Gender Equity in Health Communication Programs

Executive Summary from a Secondary Data Analysis

March 2015

Gender equity is an important determinant of health, especially in the area of reproductive health and family planning. Yet, evaluating the relationship between gender equity and family planning programs is not a simple task. HC3 analyzed four country programs to determine if there is a significant relationship between gender equity and current use of family planning, and also whether exposure to communication intervention components is significantly associated with gender equity. The analysis included family planning ideation, how knowledge, attitudinal, social support and social interaction variables can together predict family planning behavior and use. From its review of existing data sets from the four country programs, HC3 researchers concluded that communication programs designed to influence gender constructs and family planning ideation and use should be more explicit and strategic in addressing the norms they are designed to influence. They also recommended that researchers move beyond the individual when evaluating these programs to integrate other levels of gender equity, including couples, the community and society overall.

With increased international focus on the relationship between gender equity and men's, women's and children's health outcomes, efforts to measure and address gender equity and women's empowerment have become increasingly common. Due to the complex, multi-dimensional nature of gender equity, studies often differ in the indicators of women's status and autonomy used to measure it.

Ample research has demonstrated the relationship between women's status, including employment and education, and reproductive health outcomes, like contraceptive use. Other studies looking at equity using measures of communication, decision-making and attitudes toward gender-based violence, showed more empowered women were more likely to use contraception, as well as engage in other reproductive and maternal health-care seeking behavior. However, these studies call for further research into the association between family planning behaviors and women's status, empowerment and gender equity.

In light of the existing evidence linking gender equity and use of reproductive health services, including use of contraception, international funders are renewing their investment in gender-sensitive and gender-transformative approaches to address reproductive health outcomes. The Johns Hopkins Center for Communication Programs (CCP), as well as other centers, implemented a variety of programs to integrate gender norms into public health programs designed to improve people's health.

However, few evaluations (e.g. Underwood et al., 2011; Schuler et al., 2012a; Schuler et al., 2012b) of the effect of these gender transformative programs on gender norms and gender equity exist. Following Keleher & Franklin's (2008) call for more robust evaluations of these interventions, this report drew on data from communication programs in four countries (Tanzania, Malawi, India and Nigeria) to shed light on how exposure to these interventions relates to gender equity and family planning behaviors.

Research Questions

This report was driven by the following research questions:

1. Is there a significant relationship between gender equity and current use of family planning?
2. Is exposure to communication intervention components significantly associated with gender equity?
3. Does gender equity affect the relationship between intervention exposure and current use of family planning?

Data Sets

Data sets came from the following communication programs in four countries:

- Malawi: The Support for Service Delivery Integration-Communication (SSDI) Program
- India: The Urban Health Initiative
- Nigeria: The Nigerian Urban Reproductive Health Initiative
- Tanzania: EngenderHealth ACQUIRE

The Support for Service Delivery Integration-Communication Program

The Support for Service Delivery Integration (SSDI) program – designed to address the reproductive, maternal, neonatal and child health (RMNCH) outcomes of individuals throughout Malawi – implemented a baseline survey in 2012 to assess individuals' health-related behaviors, knowledge and attitudes, in addition to gender norms and exposure to communication programs on family planning. Unfortunately, questions about exposure to program messages did not explicitly ask about the gender-related content of these family planning communication programs. Men's and women's responses were included in this analysis.

The Urban Health Initiative

Part of the larger multi-sited Urban Reproductive Health Initiative, the Urban Health Initiative (UHI) in India performed a midterm survey in 2012 to examine the exposure of women of reproductive age (15-54) to a variety of family planning programs (e.g. Sambhal lunga, sterilization spots, Happy Dampatti) and their reproductive health outcomes (e.g. use of family planning). Unlike many midterm surveys, UHI included several key questions on gender equity.

The Nigerian Urban Reproductive Health Initiative

Part of the larger multi-sited Urban Reproductive Health Initiative, the Nigerian Urban Reproductive Health Initiative (NURHI) was designed to utilize television and radio programs, as well as a mass media campaign to increase individuals' exposure to and knowledge about family planning. The baseline survey, administered in 2010, included assessments of men's and women's reproductive health, exposure to media channels and communication programs, partner communication and gender-equitable attitudes. Although the midterm survey was performed in 2012, it did not include these gender equity questions. This analysis drew on baseline responses from women of reproductive age (15-49).

EngenderHealth ACQUIRE

EngenderHealth ACQUIRE Tanzania Project (ATP) took place in Tanzania from 2007 to 2012. The ACQUIRE campaign used mass media to address family planning and other reproductive health outcomes. Administered in 2014, the data set analyzed here included measures of exposure to the ACQUIRE campaign, as well as measures of sexual and relationship power and contraceptive use. Responses from men (25 percent of the sample) and women (75 percent of the sample) of reproductive age (18-49) were analyzed in this report.

