

Inside the FP Story Podcast

SEASON 3

EPISODE 1: PART 1, Introduction to Gender Integration in Family Planning

[About the *Inside the FP Story Podcast*]

From Knowledge SUCCESS, Breakthrough ACTION, and the USAID Interagency Gender Working Group, this is Season 3 of *Inside the FP Story*—a podcast developed *with* the family planning workforce, *for* the family planning workforce.

The international family planning field has generated a *lot* of data, reports, and lessons learned. But we don't often have the opportunity to get *behind* that information, to hear directly from the people who implemented a program, or who did the analysis, and so we reinvent the wheel or miss the mark because we don't know what could be *really* critical in a particular context. *Inside the FP Story* is that opportunity.

Each season, we hear directly from program implementers and decision makers from around the world on issues that matter to family planning programs. Through these honest conversations, we learn how we can improve our family planning programs as we work together to build a better future for all.

I'm Sarah Harlan, Partnerships Team Lead with the Knowledge SUCCESS Project. I'm pleased to introduce our narrator, Charlene Mangweni-Furusa

[Recap of Season 2, Intro to Season 3]

Narrator

Welcome to Season 3 of *Inside the FP Story*, where we are exploring the complex topic of integrating gender in family planning programs—including reproductive empowerment, gender-based violence prevention and response, and male engagement.

Gender equality and family planning go hand-in-hand. Family planning can help increase gender equality, which can then lead to more family planning uptake. However, while this basic concept is generally understood by those who work in family planning—actually putting this into practice can be more difficult. We may have access to guidelines, models, and frameworks that

help us understand the *issue* better. But to truly address gender inequality in our policies and programs, we need real-world examples.

For this season of the podcast, we spoke with guests who are working to integrate gender into family planning programming around the world. We will hear examples of their programs—including what works, what does *not* work, and what is needed to promote and achieve gender-transformative change.

The first episode is divided into two parts. The first part will provide background and basics on gender integration in the context of family planning. We will define some key terms and explain what is meant when we say a family planning program is “gender transformative.” Then, our guests will begin unpacking the topic of reproductive empowerment, including how to measure it. The second part of the episode, “Voice, Choice, and Action” will dive deeper into reproductive empowerment.

[music break]

Narrator

To begin, let’s define some key terms that will be used throughout this season of *Inside the FP Story*.

Sex is the classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics including: chromosomes, hormones, internal reproductive organs, and genitalia.

Gender refers to personal identities defined by culture, such as woman or man, with varying roles, responsibilities, rights, and power. The definitions and expectations of what it means to be a man or a woman, as well as consequences for not adhering to those expectations, differ across cultures and over time. Importantly, the social, political, and economic meanings tied to gender identities further vary by other personal identities such as race, class, age, and sexuality. Transgender individuals, whether they identify as men or women, can be subject to the same set of expectations and sanctions.

Gender nonbinary refers to people who do not identify as any one gender - whether it be man or boy, woman or girl.

Behavior related to family planning and gender is determined not only by individual attributes such as knowledge and attitudes, but also by household members and peers, community support, access to resources, and broader social and structural policies and norms. A framework known as the **socio-ecological model** helps us understand this complex web of social and cultural influences. Each of the four levels in the socio-ecological model—individual, interpersonal, community, and social or structural—has a unique effect on one’s experience accessing quality family planning, and on gender identity and gender dynamics.

Gender analysis is a very important process for health and development programs—in analyzing gender dynamics, we often examine **gender equality** and **gender equity**. Gender equality is the state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities, and resources. Genuine equality means more than parity in numbers or laws on the books; it means expanded freedoms and improved overall quality of life for all people. When we approach this issue with a lens of gender equity, we understand that not everyone starts from the same place and needs the same things. For example, systemic inequalities set women back from men in their attainment of human rights, opportunities, and resources. This is why it requires a systems change to achieve gender equity.

Gender integration refers to strategies that health and development programs take that account for these gender considerations and compensate for gender-based inequalities.

