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GENDER & YOUTH LEARNING EVENT

Gender & Youth in Health

Ibex/Nyala

Domains of Gender Analysis



Laws, Policies, Regulations and Institutional Practices



Cultural Norms and Beliefs



Gender Roles and Responsibilities and Time Used



Access to and Control Over Assets and Resources



Patterns of Power and Decision Making



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What about Health Workers and Communities?

The effect of gender norms

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Our Study

- We wanted to understand the root causes of gender inequality
 - For Health Care Workers
 - For the Community
- What gender gaps and opportunities does the Transform Primary Health Care Project need address to improve the health system and delivery of quality RMNCH service?
- Methods:
 - Document review
 - Primary data collection using qualitative methods
 - 16 woredas selected from Amhara, Oromia, Tigray, and SNNP



Laws and Policies in Health Systems

- Affirmative action hiring for HCW well understood, but implementation varied
- Maternity leave widely practiced, but accommodations informal and inconsistent for HCWs
- Perception that professional development, salary, and scheduling applied equally for all HCW, but findings indicate not always consistent
- There were some breaches in confidentiality in family planning and in HIV and STI testing and treatment



Cultural beliefs and norms

Although there is widespread male opposition to family planning, women were able to access family planning services.

- Many cultural and religious taboos about contraception directly affected girls' and women's health by limiting their access to family planning services.
- Community support and acceptance are important to providers' professional advancement and motivation.
- A range of healthcare providers' attitudes and behaviors that negatively affected healthcare-seeking behavior



Gender roles, responsibilities and time use

- Family and spousal support was key for HCWs.
- Healthcare providers' attitudes can affect the quality of care, such as creating longer waiting times for women



Photo credits, EthiopiaForums.com and UNICEF

Access to and Control over Assets and Resources

- For the community
 - access to RMNCH services free – this is positive
 - CBHI increased women's ability to independently access healthcare services
 - Young, unmarried men in three regions healthcare services aren't addressing their needs
- For HCWs – there are challenges to increasing the number of and retaining female healthcare providers.
- For the community and HCWs:
“Quality of care” identified by both groups to be multidimensional



Patterns of Power and Decision-making



- Women often did not have complete autonomy regarding their health care
- Men influenced women's decision-making in myriad ways.
- The threat of sexual violence by community members and, to a lesser degree, by male colleagues was a barrier to retaining female healthcare providers.

Recommendations for Transform Primary Health Care Project and its stakeholders

- Ensure the ongoing availability, awareness creation, and implementation of guidelines, standards, and procedures across regions related to affirmative action, sexual harassment, and standard operating procedures.
- Raise awareness of maternity and paternity leave policies and ensure that are being implemented according to standards.
- Establish private, secure places at facilities for women to breastfeed and establish childcare centers inside or near health facilities.
- Engage religious and traditional leaders to promote RMNCH-N services.
- Promote CBHI enrollment and renewal to enable women to independently access universal health services.

How we can learn and adapt

- Participatory process from the design of the study, dissemination of findings and implementation of recommendations
- Transform PHC used the findings from this study to modify our TOC and design an evidence-based gender strategy.

But we still need to know more :

- How is the Ethiopian primary health care system responding to GBV survivors?
- What kind of male engagement model works to increase male participation in ANC and family planning services in rural Ethiopia?



