

Gender Scan

A Tool to Scan
Printed Behaviour Change Communication material
from a Gender Perspective.

Developed by
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CHETNA

For Women Young people Children

Centre for Health Education Training and Nutrition Awareness

Acknowledgement

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Introduction

Health Education Promotion is a process which can be considered effective when it enriches our knowledge and brings about change in attitudes and positive behaviour changes among individuals and communities. Positive behaviour change is acknowledged when it prevents illness, cures diseases and promotes a healthy life style. Active involvement of communities and choices of people are critical aspects of an effective health education process.

As part of the health promotion process, the development sector consisting of Community-based Organisations (CBOs), Non-Governmental Organisations (NGOs), Governmental Organisations (GOs) and other stakeholders have designed and disseminated an extensive range of health education materials in various forms, prints and electronic media.

In an attempt to promote positive health practices in maternal health and young people's sexual and reproductive health, these materials carry a wealth of scientific information. However, over the past decade, with the progression of deeper research, surveys and studies, there has been a growing realisation on the need to focus on underlying gender inequality, social and cultural norms that affect the health of women and young girls. Therefore, health concerns of women and girls like infant and maternal mortality; anaemia etc., cannot be addressed solely from a medical point of view.

Intellectually it seems acceptable to work towards achieving gender equality but bringing about a change at the self, family and community level is a herculean task, as we aim for social transformation.

This demands focused attention and sensitization of individuals at various levels involved in policy formulation, programme planning and implementation.

In context to health education, gender equality needs to be integrated into behaviour change communication (BCC) strategies and materials. However, our experience highlights that deeply ingrained patriarchal mindsets usually fail to notice gender biased messages and illustrations. Illustrations and text often unconsciously promote stereotypical patriarchal roles of men and women. They also tend to overlook the importance of social factors affecting the health of women and girls and focus more on scientific information. To bring about changes in such mind sets, we present a gender scan tool, which gives a framework to develop deeper insights to review, with tips to develop new materials from a gender perspective.

This tool is a result of two and half decades of our extensive work in the area of health communication. It has been field tested during various workshops and training programmes and also used to scan the available printed BCC material on reproductive and sexual health particularly in the state of Gujarat in India. We feel that it is now ready to be used by others. Please note that the gender scan given here only provides broad guidelines. Also, our inferences have been derived from experiences in India which need to be adapted to other socio-cultural environments.

We would like to gain insights from your learnings while using this tool. We look forward to your valuable comments and suggestions to strengthen it and urge you to read and understand section I and II before using the gender scan.

December 2005



Content and Layout Design

The most important element in any Behaviour Change Communication

Material is **Information.**

To ensure this information is effectively

Seen, Understood and Applied,

emphasis should be given to the following key elements:

1. **Message.**
2. **Layout.**
3. **Visuals/Illustrations.**
4. **Aesthetics.**

Section A, guides you on how to integrate the above elements in your Behaviour Change Communication Material for print.

The Message

The reader should get involved with the information and take action.

1. Language

- **Simple and Direct.**
- **Local /dialect.**
- **Avoid using very long sentences. Make sure you put commas and full stops where ever necessary.**
- **Explain in ‘Active Voice.’**

E.g: ✗ “After the fertilization of ovum, the fetus develops in the uterus from an embryo to a full term baby in nine months”.

✓ “When the sperm of man and an egg of women meet during sexual intercourse, the egg starts developing in the woman’s womb. In nine months, it develops into a full term baby.”

2. Write in first person, as if you are talking to the person.

E.g: ✗ A woman who is breast feeding, needs to eat nutritious food...

✓ If you are breast feeding, you must eat more nutritious food...

3. **Avoid using complex, grammar heavy words. Instead explain, using simple conversational words, relevant to their situation and language.**

E.g: ✗ “Diabetes is a hereditary disease.”

✓ “If a person has high blood sugar, there are chances that her/his children will get it too.”

4. **Support your suggestions with examples from local, known and real life situations.**

Information on How to Use the Material.

Keeping the South Asian reality in view, it is presumptuous to believe, that health educators at the village level are literate/educated or formally trained, for effective health communication. It is therefore very crucial to mention in the material, how to use the BCC material you have developed. This also demands a mention of :

1. Information about minimum level of literacy/education required for the health educators.
2. Maximum number of people in audience to be included to address through this BCC material.
3. Type of Audience

If it is a self learning tool, then it is important that information on minimum level of the education of the readers, required to understand the tool is given.



Layout Design

The Layout plays the function of communicating your message to the reader. A basic layout consists of text and illustrations. After you have decided on the message and content, the next step is preparing the layout, where the text is composed and illustrations are placed in a manner that holds interest and develops understanding of the reader.

The layout can be created by hand, but this can be time consuming and limiting. The most common way to create a layout, is on the desktop computer. 'Fonts' are used to create the text. They can be used in different sizes. If your message is very important you can use bold, or large fonts; if there is lot of explanation, then use smaller fonts . In the Text there are three basic objects:

1. **Heading/Title** - It is like an announcement of what is contained in the text. The reader is able to judge whether she/he wants to read the rest of the message or not. This is always placed on top of the text. This uses the largest font, and is usually bold/heavy to catch the attention of the reader first. Avoid using font size smaller than 24 pts.
2. **Subhead** - This is used to break up text which is in a smaller font, since its continuous reading can be tiring, subheads, used to break up a long paragraph are interesting tools to indicate contents of the next batch of the text

24 Points

3. **Body Text** - The complete content of your message is contained here. This contains the details of your message and can be complex if it includes tables and charts. Avoid using font size smaller than 11 Points.

Example:

Living in the Time of HIV/AIDS

Needs of Orphaned Adolescents

Headline

Sub Head

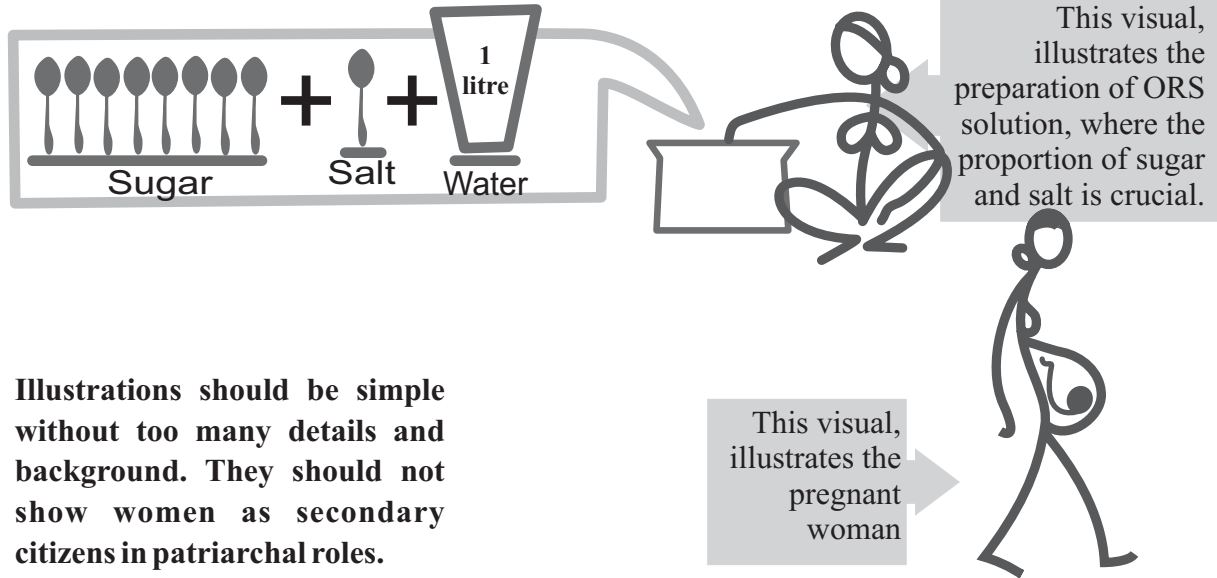
All adolescents face key development tasks, which may be particularly challenging for orphans. The services needed for adolescents who are orphaned go beyond housing, food, social supports, and education - needs that adolescents share with younger orphans. This paper focuses on the ways that programs can address the needs of orphaned adolescents in the context of these developmental issues. While programs serving orphans may include adolescents, they rarely focus on needs particular to ages 10 to 19.

