

Unit 2

GENDER-SENSITIVE FAMILY PLANNING SERVICES

Learning Objectives

By the end of this unit, learners will be able to:

- ❖ Explain how gender affects family planning service provision
- ❖ Explain the Malawian gender norms and stereotypes that can affect family planning acceptability and use
- ❖ Identify potential gender-related fears and concerns that women and men may have about family planning use
- ❖ Describe effective approaches to partner negotiation regarding family planning
- ❖ Describe how providers' personal beliefs and values regarding gender may affect family planning provision
- ❖ Identify male behaviours that have a positive impact on family planning use and those that have a negative impact on family planning use
- ❖ List signs associated with gender-based violence
- ❖ Explain how gender-based violence can influence family planning acceptance, use, and continuation
- ❖ Identify how providers can help clients who experience gender-based violence.

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Unit 2: Gender-Sensitive Family Planning Services

Key Points

- ❖ Gender norms and differences can affect the acceptance, use, and continuation of family planning.
- ❖ Gender norms and values evolve over time, vary from place to place, and are subject to change.
- ❖ Decision-making power and access to resources affect women's ability to obtain and continue using family planning.
- ❖ Providers can help change the negative effects of certain gender norms and stereotypes by empowering women to make life choices and encouraging constructive male participation in family planning.
- ❖ Family planning providers' attitudes and behaviours, including those about gender, can affect their ability to counsel and support their clients.
- ❖ Partner involvement may be an important factor for some clients when making family planning choices.
- ❖ Fear of violence can influence a victim's choice of family planning methods and her ability to use them.

2.1 The Importance of Gender for Family Planning Services

Each culture has its own way of interpreting what it is to be a man or a woman. While “sex” refers to the biological differences between males and females, “gender” refers to the different social, cultural, economic, and political opportunities and constraints associated with being male or female.

Both gender norms and gender inequalities (differences that systematically empower one group more than the other) can affect the acceptance, use, and continuation of family planning. For example:

- A man who does not allow his wife to use family planning because his parents believe he should have many sons to assure the family's lineage
- A woman who does not want her husband to have a vasectomy because she thinks it will lead to promiscuity.

Fortunately, gender norms and values are not fixed. They evolve over time, vary from place to place, and are subject to change. Providers can offer gender-sensitive family planning services and promote societal change with a view to eliminating gender as a barrier to family planning.

Gender norms and stereotypes that might affect family planning

Gender norms and stereotypes influence peoples' behaviours and actions—what they do, how they do it, and how they spend their time. Gender influences who (men/women, boys/girls) has access to:

- Knowledge and information
- Resources (natural resources, information, income, education, health care services, etc.)

- Power (decision-making, control over one’s body, control over resources, control over the household, political power, etc.).

In Malawi, as elsewhere, gender norms and stereotypes exist that can affect how well family planning is accepted and to what extent it is used. These can include:

- A higher value is placed on having boys; hence women are under pressure to produce male babies.
- The advice given to women is to persevere even when forced to have many children.
- The illiteracy rate among women is high because education for girls is not valued; hence women are poorly informed and have fewer choices.

Access to resources and decision-making power

Decision-making power and access to resources affect women’s ability to obtain and continue using family planning. As in other countries, the following is often true in Malawi:

- Men decide on the number of children in his family; hence men may not approve of family planning use if they feel the family is not large enough.
- Women are generally not economically independent; hence their access to family planning services is limited.
- Illiterate women in particular may lack information on family planning issues and thus cannot make fully informed choices regarding them.