Engaging in gender integration with family planning requires an understanding of the **gender integration continuum**. This models a process of analysis that begins with determining whether interventions are “gender blind” or “gender aware.” **Gender blind** policies and programs *ignore* gender considerations altogether. They are designed without *any* analysis of the culturally defined set of economic, social and political roles, responsibilities, rights, entitlements, obligations, and power relations associated with being female and male, or the dynamics between and among women and men, girls and boys.

In contrast, **gender aware** policies and programs operate with an understanding of the roles these factors play in one’s ability to access family planning. The process then considers whether gender aware interventions are exploitative, accommodating, or transformative. **Gender transformative** interventions are policies or programs that seek to reshape gender relations to promote equality and achieve program objectives. These programs should ultimately work toward transforming gender roles and harmful social norms for positive and sustainable change.

In this light, this season of the podcast will highlight three gender priorities for family planning programs: reproductive empowerment, gender-based violence, and male engagement. Throughout our three episodes, our guests will unpack this definition of “gender transformative” in the context of reproductive health programming, and will provide examples from their own programs.

Here is a quick preview from Anita Raj, Director of the Center on Gender Equity and Health at the University of California at San Diego, with her take on gender transformative programming:

Anita

I probably have a fairly traditional perspective on what gender transformative programming is. I was involved with a *Lancet* special issue on gender norms. At the heart of what I think is a part of [a] gender transformative program is to alter traditional gender norms that reinforce gender inequalities that would compromise women and girls’ control over their own body or opportunities to achieve their life choices or their goals. So I tend to think of it in those ways. So certainly I think it can affect norms in a larger social

environment, but I also count programs as gender transformative if they alter what have been gender normative practices that impede women and girls' choices or impede traditional gender practices, such as male engagement in family planning. So I believe that all of those are really gender transformative in nature because they're really altering what have been the very traditional gender roles and expectations related to reproduction and family formation.

Narrator

It is important for both program implementers *and* participants to understand the root causes of gender roles and social norms that affect family planning decision-making and behaviors. Listen to Mabel Sengendo, Regional Unit Manager with Sonke Gender Justice, on working with men to gain this understanding:

Mabel Sengendo

I think the best way to tackle it is a gender norms transformation begins with just speaking about gender, gender roles. Because once people begin to understand that you can then bring in any topic that you want to bring, whether it's family planning, whether it's gender based violence, whether it's FGM.

So for us, the basis or the basic starting point is a gender norms transformation, to help understand, you know, what gender is, what are the gender roles? How does it come about? How does patriarchy, you know, fit in here? Negative masculinity? So things like that. So you help men understand.

[WHAT IS REPRODUCTIVE EMPOWERMENT, HOW IS IT MEASURED, AND WHAT DOES IT MEAN FOR FP PROGRAMS?]

[DEFINITION OF REPRODUCTIVE EMPOWERMENT]

Narrator

Now that we have defined the key terms for gender integration in family planning, let's dive into the focus of this episode. We often hear the term "reproductive empowerment" referred to as a goal, or desired outcome, of family planning programs. But what exactly does it mean, and how can we measure it? We spoke with several guests on this topic, who all agree that reproductive empowerment is about one's ability to make their own choices about their reproduction—when to start having children, how many to have, or how to space their births. Reproductive empowerment applies to people of both sexes and all gender identities.

Overall, reproductive empowerment is the expansion of agency—or people's ability to make, voice and act on informed decisions about one's reproductive life free from violence, retribution or fear over the span of one's reproductive years, including decisions about whether and when

to have children. An expanded conceptual framework outlined by the International Center for Research on Women—or ICRW—can be found in the notes for this episode.

When we talked to Margaret Greene, founder and executive director of a consultancy firm called GreeneWorks, we asked what reproductive empowerment meant to her. She cited the term “autonomy”—or the understanding that one has the power to make healthy and caring decisions in one’s life. And she made it clear that reproductive empowerment is a term that doesn’t *just* apply to women and girls. Due to societal gender norms in many contexts that limit their personal agency, reproductive empowerment is often associated with women and girls. However, it’s important that we consider how reproductive decision-making and agency plays out for men and boys as well. We will hear more from Margaret and others in episode 3, when we dive into the topic of male engagement in family planning.

