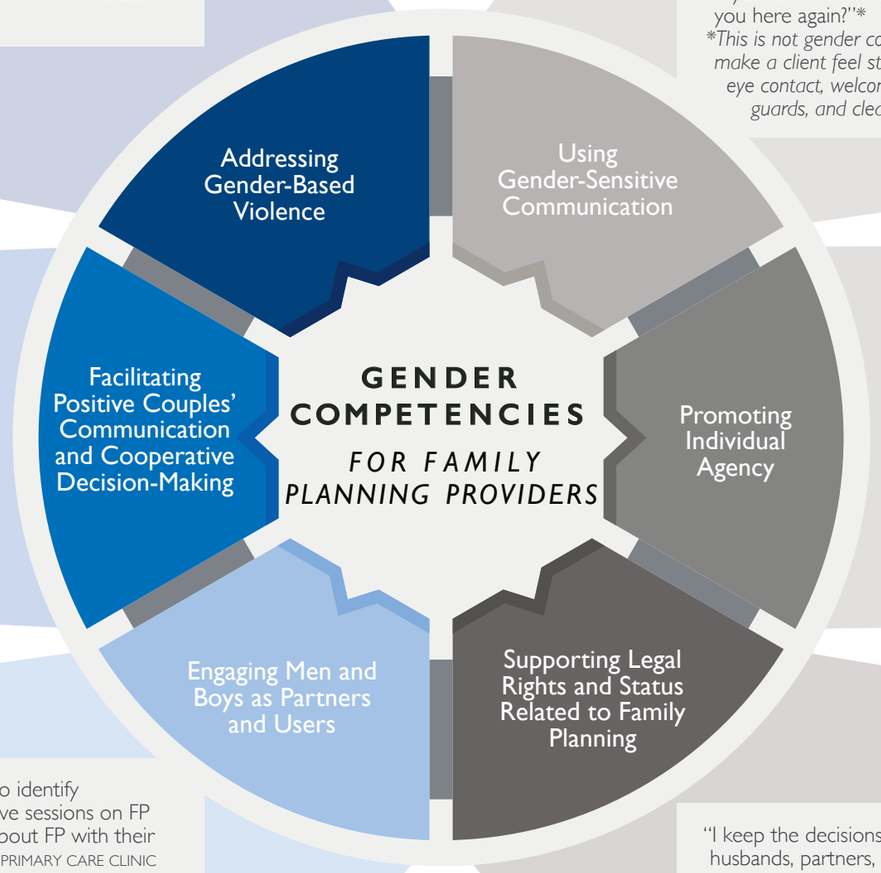
DEMONSTRATING GENDER COMPETENCY, EXAMPLES FROM AROUND THE WORLD

HRH2030 interviewed family planning providers in public and private facilities across Ethiopia and the Philippines on gender competency. The following examples were given. They have been altered for formatting and clarity and identities have been changed for confidentiality.



Addressing Gender-Based Violence

- "Because I know my community, I know certain clues like a woman not taking off her sunglasses to hide bruises is a sign of GV. I ask questions like "how is your relationship with your partner" as a way to open up and build trust but don't ask directly because screening can add trauma." — FEMALE NURSE, RURAL PRIMARY CARE CLINIC
- "Many people in my community think violence between couples is normal. But I always tell my clients they have the right to be treated with respect. They should be able to live free from violence. And violence is never her fault. FP isn't a reason for violence either." — FEMALE COMMUNITY HEALTH WORKER
- "I haven't had training on GBV, so I don't do anything related to GBV."*
  **Training is critical for counseling on GBV, but an untrained provider can offer compassionate and respectful counseling to anyone, including information on the right to be free from violence and should know the resources available in the community to refer the client, if desired.*