Body Text

Illustrations

Visuals are used to illustrate the core message/text. A reader is able to 'see' in one glance what is written in the text and draws her/his interest to the message. At the same time, they help break the 'sameness' of the text and can keep the reader from getting 'tired' from reading lengthy texts.

Illustrations help highlight the core message of the text and breaking the monotony of the layout.



Illustrations should be simple without too many details and background. They should not show women as secondary citizens in patriarchal roles.

Aesthetics

To get the readers interested and gain her/his involvement in your message, the BCC material should be aesthetic/attractive, with an identity of its own.

After all the effort you put into developing the content and making the layout, if your publication is unappealing, does not stand out, is hard to read and looks dull and boring, there is very little chance that it is going to get your reader interested or convinced about your message.

To ensure your BCC material has an identity of its own and is aesthetic/ attractive at the same time, here are some tips that you can follow:

1. Leave enough space in the layout to give rest to the eye. Do not crowd your layout with too much text and illustrations on a single page.
2. To give your BCC material an identity of your group/region you can use patterns/designs used in your local customs and traditions.
3. You can create your own designs. Make simple drawings of objects from nature or from stories told in the household, during ceremonies and rituals and so on. Be sure these elements maintain the value of gender equality.

An aesthetic layout is ‘different’, does not ‘hurt’ the eye, attracts attention in a crowd of several other publications.





Developing Sensitivity to Gender

“Sex” and “Gender” are frequently interchanged by most people to mean the same.

“Sex” is the biological construction of a person identified by their sexual organs. According to their sex, girls and boys undergo physical differences during adolescence as they grow from a child to adulthood. For e.g. Girls develop breasts and start menstruation. Men sprout hair on their faces and bodies and get wet dreams.

“Gender” is the social definition of female and male roles and characteristics. The society makes rules and perpetuates social practices differently for women/girls and men/boys. E.g. Girls are domesticated as they are expected to take care of the house and nurture the family. Boys are given education and nurtured as they are expected to earn money for the family. **These differences are not natural but are created by the society**

Getting Acquainted with Gender.

Gender differences are not natural. Through the process of socialisation, influence of the media, families and society thrust these inequalities of gender upon them, resulting in discrimination and unfair treatment to girls, giving women a secondary status.

In our daily lives, the impact of gender inequality can be seen in our behaviour, roles and responsibilities, mobility, control over productive resources, reproduction, sexuality, employment, economic opportunities, values and and so on. It is silently perpetuated through the language we speak/read/hear, which is patriarchal and discriminatory to girls/women. Gender differences may vary according to class, caste, country, race, religion, age, geographical area, historical period. Some examples of how gender inequality impacts personality development of girls/women:

- 1. Gender differences create lack of Self confidence, Self respect and Self esteem in girls.** This makes it difficult for her to freely express herself. Right from birth, a girl child is deprived of adequate nutrition, health care, love and access to education, knowledge and respectability. This has a negative impact on her personality development and severely affects her self-esteem from childhood onwards. Consequently she is unable to confront situations of subordination or individualized discrimination, which leads to constant fear of ridicule. Girls therefore continue to suffer from exploitation, oppression, subordination and violence and lead miserable lives.

2. **Lack of control and decision making with respect to her body and reproductive rights.** Pregnancy is a natural biological process. However, decisions on whether, when, how many times and how often to become pregnant are social processes and not biological processes. In most families, the husband and/or the elderly family members make these decisions. The social pressure for producing a male child, forces the woman to undergo all kinds of harassment until she is able to produce one. In cases where she is unable to do so, she is blamed and tortured unreasonably by her own family members.
3. **The woman's contribution to the house remains unrecognised and unpaid.** All household work is expected to be done by women irrespective of the fact that the total amount of work may be too much with no free time for rest or leisure.
4. **Social recognition and acceptability to women who stay within the house and nurture the family.** Both men and women are capable of working outside the home. However, society recognises & appreciates women who work within the home whereas men work outside the home. Due to such gender division of work, men bear the pressure of earning a livelihood for the family, while women work in narrow domestic constraints, within the household, where their work is neither valued nor recognized. It also results in women not having control over economic resources.
5. **Men are expected to suppress their nurturing instinct or to express 'gentle' emotions.** For example, although crying is a natural outcome of sorrow, anguish or pain, society does not approve or appreciate men who cry in public.



Empowerment of Women For Better Health.

Enhancement of Self-esteem, is the key to empowerment, ensuring health of women.

Gender biases towards women affect their self-esteem. Years of suppressing a woman, not only result in making her completely dependent on others but also a person who becomes a burden to herself and practices self-neglect. Positive self-image includes confidence, having negotiation skills, equal status, autonomy, personal freedom, freedom to express, freedom to learn etc.

To achieve a positive self image and self- esteem, women need to be aware of their own rights as human beings, have adequate opportunities for economic activities and support services as well as receive emotional support through positive attitude building. They need to be given adequate knowledge about their legal rights vis a vis marriage, inheritance, citizenship etc. This process will help her to enhance self-confidence, dignity and articulation thereby creating a sense of well-being.

Women should become active members in this process of change and empowerment.



Role of BCC for Empowering Women.

Gender Sensitive Behaviour Change Communication has an important role to play in Women's Empowerment.

Gender Discrimination is a Social concern which can be eliminated through a gradual process of social de-conditioning through information dissemination and creating awareness. Creating communication material that propagates gender equality and women as empowered, primary citizens is an important step in that direction.

BCC material plays a crucial role in bringing about change towards creating gender sensitive awareness and promoting equality, facilitating positive and gender sensitive behavioural changes. It is important that the BCC material, particularly related to women and girls' health integrates the concept of gender equality. It is obvious that since the designers, photographers and artists are also socialized in a gender biased social environment; they tend to develop BCC material, which may be gender insensitive. By disseminating gender insensitive materials, we indirectly perpetuate gender discrimination in our project areas. To address this issue, we have made efforts to share our experiences of screening the BCC material through a



Gender Perspective in BCC material.

Preamble

It is risky to believe that all health communicators/ promoters/ educators, whether women or men, have a gender perspective, are gender sensitive, and have information about the effects of gender inequality on women and girl's health. According to the experience of gender sensitive educators, academicians, communicators and promoters, there are very few health educators who have taken the opportunity to systematically understand the issue of health from a gender perspective.