Gender-related fears and concerns women and men may have about family planning use

Women’s fears/concerns	Men’s fears/concerns
<ul style="list-style-type: none"> • Family planning discussion/use possibly inciting violence (e.g., wife beatings) • Husband engaging in extramarital affairs • Stigma and discrimination for not producing children • Loss of intimacy and affection, fear of divorce • Cost of contraception (Negotiate with partner? Pay by herself?) • Loss of status: women recognized by their number of children • Economic insecurity • Conflict with extended family/ancestors 	<ul style="list-style-type: none"> • Women refusing to fulfill their reproductive and sexual obligations • Wife engaging in extramarital affairs • Stigma/discrimination for not producing children • Loss of control over their wives • Loss of man’s ability to have another child in a new marriage (vasectomy) • Harm his image as a “real man” • Others possibly thinking that he is impotent • Conflict with family/ancestors

2.2 Provider Response to Gender Issues

Providers can help change the negative effects of certain gender norms and stereotypes by:

- Acknowledging the role of gender in their own decision-making and behaviour
- Empowering women to make family planning decisions for themselves
- Encouraging men’s constructive participation in family planning, either through the use of a method or by supporting their partners’ use of a method.

Provider self-awareness

A provider who is aware of his/her personal gender beliefs, attitudes, and biases enhances her/his ability to offer high quality services to clients, be they women, men, adolescent boys, and girls or couples. For example, a provider who has a bias against men may make them feel uncomfortable or unwelcome thus reinforcing men's distrust of family planning services, as well as men's resistance to their partner accessing these services.

Empowering women to make life choices

Providers should do the following to help empower women to make their own life choices:

- Sensitively elicit information about a client's power to make decisions and obtain family planning methods, and any gender-related fears and anxieties the clients may have related to family planning use
- Demonstrate respect for the client's right to privacy and confidentiality about use of family planning
- Offer clients information related to their reproductive rights relative to family planning (see Introduction to Family Planning in Malawi, Unit 1)
- Offer clients complete information about family planning methods, including the costs, the visibility of their use and of any side effects, and potential need for partner support or involvement
- Encourage clients to make their own life, sexual and reproductive health choices
- Consult with clients on how to negotiate with their partners and when or if to bring partners into family planning counselling.

Men's constructive participation in family planning

Male norms and men's behaviours can have either positive or negative impacts on family planning acceptance, use, and continuation. Including men in constructive ways (as clients, or supportive influences in the lives of women) can reduce the negative effects of gender norms.

Positive impact	Negative impact
<p>Men can give their partners:</p> <ul style="list-style-type: none">• Financial support (helping pay for the method)• Emotional support (discussing and supporting her choice, accompanying her to the clinic)• Help with the method if they desire (i.e., helping insert the female condom, reminding her when to take her pill)• Support in using a male method such as vasectomy or male condoms	<ul style="list-style-type: none">• Forbidding use of family planning, possibly resulting in clandestine use by his partner• Not allowing the woman the time to use a method, such as a female condom, before sex• Complaining or criticizing her for the use of her method• Pressuring her to use a method that may be harmful to her specific health condition(s)• Pressuring her to have sex during her fertile period (if she is using a fertility awareness method)

(Adapted from EngenderHealth 2003)

Strategies for promoting constructive participation of men in family planning include:

- Community sensitization targeting local leaders
- Distribution of informational materials to men where they work and where they congregate
- Improving the attitudes of health workers towards men in health facilities
- Building men’s awareness of human rights (including client, sexual, and reproductive rights).

Partner involvement in family planning

Certain family planning methods (male condoms, fertility awareness methods, withdrawal) require partner involvement or knowledge. Others—intrauterine contraceptive devices (IUCDs), pills, injectables, female sterilisation and vasectomy—do not. Partner involvement may be an important factor for some clients when making family planning choices.

Table 2.1: Advantages and Disadvantages of Partner Involvement or No Partner Involvement in Family Planning

	Partner involvement	No partner involvement
Advantages	<ul style="list-style-type: none"> • Mutual understanding • Gender-based violence may be reduced because of mutual understanding, increased trust • Support in all aspects (e.g., financial, psychological, physical) 	<ul style="list-style-type: none"> • No need for consent • Full control of the methods • Method may be initiated when needed
Disadvantages	<ul style="list-style-type: none"> • May delay initiation of method • Requires negotiation with partner • May prompt conflict or violence (if partner is not willing to negotiate) 	<ul style="list-style-type: none"> • Potential for violence if secret is disclosed • Sustainability of the method may be affected (hiding, financial constraints)

Providers can suggest the following approaches to the client for discussing family planning concerns with their partners:

- Identify areas of family life or relationships that the partners *do* talk about. Determine if these topics could serve as an entry point for a discussion about life choices or family planning.
- Start a conversation by saying that this is something that the client heard about in a talk at the health care facility and wonders if their partner knows anything about it.
- Identify family members (of either partner) who might be supportive, and ask them to help him or her communicate with the partner.