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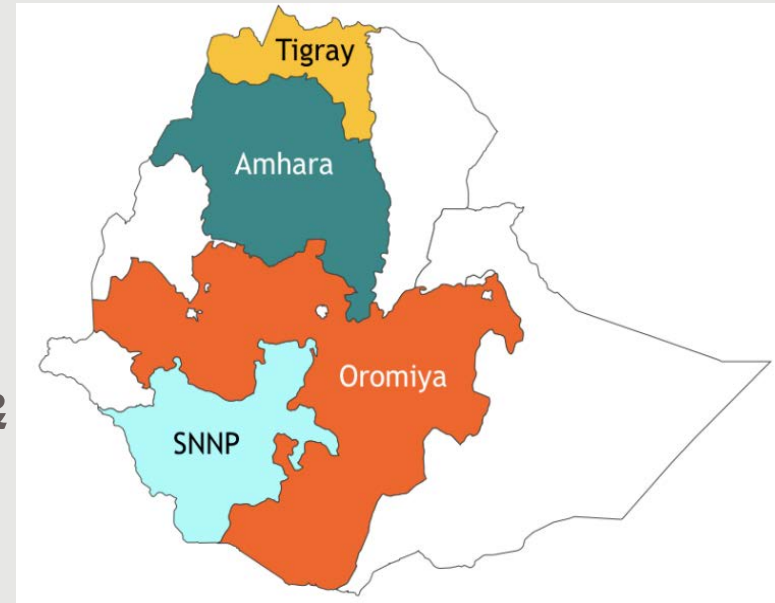
How do gender norms influence multiple behaviors within an integrated health program?

Communication for Health

September 2018

Background

- Communication for Health
- Five-year **integrated** SBCC program
- Multiple health areas:
- *RMNCH, PMTCT, Nutrition, Malaria, TB & WASH*
- Strategic behavior change communication
 - *Gender integration*



Why is Gender Important to Health?

We know from the EDHS, 2016

- 18% of women, their husband made decisions about their health care
 - 36% of ever-married women in rural areas experienced violence
 - 80.6% of women rarely or never received assistance from their husbands
- But which behaviors are influenced by gender norms and how much are they influenced?



We did a study

- A cross sectional survey of 2770 women ages 15-49 years in rural areas of four regions of Ethiopia (Sept 2016)
- A qualitative study (Aug 2017)
 - 16 FGDs with female and male community members,
 - 16 IDIs with women 15-49 years with children under 2 years ,
 - 24 key KIIs with health extension workers (HEWs), health development army workers (HDAs), and religious leaders .



Gender Equitable Men (GEM) Scale

- 21 Items, measured on a 5 point scale
- 4 subscales

domestic chores and daily life (5 items)	partner violence (6 items)	sexual relationships (7 items)	reproductive health and disease prevention (3 items)
A woman's role is taking care of her home and family	A man using violence against his wife is a private matter that shouldn't be discussed	It disgusts me when I see a man acting like a women	It is a women's responsibility to avoid pregnancy

What did we find?

- 10 behaviors had a significant association with gender norms
- 6 behaviors did **NOT** have a significant association with gender norms

1. Current use FP

Immunization (penta 3)

2. Handwashing station

Handwashing at critical times

3. Early registration for ANC

Minimum acceptable diet

4. Institutional delivery

Toilet use (open defecation)

5. HIV test during pregnancy

Family health card

6. Early initiation of BF

4 or more ANC visits

7. Minimum diet diversity

8. Use of LLIN women 15-49

9. Use of LLIN under 5 children

10. Early fever treatment (24 hrs)

What else did we find?

- Only 19.1% of respondents had high gender equality , whereas the rest were moderate or low
- Women with high gender equality scores in the Domestic Chores and Daily Life subscale were
 - **1.4** times more likely to use modern contraceptives
 - **2.5** times more likely to go for early ANC care
 - **1.8** times more likely to opt for HIV testing
 - **1.5** times more likely to use a bed net



Qualitative Findings were similar

- Most decisions in the household were made by men.
- There is shame or embarrassment associated with men doing what is considered women's work

“...most husbands were ostracized by others, if they do activities assigned for the female. Males are more respected than females.” [36, Male, FGD, Sayint, Amhara]

“You may find one male out of ten that protect his wife and assist her in fetching water, cooking food” [27, Female, KII HEW, Adaba, Oromia]

Couple Communication

There are low levels of **couple communication** in decision making because of women's fear of conflict & low decision making stake

- “Open discussion is rare, women prefer to talk to other people than their husband...” (HEWs, HDAs).
- “*What men say will be done immediately, while what women say will be done after a year.*” [38, Female, FGD, Amhara]

