and boys as supporters and users of family planning,
- Facilitate positive couple's communication and cooperative decision-making,
- Respond to gender-based violence through empathetic counseling and referrals, and respect and maintain confidentiality on a woman or couples use of a family planning method.

Name:			
Specific action you can implement immediately	**Why you want to make this change**	**Challenges you might encounter**	**Strategies to overcome challenges**
1.			
2.			
3.			
Notes:			

Module 10 Handouts

POWERPOINT PRESENTATION



Purpose of the Training

The purpose of this training is to equip family planning (FP) providers with the knowledge and skills needed to provide gender sensitive FP services, thereby improving provider-client interactions and overall quality of care.

Training Goals

The goals of this training are to:

1. Give FP providers an understanding of key gender concepts and how to apply them in service delivery.
2. Raise FP providers' awareness of key gender issues related to FP and reproductive health (RH) service provision.
3. Introduce providers to skills needed to be gender competent FP providers.

GROUP ACTIVITY

Ice breaker

- Find your partner with the same letter on his/her card.
- Interview each other to find out:
  - Name
  - Place of work
  - 2 expectations for the workshop
  - 2 words that come to mind when they hear the word "gender"

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 0 5

Questions?

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 0 6

MODULE 1
Understanding Gender and its Role in Family Planning

Learning Objectives

By the end of the module, participants will be able to:

1. Reflect on their understanding of sex and gender.
2. Define and understand the meaning of gender and gender-related concepts including: gender roles, gender equality, and gender equity.
3. Promote a better understanding of gender in their workplace.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 1 9

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.
- **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 INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 1 10

Difference Between Sex and Gender

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

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

Key Gender Terms and Concepts

- **Gender norms:** what society considers male and female behaviors. These lead to the formation of **gender roles**, which are the roles men/boys and women/girls are expected to take in society.

- **Gender roles:** the behaviors, tasks, and responsibilities that are considered appropriate for women and men as a result of sociocultural norms and beliefs. Gender roles are usually learned in childhood. They change over time as a result of social and/or political change.

Key Gender Terms and Concepts

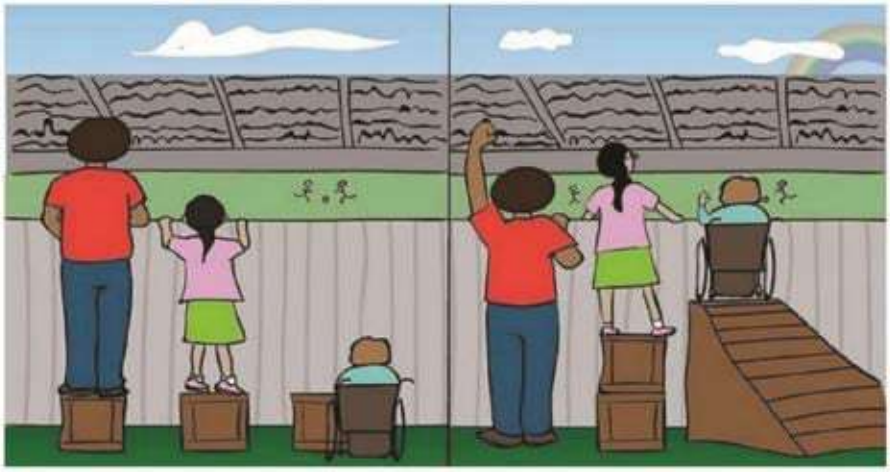
- **Gender stereotypes:** ideas that people have about masculinity and femininity—what men and women of all generations should be like and are capable of doing (e.g., girls are allowed to cry, and boys should not cry).
- **Gender-related barriers:** obstacles to accessing and using health services that 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 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.

Equality versus Equity



Constitution of the People's Republic of Bangladesh

The Constitution of Bangladesh guarantees the fundamental rights of women and forbid any form of discrimination on the basis of sex:

- The State shall not discriminate against any citizen on grounds only of religion, race, caste, sex or place of birth. Article 28 (1)
- Nothing in this article shall prevent the State from making special provision in favour of women or children or for the advancement of any backward section of citizens. Article 28 (4)
- Steps shall be taken in ensure participation of women in all spheres of national life as a fundamental principle of state policy. Article 10
- All citizens are equal before law and are entitled to equal protection of law. Article 27

Bangladesh's Gender-Based Violence (GBV) Laws and Policies

- The Dowry Prohibition Act
- Acid Crime Prevention Act, 2000 and Acid control Act, 2000
- Family Violence Prevention and Protection Act, 2010

International Human Rights Declarations

"All human beings are born free and equal in dignity and rights."

- The Universal Declaration of Human Rights (UDHR)
- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights

Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)

What is it?

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is considered THE women's human rights treaty.

CEDAW on discrimination against women:

Any distinction, exclusion or restriction made on the basis of sex that leads to the violation of the human rights and fundamental freedoms of women in the political, economic, social, cultural, civil or any other field.

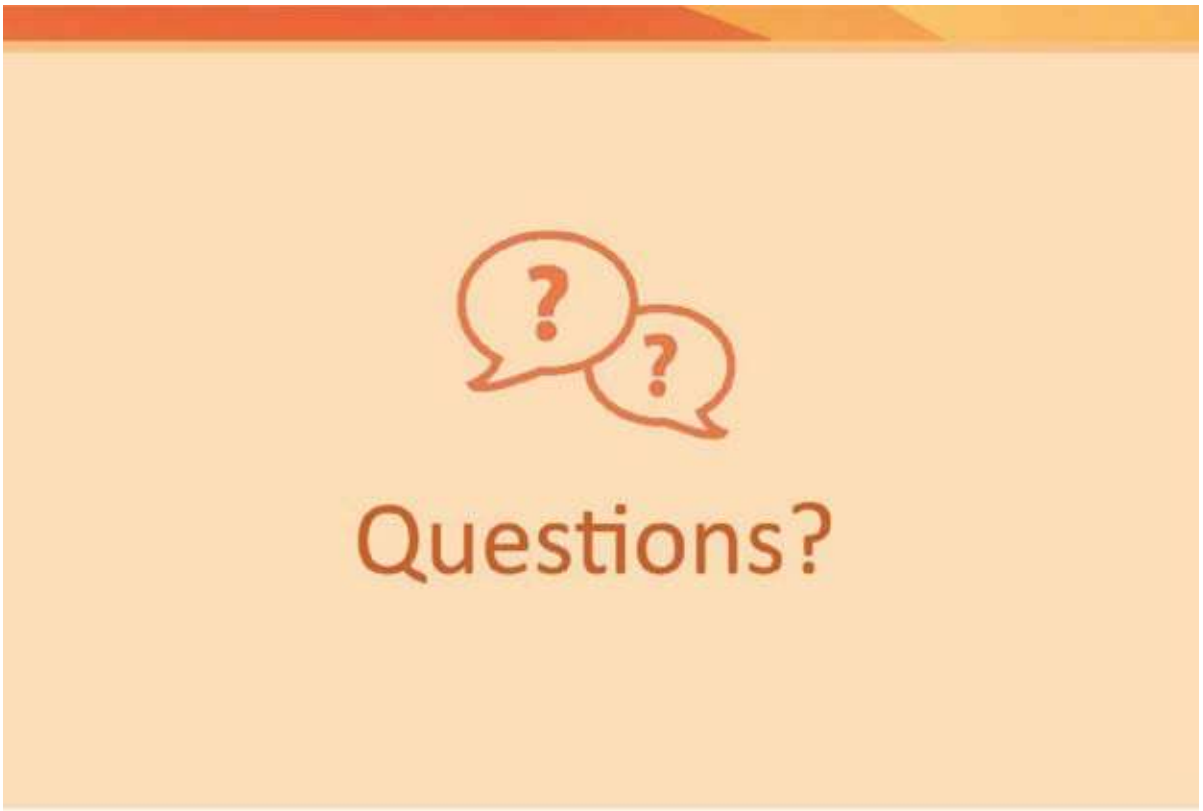
Sustainable Development Goals (SDGs)

SDG 5: Achieve Gender Equality and Empower all Women and Girls

- 5.1 End all forms of discrimination against all women and girls everywhere
- 5.2 Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation
- 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations
- 5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies, and the promotion of shared responsibility within the household and the family as nationally appropriate
- 5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life