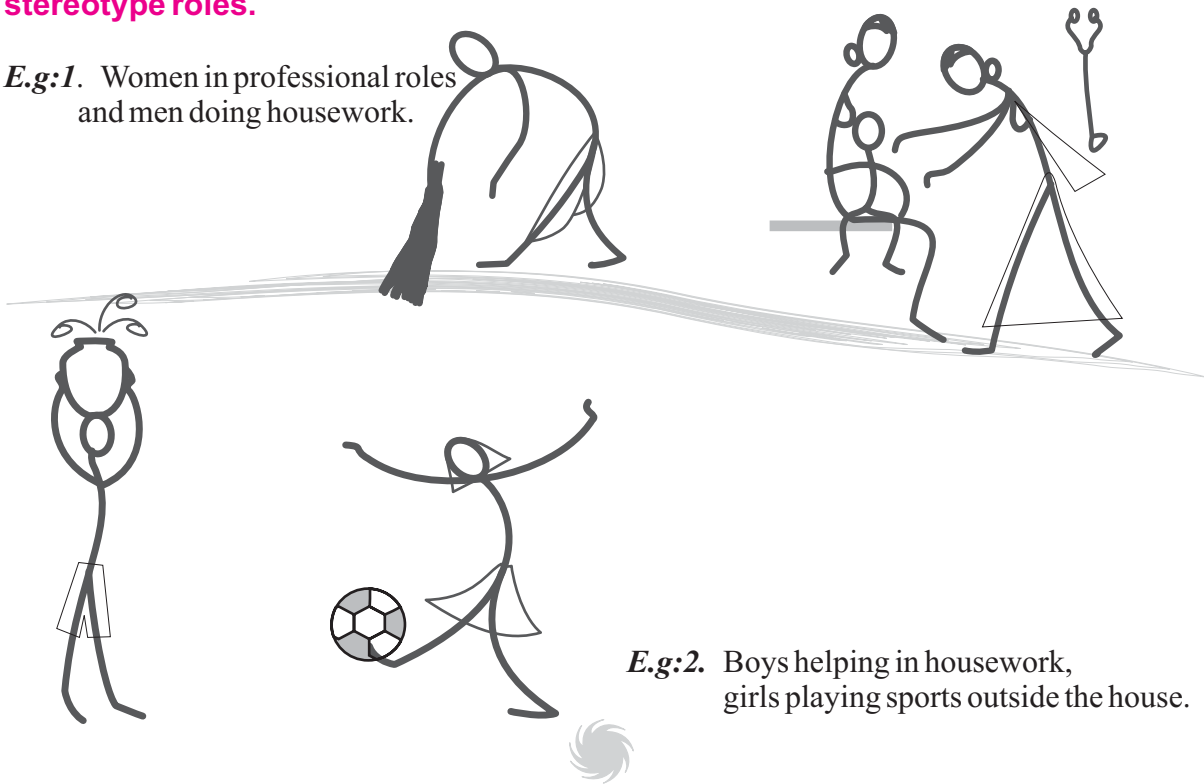
Conscious efforts have to be made to integrate gender sensitivity in health education, for which it is important that the health educator/ promoter should create an opportunity to develop a gender perspective so she/he can incorporate it during the health education process. This can be done by citing life examples and case studies.



Visuals with a Gender Perspective

A picture always speaks louder than words. Ensure the visual carries the message of Gender equality, by illustrating female and male figures in non stereotype roles.

E.g:1. Women in professional roles and men doing housework.

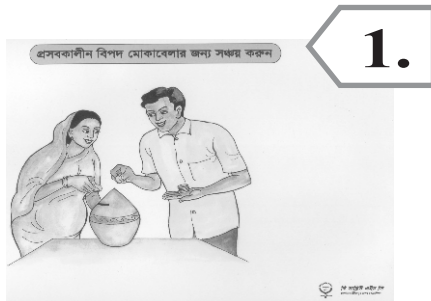


E.g:2. Boys helping in housework, girls playing sports outside the house.

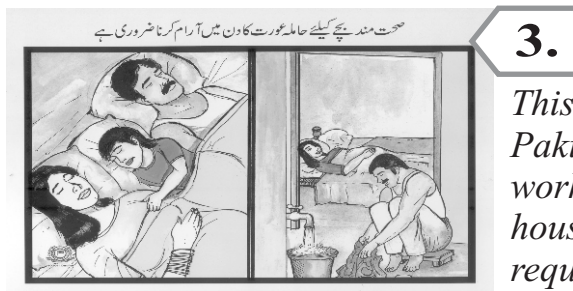
**Some gender
sensitive
illustrations
created by
CHETNA.**



These visuals were created by organisations in South Asia, after workshops conducted by CHETNA on gender sensitisation in BCC material. These attempt to illustrate male participation quite successfully.



Visual 1 was created after Gender Sensitisation workshop in Bangladesh, By Bangladesh Women's Health Coalition-BWHC, who in turn gave a similar training in Pakistan to Pakistani Voluntary Health and Nutrition Association-PAVHNA. Visual 2 was created by PAVHNA.



This visual was created by an organisation in Pakistan, after a Gender Sensitisation workshop, illustrates how a man contributes to house work so his pregnant wife can get the required rest during night and day.

Gender sensitivity in the Language

The every day spoken, written and professional/working language is often Gender Biased. Care should be taken not to use such terms in your Behaviour Change Communication material. Certain words addressed for women have negative meanings and/or depict the man in a superior position which can be held by a woman as well.

<i>Gender Biased Words</i>	<i>Gender Sensitive Alternative</i>
<i>Illiterate/ignorant (usually used for women)</i>	<i>Uninformed</i>
<i>Housewife</i>	<i>Housemanager</i>
<i>Prostitute</i>	<i>Sex worker</i>
<i>Chairman</i>	<i>Chairperson</i>
<i>Manpower</i>	<i>Humanpower</i>
<i>Mankind</i>	<i>Humankind</i>

Do not use gender biased words and proverbs/phrases, in your language. Make a list of such words and phrases and create alternatives.

The language should be respectful and acknowledge both women and men equally.



Social and Cultural Practices.

The culture in patriarchal societies is gender biased. Promote Gender Equality through health education.

Socialisation and cultural practices promote 'self sacrifice' among women for the benefit of male members of the family. This ends up in girls/women neglecting their physical and emotional well being, exposing themselves to becoming vulnerable physically and emotionally.

Actively oppose and discourage Social and Cultural Practices which treat women as objects, limit her social roles, make her vulnerable and are harmful to women's health and development.

Beliefs

There are many customs and beliefs in South Asian countries which indirectly affect women's self-esteem and health. For example in India, menstruation is considered dirty. In certain castes, during the menstruation period, young girls and women are supposed to sit separately in the corner of the house without proper sanitation facilities.

Therefore it is very important that health education material emphasizes the message saying: "Menstruation is a natural process. Do not consider it dirty and isolate women and girls. Rest is important during menstruation therefore ensure that she gets rest from her household and social responsibilities with dignity and respect."

List out beliefs that isolate and derogate a woman, her body and its natural biological processes, find out from where they originate and develop messages to eradicate them.



Women's access to resources.

In patriarchal societies, women's spaces are very limited. This is reflected in their poor access to resources and consequently in making sound decisions.

In societies of India and South Asian countries, due to gender inequalities, women often do not get opportunities to make their own decisions. Since socialisation gives her a vulnerable status and makes her submissive, women tend to seek consent of other family members before taking any decision.

It is very important that the BCC material focuses on situations where women and girls are given space to share their needs and important decisions of their lives.

E.g. In countries like India, Pakistan, Nepal, Bangladesh women eat after feeding all the male family members. This leads to women eating the left overs which may not be enough to fulfill her nutritional needs.



To promote equal sharing of available resources among family members as per their requirement, at CHETNA, we used this illustration with the message: ***'Always sit together and share your meals'***. Sitting together for eating gives space to women and girls to decide how much to eat and what to eat. It proved useful in initiating a dialogue and discussion among the community members.



Review such practices in your community and develop gender sensitive messages and illustrations.