Lessons Learned

- Gender norms closely associated with 10 out of 16 health behaviors
 - health behavior change within these 4 regions of Ethiopia is tied to gender equity and gender norms.
 - Male decision making seems to be a standard norm and SBCC programs will have to shift this norm towards **joint decision making**.
 - **Husband's support in domestic work and daily life** can positively impact women's ability to access care. We need to emphasize male engagement.
 - Promoting **couples' communication** can lead to better outcomes
 - Further research on **how to shift gender norms** towards equity; the **mechanisms of the shift**, the **rate at which the shift occurs** .

How are we using this information to adapt?

Designed radio programs and mobile tools focusing on

- Male engagement in household chores
- Joint decision making and couple communication

Developed print materials to encourage men to do more HH chores

Developing a gender campaign to promote **couple communication, shared decision making, and role sharing among couples** especially sharing of household burdens/chores and childcare

For further details on the baseline report

<http://bit.ly/Comm4HBR2016>

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THE EFFECTS OF GENDER INEQUALITY NORMS ON REPRODUCTIVE AND MATERNAL HEALTH SERVICE UTILIZATION

Synthesis from USAID/ Ethiopia
Transform Program Baseline Survey

Transform: Monitoring, Evaluation, Learning and
Adapting (Transform: MELA) Activity

October, 2018





BACKGROUND

Transform: Monitoring, Evaluation, Learning and Adapting (Transform: MELA) Activity

A 5-Year USAID/Ethiopia Funded Activity whose objective is to provide monitoring, evaluation, learning, and adapting support to the Transform portfolio of Health Activities.

Implementer: The-Mitchell Group Inc. (TMG)
Activity Period: March 7, 2017 – March 6, 2022

