This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of Cooperative Agreement No. GPO-A-00-07-00004-00. The contents are the responsibility of the C-Change project, managed by FHI 360, and do not necessarily reflect the views of USAID or the United States Government.
September 2011

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C-Change is a USAID-funded project implemented by FHI 360 and its partners: CARE; Internews; Ohio University; IDEO; Center for Media Studies, India; New Concept, India; Soul City, South Africa; Social Surveys, South Africa; and Straight Talk, Uganda.

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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
Household Decision-Making Scale
Household Decision-Making Scale

**SCALE OBJECTIVE**
To measure women’s household decision-making, as perceived by couples, men alone, and women alone

**TYPE(S) OF BEHAVIOR OR OUTCOMES PREDICTED**
Contraceptive use

**TYPES OF ITEMS INCLUDED**
Decision-making related to purchases and to visiting friends and relatives

**NUMBER OF ITEMS AND SUBSCALES**
3 items

**SCALE ITEMS**
- Who usually makes decisions about making major household purchases?
- Who usually makes decisions about making purchases for daily household needs?
- Who usually makes decisions about visits to family or relatives?

**SCORING PROCEDURES**
Responses were scored between 1 and 4: 1 = respondent; 2 = spouse/partner; 3 = respondent and spouse/partner jointly; 4 = someone else.

**PSYCHOMETRICS USED IN SCALE CONSTRUCTION**
Estimates of internal consistency:
- Wives: alpha = .71
- Husbands: alpha = .50
- Husbands and wives: alpha = .67

**TYPE(S) OF STATISTICS USED TO TEST PREDICTIVE VALIDITY**
Multivariate logistic regression

**USED WITH WOMEN**
Yes

**USED WITH MEN**
Yes

**COUNTRY OR COUNTRIES WHERE TESTED OR APPLIED**
12 countries in Africa, Asia, Europe, and Latin America

**ADDITIONAL INFORMATION**
Items were derived from couples’ datasets in demographic and health surveys (DHS)—for example, DHS couples re-code data for Ethiopia, Tanzania, and Kenya. Women’s household decision-making power reliably predicts contraceptive use in countries with low scores on the gender-related development index (GDI).

**SOURCE(S)**
Leon, F, and J Foreit. 2009. Developing women’s empowerment scales and predicting contraceptive use: A study of 12 countries’ demographic and health surveys (DHS) data. Draft manuscript.