Provider tips:

- Use role playing with the client to allow her or him to practice negotiation.

- Be nonjudgmental of the partner as well as of the client. Criticizing the partner might threaten the client’s sense of well-being and interfere with the counselling relationship.
- Respect the client’s willingness and ability to negotiate with the partner. If a client says that he or she cannot discuss this with their partner, explore other options.

(Adapted with permission from EngenderHealth 2003.)

Couples counselling (conducting counselling with both partners at once) can encourage shared decision-making, gender equity, effective use of family planning and agreement about desired family size. Nevertheless, shared communication can sometimes lead to risks of violence or loss of decision-making power for one partner, especially the female partner. Couples counselling is not recommended when providers have not been adequately trained in the additional skills it requires.

2.3 The Effects of Gender-Based Violence on Family Planning Use

According to the Malawi National Reproductive Health Service Delivery Guidelines (2007), gender-based violence is “...any unlawful act perpetrated by a person against another person on the basis of their sex that causes suffering on the part of the victim and results in, among others, physical, psychological and emotional harm and economic deprivation.”

Acts of gender-based violence are perpetrated to gain power and control. In a couple, this can include power over reproduction, including the use of family planning.

Examples of gender-based violence within a couple, also called intimate partner violence (IPV), include:

- **Physical:** slapping, kicking, burning, strangling
- **Sexual:** rape, sexual coercion of any kind, being forced to do degrading/humiliating sex acts, preventing use of protection from sexually transmitted infections (STIs), including HIV or from pregnancy
- **Emotional:** threats of harm, physical and social isolation, extreme jealousy and possessiveness, degradation and humiliation, constant criticism and insults
- **Economic:** withholding funds, preventing access to health care or employment, etc.

In many settings, society justifies, tolerates, or ignores violence against women because of traditional gender norms and beliefs.

Emotional and economic ties exist between perpetrators and victims of gender-based violence that have major implications for a woman’s ability to protect herself as well as to make life choices. Fear of violence can influence a victim’s choice of family planning methods and her ability to use them. Factors that may increase the risk of violence in relation to family planning use are:

- Lack of trust—the fear that a woman might have multiple sexual partners because she uses family planning
- A man’s sense of loss of control over his wife and his family
- Abuse by extended family who are in opposition to family planning or to the wife making decisions
- Hiding family planning method from spouse, if the secret is found out.

2.4 Gender-Based Violence in Malawi

Several studies have been conducted on gender-based violence in Malawi (Bisika T. 2008; Chakwana C.D. 2004; Mathiassen 2007), and the issue is gaining more attention by the government. One of the main underlying causes of violence against women in Malawi has been women’s lack of rights. As a response, the government has ratified a number of international and regional women’s rights and gender equality documents and has also developed a National Strategy to Combat Gender-Based Violence (2000-2006).

A traditional culture where men have dominance over women, especially their wives, is found throughout Malawi. Collecting information about gender-based violence is difficult because many view it as a personal family issue, and researchers have found that it is difficult to obtain honest answers from women, especially if the perpetrator of the violence is present, since answering the questions might lead to further violence.

The most common form of violence practiced against women is physical violence. Many women believe there are situations that justify a husband beating his wife. The acceptance level of this violence is lower in wealthier households and where women have higher levels of education. Other types of abuse that are recognized include use of abusive language, men not providing some necessities, and women being overworked by their husbands.

Some cultural practices and beliefs encourage men to abuse women. These include “chiongo” dowry, polygamy and “the notion of the household head;” initiation ceremonies where women are told to persevere and satisfy the man; acceptance of extramarital sex for males; and “chikamwini” or “chitengwa” where the woman is asked to live with the man’s relatives or in his family’s village.