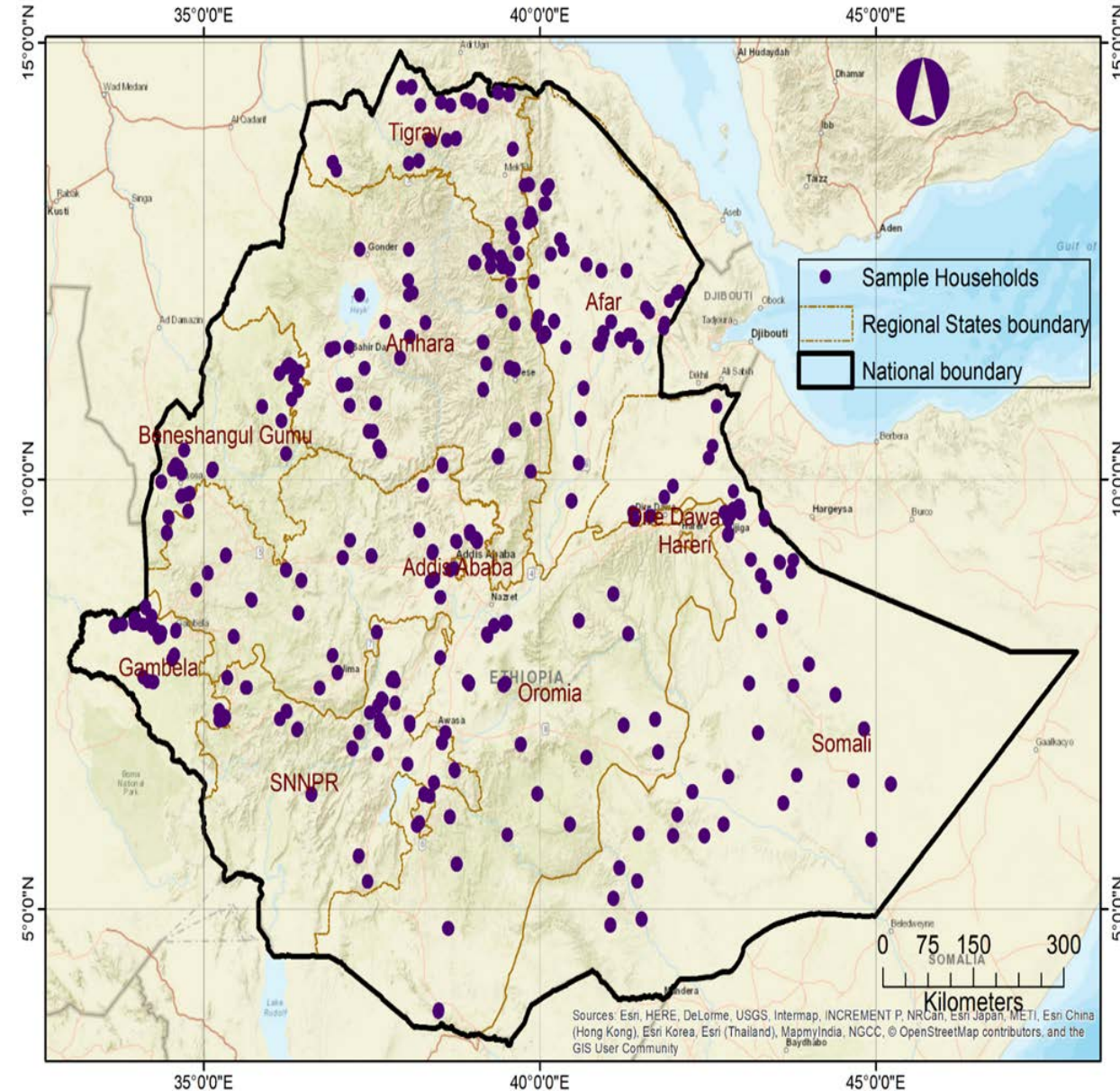


Objectives of the Study

- ❑ Measure attitudes regarding gender inequality norms among women of reproductive age.
- ❑ Assess the effects of gender inequality norms on women's health-seeking behavior in terms of reproductive and maternal health service utilization.
- ❑ Analyze the relationship between gender inequality norms and women's decision-making power regarding health-related matters.

Methodology

- ❑ Data collected from 5,312 women of reproductive age (15-49 years) across Ethiopia's eight regional states, collected as part of the baseline study for the USAID/Ethiopia Transform Program.
- ❑ Bivariate and multivariate regressions conducted to determine the relationships between **GENDER INEQUALITY NORMS** (as perceived by the respondents) and their **REPRODUCTIVE AND MATERNAL HEALTH BEHAVIORS**.
- ❑ Gender Equitable Men (GEM) Scale





