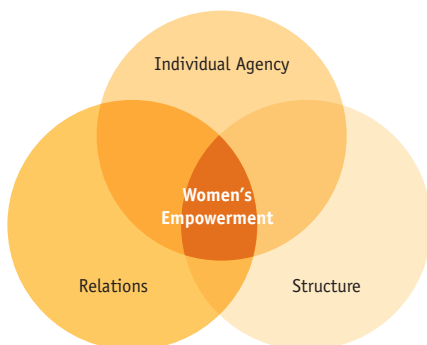




## TECHNICAL UPDATE

### WE-MEASR: A New Tool for Measuring Women's Empowerment in Health Programs

Globally, CARE's health programs prioritize addressing gender inequity and investing in women's empowerment in order to achieve sustainable improvements in health, as well as to ensure that women realize their full human rights. In order to strengthen and standardize our measurement of women's empowerment in our programs, CARE has developed a new, multidimensional quantitative survey tool. The tool - called **WE-MEASR (Women's Empowerment – Multidimensional Evaluation of Agency, Social Capital and Relations)** - is designed for use with women, and consists of 23 short, validated scales designed to measure women's empowerment in domains critical to sexual, reproductive and maternal health and nutrition. The scales are aligned with CARE's theoretical framework for Women's Empowerment, which outlines three overarching domains of change essential to ensuring meaningful empowerment of women: Individual Agency, Relations, and Structure. Programs can use the entire set of **WE-MEASR** scales, or select a sub-set of scales that measure the specific dimensions of empowerment that their program is designed to influence.



#### Tool Development and Validation:

In developing the measures, we built on and adapted existing validated measures, including the *Gender Equitable Men (GEM)* scale,<sup>1,2</sup> the *Sexual Relationship Power Scale (SRPS)*,<sup>3</sup> the *Demographic and Health Survey Women's Empowerment Modules*,<sup>4</sup> and the *Adapted Social Capital Assessment Tool (ASCAT)*.<sup>5</sup> Because so many of CARE's projects aim to achieve women's empowerment by enabling collectivization and catalyzing collective action, we prioritized the inclusion of a set of items to measure structural and cognitive social capital, including membership in and help from community groups, social cohesion and collective efficacy. We also developed new measures where we found gaps, including a set of self-efficacy measures that explore how women's confidence to enact health-promoting behaviors (e.g. use of family planning) is mediated by gender roles and gendered power dynamics in the household.

The items in the tool were tested and refined through two rounds of cognitive interviewing, including interviews with women in rural Malawi. The final measures were then field-tested through interviews with 641 married women in Malawi in both patrilineal and matrilineal communities. Data from field tests were validated using factor analysis and reliability analysis, and then further refined. We are currently completing analysis for construct validity and plan to have a field test version and guidance manual to share by summer 2013. In 2013, CARE will also integrate WE-MEASR into program evaluations in Bangladesh and Peru to assess validity of the tool in other contexts, and to explore associations between programming, empowerment and health outcomes.

## WE-MEASR Scales at a Glance (in development)

DOMAIN	SUB-DOMAINS	SCALES
Agency	<b>Attitudes and Beliefs about Gender and Women's Right</b> to control her body and sexuality	Tolerance of Intimate Partner Violence <sup>4</sup>
		Belief in Women's Right to Refuse Sex <sup>4</sup>
		Acceptance of Male Dominance <sup>1,2</sup>
		Belief in Women's Health Rights
	<b>Self-Efficacy (SE)</b> to perform key health-promoting behaviors under set of conditions that relate to gender roles and gendered power relations in the household **	SE to Ask for and Use Family Planning
		SE to Refuse Sex
		SE to Go to the Health Facility
		SE to Attend Community Meetings
		SE to Speak out at Community Meetings
		SE to Ask for Help with Child Care
	SE to Ask Husbands' Help with Household Duties	
Relations	<b>Decision-making Power</b>	Participation in Household Decision-making <sup>3,4</sup>
	<b>Inter-spousal Communication</b>	Inter-spousal Communication <sup>7</sup>
	<b>Mobility</b>	Mobility <sup>4,7</sup>
Structure/ Social Capital	<b>Ownership of /Contribution to Household Assets</b>	Ownership of Productive Assets/ Contribution to Household Resources
	<b>Social Cohesion</b>	Social Cohesion <sup>5,6,8</sup>
	<b>Community Support in Times of Crisis</b>	Support from community: if Heavy Bleeding during Pregnancy
		Support from community: if a Husband Beats His Wife
		Support from community: if a Woman has Difficulty Breastfeeding
		Support from community: if No Food in the House
	<b>Collective Efficacy</b>	Collective Efficacy
	<b>Community Participation/Help received from Community</b>	Community Participation/Help from Community (index) <sup>5,6</sup>
<b>Participation in Collective Action</b>	Participation in Collective Action <sup>5</sup>	

### Items Adapted from:

<sup>1</sup> Pulerwitz, J. Barker, G. (2008). Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM scale. *Men and Masculinities*, 10, 322-338.

<sup>2</sup> Pulerwitz, J., et al. (2010). Promoting Gender Equity for HIV and Violence Prevention: Results from the Male Norms Initiative Evaluation in Ethiopia. PATH, Washington DC.

<sup>3</sup> Pulerwitz, J., Gortmaker, S.L., & DeJong, W. (2000). Measuring Relationship Power in HIV/STD Research. *Sex Roles*, 42 (7&8), 637-660.

<sup>4</sup> Demographic and Health Survey (DHS) 2008. Measure DHS, ICF Macro, Calverton MD.

<sup>5</sup> DeSilva, M.J., Harpham, T., Tuan, T., Bartolini, R., et al. (2006). Psychometric and cognitive validation of a social capital measurement tool in Peru and Vietnam. *Social Science and Medicine*, 62 (4): 941-53.

<sup>6</sup> Lippman, S.A., Donini, A., Díaz, J., Chinaglia, M., Reingold, A. and Kerrigan, D. (2010). Social-Environmental Factors and Protective Sexual Behavior Among Sex Workers: The Encontros Intervention in Brazil. *American Journal of Public Health*, 100 (S1): S216-S223.

<sup>7</sup> Baseline Survey, (2011). *Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (TESFA)*. Washington DC: ICRW.

<sup>8</sup> Behavioral Tracking Survey, (2010). *Alliance/HLFPPT, AP Avahan Project*. Developed by CARE Inc. with support from the Bill & Melinda Gates Foundation.

\*\* Additional self-efficacy measures for nutrition-related outcomes are under development.

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