We talked to Anju Malhotra, principal visiting fellow at the United Nations University Institute of Global Health, who works on the Gender and Health Hub, about reproductive empowerment. She talked about the advent of modern contraception, and how this increased women’s choice and control.

Anju

We know over the last century—and certainly the last half century—more and more women in the world have gained reproductive empowerment, and family planning has played a massive role in that. We are looking at a world where, you know, things have shifted very, very dramatically in women being able to have both reproductive and productive lives, and that’s thanks to family planning. So in many ways, family planning itself is a massive tool for women’s empowerment. We have to learn to help them to deploy it in the most effective manner for their needs.

When the birth control pill came out, it was revolutionizing. And it was one of those innovations that picked up so fast because it was fulfilling a need that was there, you know? And women knew it.

Narrator

Before the birth control pill, women—particularly *unmarried* women—faced significantly more barriers than today in accessing contraception. The birth control pill is a contraceptive method that women can control, and can use relatively privately. But as family planning implementers and policymakers know, there are many contexts today in which women still face barriers to access and use. For one thing, marital status is a significant factor in one’s experience with reproductive agency and decision-making.

Women in many contexts are *only* considered to be sexually active once they are married. Communities have certain expectations for people—not just women—based on whether or not they are married. And these expectations play into policies. But how do we, as policymakers and program implementers, ensure that all people feel empowered to take control of their

reproductive choices, and have the access and ability to reach their reproductive goals without societal pressures?

In family planning programs, we often measure success in terms of increased uptake of contraception. Specifically, women may feel more empowered to make decisions over their reproduction by using a modern family planning method. But what if they *do not* want to delay pregnancy, and they make choices based on *that*? When we spoke with Anita Raj, she argued that we should consider this an act of agency and reproductive empowerment as well.

Anita

How do you support expansion of family planning methods, as introduced by the providers, in a way that does not either inadvertently or consciously dictate to couples and women in particular—the types of contraceptives that public health goals have, but, rather that you really want to support women to do what they would like to do with their bodies. And this is sometimes counter to the idea that you want to see an expansion of forms of contraception.

Narrator

The influence and power of gender and other social norms is bound up in the concept of agency and reproductive empowerment. Jeff Edmeades, Senior Research Analyst from the Demographic and Health Surveys (DHS) Program also spoke to this in his definition of reproductive empowerment.

Jeff

Essentially, reproductive empowerment is the process of change where individuals increase their ability to make informed decisions about their reproductive lives. They have increased ability to participate fully in discussions around sexuality, reproductive health, and fertility, and are more able to act on their preferences to achieve their reproductive goals and desires. And that action itself is free from coercion or violence or punishment or fear. So it's essentially being able to voice your own intentions and preferences and beliefs, to have that voice actually matter and be heard and influence a decision-making process. The ability to freely choose among different options and that can be constrained by individual things, or it can be constrained by our environment.

And so I think the key pieces there are really about expression of your goals and being able to fully participate in a meaningful way that influences the outcome. So it's no good having a clear idea of what you want, voicing what you want and nobody listening. It's also no good if you've voiced what you want, your partner listens, and there's no contraceptive services available. So you have to have real choices.

But really, I think the goal of this, the reason we care about reproductive empowerment is because it really is the key component to achieving people's desired outcomes for their marriage, their partnership, sexual intercourse, contraceptive use, and of course their reproductive lives.

Narrator

It is not enough to feel empowered to voice our reproductive goals and desires or choose a contraceptive method. Supportive systems and structures also need to be in place to enable us to fully live out those reproductive goals and desires. Jeff noted that limited access to a full range of contraceptive methods and a lack of support from partners, family members, health providers, or the community can interfere with one's reproductive empowerment. He also highlighted the environmental supports needed, such as policy, regulation, media, and cultural values. The many factors that can influence reproductive empowerment present different opportunities and challenges for measurement and implementation—something our guests had a lot of helpful insights about.