Gender Equitable Men (GEM) Scale

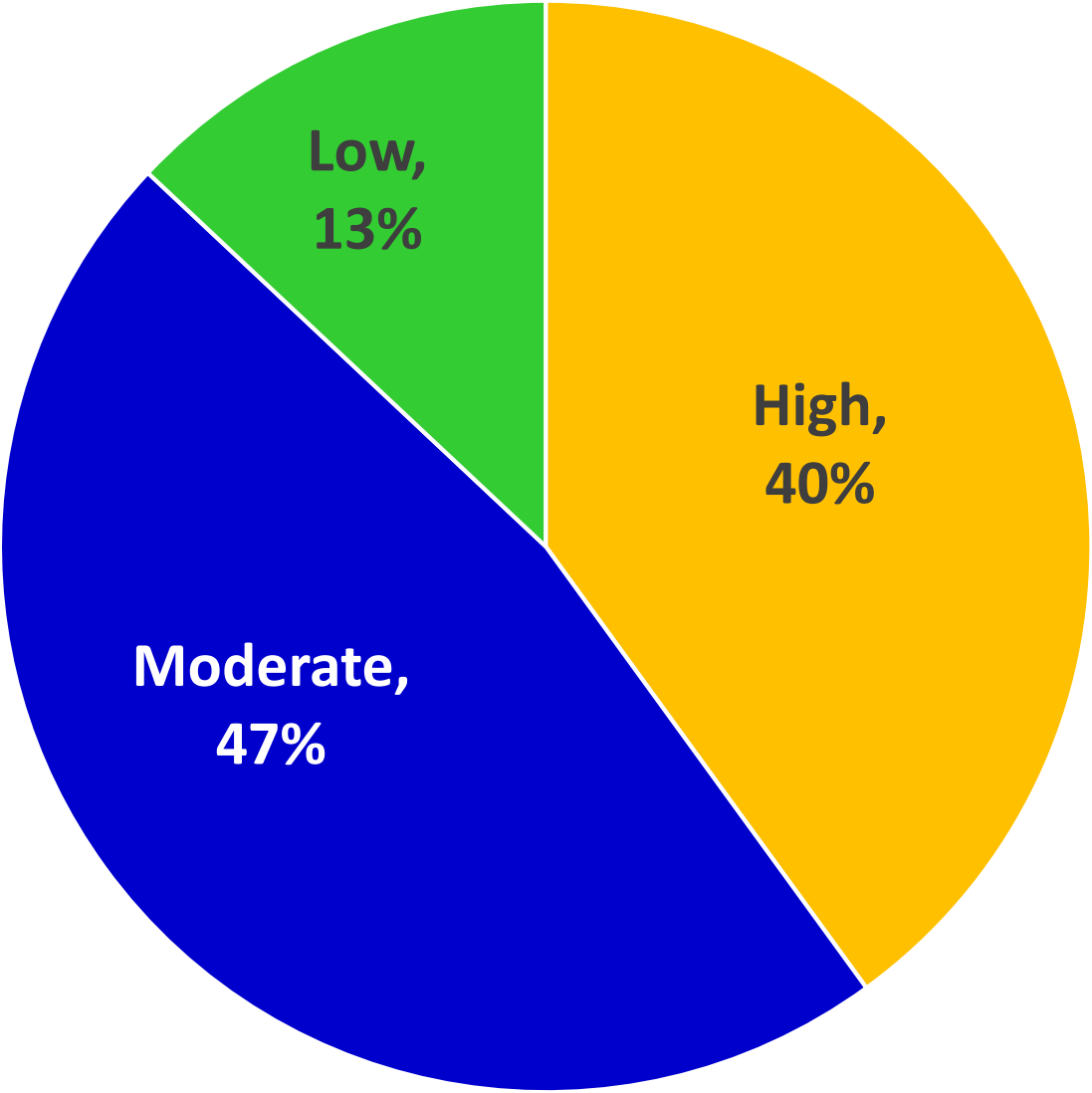
- 24 Items, measured on a 3 point scale
- 4 subscales

Partner Violence	Sexual Relationships	Reproductive Health and Disease Prevention	Domestic Chores and Daily Life
Statements (6) e.g., A woman should tolerate violence to keep her family together	Statements (5) e.g., A woman who has sex before she marries does not deserve respect	Statements (8) e.g., It is a woman's responsibility to avoid getting pregnant	Statements (5) e.g., A woman should obey her husband in all things

Gender equality: state or condition that affords women and men equal enjoyment of human rights, opportunities, and resources.