SDG 5: Achieve Gender Equality and Empower all Women and Girls

- 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences
- 5.a. Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance, and natural resources in accordance with national laws
- 5.b. Enhance the use of enabling technologies, in particular ICT, to promote women's empowerment
- 5.c. Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels



GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 1 23

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 2 25

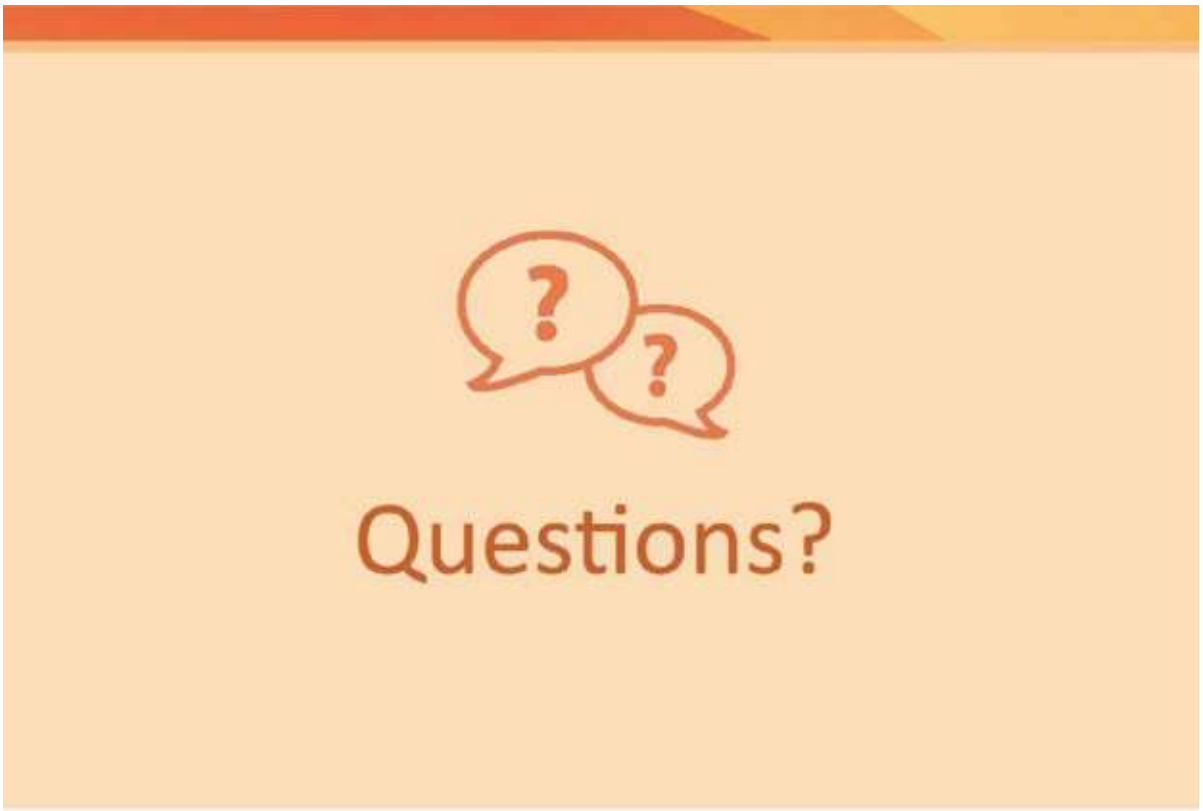
Learning Objectives

By the end of the module, participants will be able to:

- Explore and understand one's own ideas about and experiences with gender.
- Identify how one's personal experiences and beliefs regarding gender may affect family planning service provision.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 2 26

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 2 27



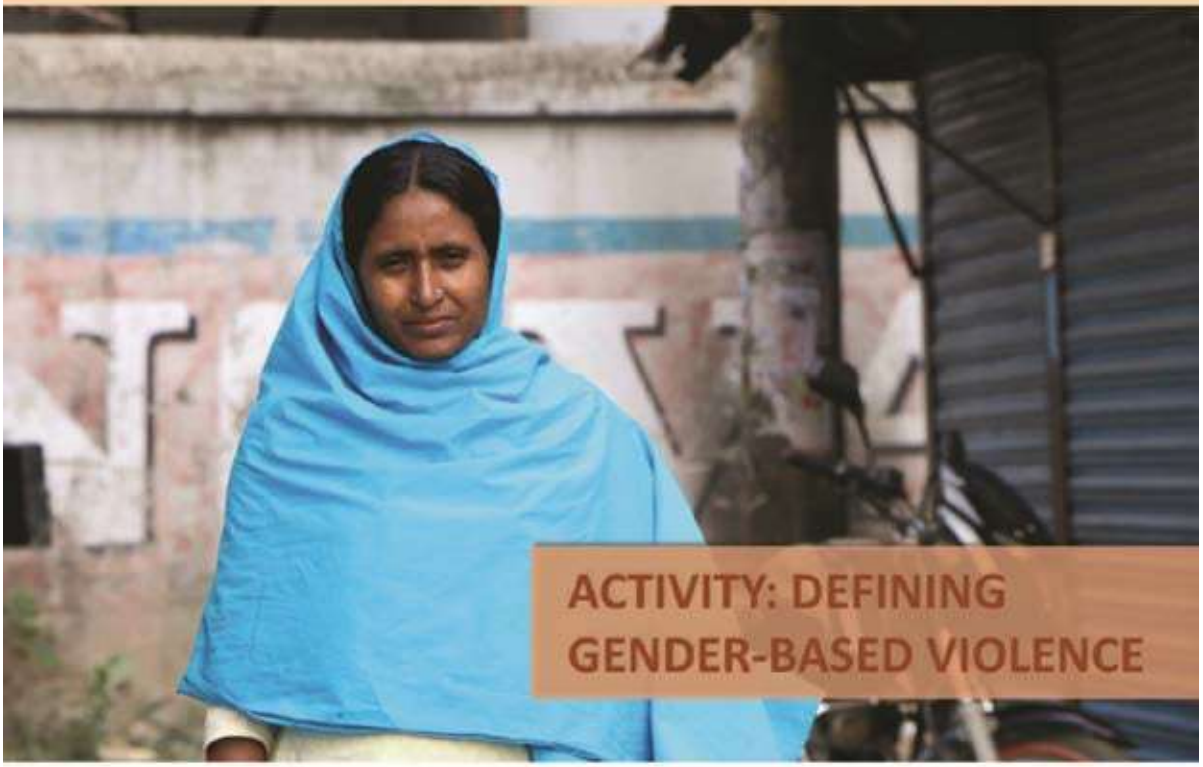
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 2 28

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 3 30

Learning Objectives

By the end of the module, participants will be able to:

- Define gender-based violence.
- Deconstruct the myths and realities surrounding gender-based violence and understand that gender-based violence also affects males due to gender norms.



Gender-Based Violence (GBV)

GBV refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It encompasses:

- Threats of violence and coercion
- Physical or sexual assault
- Emotional or psychological harm
- Denial of resources or access to services
- Denial of legal self-autonomy
- It inflicts harm on women, girls, men, and boys.

UN Standard Definition

Violence Against Women (VAW)

VAW refers to any act that is based on gender norms or unequal power dynamics that results in, or is likely to result in, physical, sexual, or mental harm to women, including threats, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life. It includes:

- Intimate partner violence
- Sexual assault and rape
- Female genital cutting
- Reproductive coercion
- Forced marriage
- Trafficking
- Denial of education, financial, and legal services

