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TABLE OF CONTENTS

I. Introduction .............................................................................................. 1

II. Gender Scales.......................................................................................... 3

   1. Couple Communication on Sex Scale ...................................................... 5
   2. Women’s Empowerment Scale ............................................................... 7
   3. Gender Beliefs Scale ............................................................................. 11
   4. Gender Equitable Men (GEM) Scale ...................................................... 13
   5. Gender Norm Attitudes Scale ............................................................... 17
   6. Gender Relations Scale ........................................................................ 21
   7. Household Decision-Making Scale ....................................................... 25
   8. Sexual Relationship Power Scale (SRPS) ............................................. 27

III. Related Information ................................................................................. 31
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
Sexual Relationship Power Scale (SRPS)
Sexual Relationship Power Scale (SRPS)

**SCALE OBJECTIVE**
To measure power within sexual relationships

**TYPE(S) OF BEHAVIOR OR OUTCOMES PREDICTED**
- Sexual and physical violence
- Intimate partner violence
- Condom use
- Partner infidelity

**TYPES OF ITEMS INCLUDED**
- Relationship control
- Decision-making dominance

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

**RELATIONSHIP CONTROL SUBSCALE ITEMS**
- If I asked my partner to use a condom, he would get violent.
- If I asked my partner to use a condom, he would get angry.
- Most of the time, we do what my partner wants to do.
- My partner won’t let me wear certain things.
- When my partner and I are together, I’m pretty quiet.
- My partner has more say than I do about important decisions that affect us.
- My partner tells me who I can spend time with.
- If I asked my partner to use a condom, he would think I’m having sex with other people.
- I feel trapped or stuck in our relationship.
- My partner does what he wants, even if I do not want him to.
- I am more committed to our relationship than my partner is.
- When my partner and I disagree, he gets his way most of the time.
- My partner gets more out of our relationship than I do.
- My partner always wants to know where I am.
- My partner might be having sex with someone else.

**DECISION-MAKING DOMINANCE SUBSCALE ITEMS**
- Who usually has more say about whose friends to go out with?
- Who usually has more say about whether you have sex?
- Who usually has more say about what you do together?
- Who usually has more say about how often you see one another?
- Who usually has more say about when you talk about serious things?
- In general, who do you think has more power in your relationship?
- Who usually has more say about whether you use condoms?
- Who usually has more say about what types of sexual acts you do?
SCORING PROCEDURES
Each of the 23 items in the two subscales was scored on a 4-point Likert scale, with 1 = strongly agree, 2 = agree, 3 = disagree, and 4 = strongly disagree. High scores represent high sexual relationship power. Certain items were reverse-scored if high scores would reflect low sexual relationship power. Scores for the two subscales were calculated separately, then combined into the SRPS.

PSYCHOMETRICS USED SCALE CONSTRUCTION
- Factor analysis
- Estimate of internal consistency (alpha) = .84

TYPE(S) OF STATISTICS USED TO TEST PREDICTIVE VALIDITY
- Mantel-Haenszel chi-square test for trend
- Logistic regression

USED WITH WOMEN
Yes

USED WITH MEN
Yes

COUNTRY OR COUNTRIES WHERE TESTED OR APPLIED
- China
- Jamaica
- South Africa
- Thailand
- United States
- Zimbabwe

ADDITIONAL INFORMATION
SRPS appears to be a useful measure for relationship power, including for youth and different ethnicities and cultures. It has demonstrated good predictive validity and internal consistency, though sometimes has appeared to be more relevant for women than for men. The relationship control subscale has been sometimes more internally consistent than the decision-making dominance subscale.

SOURCE(S)