Jealousy is a big factor in the perpetuation of violence, and one way men choose to deal with this is restricting their wives’ social access by demanding to know where she is at all times, restricting her access to family and friends, and by controlling her financial means.

Fatal outcomes of gender-based violence

- Femicide (murder of a female victim)
- Suicide (of the female victim)
- Homicide (murder of the perpetrator)
- AIDS-related mortality
- Maternal mortality
- Foetal death

Table 2.2: Non-Fatal Health Consequences of Gender-Based Violence

Physical	Sexual and Reproductive	Psychological and Behavioural
<ul style="list-style-type: none"> ● Fractures and lacerations ● Chronic pain syndromes ● Fibromyalgia ● Permanent disability ● Gastro-intestinal disorders 	<ul style="list-style-type: none"> ● STIs, including HIV ● Unwanted pregnancy ● Pregnancy complications ● Traumatic gynecologic fistula ● Unsafe abortion 	<ul style="list-style-type: none"> ● Depression and anxiety ● Eating and sleep disorders ● Drug and alcohol abuse ● Poor self-esteem ● Post-traumatic stress disorder ● Self-harm

2.5 Provider Response to Gender-Based Violence

The signs that a family planning provider may see that could indicate gender-based violence include:

- Chronic, vague complaints that have no obvious physical cause
- Injuries that do not match the explanation of how they occur
- A male partner who is overly attentive, controlling or unwilling to leave the woman's side
- Vaginal itching or bleeding
- Abdominal or pelvic pain, sometimes chronic
- Painful defecation or painful urination, urinary tract infection, chronic irritable bowel syndrome
- Sexual problems, lack of pleasure
- Vaginismus (spasms of the muscles around the opening of the vagina)
- Anxiety, depression, self-destructive behaviour
- Difficulty with or avoiding pelvic exams

How providers can help clients who experience gender-based violence

Many survivors of gender-based violence have difficulty seeking help because of stigma and shame, judgmental attitudes of service providers, fear of consequences for self and family, and lack of access to services. They frequently report feeling humiliated or degraded by service providers.