WHO Standard Definition

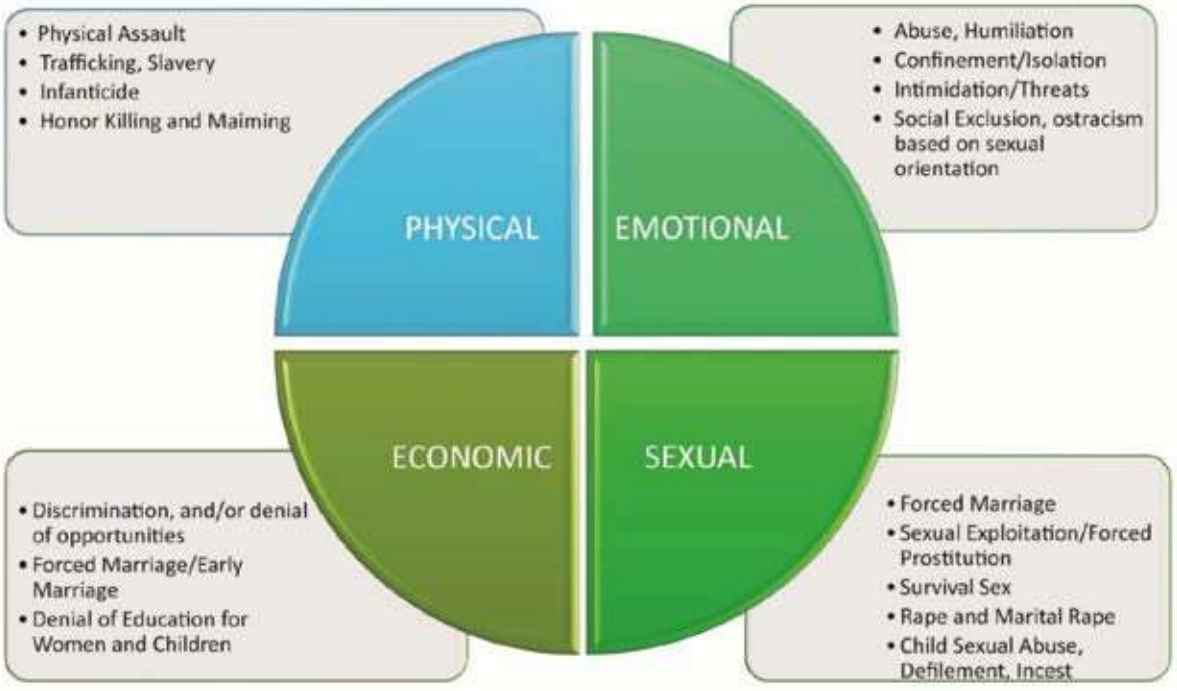
Intimate Partner Violence (IPV)

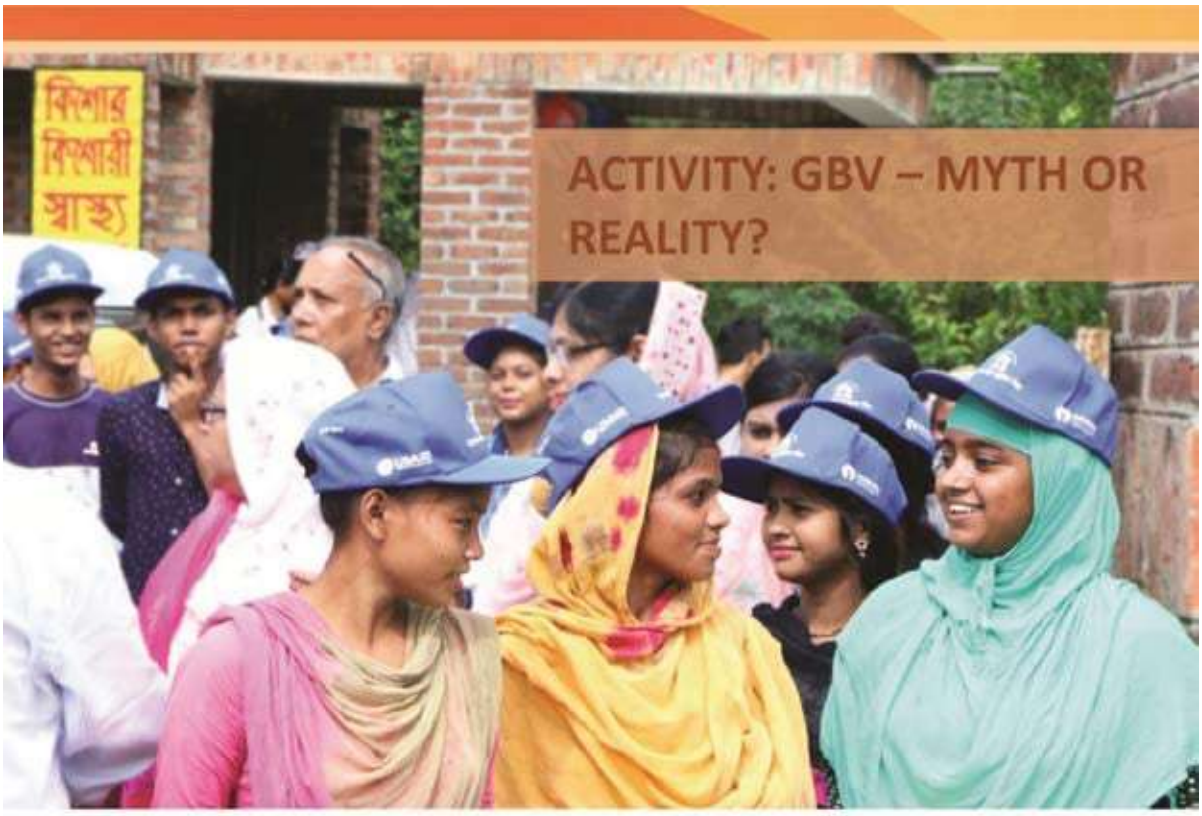
IPV refers to any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. Examples of types of behaviors are listed below.

- Acts of physical violence, such as slapping, hitting, kicking, or beating. Sexual violence, including forced sexual intercourse and other forms of sexual coercion.
- Emotional (psychological) abuse, such as insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, threats to take away children.
- Controlling behaviors, including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care.

WHO Standard Definition

Types of GBV





GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 3 37

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 3 38

Reality!

1 in 3 women, globally, experience physical, sexual, or emotional violence due to their gender.
Similar numbers of women have already experienced GBV by the age of 19. Prevalence among 15–19-year-olds is estimated at 29% globally.

Myth or Reality?

Gender-based violence does not occur in Bangladesh.

Myth!

Almost two-thirds (72.6%) of ever-married women in Bangladesh experience one or more forms of violence by their husband at least once in their lifetime, and 54.7% report experiencing violence in the last 12 months.

Myth or Reality?

There is nothing we can do to stop gender-based violence.

Myth!

Gender-based violence is a product of learned attitudes and norms. It can be eliminated by promoting a culture of respect and equality in family and society.

Myth or Reality?

Gender-based violence is an inevitable part of marriage/intimate partner relations.

Myth!

Disagreements and disputes may be inevitable parts of intimate partner relations. However, violence as a way of resolving those disputes is not. Violence is a learned behavior and can be unlearned.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 3 45

Myth or Reality?

Domestic violence is not just a private, family matter.

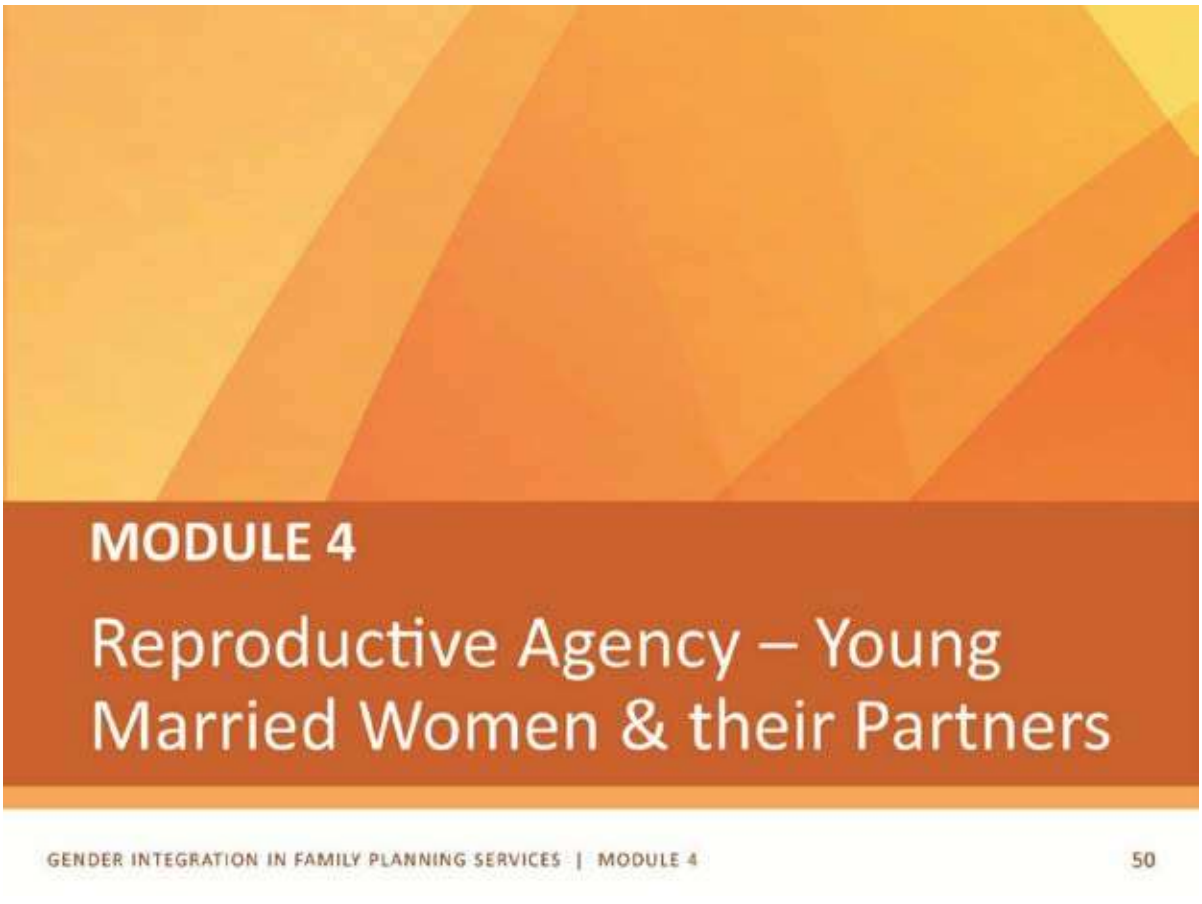
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 3 46