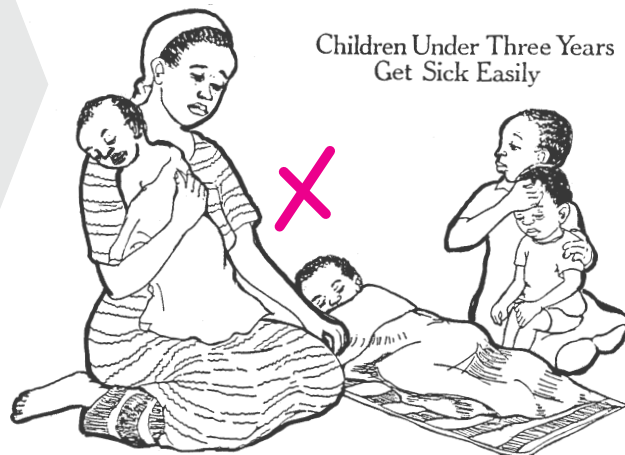
Division of Labour is mostly unequal.

Women's work is unpaid, underpaid and/or unacknowledged.

In patriarchal societies, girls and women are over burdened with multiple roles of production and reproduction. Their labor at home is usually unpaid, unappreciated and unacknowledged. On the other hand, men work outside the home and usually have paid jobs, through which they control the resources and enjoy the power of decision making. There is a great need to bring equality in division of labor, which will eventually lead to better control and access over resources among women and men. This will ultimately bring about positive change in the health of women. Below are some examples of gender insensitive and sensitive text and visuals illustrating this concept.

E.g.1: Health education material in Patriarchal societies of India, other South Asian and African countries, addresses only women, because care of children and ill people is considered women's responsibility.

This illustration for health of young children, published in health education in Africa, further reinforces gender biases showing only the mother and girl child taking care of the ill child of the family. Make this illustration gender sensitive.



E.g.2: BCC material for women's health should address the need for adequate rest for women and girls. Include men's role in the family and house work, to ensure health of women. **A message addressing man:** "Do not be ashamed of doing household work."



Timely Health Care.

Household work should be shared so women can get timely health care.

Since women in the Indian context usually lack ownership over money and other resources they are usually hesitant to take timely decisions related to their own health.

E.g. It is a reality that a woman reaches very late to the health centre in case of illness, complications in pregnancy or delivery. The delay begins from the woman herself since she is not sure whether her illness will be given any importance or not. Only when the situation seems to be uncontrollable, she shares it with her husband and family members. By then its often too late and it becomes difficult to cope up financially.

In materials especially related to information on care during pregnancy both husband and wife should be advised to save money to cope with emergencies. Such messages will focus on the sharing of financial resources for the wellbeing of the woman and thus increase access and control of women over the resources. Specially saved money for a specific cause will also encourage both wife and husband to take timely decisions to cope with emergencies.



Right to Information.

Often, inspite of education, women are unaware of their basic rights, due to which they are unable to take important decisions that are critical to their overall health. This information needs to be made available to women through your BCC material, as it will empower them, to make decisions.

Information related to various basic legal and human rights as a citizen of one's country is not easily available to lay persons. Due to low literacy and poor access to information in the South Asian Region, a woman is usually not aware about her rights and entitlements against risks and vulnerability.

Keeping in view the negative impact of patriarchal societies on women's health, it is important that the education material emphasizes rights and entitlements of women.

E.g.1. In the Indian context, women are entitled to receive basic maternal health care services from public health system. ***It is ironic that in India there are women who are not informed about their entitlements.*** The Material related to maternal health needs to address this along with the scientific information.

E.g.2. ***According to Indian law, in order to protect Women and Children from sexual exploitation, they cannot be summoned to the police station after sunset,*** A majority of women in the country are not aware about this right given to them. Any material related to violence and health needs to provide this information.



Helpful Traditional Practices.

Women within their own spaces have evolved or followed traditional practices that remain unknown and unacknowledged. This knowledge is passed on through traditional practices and rituals like songs, drawings and so on, for various rituals/occasion.

South Asian countries have a wealth of useful traditional practices which need to be recognized, examined and promoted. Usually this information is transferred from one generation of women to the next. Women's existing knowledge should be valued and acknowledged.

Make a list of authentic and useful traditional health practices of your area/ country and promote it.

A word of caution: Do not promote practices, which are harmful. A professional traditional practitioner will be able to assess whether a particular practice is harmful or not.



Creating a Knowledge Base Behaviour Change Communication for Health .

To develop gender sensitive health education material, it is important that we have substantial information on the social, cultural beliefs, customs and practices, which affect health of women and girls.

To learn about it, we have given sample questions, to guide you to collect information from your area. Make sure that this information gets encompassed in BCC material, to promote healthy social practices and discourage other. Name this section with the title “Information you need to make BCC material gender sensitive”.

Once all information has been collected, the development of BCC material should be entrusted to a team of minimum three members:

1. A Communication Designer who is a Gender Expert with a knowledge of community realities.
2. A Copy writer/Copy editor and
3. A Design assistant/Artist..

For effective outcome of your BCC material, the designer should have good communication skills and command on language to direct the BCC material holistically, visually, verbally and conceptually to its final production.

The text and illustrations should be field tested with the users, final learners and gender/community experts. Acknowledge the community’s efforts prominently in the BCC material.



Suggested points to be included for a Gender Sensitive BCC material.

We have given a list of points, which can be included and emphasised in the BCC material to make it gender sensitive. The points are given topic wise.

After you have gone through the list of points to be included in the BCC material to make it gender sensitive, to ensure that your material is also culturally sensitive, it is crucial that you collect information from the community.

For each topic, at the end of the listed points, are some questions, which you may use to collect the information. With each question, we have suggested how this information can be used to make the BCC material gender sensitive. This will enable you to frame these questions at the community level.

Do not compromise on collection of information.

Anemia

Suggested points to make Gender Sensitive BCC material on Anemia

1. Scientific information on symptoms of anaemia, effects of anaemia on children, young girls, women, pregnant women.
2. Causes of anemia
 - Scientific reasons
 - Socio cultural & economic reasons
 - Gender biases in feeding girl children and women members
 - Poor access to resources and lack of decision making power among women and girls
 - Cultural practice of women eating last, least and leftovers
 - Too many and too close pregnancies
 - Excessive bleeding during menstruation or due to use of contraceptives.
3. Information on medical treatment:
 - Place from where to avail the treatment
 - Information of anaemia prevention programme being implemented by the Government and entitlements of the community from the programme.
4. Information about prevention of Anaemia:
 - List of commonly available foods rich in iron/protein and vitamin C.
 - Low cost methods to make the food rich in iron and protein
 - Inclusion of traditional grains or recipes rich in iron and protein.

- Discourage the practice of having tea or coffee along with food and iron tablet as it hinders absorption of iron from food.
- Promote use of contraceptives for spacing births
- Discourage local beliefs and myths, which may result in anaemia.
- Encourage responsibility of various stakeholders in prevention and treatment of iron deficiency anaemia - women herself, male member of family, elders of family, N community leaders medical and paramedical team.

Gathering knowledge related to Anemia.

1. **What are the common symptoms for anaemia perceived among women and other community members?** Usually symptoms like fatigue, tiredness and ill health are taken for granted by women over-burdened by their responsibilities and as such they do not consider it as a health concern that needs medical advice. Women and girls are more prone to anaemia because of physiological conditions like menstruation and pregnancy as well as social conditions of gender discrimination, where their need and right to adequate food is not recognised. Therefore, include gender sensitive messages to create awareness in the community regarding the need for adequate nutrition, especially among women and girls who are the most vulnerable groups prone to anaemia. Include specific messages and captions like “Feed your Daughters”, “If your wife is constantly tired and is prone to sickness, ensure that she eats iron and protein rich foods.” In urban situations, due to influence of media, girls are enticed to be ‘ slim’ which results in girls being undernourished. If your intended group is urban rich or middle class emphasise this point clearly.