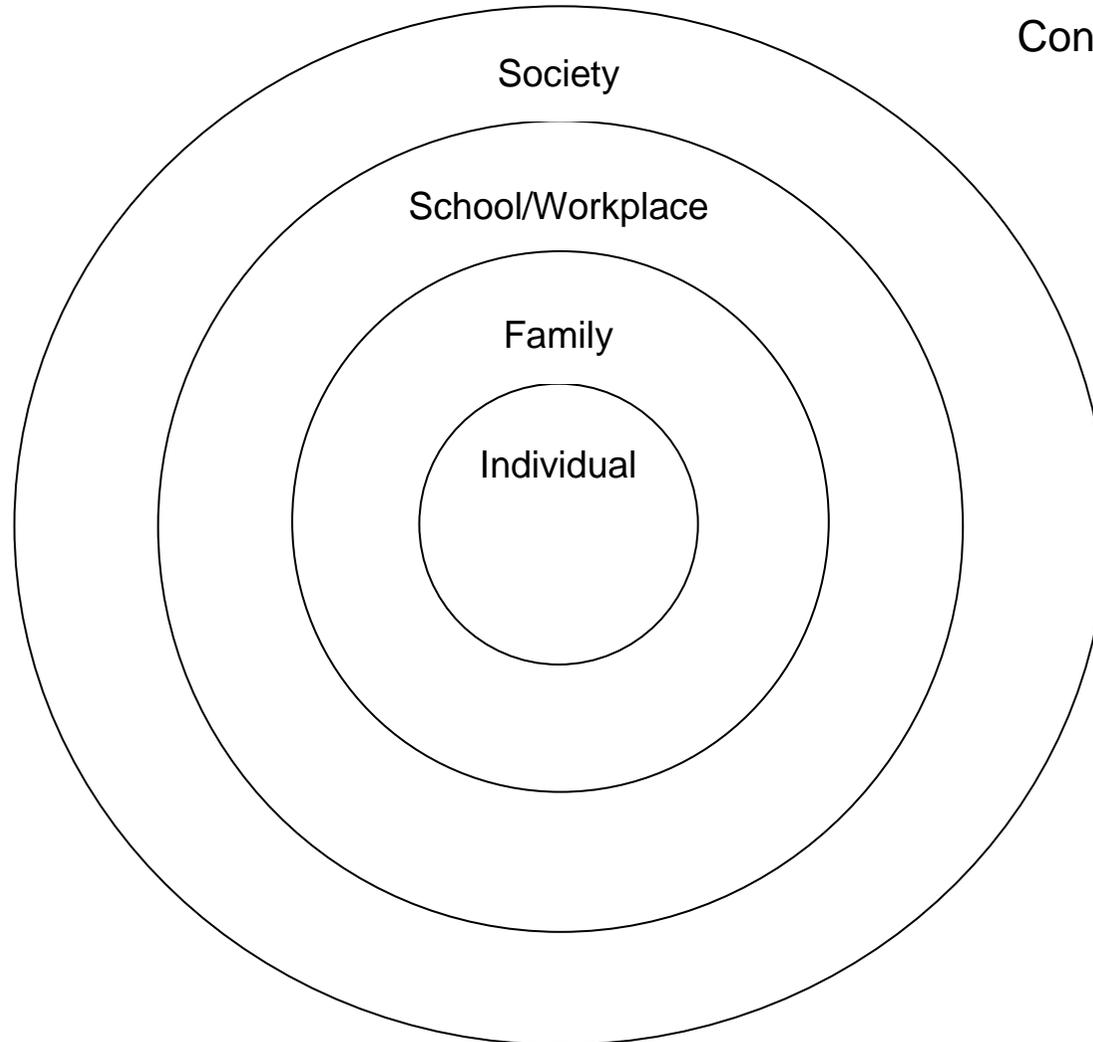
Service providers can help these survivors by doing the following:

- Provide privacy and confidentiality: The client may be at risk if you speak about the violence in the presence of anyone else.
- Screen clients for gender-based violence: Studies suggest that victims want to be asked about violence, even if they cannot admit to the violence at first.
- Validate the client's experience with gender-based violence: Give a compassionate response.
 - Be kind. Avoid superior attitudes.
 - Let her tell you what is happening and how you can help her.
 - Never pressure or press her to talk about it if she does not want to.
 - Don't ever tell her it's her fault.
- Document the client's condition and provide appropriate care. Refer to Malawi STI, post-exposure prophylaxis, and emergency contraception guidelines for more information.
- Find out whether the woman feels that she or her children are in immediate danger. If so, help her consider various courses of action.
- Provide information about the health consequences of abuse and the rights of victims .
- Respect the client's decisions.
- Help the client develop a safety plan, and refer her to available community resources.

Gender in Our Daily Lives

Opportunities?

Constraints?



Individual Activity: Gender in Our Lives

Activity objectives

At the end of the activity, students will be able to:

- Identify gender constraints and opportunities in their lives
- Cite ways in which gender changes over time and what this can mean for family planning provision
- **Time:** 55 minutes

Preparation

Part I:

- Prepare flipchart with concentric circles graphic “Gender in our daily lives” with “Constraints” and “Opportunities” written to the left and right of the outer circle (see handout on previous page).
- Blank flip chart to list opportunities and constraints
- Concentric circles handout “Gender in Our Daily Lives”

Part II:

- Flip charts with questions for participants

Instructions

Part I: Gender constraints and opportunities (30 min)

Step 1: (5 min) As an introduction, remind students that gender roles and responsibilities influence our everyday lives—the way we perceive ourselves, the way we act within our family, the way we interact in the classroom, and as members of a society. Explain to the students that they are going to participate in an individual exercise that will get them thinking about gender in their daily lives.