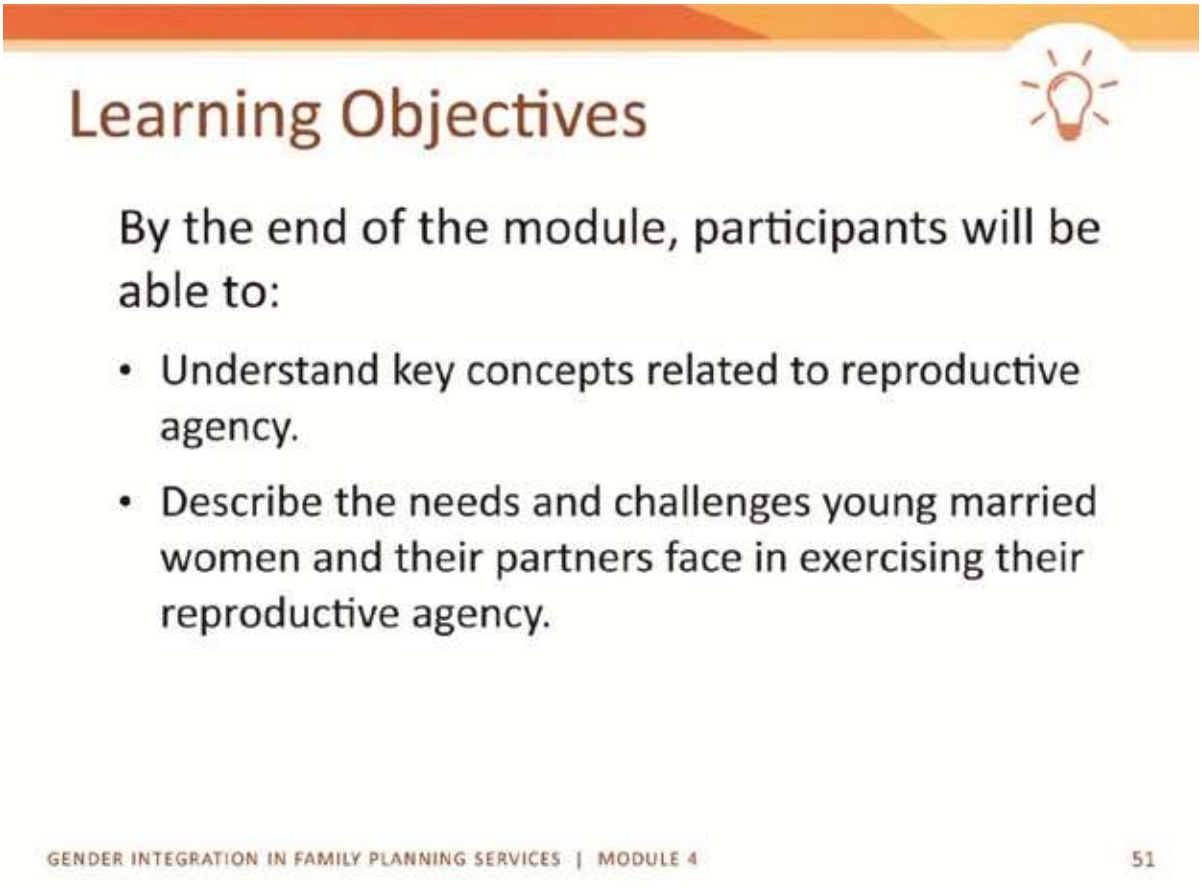
Reality!

GBV is a human rights violation and a serious, widespread crime.

It is the responsibility of all of us, but particularly health care providers, to contribute to ending gender-based violence.

Questions?


MODULE 4
Reproductive Agency – Young Married Women & their Partners
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 4
50


Learning Objectives
By the end of the module, participants will be able to:
• Understand key concepts related to reproductive agency.
• Describe the needs and challenges young married women and their partners face in exercising their reproductive agency.
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 4
51

Rights-Based Family Planning

"Rights-based family planning is an approach aimed at fulfilling the rights of all individuals to choose whether, when, and how many children to have; to act on those choices through high-quality sexual and reproductive health services, information, and education; and to access those services free from discrimination, coercion, and violence."*

*FP2020's Rights & Empowerment Working Group. *Family Planning 2020: Rights and Empowerment Principals for Family Planning*

Understanding Agency

- **Agency**

  Broadly refers the ability or sense of ability to define one's goals, act upon them, and decide on one's own strategic life outcomes.

- **Reproductive Agency**

  The ability to set individual reproductive goals and follow through with actions to realize the goals. This includes reproductive goals about whether, when, and how many children to have and being able to effectively use contraceptives to control fertility, to enable individuals to realize their goals.

What gender and social norms interfere with or restrict reproductive agency?

Gender and social norms that impact reproductive agency

- Pressure on young women and couples to "prove" fertility soon after marriage.
- Belief that young married women and couples without children should not be counseled on family planning/contraception.
- "Son preference" or preference to produce a male child.
- Women need husbands'/in-laws' permission to use contraception.
- Belief that young women shouldn't use contraception or long-term methods.
- Women and girls needing permission from husbands and/or in-laws to access health services, including family planning.
- Women and girls' lack financial support or need to ask husband for money to seek family planning services, including money for transportation and contraceptive commodities.