2. **What is the common practice among women and men while eating meals in a household?** In both rural and urban patriarchal households, usually women eat last or the leftovers, after men and boys in the family have eaten their fill. Conventionally, the best portions of food are reserved for men, e.g. large share of fresh milk, better parts of other edibles like meat, fruits vegetables etc. While, the women are brought up to be sacrificing and submissive, so they rarely ever assert their own needs. Besides, the general misconception that men need more food than women, this also denies women and girls adequate nutrition, which leads to iron deficiency anaemia. In patriarchal households, a man as the head of the household has control over economic resources and makes decisions in the family. Therefore, include messages to sensitise and elicit male involvement and responsibility to ensure provision of enough nutrition for the family with special emphasis on women and girls, e.g. “A happy family eats and shares the meal together.”
3. **Which are the items commonly included in the daily diet of women and girls in the community?** This may differ from community to community and region to region. However, the health promoter should try to identify a basic trend in the pattern of food consumption of women and girls from different backgrounds. Various studies indicate that women and girls lack information on foods that prevent anaemia. Even where choices of food are limited, especially in disadvantaged communities, it is possible to include inexpensive iron-rich foods like molasses, leafy vegetables, etc. in the daily diet. Scientific information along with gender sensitive messages can be included in involving men to ensure that women have access to nutritious food at all times and especially during pregnancy.



Care During Pregnancy

Some points to make Gender Sensitive BCC material for Care During Pregnancy.

1. Scientific information about phases of pregnancy, medical check ups during pregnancy, immunization, importance of food, supplementation of Iron folic acid tablets. Importance of exercise and care of breasts.
2. Message on sharing of household responsibility among the family members, especially by the husband, so that a woman can have enough time for rest.
3. List of local protein and iron- rich foods and their inclusion in the diet of pregnant women.
4. Message of increasing quantity and quality of goods consumed during pregnancy, sitting together, eating and sharing the food as per needs of the family members.
5. Promotion of healthy local traditional practices to ensure health of women.
6. Discourage local myths and beliefs, which may have harmful effect on the health and development of a pregnant woman and her growing child.
7. Encourage practice of saving money to cope up with future emergencies that may arise.
8. Availability of name , address and phone numbers of the public and private clinics and the nearest First Referral Unit
9. Name and address of the local traditional birth attendant
10. Address and phone number of local blood bank.. Encourage a member of the family to donate blood during emergency. Encourage to keep handy, the name and address of the person who will donate blood.

11. Symptoms of emergency during pregnancy and encourage to take correct, timely decision to cope up with emergency.
12. Encouragement to make arrangements of vehicle for the transport to transport pregnant women during emergency.
13. Discourage the practice of smoking in front of a pregnant woman, as it is harmful for her and her baby's health. Encourage a pregnant woman to stop the person to smoke in her presence. It is her right.
14. Information about the health facility available from the public health system and entitlements of a pregnant woman.
15. Condemn the practice of violence against women. Research data points that violence against women is found to be common during pregnancy.
16. Responsibility of various stakeholders to ensure the health of a pregnant woman: woman herself, husband, elderly member of the family, traditional birth attendant, medical and para medical staff, locally elected member of Panchayat (local governance).

Gathering knowledge for Care During Pregnancy.

1. What are some of the beliefs related to consumption of food during pregnancy?
2. What are some of the Dos and Don'ts followed by the community related to pregnancy? Information collected through Q 1 & 2 need to be analyzed by the expert from the

point of view of traditional science and allopathic science to learn to distinguish between rational & irrational practices.

3. Does a woman face social pressure to give birth to a male child? Give reasons? If you come to know about the existence of male preference in your community, you need to discourage this practice through your BCC material and promote the importance of girl child in the society.

4. In your culture/society what kind of support does a husband provide to his pregnant wife? Usually in a patriarchal society, a husband does not share household responsibility during pregnancy or lactation phases of his wife. The BCC material needs to emphasize the role of husband during pregnancy in terms of sharing responsibility so that the wife get enough rest and sleep. It also needs to motivate him to accompany his wife to primary health Centre PHC for regular health check ups etc.

5. Does the family make any financial preparations to ensure safe delivery and to cope with the emergency? Usually in a rural setting there is rarely a practice of saving money especially for emergency during pregnancy, delivery and post pregnancy phase. It is very important that the couple consciously save money. Your BCC needs to discuss about it. There are cases where maternal death has occurred because the family fails to get the treatment done due to lack of financé even to transport the woman.

6. What are some of the common reasons for the delay in taking a pregnant woman to health care centre during emergency? The BCC material needs to discuss the solutions to overcome the social reasons leading to delay in decision making.

7. What are the government services available for pregnant woman? Make a list of these services. What is the cost of the each of the service?
8. What is the perception of your community about these services? If there is a specific perception for a particular service, please give details. Q 7 and 8 will give you information about people's knowledge about their entitlements and reason for the low utilization of the public health services if any. This information will indicate what needs to be included in BCC material to promote the public health services and what messages need to be given to health service providers to make the services community friendly.
9. Who makes decisions related to pregnancy and other related matters? This information will help you to develop messages for different stakeholders at the family level for timely action to be taken for treatment.
10. List locally available vegetables, fruits, roots, cereals, special foods and herbs eaten during pregnancy. Promote local foods to be included in diet rather than food which are expensive and not available in the area.
11. Do women become victims of violence more often during pregnancy? Please describe. Violence during pregnancy is a known fact. The BCC material need to discuss the effect of violence on pregnancy outcome in the frame work of gender equality.
12. Is the habit of smoking common? Is there a practice to smoke in front of pregnant woman? Emphasize how passive smoking affects pregnancy. Male responsibility must be encouraged.



Child Birth

Some points to make Gender Sensitive BCC material related to Child Birth.

1. Scientific information on childbirth. Dos and Don'ts during labor pain and child birth.
2. Encourage childbirth by a trained birth attendant.
3. If the delivery is to be conducted at home, necessary preparation for a hygienic and safe delivery needs to be ensured.
4. Information about entitlements of people about childbirth from the public health system.
5. Discourage harmful childbirth practices prevailing in the area.
6. Cultural biases that emphasize importance of a male child, need to be addressed for BCC material through discussion on how the sex of the child is determined at the time of conception. Also include information about equal treatment of girl children in the family. In context of India, include information on ban on sex selection, pre sex selection and elimination of female child.
7. Encourage and welcome the birth of a girl child and celebrate it.
8. Encourage the celebration of sound traditional food and rituals during and after child birth.
9. Responsibility of various stakeholders to ensure hygienic and safe delivery: woman herself, husband, elderly member of the family, traditional birth attendant, medical and para medical staff.



Gathering knowledge related to Child Birth.

1. **Where do the rural people prefer to get a delivery conducted? Why?** Reason behind the preference, will help you to develop messages for the service providers.
2. **Describe the place of childbirth in case of home delivery.** If the place is unhygienic it is important that the BCC material discuss it and encourage the choice of a more hygienic place.
3. **Describe the position of childbirth in case of home delivery.** Some position of child birth use by rural people are scientific and need to be promoted e.g. Scouting position.
4. **What are some of the rituals or practices performed by the birth attendant during home delivery?** If these rituals are harmless, ignore them.
5. **List some beliefs related to childbirth.** If these beliefs are harmful discourage them.
6. **Does the mother get different treatment if she gives birth to a girl child? If yes, why?**
7. **Does a woman become a victim of violence if she has delivered a female child? e.g. mental torture, less food etc.**
8. **Who is usually blamed for the birth of the girl child, mother or father? Why?**
9. **Is there any belief or ritual performed by the community to conceive a male child?**
Q 6,7,8,9 will provide information about whether there is a preference for a male in the society or not. If there is a preference for a male child it, is important that material discourage this kind of thinking. Talk about the importance and value of the girl child.
10. **What are some of the Dos and Don't prescribed to the women after childbirth?**

11. **Is the mother given special care after delivery? Please describe.** Q 10 & 11 will provide information on traditional practices. Traditional practices are by and large useful. Get it assessed by an expert and promote healthy practices.
12. **List the government services available for the women during childbirth?**
13. **What is the perception of the community about these services.** If there is a specific perception for a particular service, please give details. Q 12 and 13 will give you information which will indicate what needs to be included in BCC material to promote the public health services and what messages need to be given to health service providers to make the services community friendly.
14. **List down locally available vegetables, fruits, roots cereals, special foods and herbs eaten immediately after child birth.** Promote locally available healthy food through BCC rather than expensive foods.