Stay tuned for Part 2 of this episode, “*Voice, Choice and Action*,” where we will continue this discussion and hone in on strategies for implementation and measurement of reproductive empowerment. Our guests will share program examples to help illustrate how we can integrate reproductive empowerment interventions and concepts into family planning and reproductive health programs and policies.

EPISODE 1: Part 2, Voice, Choice, and Action: Reproductive Empowerment

[Recap of Part I]

Narrator

In part one of this first episode of *Inside the FP Story* Season 3, we provided some background by defining key terms in gender integration for family planning. We then shared guest perspectives on reproductive empowerment as it relates to family planning programs. Now, we'll pick up right where we left off, and share what our guests had to say about implementing a reproductive empowerment component of your program, and measuring its success.

[STRATEGIES FOR IMPLEMENTATION AND MEASUREMENT]

Narrator

When asked about measurement, our guests agree that there are a lot of gaps in this area and much work remains to be done. In summary, it is difficult. It is complex. And it is important and necessary for improving family planning outcomes and achieving reproductive empowerment for all. To start off, family planning interventions that aim to be gender transformative and improve reproductive empowerment need to think holistically. Successful programs seek to disrupt harmful social norms that have existed for centuries and have dictated who holds power in the household and in society.

We have mentioned the term “social norms” already in this episode, but let’s take a step back and define what this means. Social norms are unwritten rules about how to behave. In most contexts around the world, family planning is a very personal and sensitive topic. However, an individual’s decisions regarding family planning are largely influenced by their perception of social norms, in addition to broader systemic factors.

When a family planning program integrates a gender component into their work, they should be aiming to dismantle harmful norms that say women cannot make their own decisions on family planning, and seek to empower them in that way. This work takes time and often cannot be achieved in the three to five year project cycles of most projects. Given that Jeff Edmeades works at the Demographic and Health Surveys Program, he has rich insights on how these demographic and health surveys have evolved over time to include questions related to overall household decision-making. And he mentioned that these surveys could be doing more beyond the standardized questions, as they do not relate directly to reproductive empowerment and rather act as poor proxies to the real issue. So what are some solutions to that? What are some questions for survey implementers, and indicators for programmers to look for?

Jeff

Laura Hinson and I worked on a paper looking at exactly trying to figure out a way of measuring some key components of reproductive empowerment. And there, we started with the theoretical framework and we focused on really understanding each of these key pieces of voice, choice, and action. So trying to understand—what are the drivers of those, and how do those things fit together effectively? And so I think that we’re in a moment of, I guess, development of new measures, and we’re getting better and better at doing that. And I think there are way better ways of doing it now than just looking at, you know, a set of questions around who decides this and this and this in the household. We’re beyond that.

But I also think, really thinking of the nuances of what decision-making is like, what it matters. What level of satisfaction people have with the outcome. It’s a complicated question, but I think we’re doing a much better job right now than we were in the past. But a key issue is—there are some methodological innovations from other fields that are being brought in, but it doesn’t really matter how fancy your measurement approaches are if they’re not based in a really solid understanding and clear definition of what you mean by reproductive empowerment. And that means thinking very carefully about it before you go in, and designing your questions around that. And I think we’re a little ways away from having a sort of gold standard set of measures that everyone agrees capture what we want, but we have some interesting models out there right now that can point us in the right door.

Narrator

When measuring an individual’s ability to exercise reproductive empowerment over time, there are three key dimensions—resources, agency, and achievement. Anju broke these down for us:

Anju

There's the agency, which is the choice element. But there's also resources. You need economic resources, social resources, human resources, personal capabilities besides the ability to make choices. So you need to not just be able to negotiate with your husband, that you can get family planning—you need to be able to have transportation and be able to go there and get it, right? Or you need to have the knowledge of where to get it from. And that's a resource, right?