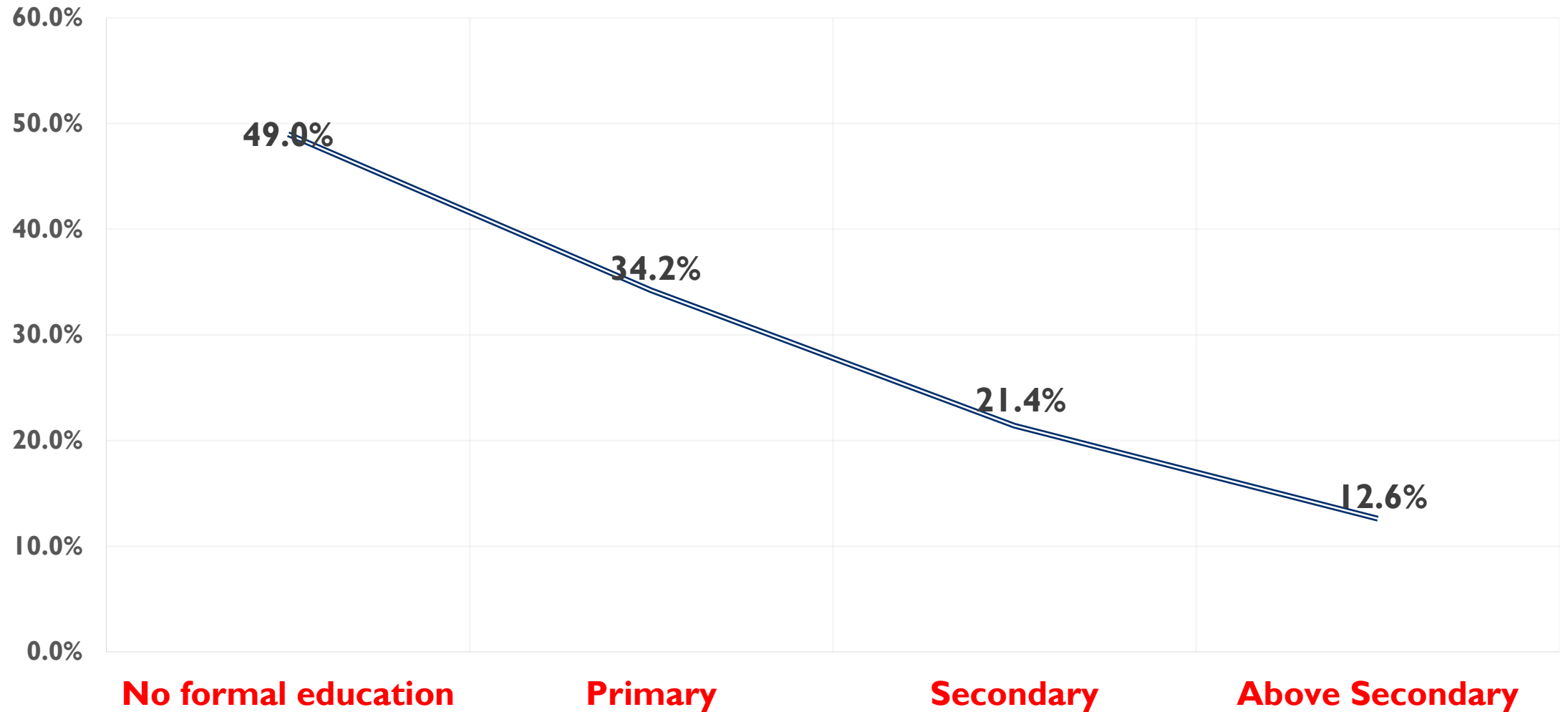


RESULTS: DISTRIBUTION OF WOMEN BY GENDER INEQUALITY NORM



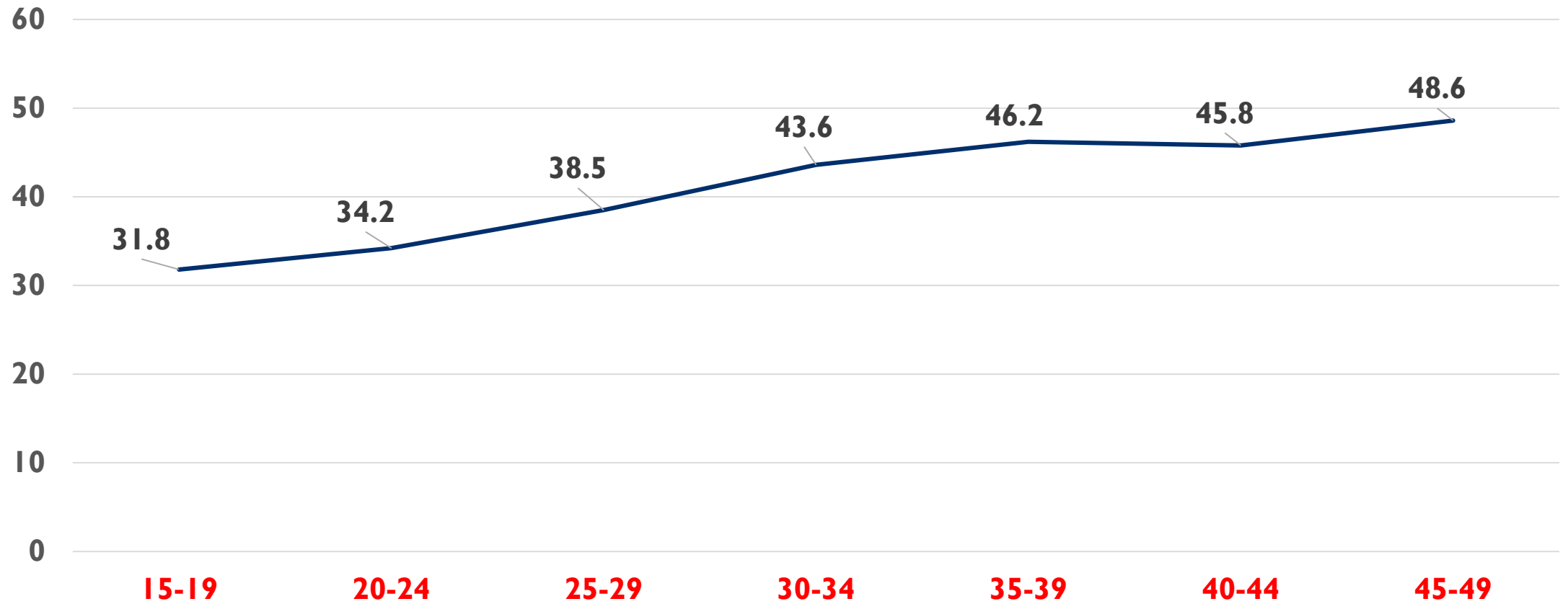
RESULTS: GENDER INEQUALITY NORM BY EDUCATION LEVEL

% of Women with High Gender Inequality Norm



RESULTS: GENDER INEQUALITY NORM BY AGE GROUP

% of Women with High Gender Inequality Norm





RESULTS: LINKAGE WITH HEALTH OUTCOME

HEALTH OUTCOME

GENDER INEQUALITY NORM Low **vs** High

1.3 X

Modern Contraceptive Prevalence Rate
(CPR)

more likely to use modern FP methods

2 X

4 or more ANC visit

more likely to have four or more ANC visits

2.5 X

Skilled Birth Attendance

more likely to attend by a skilled health
personnel during child birth

RESULTS: LINKAGE WITH HEALTH OUTCOME

HEALTH OUTCOME

GENDER INEQUALITY NORM Low **vs** High

Postnatal Care within two days of
childbirth

1.6 X
more likely to have early PNC

Initiation of breastfeeding within one
hour of birth

2.6 X
more likely to initiate early BF

RESULTS: LINKAGE WITH HEALTH OUTCOME

HEALTH OUTCOME

GENDER INEQUALITY NORM Low **vs** High

Use of appropriate water treatment technologies

1.6 X

more likely to use water treatment technologies

Improved sanitation facility

2 X

more likely to have improved sanitation facility

Participation in HH decisions

4.7 X

more to participate in HH decisions

Lessons Learned

- ❑ Gender Inequality norms have a significant impact on health seeking behavior of women
- ❑ Interventions should consider how to influence gender norms so as to make a difference in achieving desired health outcomes
- ❑ Influencing gender inequality norms can be one way of mitigating low reproductive and maternal health service utilization
- ❑ Addressing traditional social and cultural norms that disadvantage women is vital in combating preventable maternal and child deaths in Ethiopia



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