Gender and social norms that impact reproductive agency

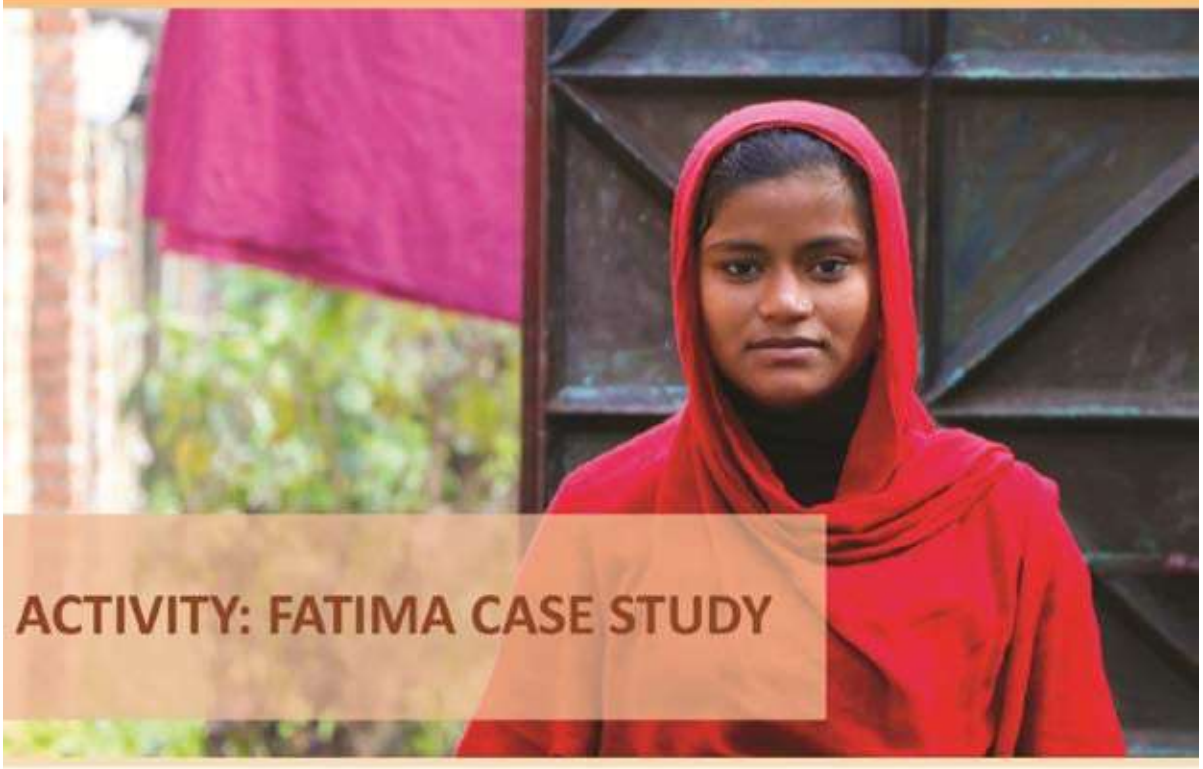
- Taboos on women and girls accessing information about reproductive health.
- After marriage women and girls are considered "property" of their husbands.
- Forced sexual intercourse in marriage is not socially recognized as GBV and providers do not treat it as such.
- Belief that young women can't be trusted to make their own decisions—providers at health centers "know what's best for them."
- Norms that reward young women who please their husbands.
- Belief that new brides should spend almost all of their time in the home.

Reproductive Empowerment*

is both a transformative process and an outcome whereby individuals expand their capacity to:

- Make informed decisions about their reproductive lives
- Amplify their ability to meaningfully participate in public and private discussions related to sexuality, reproductive health, and fertility
- Act on their preferences and choices to achieve desired reproductive outcomes, free from violence, retribution, or fear

* Edmeades, J., Hinson, L., Sebany, M., & Murithi, L. (2018). A Conceptual Framework for Reproductive Empowerment: Empowering Individuals and Couples to Improve their Health (Brief). Washington, DC: International Center for Research on Women



Why do young married women and FTPs need access to gender sensitive FP services?

- Young women often have very little power, or reproductive agency, to:
  - Negotiate use of health services
  - Decide when and if to have children
  - Decide when and if to use contraception
- Young married women experience pressures from community, family, and husbands to bear children immediately, with added pressure to have a son.
- Young married women and their partners are often ignored by other programs designed for youth because they are not in school or in community-based youth groups.

Why do young married women and FTPs need access to gender sensitive FP services?

- Young married women and their partners are just beginning their relationships and reproductive lives together, so this is an opportunity to develop lifelong healthy reproductive practices and promote better communication and joint decision making among couples.
- Promoting joint decision making and communication between young women and their partners can result in an increase in contraceptive use, lower lifetime fertility, reduced maternal mortality, and increased ability for young women to participate in educational and economic opportunities.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 4 60

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 3 61

Gender Sensitive FP Counseling

- Protect the client's privacy and confidentiality.
  - Ensure that counseling is done in a room where others cannot see or hear.
  - Do not announce to the waiting area what services the client is at the clinic for.
- Sit at eye-level with the client.
- Welcome the client warmly.
- Ask open-ended questions.
- Do not do all the talking.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 4 62

Gender Sensitive FP Counseling

- Ask about the woman's relationship with her partner. **Under no circumstances should a woman be denied contraception or a contraceptive method because her husband has not approved.**
- Emphasize the importance of healthy timing and spacing of pregnancy (HTSP).
- Do not let your own values and biases affect the consultation.
- Provide accurate information, never give wrong information, and if you do not know something, say you do not know (and will find out).