And then the third element, which is the most missed in measuring empowerment is achievements. It's the outcomes. Did you actually *get* the contraceptive, and were you able to use it consistently? We don't use that as a measure of empowerment, but that's what matters, right? Are you able to prevent that birth that you didn't want? That is the outcome that we're not consistently measuring.

So there's a great need to measure empowerment through the three legs—resources, agency, and achievement—and through fewer more consolidated measures that are more behavioral and outcome oriented.

Narrator

Ravi Verma, Director of the International Center for Research on Women's Asia Regional Office, discusses the need to understand how gender equality and reproductive health are linked, and to design our interventions using these concepts. This involves an understanding of different gender identities and experiences, which include sexual identities as well.

Ravi

We have seen for years how women's empowerment programs alienated men. In order to address that issue of bringing men into the equation, we should not begin to alienate and begin to create greater pushback for women and girls who have fought hard to reach a stage where they are receiving much more attention on these issues.

For different gender identities, the empowerment discourses take slightly different dimensions, and some feel much more empowered to access and make choices, and others are completely marginalized. In many settings, it's extremely difficult or impossible for many gender identities to even express their identity, forget about what choices they make.

I think it is important that it's also addressed in programs, which is just not addressed. Most programs remain very binary in nature. So given different sexual identities, they don't appear in these programs at all. So they're completely disempowered, because they are not consciously or programmatically addressed.

Narrator

Like Ravi, our other guests acknowledged that the level of cisgenderism and heterosexism in family planning programs is harmful. This means that programs assume all their participants are

heterosexual women or men who identify with the sex assigned to them at birth. While heterosexual relationships between cisgender individuals may be the predominant type of relationships and account for the focus of most family planning programs globally, it is still important to understand who is in a given community and design programming that is inclusive of all types of relationship configurations and gender identities. Otherwise, a program may simply reinforce negative or harmful gender stereotypes and norms, which then undermines reproductive empowerment of marginalized groups.

The concept of “disempowerment,” which Ravi mentions, can happen if a program, whether intentionally or unintentionally, reinforces the idea that men are the primary decision makers for family planning decisions, thus disempowering their female partners’ ability to decide whether, when, and how to have children. So how can we ensure that our family planning programs do not inadvertently disempower specific individuals? Ravi stresses the importance of working with the community beyond the health sector. Work with governing bodies and faith-based institutions, and make sure that gender issues are being addressed through a comprehensive understanding of needs for women and girls, men and boys. Anju expressed a similar sentiment, and discussed how a systems change approach can be effective in this effort.

Anju

One of the key things that those of us who have been emphasizing reproductive empowerment is that historically systems have not trusted women themselves to be able to make those decisions. So systems have not been set up to help women make choices, meet their urgent needs. Women have had to always go around the corner, have had to do it in roundabout ways or in limited ways. And I think that’s the biggest missing connection that we make with regard to gender integration into family planning programming. We don’t focus enough on the delivery structures, the provider training. And I don’t just mean, you know, one social behavioral change course to make them more gender aware. I’m talking about, as part of their professional training—and not just for poor community health workers who were asked to do this as part of 20 other things that they’re doing—physicians and nurses, ANMs, and decision makers in the health infrastructure to understand how critical that is. It needs to be so systemic. So, that’s where I think the gender integration is very, very critical.

Narrator

We cannot rely on the health system alone to increase reproductive empowerment for women and girls in a given setting. For example, Jeff shared that a woman could receive empowering messages from her family planning counselor at the local health clinic, but then be exposed to misogynist messages on television. Or perhaps she experiences sexism from colleagues at work or from her partner or family members at home. Multi-level, multi-component approaches are needed to foster and sustain an enabling environment for reproductive empowerment. Jeff stressed the importance of expanding our understanding of family planning *beyond* contraception uptake and use to include relationship dynamics between individuals who shape and influence our reproductive goals and autonomy.

Jeff

And when I say relationship, I don't just mean between two individuals. That's one form of relationship, but it can also be the relationship that a person has with their doctor, with the medical system, with their household members, with their parents, with their friends. In each of those relationships, their level of empowerment will be different.