Using Gender-Sensitive Communication

- "Lots of unmarried women feel stigma coming in to talk about FP. I first assess the client's level of FP knowledge to determine my communication style and I observe body language to notice their response and understanding. If they don't understand, we say it differently. Then ask, 'Do you understand?' I have more training and information, so it is my responsibility to communicate the information in a way they understand and feel comfortable. I don't want them to feel judged." — FEMALE MIDWIFE, URBAN PRIMARY CARE CLINIC
- "For our hospital, we created a Facebook group for teenage girls where they can join to share their concerns including FP with a young female provider as administrator. Some feel more free that way."
  — ADOLESCENT/YOUTH PROGRAM COORDINATOR AND NURSE, PRIVATE FACILITY
- "If you're not married, why are you using family planning?" "Why are you having a child so young?" "Why are you here again?"*
  **This is not gender competence because it is not treating the individual with respect and may abuse authority and make a client feel stigmatized or unwelcome. To build trust and rapport, a gender competent provider might make eye contact, welcome a client, and avoid unnecessary, judgmental questions. This can include receptionists, guards, and cleaners, all staff can be gender-competent!*

Facilitating Positive Couples' Communication and Cooperative Decision-Making

- "It takes extra time, but we hold couples' sessions with multiple couples together in a group. We discuss relationships, communication, what do they have in common, and FP and GBV." — SOCIAL WORKER, PRIVATE CLINIC
- "When men come in, it is common that they have a lot of questions and can be outspoken. So I work to have both partners get a voice and at the end of the day it is the client choosing." — POST-PARTUM FAMILY PLANNING NURSE, HOSPITAL
- "We don't ask women if they want their husbands to come in, we schedule it!"*
  **Encouraging communication between couples on FP/RH is important, but promoting individual agency comes first. A gender-competent provider confirms a women is comfortable with engaging her male partner first.*

Promoting Individual Agency

- "I ask "what are your reproductive goals?" to understand the person's needs first. I also know they like a range of options for different reasons like not coming back often or privacy, so I keep track of what commodities are available and work with the pharmacy to ensure method mix." — FEMALE MIDWIFE, HOSPITAL
- "I use the MEC wheel [WHO Medical Eligibility Criteria for Contraceptive Use, 5th edition] to help clients understand the methods that are medically indicated for them regardless of my own personal judgement and I also tell them, "I might have a different opinion, but you can choose." — NURSE
- "What is the work of your husband? What does he think?"*
  **A provider does not need to know about a partner to serve her client. A gender competent provider might ask, 'do you want to discuss here how to talk to your partner about method choice?' but would not assume a client is married.*

Engaging Men and Boys as Partners and Users

- "Our clinic brings in men who are satisfied FP users to give testimonials about FP. We also identify male-dominated areas, in our community that is tricycle drivers and sports arenas, and give sessions on FP there where we know the men will be. We talk about how they can have a discussion about FP with their partner and they can even choose to use FP, like condoms or vasectomy!" — MALE NURSE, PRIMARY CARE CLINIC
- "When a woman comes in, I sometimes ask, 'did your husband/partner drive you to the clinic? Do you want me to invite him in to talk together about this?' I always ask her first. I do the same thing with mothers sometimes. At first, I wasn't comfortable talking to men about FP, but I practiced and now I feel comfortable." — FEMALE MIDWIFE, BIRTHING CENTER
- To promote male engagement, one clinic established a system to allow couples to come to the front of the line ahead of single women who had come alone.*
  **This risks reinforcing harmful power dynamics by continuing to give men preference instead of promoting shared responsibility for FP choices and protecting women's rights. All clients should receive equitable services.*

Supporting Legal Rights and Status Related to Family Planning

- "I keep the decisions of my clients between us. I tell them our time is confidential and I will not tell their husbands, partners, or parents about their choices." — FEMALE PHARMACIST, PRIVATE FACILITY
- "When I am explaining everything, I say I will need the client's consent but no one else's. Some people think they need a husband's consent. I tell them we encourage conversations about family planning between couples, but I only need the client's consent in the end. It is always her choice."
  — FEMALE DOCTOR, RURAL HOSPITAL
- "I can't tell them about birth control pills or contraceptives until they have had their first baby."*
  **This is not gender competence because a provider should reinforce the client's rights related to FP services and provide equitable information for voluntary and informed decisions regardless of type of relationship, family size, or any other factors.*

Demonstrates gender competency Does not demonstrate gender competency