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 4 63

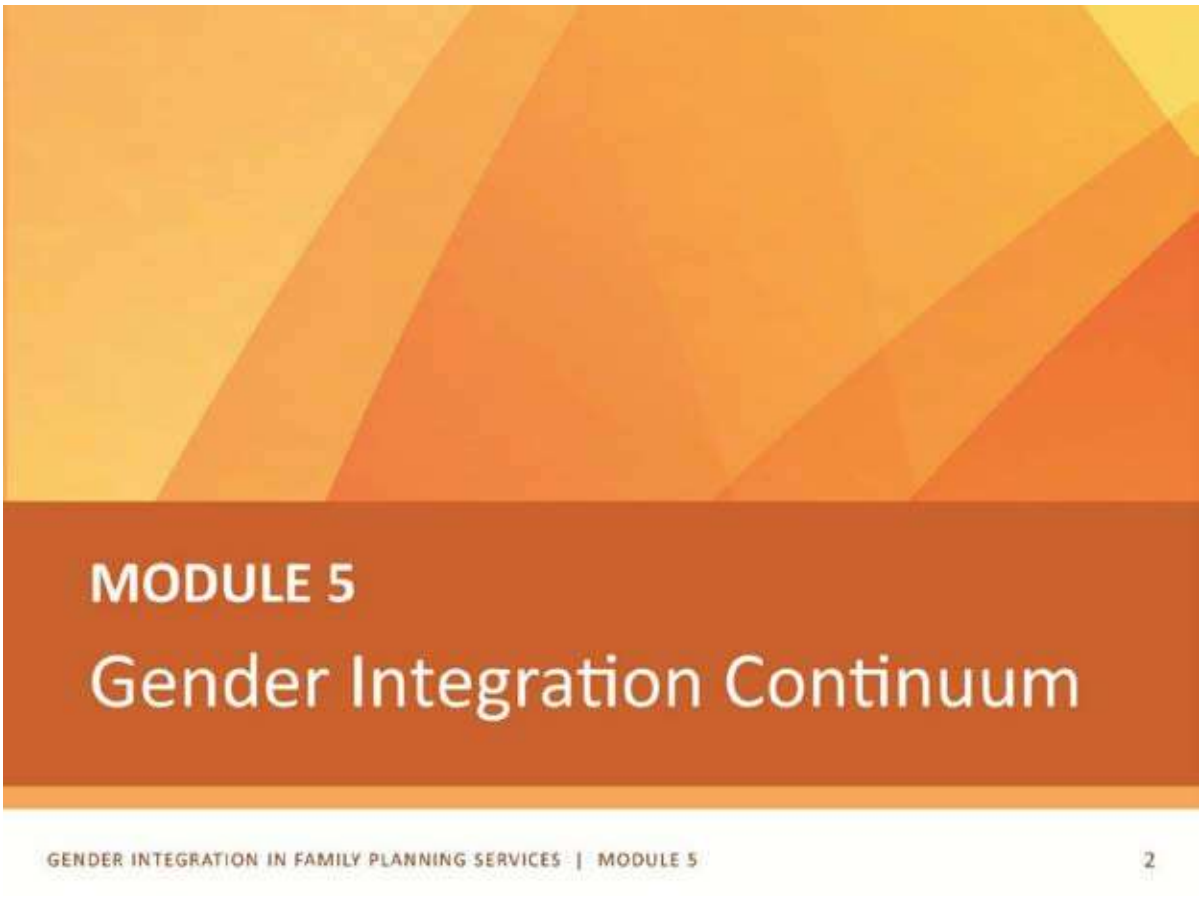
Gender Sensitive FP Counseling

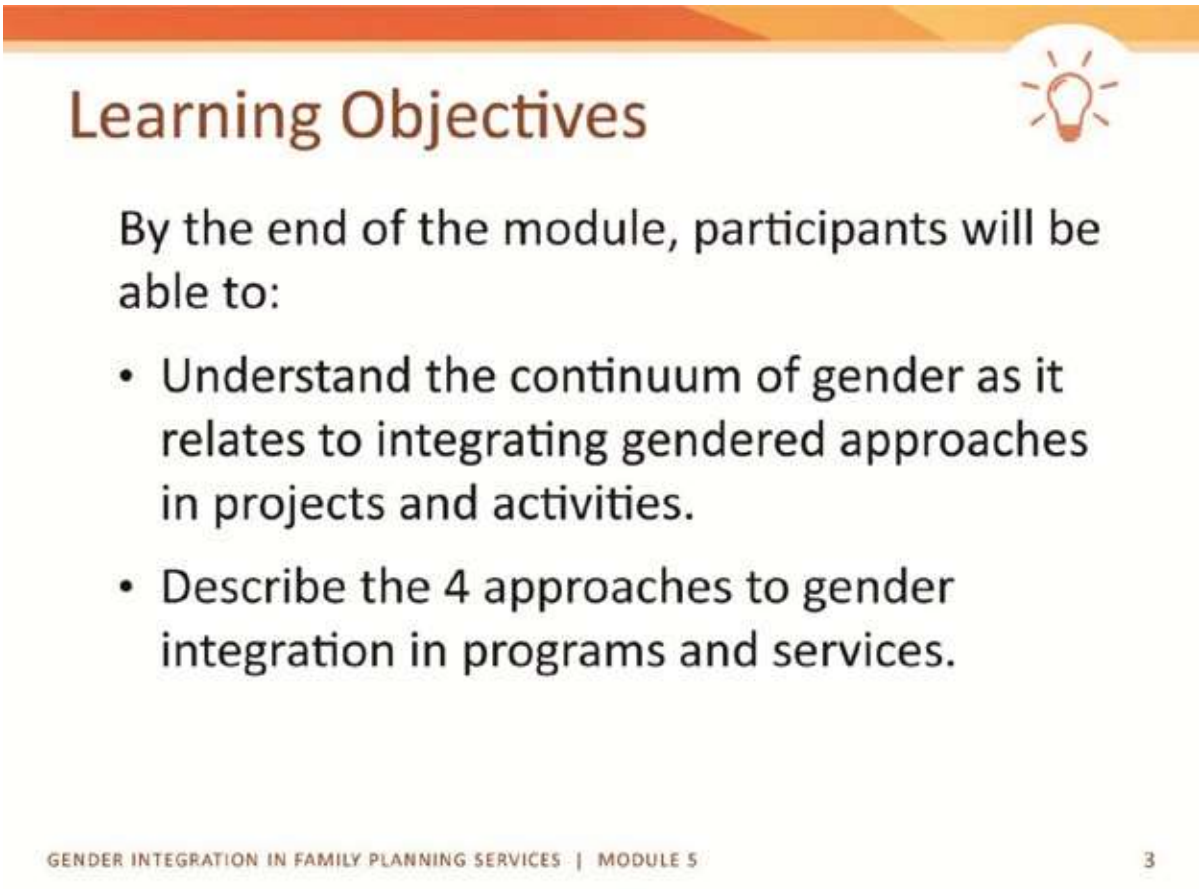
- Use simple words.
- Encourage the client to ask questions.
- Use visual aids (e.g., a picture, flipchart) if available, or show a person how to do a task as you explain.
- Listen carefully to what is said and repeat back to make sure you have understood correctly.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 4 64

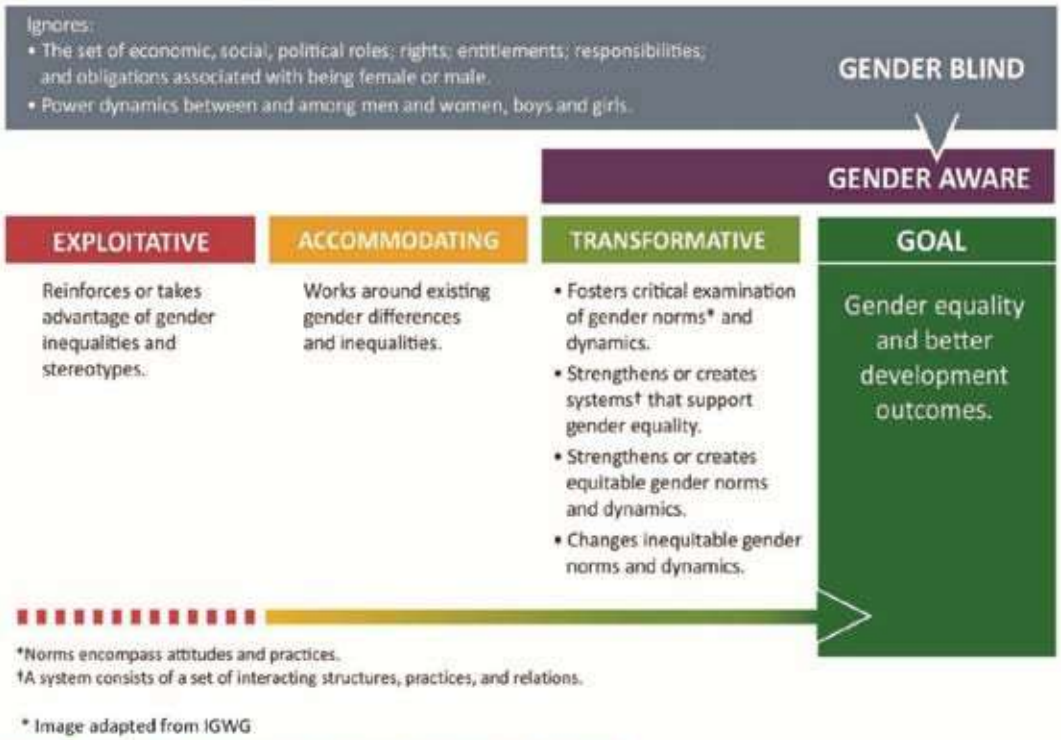
Questions?

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 4 65


MODULE 5
Gender Integration Continuum
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 5
2


Learning Objectives
By the end of the module, participants will be able to:
• Understand the continuum of gender as it relates to integrating gendered approaches in projects and activities.
• Describe the 4 approaches to gender integration in programs and services.
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 5
3

Gender Integration Continuum*



* Image adapted from IGWG

Gender Blind & Gender Aware

Gender Blind policies and programs are designed without 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 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 impacts gender relations.

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.

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.

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

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

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.

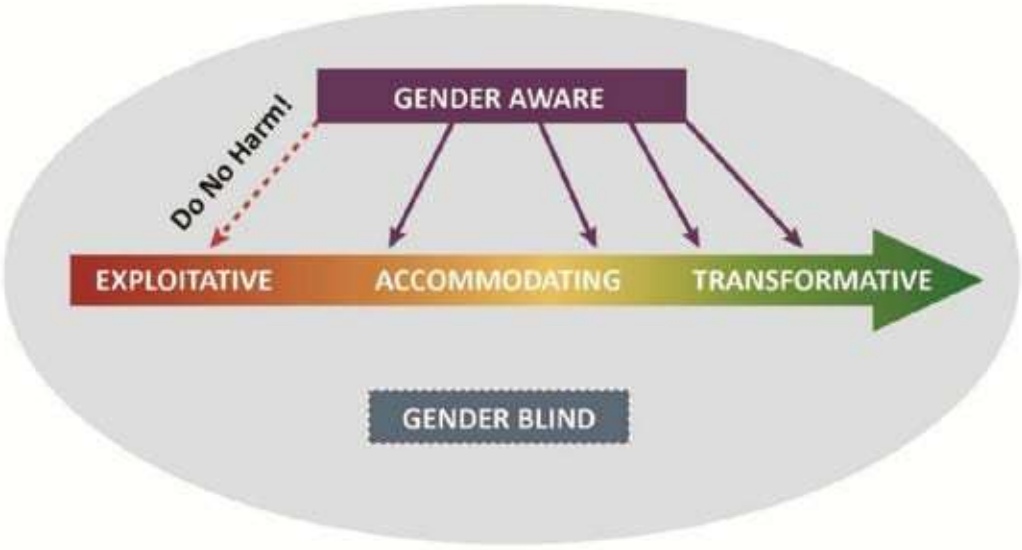
*Note: In some settings, publicly acknowledging the existence of domestic violence is revolutionary. Thus, this example could also potentially fall under the "transforming" category.