So maybe, you know, you have a woman with a really supportive partner. They talk a lot about these issues. They come to really true joint decision-making processes and she goes to her doctor and her doctor says, "Well, we only have, you know, the injection and that's what you're getting."

At that point she has no real choice and it doesn't matter what her empowerment level was at other levels. It's something that I would like to see measurement also think more carefully about and understand that it's not enough just to look at the couple, you need to think about what happens in other relationships that individuals have and how that matters for thinking about reproductive empowerment.

Narrator

Couples and families often talk about their fertility desires and goals, which creates an opportunity to learn about similarities and differences, and make choices together. However, what happens when fertility intentions are different between partners?

One aim of this podcast season is to get our audiences to think critically about issues related to gender, family planning, and reproductive empowerment. This next clip from Anita invites us to think about how we might identify and measure acts of resistance that are linked to reproductive empowerment. She describes questions that her survey team asked in the CHARM study ("CHARM" stands for Counseling Husbands to Achieve Reproductive Health and Marital Equity). A note for our listeners that this clip raises some key issues in our conversation about reproductive empowerment, and relates to issues of reproductive coercion as well.

Anita

Then there's agency and we've been doing a lot of work in the area of agency. And we have a way we frame agency as "can, act, resist" (it's a little triangle). And the "can" is really about capacities. Can, you know, "do you perceive yourself as able," and "are you able to undertake these actions towards your goals?"

So, the consciousness is, you know, what are your choices? And so what are based on the choices you identify, what are your goals? And then this next is agency. Like, what are the actions that you want to undertake to achieve these goals? And if you listen to this carefully, it's directed by the individual or the collective, if people are working in a collective context. But it's really directed by them and not us as the external body. I mean, ultimately it's her body, right?

So the “can” is, you know, can you talk to your partner? Can you get to a family planning clinic? And then the “act” is doing those things, but we didn’t want to just leave it as “can,” because we felt that we wanted to emphasize that sometimes there is having to be a reaction because when there are external forces and you act, and they’re pushing against you and your action, you have to react or in a sense, if you’re going to keep moving, you’ve got to resist. And resistance is, we feel like, a very key element of agency that we often don’t capture in our measures. And we recognize this as an act of resistance that may be in full knowledge of the people you’re resisting against—perhaps a partner doesn’t want you to get contraception and you go to the family planning clinic anyway, and you let them know. Or the partner doesn’t want you to engage in contraception, and you use it without their knowledge. That is an act of resistance. And so, that will hopefully support you to achieve your self-determined goals, or life choices, right? So I do want to remind people though, that sometimes that choice *is* to reproduce and that’s really complex, right? Because that act of empowerment for her to become pregnant without a partner’s engagement or partner’s knowledge, do we still feel like that is acceptable?

Narrator

Anita stressed that expressions of agency can sometimes be a real or perceived act of resistance depending on the situation and context. However, if a woman is becoming pregnant without her partner’s knowledge, is this still reproductive empowerment? This is a complex situation, but the situation described can be an example of reproductive coercion—which is a situation in which a person interferes with the reproductive intentions of their partner.

Reproductive coercion is an important part of this discussion. When we reflect on the definition of reproductive empowerment—which, again, is the expansion of agency or people’s ability to make, voice and act on informed decisions about one’s reproductive life free from violence, retribution or fear over the span of one’s reproductive years, including decisions about whether and when to have children—it is important to consider ways in which we can ensure one person’s freedoms without infringing on another’s ability to fully act on their choices or intentions.

[R.E., FP, AND GENDER TRANSFORMATIVE PROGRAMMING - EXAMPLES]

Narrator

To wrap up this episode on reproductive empowerment and family planning, we want to consider some words of advice for program implementation, and share some program examples. Remember when some of our guests spoke about a holistic approach to reproductive empowerment that goes beyond simply targeting the health sector? Erin DeGraw, Senior Associate for Family Planning and Reproductive Health at Plan International and on the Health Policy Plus project, or HP+, shares about her organization’s work on engaging men and boys in family planning programs and services and what it means to acknowledge and address men’s

reproductive empowerment in the gendered space of family planning. In one analysis, HP+ examined the policy environment for male engagement in family planning in Nepal, focusing on young men and boys aged 15-24.