Step 2. (5 min) Distribute the “Gender in Our Daily Lives” handout and refer to same graphic on the flip chart. Tell students to think about the gender norms and stereotypes in their own lives, those that might govern their self-concept, their family role, etc. Ask them to think of several times in their lives when a gender norm or a prescribed role has *constrained* them in some way. Ask them to write the constraint into the appropriate level(s) of their graphic handout. As the second part of the exercise, students should think of a time when gender has provided them with a unique *opportunity*. Because they were born a man or woman, did their gender open a particular door for them? Make note of these occasions as well on the graphic handout.

Step 3. (15 min) Allow 5 minutes for students to complete their individual handouts and then ask for volunteers to share their experiences. Take a few examples of constraints, beginning at the self-concept/individual level and moving outward to “society,” noting them on the other flip chart. Repeat process for “opportunities.”

Step 4: (5 min) Debrief the activity by thanking students for sharing, and reminding them that it is often helpful to remember that gender roles affect each of us as well as our future clients every day.

Part II: Gender Can Change over Time: (25–30 min)

Step 1. (5 min) Remind students that social roles, responsibilities, constraints, and opportunities change over time within and across cultures. Ask students to think about the changes that have occurred in their own lifetimes. Write responses on a flip chart. Sample questions to ask the students include:

- (For female students) How is being a woman different for you than it was for your mother?
- (For male students) How is being a man different for you than it was for your father?
- Which of these do you perceive as advances? As losses?
- When you consider your childhood, how is being a girl or boy different for your children (nieces/nephews) now than it was for you?

Step 2. (15 min) Ask students to identify ways in which social roles, responsibilities, constraints, or opportunities have changed for their mothers, themselves, and their daughters; and for their fathers, themselves and their sons. Record (on flip chart) the ways gender roles, responsibilities, constraints have changed for men and women since their mother's/father's time.

Step 3. Thank the students for sharing, and say the following:

- As we think of empowering women to use family planning and of encouraging men's constructive participation in family planning, keep in mind that gender roles, constraints, and opportunities are not written in stone. They do change over time and can change through health service provider interventions as well as larger social forces.
- Facilitate a discussion and answer any questions.

Group Activity: Vote with Your Feet

(Adapted from a training session developed by the USAID Interagency Gender Working Group)

Objectives

At the end of the activity, students will be able to:

- Identify personal experiences and beliefs regarding gender and how they may affect family planning provision.

Time: 30–40 minutes

Preparation

- Review the instructions and Vote with Your Feet statements.
- Arrange the area so that there is adequate space for students to move from one side of the room to the other.
- Post flip chart paper on opposite ends of the room, the one on the right saying "Agree" and the one on the left saying "Disagree."

Instructions

Step 1. Ask the group to stand in the centre of the room. Explain that you are going to read a statement aloud (see below). Tell the students to vote with their feet "yes" or "no" by moving

to one side of the room if they **agree** with the statement or to the other if they **disagree**. Students cannot stand in the middle.

Step 2. Read the first statement. Repeat it to ensure everyone heard it. Allow students to “vote with their feet.” Remind them that they cannot stand in the middle.

Step 3. After everyone chooses whether they agree or not, ask 2 or 3 students from each side to explain why they voted the way they did. Facilitate a brief discussion on their reasons. Explain the rules of the discussion:

- Be honest—don’t succumb to peer pressure
- Respect others’ values
- No debates.

Step 4. Read up to 5 statements (below) and follow the same process.

Step 5. Debrief the activity by explaining/asking the following:

- Even though we may be familiar with gender and the importance of gender-sensitive service delivery, some questions are still difficult for us to work with.
- When speaking of gender, people tend to have positions or strong convictions. This should be taken into account when providing family planning services.
- Our own experiences with and beliefs on gender can have an impact on how we view and understand our services or programs.
- Ask “How do you think providers’ values and attitudes might affect their interactions with couples, male clients, or women seeking family planning?”
- Facilitate a discussion and answer any questions.