Methods and Findings

The primary focus of this report was contraceptive use. Researchers explored self-reported current use of "any method," current use of a "modern method" and unmet need for family planning. Researchers asked about exposure – specifically communication program exposure and gender equity. They developed gender equity scales and/or indices based on available gender items. The number and type of gender equity-related questions varied across the data sets, and thus, each gender equity scale was data set-specific. Researchers also adjusted for key socio-demographic characteristics, including age, education, wealth, marital status, caste, religion and parity.

The Support for Service Delivery Integration-Communication Program

Researchers looking at Malawi's SSDI program found self-reported exposure to all family planning-related communication messages was associated with a greater likelihood of currently using a modern contraception method and intending to use family planning in the future. Individuals with more gender equitable attitudes were not significantly more likely to use modern contraception or to intend to use family planning. Although individuals exposed to all communication programs on family planning were more likely to report more gender equitable attitudes than those not exposed to any, evidence did not suggest that gender equity mediated the relationship between program exposure and contraceptive use.

The Urban Health Initiative

Similar to findings in Malawi, the India UHI midterm analysis of the survey showed exposure to family planning-related communication programs was significantly associated with a greater likelihood of use of any modern family planning method. Greater gender equity, as measured by a gender equity index, was also associated with greater odds of using a modern family planning method. However, researchers found no demonstrated relationship between communication program exposure and gender equity.

The Nigerian Urban Reproductive Health Initiative

Analysis of the findings from Nigeria's NURHI program were similar to SSDI and UHI in that exposure to family planning communication programs had a positive, significant relationship with use of modern contraception. Women exposed to communication programs were also less likely to have an unmet need for family planning. NURHI results also showed that women

with greater involvement in decision-making, financial autonomy, more critical views on gender-based violence and no prohibition from their spouses were more likely to use family planning. Associations varied across different outcome measures (e.g. use of any method, use of a modern method or unmet need). Although exposure to communication programs was associated with greater gender equity, none of the gender equity measures significantly mediated or moderated the relationship between communication program exposure and family planning behaviors.

EngenderHealth ACQUIRE

Unlike evidence from other programs analyzed in this report, analysis of Tanzania's EngenderHealth ACQUIRE program showed exposure to the ACQUIRE campaign was associated with individuals' self-efficacy to use modern contraception. However, no significant effect of communication program exposure was found related to current modern contraceptive use among men or women. Women's greater relationship power was also not significantly associated with having used modern contraception. Furthermore, evidence showed no significant relationship between exposure to the ACQUIRE campaign and relationship power.

Conclusions

Key Findings

- Through the analysis of data from communication programs in four countries, this report found that exposure to communication campaigns was associated with use of modern contraception in Malawi, India and Nigeria.
- Evidence suggested that more equitable gender norms were associated with a greater likelihood

of using family planning. However, this report was unable to determine whether the communication programs were related to, or affected, this relationship. This may have been due to the fact that these programs (except ACQUIRE) did not explicitly address gender relations in their activities. Further studies are urgently needed to address this report's second research question and explore how family planning-related communication interventions affect measures of gender equity.

- There was no evidence that gender equity played a mediating or moderating role in the relationship between exposure to communication messages and contraceptive use.
- Communication interventions should address gender norms more purposively if they are to have lasting effects on gender norms. It cannot be assumed that family planning messages will indirectly influence gender norms and attitudes.
- Too often researchers fail to acknowledge the structural and social factors that influence individual-level behaviors. Refinement of existing measures of gender equity is needed.

Limitations

- This was a convenience sample of available, cross-sectional datasets.
- Few data sets were available that included measures of gender equity, family planning communication program exposure and family planning behaviors.
- None of these studies included community- or structural-level measures that would have enabled a more in-depth analysis of gender norms and reproductive health outcomes.

Recommendations

- Campaigns to influence gender constructs *and* family planning ideation and use must be more explicit and strategic in addressing the norms they are designed to influence.
- Researchers evaluating these programs must move beyond the individual to integrate multilevel measures of gender equity at the dyadic, community and societal levels.

For a complete summary of descriptive statistics, bivariate associations and adjusted multivariate analyses, please refer to the complete report (Underwood et al., 2015) at http://www.healthcommcapacity.org.

Contact

Carol Underwood, PhD | Senior Research Advisor | carol.underwood@jhu.edu
Allison Mobley, MHS | Family Planning Team Leader | amobley@jhu.edu

HC3 is based at the Johns Hopkins Center for Communication Programs in collaboration with Management Sciences for Health | NetHope | Population Services International | Ogilvy PR | Internews