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Compendium of Gender Scales

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Prepared for C-Change by Geeta Nanda
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C-Change
FHI 360
1825 Connecticut Ave. NW, Ste. 800
Washington, DC 20009
USA
Tel: +1.202.884.8000
Fax: +1.202.464.3799
Website: www.c-changeproject.org
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Introduction: A Compendium of Gender Scales

The identification of appropriate gender-related measures is important for developing and evaluating interventions that aim to promote positive health outcomes by addressing the gender norms that function as barriers to health.

Gender has been posited as a gateway factor to behaviors that affect health outcomes and health status. While gender norms and power dynamics between men and women have been studied in context of HIV and gender-based violence, less is known about their role in contraceptive use and their influence on reproductive health behaviors. C-Change (Communication for Change) has been exploring the impact of gender on family planning and the validity of current gender scales in predicting contraceptive use.

WHAT IS A SCALE?
A scale is a numerical score aggregating multiple indicators believed to reflect an underlying concept. Because there is no single “gold standard” for measuring gender norms, gender attitudes, women’s empowerment, and other aspects of gender, researchers often use multiple measures. Using a single measure is not possible because gender operates in multiple spheres and has many facets. When a single measure is preferred, a scale combining several items creates a more valid measure than any single scale item used alone.

WHY A COMPENDIUM OF GENDER SCALES?
In March 2010, C-Change convened a working group of researchers with expert knowledge of gender scales to review those scales in current use. The participants identified scales that measure adherence to gender norms and reviewed how they have been used to measure the success of interventions in changing these norms.

The working group enthusiastically supported the creation of an online compendium of gender scales. They saw the value of making it easily accessible by health and development practitioners, who may want to use these tools to assess gender-related attitudes and beliefs and evaluate their interventions. Scales selected for the compendium have all been tested for their ability to measure gender attitudes and predict behaviors of interest, such as gender-based violence and partner reduction. The scales include those developed by working group participants as well as other scales they identified.

The compendium is not exhaustive. It does not encompass all scales appropriate for studying gender and health outcomes, and it does not identify which scale is best for a specific study or evaluation.
Which gender scales are included?
The following gender scales are included in this compendium:

1. Couple Communication on Sex
2. Women’s Empowerment
3. Gender Beliefs
4. Gender Equitable Men
5. Gender Norm Attitudes
6. Gender Relations
7. Household Decision-Making
8. Sexual Relationship Power

What type of information is provided for each gender scale?
Each gender scale in this compendium includes the following information, when available:

Scale objective: The purpose of the scale

Type(s) of behavior or outcomes predicted: Behaviors or outcomes the scale aims to predict (such as gender-based violence)

Types of items the scale includes: Domains for the items in the scale

Number of items and subscales: Number of items in the scale and number of subscales, if any

Scoring procedures: Procedures followed for scoring response options to scale items

Psychometrics used: Types of statistical approaches used to construct the items in the scale, such as internal consistency (the extent to which items in a scale are correlated with one another or measure the same thing) and factor analysis (a method that reduces a large number of variables or factor to a smaller number)

Type(s) of statistics used to test predictive validity: Which statistics, if any, were used to test how well the scale predicts the behavior it aims to predict

Used with women/used with men: Whether the scale has been used with one or both genders

Country/countries where tested or applied: Locations where the scale was tested or adapted

Additional information: Relevant information not otherwise covered, including definitions and more information on the construction of the scale

Source: Citations on the development of the scale and/or its adaptation or modification
Gender Relations Scale
Gender Relations Scale

**SCALE OBJECTIVE**
To measure equity and power within intimate relationships

**TYPE(S) OF BEHAVIOR OR OUTCOMES PREDICTED**
Use of a modern contraceptive method

**TYPES OF ITEMS INCLUDED**
- Attitudes towards gender roles and expectations
- Decision-making around sex and reproduction
- Household decision-making
- Violence
- Communication

**NUMBER OF ITEMS AND SUBSCALES**
23 items
2 subscales

**EQUITY SUBSCALE ITEMS**
- Men need sex more than women do.
- You don’t talk about sex, you just do it.
- It is a woman’s responsibility to avoid getting pregnant.
- A man should have the final word about decisions in his home.
- Men are always ready to have sex.
- A woman should tolerate violence to keep the family together.
- A man needs other women even if things with his wife are fine.
- A man can hit his wife if she will not have sex with him.
- A couple should decide together if they want to have children.
- Changing diapers, giving the kids a bath, and feeding the kids is a mother’s responsibility.
- A woman can suggest using condoms just like a man can.
- A man should know what his partner likes during sex.
- A man and a woman should decide together what type of contraceptive to use.
- A real man produces a male child.
- Men and women should share household chores.
- A woman should not initiate sex.

**POWER SUBSCALE ITEMS**
- My partner has more say than I do about important decisions that affect us.
- I am more committed to this relationship than my partner is.
- A woman should be able to talk openly about sex with her husband.
- My partner dictates who I spend time with.
- When my partner and I disagree, he gets his way most of the time.
- I feel comfortable discussing family planning with my partner.
- I feel comfortable discussing HIV with my partner.
SCORING PROCEDURES
Participants were read each item and asked whether they agreed, disagreed, or were unsure. Each positive response was coded as 1 and each negative and unsure response was coded as 0. The scales were created by summing items within each scale. A higher score on the equity subscale indicated more equitable attitudes toward gender roles. A higher score on the power subscale indicated more perceived personal agency or power in a relationship.

PSYCHOMETRICS USED IN SCALE CONSTRUCTION
Factor analysis

TYPE(S) OF STATISTICS USED TO TEST PREDICTIVE VALIDITY
Bivariate and logistic regression

USED WITH WOMEN
Yes (N = 1200)

USED WITH MEN
Yes (N = 600)

COUNTRY OR COUNTRIES WHERE TESTED OR APPLIED
• Ethiopia
• Kenya

ADDITIONAL INFORMATION
Items were derived from the GEM Scale and SRPS (scales 4 and 8 in this compendium). Study findings showed that the GEM Scale and SRPS, originally developed separately for men and women, can be used to collect data from both. Gender differences are evident in how questions are answered and in the relative importance of power and equity in influencing contraceptive use.

Increased power appears to be associated with increased contraceptive use for men and for some women, while more gender-equitable attitudes have a greater influence in shaping contraceptive use among women than men. Additional qualitative research is needed to address how subscale items are perceived and the extent to which they capture local understandings of gender norms and behaviors. Further work with larger sample sizes is also needed to confirm findings, since existing samples may not have sufficient statistical power to detect differences in contraceptive use across the elements of power and equity.

SOURCE(S)