“Vote with your feet” statements

- Even if you offer free and convenient family planning services with a range of methods to men, they will have little interest in utilizing the services.
- It is a service provider’s duty to address a suspected case of domestic violence if a client shows signs of having been beaten.
- It is a woman’s right to choose the number, timing, and spacing of her children.
- Men sometimes have a good reason to use violence against their partners.
- Promoting gender equality in couples is a valid goal of a family planning program.
- Involving men in family planning counselling sessions will only further increase men’s power over decisions that affect women’s fertility and health.
- It is okay for a man to have sex outside of marriage if his wife does not know about it.
- It is okay for a woman to have sex outside of marriage if her husband does not know about it.
- Men will feel threatened if too many women start making decisions for themselves.
- A woman should not refuse sex to her husband.
- It is wrong to give a family planning method to a woman who wants to conceal it from her husband.

Gender-Sensitive Family Planning Services Quiz

Questions 1-11. Indicate whether the following statements about gender and family planning are **true** or **false** by writing a **“T”** for true or an **“F”** for false in the space provided before each statement.

- ___ 1. “Gender” refers to the biological differences between males and females.
 - ___ 2. Decision-making power and access to resources affect women’s ability to obtain and continue using family planning.
 - ___ 3. A woman may fear economic insecurity if she uses family planning.
 - ___ 4. A man may be concerned about losing control over his wife if he allows her to use family planning.
 - ___ 5. The use of family planning may incite violence between partners.
 - ___ 6. Providers can help female clients who have little decision-making power by choosing appropriate family planning methods for them.
 - ___ 7. Involving a partner may increase the continuation of a method.
 - ___ 8. Restricting a woman’s access to her family and friends is a form of gender-based violence.
 - ___ 9. The signs of gender-based violence are almost always easily visible.
 - ___ 10. Providers should tell a client’s family members if he/she suspects that the client is experiencing violence.
11. List 2 gender norms or stereotypes in Malawi that can affect how well family planning is accepted and to what extent it is used:

12. Give an example of how gender differences or gender inequalities in Malawi can affect the acceptance, use, and continuation of family planning:

13. Describe one approach a client can use to discuss family planning concerns with their partners:

Gender Sensitive Family Planning Services Quiz Answer Key

- F __ 1. “Gender” refers to the biological differences between males and females. False: “Gender” refers to the different social, cultural, economic, and political opportunities and constraints associated with being male or female.
- T __ 2. Decision-making power and access to resources affect women’s ability to obtain and continue using family planning.
- T __ 3. A woman may fear economic insecurity if she uses family planning.
- T __ 4. A man may be concerned about losing control over his wife if he allows her to use family planning.
- T __ 5. The use of family planning may incite violence between partners.
- F __ 6. Providers can help female clients who have little decision-making power by choosing appropriate family planning methods for them. **False: Providers can help by empowering women to make their own sexual and reproductive health choices.**
- T __ 7. Involving a partner may increase the continuation of a method. True: It may result in increased financial, psychological, physical support.
- T __ 8. Restricting a woman’s access to her family and friends is a form of gender-based violence.
- F __ 9. The signs of gender-based violence are almost always easily visible. False: Often the signs are not visible such as chronic, vague complaints that have no obvious physical cause.
- F __ 10. Providers should tell a client’s family members if he/she suspects that the client is experiencing violence. **False: The client is at risk if you speak about family violence in the presence of anyone else.**
11. List 2 gender norms or stereotypes in Malawi that can affect how well family planning is accepted and to what extent it is used:
- Answers include two of the following:**
- **A higher value is placed on having boys; hence women are under pressure to produce male babies.**
 - **The advice given to women is to persevere even when forced to have many children.**
 - **The illiteracy rate among women is high because education for girls is not valued; hence women are poorly informed and have fewer choices.**
12. Give an example of how gender differences or gender inequalities in Malawi can affect the acceptance, use, and continuation of family planning:
- Possible answers include:**
- **A man might not allow his wife to use family planning because his parents believe he should have many sons to assure the family’s lineage.**