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
- The 2015 national survey on violence against women shows high prevalence of reproductive coercion:
  - 36.1% women seek permission before accessing health services
  - 49.6% of experience physical intimate partner violence
  - 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

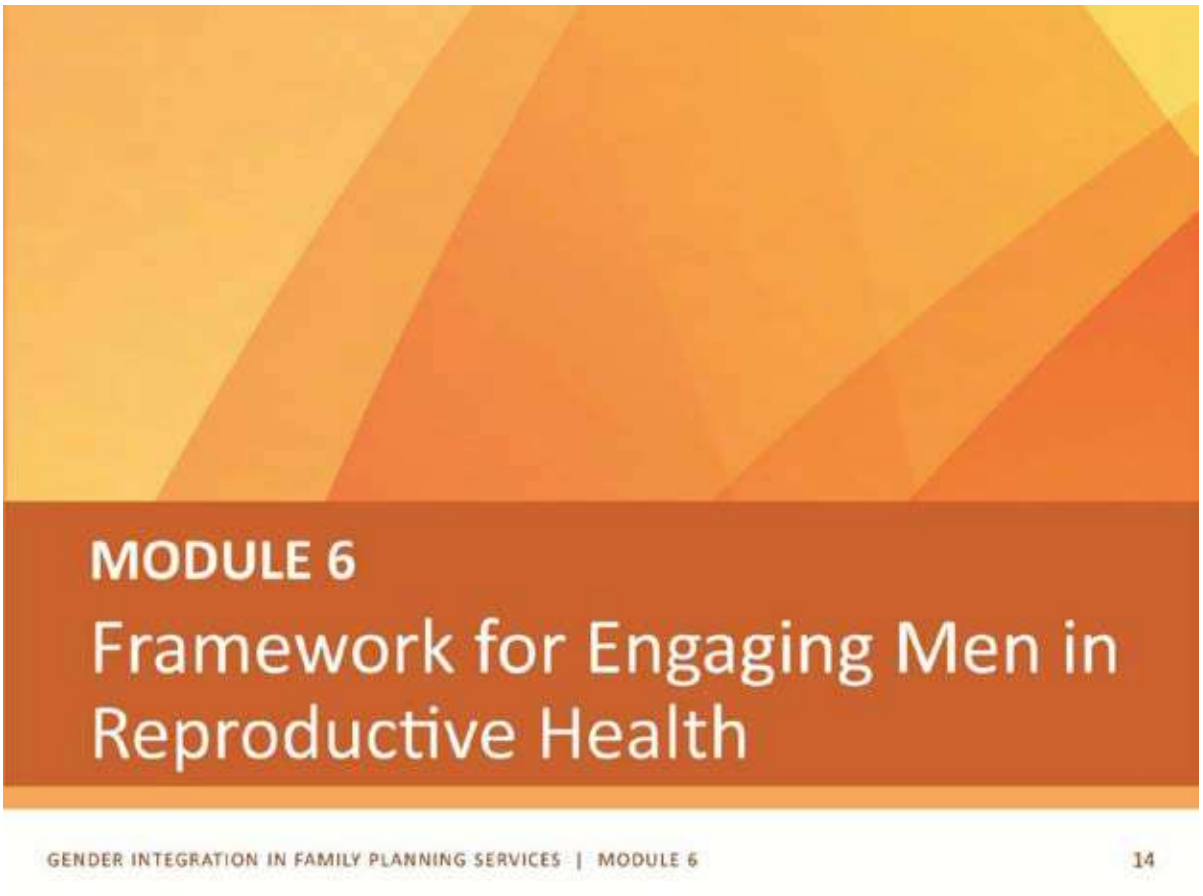
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 5 10

Gender Integration Continuum - Do No Harm



GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 5 11


Questions?
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 5
12


MODULE 6
Framework for Engaging Men in Reproductive Health
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 6
14

Learning Objectives

By the end of this module, participants will be able to:

- Understand the importance of engaging men in family planning.
- Explain a framework for engaging men in family planning.
- Identify approaches providers can use to engage men in family planning.

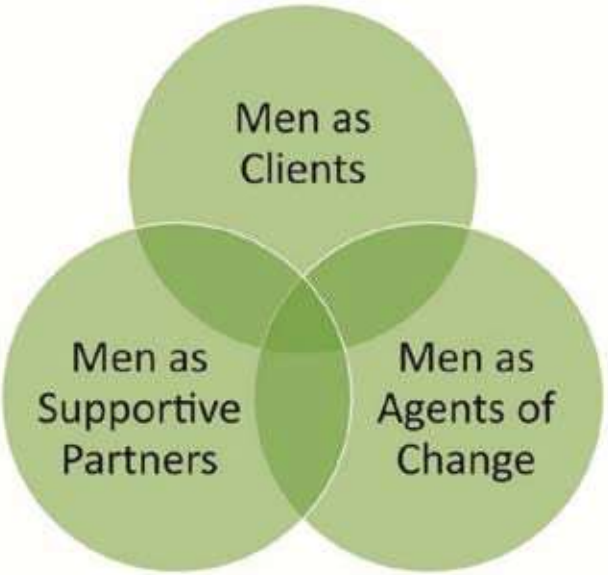
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 6 15

Constructive Male Engagement Should Address

- Both men's and women's roles, norms, and vulnerabilities
- Access to resources
- Control over resources
- Decision making
- How gender norms exacerbate gender inequalities (gender exploitative) or promote gender equality

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 6 16

Framework for Engaging Men in Family Planning



GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 6 17

Men as Clients

- Recognizes men as potential users of FP by providing them with information on methods, counseling, and obtaining methods of choice, including speaking confidently about vasectomy to clients.
- Brings up and provides information on male-controlled and cooperative contraceptive methods and provides referrals when male contraception is not readily available.
- Pursues opportunities to engage men who may not traditionally seek FP services, without decreasing women's agency or reproductive agency.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 6 18

Men as Supportive Partners

- Recognize the potential for unequal power in decision-making between partners about FP choices before initiating couple communication and cooperative decision-making.
  Promote positive male participation in method choice and use, including shared responsibility for FP and contraceptive use.
- Engage men as allies and support resources to their partners in improving FP.
- Consider the gender inequities that negatively impact RH and FP and aim to help address those inequalities to support gender sensitive FP.

Men as Agents of Change

- With this approach comes an assumption that more progressive norms around masculinity and gender will translate into improved RH outcomes and GBV prevention.
- Programs that focus on Men as Agents of Change are often the most intensive and difficult to carry out because they ask boys and men to make individual changes, often in unsupportive environments.
- Some programs using this approach ask boys and men to engage others in their communities to promote gender equity, including in relation to GBV prevention and RH.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 6 21

Questions?

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 6 22

MODULE 7

Skills Development: Gender-Sensitive Counseling

Learning Objectives

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

- Demonstrate gender sensitive counseling.
- Explain ways of facilitating positive couple's communication and decision making.

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.
- **Under no circumstances should a woman be denied contraception or a specific contraceptive method because her husband and/or family has not approved.**