Lactation

Some points to make Gender Sensitive BCC material for Lactation.

1. Scientific information about the lactation phase: Breast feeding, diet of lactating woman, etc
2. Promote healthy traditional diet and rituals related to lactation phase.
3. Give a list of locally available iron, protein and energy rich food and encourage women to include them in their diet. Encourage women to eat more food and liquids during the lactation phase.
4. Discourage harmful dietary practices related to lactating phase.
5. Discourage smoking near the lactating woman or a new born child.
6. Discourage discrimination in breast-feeding practices against the girl child.
7. Give information about a lactating woman's entitlements from the public health system and nutrition programme of government.
8. Encourage family members especially the husband to share household responsibility and ensure a violence free and peaceful environment at the family level.
9. Promote the use of contraceptives especially condoms to prevent conception.

Gathering knowledge for Lactation.

1. **What are some of the Dos and Don'ts followed by the community related to the lactation phase?** Promote healthy practices and discourage harmful. Get the existing practices assessed by an expert in traditional health practices.

2. **Is a woman treated differently if she gives birth to a male child? Why?** If there is a preference for male child try to discourage it in BCC material.

3. **What kind of support does the husband provide to his wife during the lactation phase?** Support here includes: emotional, taking care of household responsibility, encouraging rest, facilitating the process of access to health care services etc. If there is no support provided, encourage male members to share house hold work so that women can get enough rest and sleep.

Are there any beliefs that are related to food for women who are breast-feeding during the lactation phase? Promote healthy practices and discourage harmful ones. Get the existing practices analyzed from expert in traditional health practices.

4. **What are the government services available for lactating women?** Please list them What is the perception of a community about those services. If there is a specific perception for a particular service, give details. Q4 and 5 will give you information which will indicate what needs to be included in BCC material to promote the public health services and what messages need to be given to health service providers to make the services community friendly.



Child Care

Some points to make Gender Sensitive BCC material for Child Care

1. Scientific information about childcare: management of cut umbilicus, immunization, breast feeding, weaning etc.
2. Encourage healthy traditional practices related to healthcare immediately after the birth of the child.
3. Discourage the unhygienic way of handling the umbilicus.
4. Encourage immediate feeding of colostrum
5. Discourage bottle feeding
6. Entitlement of children between the age 0 to 5 years from public health system and nutrition programme implemented by government.
7. Discourage gender-biased behaviours toward girl child.
8. Responsibility of various stakeholders to ensure health of the child: Mother and father of the child, elderly member of the family, medical and para medical staff. Panchayat (local governance).

Gathering knowledge for Child Care.

1. **What care of the child is taken immediately after the birth?** Information related to healthy traditional practices needs to be promoted. Get the information analyzed from an expert.
2. **What are some of the practices followed by the community to protect the child from illness?** These practices may not contribute to protection but may not be harmful either. Ignore them.
3. **If childbirth is conducted at home, do they apply anything on the cut umbilical cord? Name the preparation of the item(s). What is the basis for this practice?** If it is done unhygienically, it need to be discouraged.
4. **Does the newborn child get different treatment if it is a girl child? If yes why?**
5. **Is violence more common against a girl child?** Please describe. If you notice a preference for a male child discourage it in your BCC material. Promote equal treatment for both girl and boy.
6. **From which day after the delivery is a child breast-fed? Does the mother feed colostrum to the new born child? When does it start.** Traditionally the child is not fed colostrum, Promote the practice of immediate breast-feeding after birth in your BCC material.
7. **Is there any other traditional feed given to the infant immediately after birth?** Give details. Traditional feed given to child varies from area to area. In spite of being nutritious, it is usually prepared and given in very unhygienic conditions. You may decide to include relevant information in a social context.

8. What are some of the Dos and Don'ts followed in your community for the newborn child? Information related to healthy traditional practices need to be promoted. Get the information analyzed from an expert.
9. What are the government health and nutrition services available for the children between the age of 0-5 years (0-3, 3-6 years)? Please list them.
10. What is the perception of the community about these services? If there is a specific perception for a particular service please give details.

Does the community utilize these services equally for a girl-child and a boy-child? Are there some biases? Please mention them Specific perception for a particular service please give details. Q8 and 9 will give you information about community's concern for public health services if any. Thei information will indicate what needs to included in the BCC material to promote the public health services and what messages need to be given to health service providers to make the services community friendly.



Use of Contraceptives

Some points to make Gender Sensitive BCC material for Use of Contraceptives.

1. List of common contraceptives available in public health system. Scientific information about the use of contraceptives and possible side effects.
2. Encourage the use of condom and male sterilization.
3. Discourage incorrect beliefs related to different contraceptives.

Gathering Knowledge for information on Use of Contraceptives.

1. List the common contraceptives used in your area by women and men?
2. Which is the most common contraceptive used in your area? Why? Usually men avoid using condom. Promote the use of condom. Along with scientific information on contraceptives also include information about its side effects.
3. Is condom commonly used in your area? Why? Use the correct scientific information about use of condom and promote its use.
4. List some of the beliefs prevalent in your area related to different contraceptives. Discourage incorrect beliefs, give scientific information about contraceptives along with side effects if any.
5. Which sterilization operations are common in your area? Male sterilization or Female sterilization? Why? Very few males go for permanent sterilization especially in India. There is a need to encourage them to take responsibility of stabilization of population. Promote Male sterilization as it is medically easy to perform and has fewer side effects ?



Abortion

Some points to make Gender Sensitive BCC material on Abortion.

1. If abortion is legal in your country, please explain the legal aspects in a simple language e.g: who is entitled for abortion services where to get the abortion service, who are the qualified medical personnel to perform abortion etc.
2. Danger signs after abortion
3. Care of woman after abortion
4. Women's entitlement of abortion services from the public health system.
5. Discourage common, illegal and unsafe abortion practices prevailing in the area.
6. Provide information that IUD should be inserted only after seven days of abortion and not before that.
7. Promote abortion as women's right and discourage to be used as a contraceptive method
8. Responsibility of husband after abortion-accompany woman to avail abortion service, use of condom, avoid sexual intercourse for few days after abortion etc.

Gathering Knowledge on Abortion.

1. Is abortion legal in your country?
2. If abortion is legal in your country, please attach a brief note on it describing the same.
3. What are some of the common illegal and unsafe methods of performing abortion in your area?

4. Who performs illegal abortion in your area? What is his / her status in the community?
5. What are the reasons for unsafe abortions in your area? Use the information collected from Q3,4,5 to promote safe abortion and discourage unsafe abortion practices.
6. Usually, where does the pregnant woman get the abortion done? Why? Who does it?
7. Does the community utilize the abortion services available in the government infrastructure? If Yes who? If not why? Use the information collected from Q 6 & 7 to promote public health services and address to health care providers to make the services user friendly.
8. Explain how the abortion is conducted in your area? Is sex determination test followed by abortion of the female foetus common in your area? Please give details. Discourage sex selective abortion and promote importance of a girl child.
9. Usually, who takes the decision about getting the abortion done? Promotion of abortion is a woman's right and no one can force her to get the child aborted against her wish.
10. How does a husband extend his support if his wife has to undergo abortion? Explain the support that a husband can extend to a woman, who has undergone abortion, in terms of emotional and mental support, avoiding intercourse for few days after abortion, use of condom to avoid pregnancy etc.
11. What are some of the taboos related to abortion in your area? Promote abortion as women's right and discourage it as a family planning method.