Erin

I think the cross-sectoral programming piece is really important. Empowerment comes from so many different areas. It's not just within the reproductive health realm. That I think really building that reproductive empowerment does require us to go into different sectors and work with different partners that we might not already think about.

So I'm thinking on building men's reproductive empowerment. One of the aspects we're looking at is that often men feel that health facilities and family planning, or like a woman's perspective, it's a woman's place. And so building that empowerment either to come to the facility or to access family planning in different areas of their life.

So working in the agricultural sector or working with the employment sector to build that agency into their own programming is an area that you can think about to build in some of that multi-sectoral programming aspects and reaching men to build that empowerment in different areas that you might not already think about.

Narrator

In implementation, it is critical that we anticipate not only positive outcomes and impacts, but also potentially negative ones. Unintended consequences, both positive and negative, are a reality given the wide range of uncontrollable factors. Anju advises program implementers to anticipate potentially negative outcomes and impacts of our programs and services—and remember that these are inevitable, especially when implementing a program at scale, meaning implementing a program for a larger population, a process that requires significant time and resources.

Anju

There will always be dual consequences. So for us to have only optimistic theories of change as part of gender transformation is completely unrealistic. And so when we design our programs, my recommendation is that you have to anticipate the negative trajectories and also the unsuccessful trajectories.

Narrator

For another program example, let's hear from Anita as she shares more about the CHARM intervention conducted in rural Maharashtra, India, that addresses gender equity and family planning. For the follow-on CHARM2 intervention, they took lessons learned from the first study and adapted them to work with both men and women in the same couple, and integrated it into the health system in India.

Anita

It really spoke to, you know, even for those of us working in this field, how we can sometimes lose sight of how do we engage men, but not lose women's voices and autonomy and really control over reproductive decision-making in that context.

So I think number one is that we are really learning to balance male engagement and female reproductive control. So when you bring the two together, based on the fact of the realities of, you know, just a history of unequal power distribution in marital relationships in most contexts. But certainly what we see here, how do you ensure that you're not supporting male engagement at the cost of women's final authority over their bodies.

[Conclusion]

Narrator

As we have heard from our guests, reproductive empowerment is both an outcome and a process. It involves a systems-level view of the many ways in which our lifelong experiences of reproductive empowerment or disempowerment are continuously shaped and influenced by relationships with different people and interactions with different social institutions. Partners, family members, friends, colleagues, health providers, each have a role to play. As do social institutions like education, religion, health care, economy. Progressing towards reproductive empowerment requires taking the steps to develop indicators and ask the right questions that look at not just the question of, "Are people getting access to the contraceptives they need and want," but go beyond that to, "What are their overall reproductive life goals? Are their voices being reflected in their choices and are they fully able to act on these choices free from fear, coercion, or violence?"

Join us for episode 2 of this season, where we'll explore gender-based violence prevention and response alongside family planning programs.

[Credits]

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If you have any questions or suggestions for future episodes, feel free to reach out to us at info@knowledgesuccess.org.

Thank you for listening.

Resources Shared in Episode

- [Male Engagement in Family Planning: Understanding Policy Implementation Barriers and Enablers in Nepal \(HP+\)](#)
- [ICRW Reproductive Empowerment Framework](#)
- [Seeking Breakthroughs in Social and Behavior Change \(Breakthrough ACTION + RESEARCH\)](#)
- [Socio-ecological model and gender integration continuum](#)
- [Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment \(Naila Kabeer, 1999\)](#)
- [Developing and testing measures of reproductive decision-making agency in Nepal \(Hinson et al, 2019\)](#)
- [SBCC and Gender: Models and Frameworks](#)