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 7 26

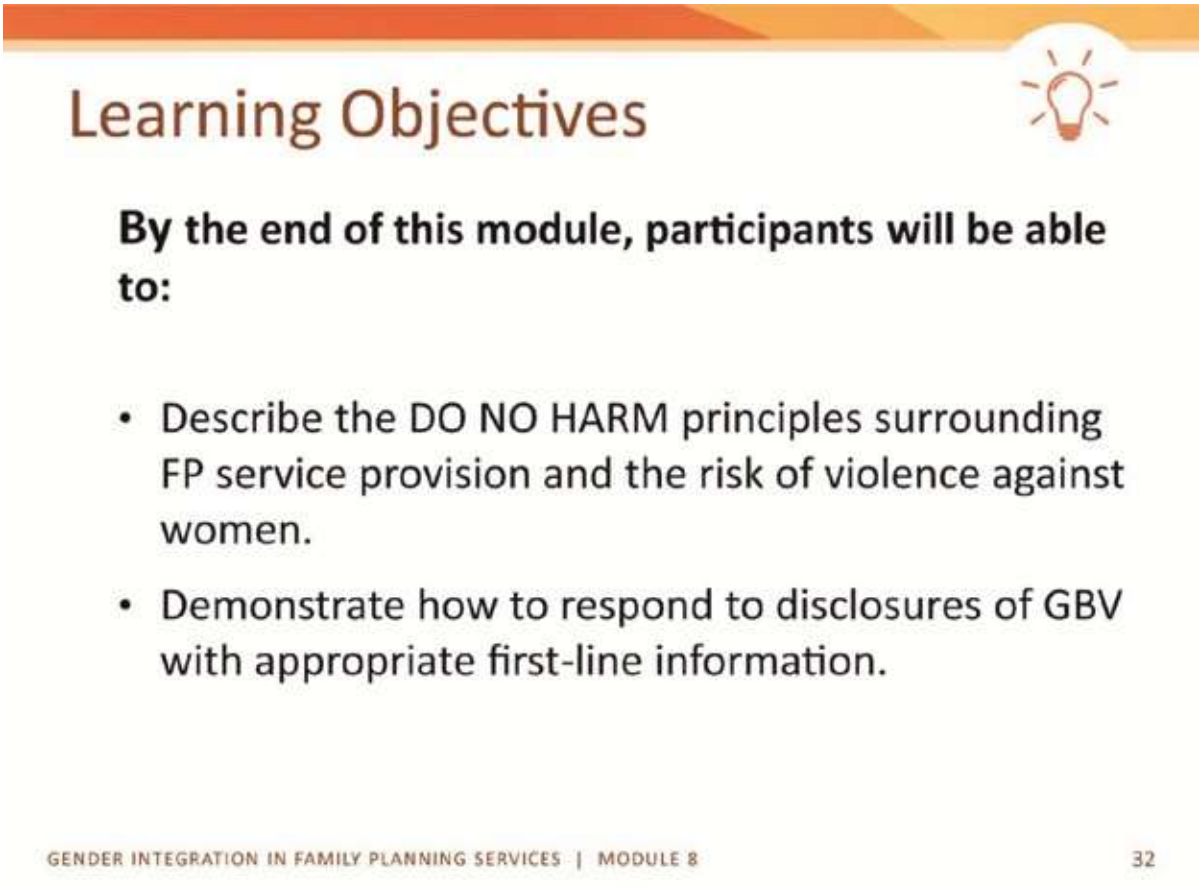
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 7 27

ROLEPLAY INSTRUCTIONS

- Work together as a team.
- Select a scenarios from **Tool 7A** as your first roleplay.
- Review **Handouts 7A** and **4A** and draw on them as you prepare and observe the roleplays.
- In each group, 1 participant will play the role of the client (and 1 participant will pay the partner, if it is a couple's counseling scenario); 1 participant will play the provider. The remaining participants will be observers.
- Review the scenario and the associated questions on **Tool 7A** as a team.
- Observers should give feedback using **Handout 7A** as a guide.
- Spend no more than 10 minutes on the first scenario, **then switch to a different scenario—switching roles**. Every participant should have the chance to play the role of provider.
- After 10 minutes, choose another scenario and switch roles again.

Questions?


MODULE 8
Skills Development: Responding to GBV
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 8
31


Learning Objectives
By the end of this module, participants will be able to:
• Describe the DO NO HARM principles surrounding FP service provision and the risk of violence against women.
• Demonstrate how to respond to disclosures of GBV with appropriate first-line information.
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 8
32

FPin 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 in counseling on each method to all clients.
- Pragmatically and nonjudgmentally discuss implications for effectiveness and safety if a client has disclosed IPV or fear of violence from other perpetrators.

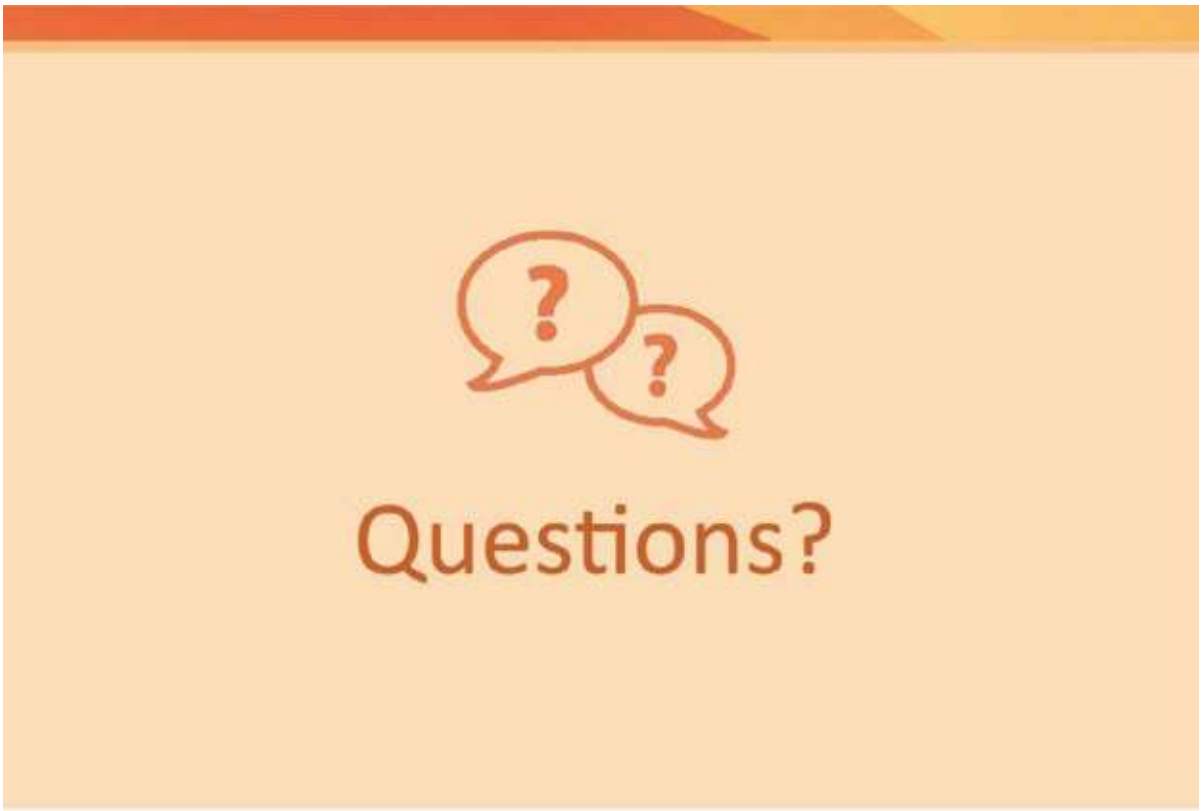
Family Planning in the Context of GBV – LIV(ES)

- 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:
  - **L**ISTEN to what a woman is saying, and not saying
  - **I**NQUIRE with respect and through simple open-ended questions
  - **V**ALIDATE 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.

ROLEPLAY INSTRUCTIONS

- Work together as a team.
- Each group should identify 1 person to roleplay provider, 1 person to roleplay client, and 1 person to serve as an observer. (If there is a fourth, that person can also serve as an observer.)
- You have **10 minutes** to conduct the roleplays in their small groups. You should switch roles so everyone has a chance to play the provider.
- After 10 minutes, come back together as a group to discuss the roleplay experience.


Questions?
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 8
37


MODULE 9
Overcoming Obstacles to Offering Gender Sensitive FP Services
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 9
39

Learning Objectives

By the end of this module, participants will be able to:

- Identify challenges to providing gender sensitive family planning counseling and services.
- Identify 3 changes that participants want to make in their work immediately to implement what they have learned in this training.
- Make action plans detailing specific activities, barriers that might be encountered, and strategies for overcoming them.

Needs of Health Care Staff

- Supportive Supervision and Management
- Information, Training, and Professional Development
- Equipment, Supplies, and Infrastructure

Equipment, Supplies, and Infrastructure

To deliver quality services, health providers need reliable and sufficient supplies, working equipment, and adequate infrastructure, including counseling rooms.

Supportive Supervision and Management

Health care providers preform at their best in an enabling work environment where they receive supportive management and supervision, including:

- Continuous performance improvement feedback and support
- Opportunities to improve their knowledge and skills.

Information, Training, and Professional Development

To provide quality services, health care providers must possess and continuously acquire the knowledge, skills, and attitudes needed to provide the best services possible.

Providers **Can** Change Negative Effects of Gender Norms and Stereotypes by:

- Acknowledging the role of gender in their own decision making and behavior
- Supporting reproductive agency, particularly of women, to make family planning decisions
- Encouraging men's constructive participation in family planning, either through use of a method and/or by supporting their partners' use of a method


ACTIVITY: ACTION PLANNING


ACTIVITY: POST-TEST & TRAINING EVALUATION


CONGRATULATIONS ON COMPLETING THE TRAINING
GENDER INTEGRATION IN FAMILY PLANNING SERVICES
48
Thank You!
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