RTI/STDs

Some points to make Gender Sensitive BCC material for RTI.STD's.

1. Scientific information on the commonly observed RTIs among women and men in the area.: Cause, symptoms, treatment and prevention.
2. Entitlement of people from the public health system for the treatment of RTI/STDs
3. Discuss how socially, economically and biologically women are more prone to STD/HIV/AIDS infection.
4. Encourage husband/wife accompanying his wife/husband for the treatment of RTIs / STDs and emphasize that both need to take the treatment.
5. Discourage irrational and harmful beliefs related to RTIs/STDs/HIV/AIDS.
6. Encourage timely treatment and right of a woman to protect herself from the infection by refusing to have sex without a condom.
7. Promote faithfulness to one partner and safe sex.

Gathering Knowledge related to RTI/STD's.

1. Please list the commonly observed RTIs among women and men in your area. Does a woman feel inhibited to inform her husband or other family members about her RTIs and STDs? Why? Encourage women to break her culture of silence and take timely treatment.
2. Where do people prefer to go for the treatment of RTIs/STDs
(a) a government (b) private allopathic doctors or (c) they go to a local healer? Please describe

the local scenario. Promote scientific treatment for the RTI and STDs. There is a variety of unscientific treatment practised at the community level for which no authentic information is available. People's preference for treatment also reflect behaviour of health service providers. If the intended group for BCC is health service providers, emphasize respectful behaviour with people and ensure privacy.

3. Is the husband/wife accompanying his wife/husband for the treatment of RTIs / STDs? Emphasise that both the partners need to take treatment and complete it.

4. What are some of the common beliefs related to RTIs/STDs/HIV/AIDS? Discourage irrational and harmful beliefs and promote scientific information.

5. Is the woman blamed for the sexually transmitted infections of the husband? Promote scientific information about the spread of the disease and discourage the unfair blaming of women.

6. If a husband has STD, can a wife refuse to have sex with him? Please give details. Promote timely treatment and right of women to protect herself from the infection.

7. Are multiple sexual relationships common? Promote faithfulness to one partner and safe sex.



Adolescent Health

Menstruation:

1. Discuss the scientific process of menstruation.
2. Promote menstruation as a biological process, its relation to fertility. Discourage all harmful beliefs, which affect girls' emotional and mental health. e.g. In India in certain cases, the girls are asked to isolate themselves from the family during the period of menstruation.
3. Encourage the use of a hygienic method to soak menstrual blood. If the traditional practice is hygienic, promote it. If not, promote methods to make it hygienic.

Masturbation:

1. Discussion of scientific information on masturbation.
2. Discourage all misconceptions related to masturbation by giving scientific information.
3. Mention that masturbation is common among both boys and girls.

Safer sex, Sexuality & Sexual orientation:

1. Provide some of the common sources of information on reproductive and sexual health for adolescent girls and boys. Discourage young people to seek information from pornographic material or films.
2. Promote responsible sexual behaviour including respect for girls and safe sex practices.
3. Discourage beliefs and misconceptions related to sexual practices among adolescent boys and girls.
4. Provide correct information on sexual orientations and sexuality aspects.
5. Discuss the sexual and reproductive rights of young people and their right to information.
6. If the communities have negative views about young people, impact messages to create a positive image for this group.

Gathering Knowledge Related to Adolescent Health.

1. **What are some of the misconceptions related to menstruation?** Please list down. Promote menstruation as a biological process, its relation to fertility. Discourage harmful beliefs, which affects girls' emotional and mental health. e.g. In India in certain communities, the girl is asked to isolate herself from the family during menstruation.

2. **What are the common practices to soak menstrual blood?** If the traditional practice is hygienic, promote it rather than promoting commercial sanitary napkins. If not, promote healthy and hygienic practice.

3. **List some of the common source of information on reproductive and sexual health for adolescent girls and boys in your area.** Discourage young people to seek information from blue films. Provide list of material available to get scientific information in your BCC for other topics.

4. **From which age are young boys and girls exposed to sexual relationships?** Promote responsible behaviour including respect for girls and safe sex practices.

5. **Please list down some of the beliefs and misconceptions related to sexual practices among adolescent boys and girls.** Scientifically discuss about sexual orientation and sexuality aspects in the reproductive health education material as it has direct relevance. The BCC material needs to promote reproductive and sexual rights of young people, their right to information, gender equality etc.

6. **What are communities views on young people.** If they have negative images of young people, your BCC Materials need to give message to create positive image for this group.

The BCC material should promote reproductive and sexual rights of young people, their right to information, gender equality etc.



Infertility

Some points to make Gender Sensitive BCC material for Infertility.

When you make BCC for the topics, which are sensitive, like reproductive and sexual health, abortion, contraceptives, make sure that you do not promote your own values.

1. Usually in a patriarchal society, women are blamed for childlessness by communities. Discourage such practices; encourage males to undergo a scientific check up first, as it is easier. In case there are no problems only then motivate the women to undergo the test.
2. Discourage blaming of childless women in your BCC material.
3. If the society approves remarriage for a man whose wife is unable to get pregnant, the health education material needs to give scientific information on conception. Give information encouraging a man to undergo a medical check up. If he does not have problem, only then a woman should get a check up and necessary medical treatment done. Encourage adoption of a child rather than remarriage.
4. If a woman becomes a victim of violence due to her infertility, condemn such act.
5. Encourage responsible behaviour and sensitivity of a husband and other family members towards a woman who is childless.

Gathering Knowledge related to Practices in Infertility.

1. **Who is blamed in the community for childlessness?** Usually in a patriarchal society, a woman is blamed for not giving birth to a child. In your material, discourage such practices, encourage the males to undergo the scientific check up first, as it is easier, if he does not have any problem only then motivate the women go through the test.



2. How is a woman treated in your society if she is childless?
3. What are some of the implications for women who are childless?
4. What are some of the implications for men who are childless?
5. Does a woman become a victim of violence due to her infertility? Based on the information from Q 3,4,5 encourage the practice of adopting a child.

Women's empowerment

Wherever relevant, the points given below on women's empowerment should be included in all BCC material related to health.

1. Rights of women and the girl child from a human rights perspective
2. Responsibility of the government, family and community in preserving and nurturing women and girls as individuals
3. Attempts to challenge gender roles of a woman that relegate her to tasks considered to be 'lowly' and hinder her growth and development as an independent and empowered individual
4. Analysis of social injustices against women as a result of gender discrimination
5. Culturally sensitive solutions for behaviour change to uplift status of women and girls in society, e.g. allowing and encouraging girls to pursue higher education and become independent
6. Male involvement, cooperation and responsibility in every sphere, to ensure women's health and well-being.



Exemplar to Develop Gender Sensitive Messages for Behaviour Change Communication Material.

Topic:

Iron Deficiency Anaemia

To address vulnerability and risk aspects of Anaemia Answer the following question:

Question: Who are the people more prone to anaemia and why?

Answer: **Technically people who are vulnerable or at risk for iron deficiency anaemia are those who have:**

- Iron and protein deficient diet
- Extensive bleeding due to disease like piles, accidents or excessive bleeding during menstruation
- Worm infestation especially hookworm.

