

TIPS FOR IDENTIFYING GENDER-RELATED BARRIERS TO SEXUAL, REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

Using the Social Ecological Model as a framework, this tool allows programme designers reflect on ways in which gender inequalities impact sexual, reproductive, maternal, newborn,

child and adolescent health (SRMNCAH) and use the findings to design interventions that strengthen gender equality and empower women.

	Comments/Notes
INDIVIDUAL LEVEL: KNOWLEDGE, ATTITUDES AND BEHAVIOURS	
Do women and girls have knowledge of sexual and reproductive health and their rights to them?	
Are women and girls able to make decisions about their sexual and reproductive health and realize their rights?	
Are women and girls able to negotiate safer sex and/or their own fertility? If not, what factors restrict them from doing so?	
Can women and girls decide to seek SRMNCAH services by themselves? If not, what factors restrict them from doing so?	
Do women have control over resources they can use towards their own health-seeking behaviours? If not, what factors restrict them from doing so?	
Do women and girls feel safe in their communities? Do they face any restrictions in their mobility?	
How do women and girls perceive their own gender roles?	
How do women and girls perceive their reproductive, economic and political roles?	
INTERPERSONAL LEVEL: FAMILIES, FRIENDS, SOCIAL NETWORKS	
Are women and girls' health-seeking abilities and behaviours influenced by their spouse/partner, family and friends? How?	
Are there factors that facilitate the ability of women and girls to seek health-care services for themselves and/or their family? If so, what are they?	
What are women and girls' roles in the household?	
Are there harmful practices perpetuated by household members against women and girls? If so, what types of practices are they?	
How much do household members influence the decision-making power of women? Do women hold decision-making power in relationships, and around what decisions?	
How is gender-based violence perceived at the interpersonal level?	

	Comments/Notes
COMMUNITY LEVEL: RELATIONSHIPS BETWEEN ORGANIZATIONS	
Are women and girls free to participate in formal or informal groups or associations in their communities?	
Do women and girls engage in community dialogues and discussions related to their health?	
What roles do women and girls play in allocating community resources in order to facilitate access to health care?	
Are there social factors that constrain the ability of women and girls to seek SRMNCAH services?	
Do women and girls face restrictions or require authorization to access health care?	
Do health-care workers respect the rights of women and adolescent girls when they are accessing SRMNCAH services?	
Do women and girls face discrimination when seeking health-care services? What are some of the discriminatory attitudes and practices facing women and girls in health-care settings?	
ORGANIZATIONAL LEVEL: organizations and social institutions	
What are some social norms related to the status of women and girls that are linked with age, ethnicity, social, economic and marital status?	
What are some structural barriers restricting women from accessing SRMNCAH services?	
Do women face barriers in pursuing a career in the medical field?	
Are both male and female health providers supported equally?	
Can adolescent girls use SRMNCAH services without the permission of a family member?	
Do women and girls who have faced gender-based violence have access to confidential services (e.g. one-stop centres)?	
How is the delivery of care organized to meet the differing needs of women and girls, including those most marginalized (e.g. women and girls living with HIV, women and girls with disabilities, indigenous women and girls)?	
POLICY/ENABLING ENVIRONMENT LEVEL: NATIONAL, STATE, LOCAL LAWS	
Is there political will and commitment to gender equality in the context of health, including through commitments to global mandates (e.g. CEDAW)?	
Do women and girls have access to legal identification and civil registration?	
Are there any laws and policies that hinder or prevent women and girls from accessing health services?	
How do health policies and resource allocations support gender equality at different levels of the health system?	
Are the constitutional and legislative frameworks conducive to advancing gender equality?	
To what extent do women and girls feel they can influence health-care policies?	
Is there a presence of a critical mass of women in decision-making positions in political, public and private sectors?	
Are there well-developed and adequately financed civil society organizations that can advance gender equality, including in the SRMNCAH response?	
What factors facilitate or hinder an enabling environment for women's participation in decision-making in SRMNCAH?	