- **A woman does not want her husband to have a vasectomy because she thinks it will lead to socially accepted promiscuity.**
13. Describe one approach a client can use to discuss family planning concerns with their partners:
- One of the following:**
- **Identify areas of family life or relationships that the partners do talk about. Determine if these topics could serve as an entry point for a discussion about life choices or family planning.**
 - **Start a conversation by saying that this is something that the client heard about in a talk at the health care facility and wonders if their partner knows anything about it.**
 - **Identify family members (of either partner) who might be supportive, and ask them to help him or her communicate with the partner.**
14. List some things a man can do that will have a positive impact on family planning acceptance, use, and continuation:
- Answers include:**
- **Give financial support**
 - **Give emotional support**
 - **Help with the use of the method**
 - **Use a male method (vasectomy, male condoms).**
15. Name a man's behaviour that can have a negative impact on family planning acceptance, use, and continuation:
- Any of the following:**
- **Forbidding use of family planning (thus making the partner use it secretly, if she chooses)**
 - **Not allowing the woman the time to use the method before sex**
 - **Complaining or criticising the woman for the use of her method**
 - **Pressuring the woman to use a method that may be harmful to her specific health condition(s)**
 - **Pressuring her to have sex during her fertile period (if she is using a fertility awareness method).**
16. List 2 factors that may increase the risk of violence in relation to family planning use:
- Any 2 of the following:**
- **Lack of trust—the fear that a woman might have multiple sexual partners because she uses family planning**
 - **A man's sense of loss of control over his wife and his family**
 - **Abuse by extended family who are in opposition to family planning or to the wife making decisions**
 - **Hiding family planning method from spouse, if the secret is found out.**

References

- The ACQUIRE Project. 2008. *Counselling for effective use of family planning. Participant handbook*. Session 21: Strengthening skills in partner communication and negotiation. 131-133. New York: EngenderHealth/The ACQUIRE Project.
- Bisika T. 2008. Do social and cultural factors perpetuate gender-based violence in Malawi? *Gender and Behaviour* 6, no. 2: 1884-1896.
- Centers for Disease Control and Prevention. 2009. Couples HIV counseling and testing intervention and training curriculum. Module two: Introduction to couples counselling skills. <http://www.cdc.gov/globalaids/CHCTintervention/> (accessed March 22, 2010).
- Chakwana CD. 2005. Domestic violence. In *Malawi Demographic and Health Survey 2004*. National Statistical Office (NSO) [Malawi], and ORC Macro. Calverton, Maryland: NSO and ORC Macro.
- EngenderHealth. 2003. Comprehensive counselling for reproductive health: An integrated curriculum. New York, NY: EngenderHealth. http://www.engenderhealth.org/files/pubs/counseling-informed-choice/ccrh_ph/ccrh_ph_fm.pdf (accessed March 24, 2010).
- EngenderHealth. 2003. Men's reproductive health curriculum. Section 2: Counselling and communicating with men. Participant's handbook. New York, NY: EngenderHealth. http://www.engenderhealth.org/files/pubs/gender/mrhc-2/participant/mrh_2p.pdf (accessed March 24, 2010).
- Heise, Lori, Mary Ellsberg and Megan Gottemoeller. 1999. Ending violence against women. Population Reports, Series L, No. 11. Baltimore, MD: Johns Hopkins University Bloomberg School of Public Health, Population Information Program. <http://info.k4health.org/pr/l11/violence.pdf> (accessed March 24, 2010).
- Interagency Gender Working Group. (No date). Integrating gender into RH/HIV projects and programs. Facilitator's guide. Washington, D.C.: Population Reference Bureau. <http://www.igwg.org/training/integratinggende.aspx> (accessed March 30, 2010).
- Ministry of Health. 2007. Malawi national reproductive health service delivery guidelines. Lilongwe, Malawi: Ministry of Health.
- Ministry of Women and Child Development. 2008. National response to combat gender-based violence. Lilongwe, Malawi: Malawi Ministry of Women and Child Development.
- WHO. 2009. Why gender and health. <http://www.who.int/gender/genderandhealth/en> (accessed March 30, 2010).
- Young M.K., A. Kols, P. Mwarogo, and D. Awasum. 2000. "Differences in counselling men and women: Family planning in Kenya." *Patient Education and Counselling* 39: 37-47.