Socio-economically, following are the vulnerable groups and at risk to anaemia:

Members of the poor families :- Due to poor purchasing power, the family members are unable to have an adequate quantity of food. The Public Distribution System of the government ensures food security of the families living below poverty line. The facilities of PDS shop needs to be accessible to the community.



Women and girls :- In a patriarchal society, women and girls face gender biases. From a very early age, a girl is fed less than the male members of the family. Being socialised in a gender-biased environment, a woman develops low self-esteem, which results in low levels of self-confidence and poor decision-making power. A woman with low self-esteem tends to neglect her own needs. Many women eat the last and the leftovers resulting in a diet deficient in nutrition, which ultimately leads to iron deficiency/anaemia.

Suggested Actions to Overcome Technical Aspects of Anaemia:

1. List of locally and affordable iron and protein rich foods.
2. Factors inhibiting and encouraging absorption of iron from the diet. sour food like lemon, guava and ambala helps in absorption of iron. Tea and coffee inhibits absorption of iron.
3. Treatment and prevention of extensive bleeding and hookworm infestation.

Suggested Actions for different stakeholders at community level to improve the food security of Women and Girls:

For Men:-

1. Ensure that woman and girls of the family eat along with all the family members and get the food as per her their hunger and need.
2. Share household responsibility so that a woman is able to rest and have time to look after her own health.
3. Involve yourself in taking the responsibility for childbirth. Use condoms to keep gap of at least three years between two children.

4. Treat girls and boys equally. They both have equal right to get your love, affection and care.
5. Refrain from wasting money on harmful habits like smoking, chewing tobacco and alcoholism and spend enough money on procuring nutritious food for the family.

For Men and Women:-

1. Do not neglect your daughter's health. Feed her properly.
Make conscious efforts to buy iron and protein rich food from the market

For Women:-

1. Do not neglect your own health. Share your health problems with your family members to receive timely treatment.
2. Eat along with all the family members. Do not feel shy. Eat to satisfy your hunger.
3. Take rest and share task with other family members

For Members of Local Governance:-

1. Make sure that the public distribution shop of your village is operating as per the norms so that the poor community of your village benefits.
2. Involve local women's group to monitor the PDS and nutrition program being implemented in your village.



About The Gender Scan

We propose two scans here, to review the IEC material.

- 1. Effective Communication Scan (ECS) of the BCC material.**
- 2. Gender Sensitivity Scan (GSS) of the BCC material.**

The above scans are fairly comprehensive and easy to understand with respect to their criteria. The review can be made on a scale of 0 to 4 - where 4 is the maximum point and indicates optimum satisfaction for that particular criteria.

Effective Communication Scan for Design and Layout.

How to use the scan?

1. Read Section **A** before you proceed to scan the material from the design and layout point of view.
2. Go through the IEC material thoroughly.
3. Before you begin the scanning process, fill up **Part I** given in the gender scan record sheet- Page 64.
4. Give points out of 4 in the columns of the scan for design and layout against each given criteria.
5. Be as objective as possible. There should be a logical reason for the number of points given. We suggest a team of three persons to review the material. The suggested team may include, user of the material, artist/designer and a member of the intended target group. The group can have a discussion, prior to deciding upon the number of points for each criteria.

6. Take your own time. Do not do the exercise in haste.
 - Once the scanning is complete, total up the points given.
 - Maximum points for each of the 8 parameters add up to 32 points.
 - Fill up the total score received in record sheet **Part II**- Page-64.
 - Also give your suggestions to improve on design and layout in the suggestion box given on record sheet.

How do you decide the Utility of the Material?

1. A total score of less than 8 points indicates that the material is not suitable for dissemination and should be completely redesigned.
2. A total score between 8 -16 points indicates that the material could be made more suitable with major alterations.
3. A total score between 17- 24 points indicates that the material could be considered suitable if some changes are made.
4. A total score between 25 -30 points indicates that the material needs some minor changes.
5. A total score above 30 indicates that the material should be recommended for widespread dissemination in the community.

Criteria for Assessing Effective Communication	Score
1. Does the Education material attract attention?	
2. Is the material durable as per its intended use?	
3. Are the messages/concepts presented in a simple, understandable and organised manner?	
4. Does it contain information on how to use the material?	
5. Does the illustration convey the intended message?	
6. Is the language locally understood?	
7. Do the messages and illustrations synchronise with each other?	
8. Is the text and font legible?	
Total	

Yes **4** To a great extent **3** To some extent **2** To lesser extent **1** No **0**.



Record Sheet to Assess Effective Communication

Part 1

Topic:

1. Type of IEC Material		
2. Developed by		
3. Year of Development		
4. Language:		
5. Name of the person scanning the material		
6. Date of scanning		

Suggestion of the reviewer:

Part 2

	Score received	Remark for the utility of the material.
Total score received for Effectiveness of Communication		



Gender Sensitivity Scan (GSS) for the IEC material.

How to use the scan?

1. You must read the information given in Section **B** to get acquainted to the gender sensitive perspective.
2. Go through the BCC material thoroughly.
3. Before you begin the scanning process, make sure that you have filled up **Part I** given in the gender scan record sheet -Page-68.
4. Be as objective as possible. for the points you give, you need to have a logical reason with examples to quote. You should be well aware about the gender issues linked with health issues.
5. We suggest to have a team of three persons to review the material. The suggested team may have a gender specialist, user of the material and a member of the intended target group. The group can have a discussion prior to deciding upon the number of points for each criteria.
6. Take your own time. Do not do the exercise in haste. Once your review is over, total up the number of points given. Maximum points for each of the 10 parameters add up to 40 points. Fill up the total score received in record sheet **Part II**. Also give your suggestions to make the material gender sensitive in the suggestion box given on the record sheet-Page-68. .

How do you decide whether the material is Gender Sensitive or not?

1. Maximum points for each of the 10 parameters add up to a total of 40 points.
2. A score less than 9 indicates that the material is unsuitable for imparting health education.
3. A score between 10- 20 points indicates that the material does not reflect any gender equality aspects and needs major improvements to be considered suitable.
4. A score between 21- 30 points indicates that the material satisfies a few of the requirements of a gender-sensitive perspective, but still needs to be improved.
5. A score between 31- 36 indicates that the material needs minor improvements to be considered suitable for gender-sensitive health education.
6. A score above 36 indicates that the material should be recommended for imparting gender-sensitive health education in the community.

A word of caution:

It should be kept in mind that some criteria are subjective in nature. Each criteria carries points from zero to four. Moreover, wherever the criteria is not applicable, it should be marked with N.A. and the corresponding number of points can be deleted from the final score.



Criteria for Assessing Gender Sensitivity.	Score
1. Does the material exhibit socio-cultural realities?	
2. Do the illustrations make an effort to break stereotype gender roles of men and women or boys and girls?	
3. Does the text suggest a breaking down of stereotype gender roles of men and women or boys and girls?	
4. Does the material include information on the topic from a gender perspective.	
5. Is there integration of gender sensitive message along with scientific information?	
6. Do the messages and text synchronise with each other.	
7. Does the message discourage any socio-cultural practice harmful to women's and young girls social status and health?	
8. Is there inclusion of information on helpful traditional health practices valuing knowledge of women?	
9. Does it suggest gender sensitive action point for various stakeholders to change the situation?	
10. Is there any information on women's or the community' rights and entitlements in the message?	
Total	

Yes 4 To a great extent 3 To some extent 2 To lesser extent 1 No 0.

D

Record Sheet to Assess Gender Sensitivity

Part 1

Topic:

1. Type of IEC Material	
2. Developed by	
3. Year of Development	
4. Language:	
5. Name of the person scanning the material	
6. Date of scanning	

Suggestion of the reviewer:

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Part 2

	Score received	Remark for the utility of the material.
Total score received for Gender sensitivity		

