

Assessing Understanding of Questions from Gender and Power Norm Scales in Siaya, Kenya

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Abstract

This study examines married men and women's understanding of questions from the Gender Equitable Men scale and the Sexual Relationship Power Scale, two commonly used scales to measure gender equity and power in relationships. The study took place in Siaya, Kenya. Cognitive interviews were conducted with married men and married women. Participants were asked to explain their understanding of the questions. Results show that interpretations of questions often varied by gender. In particular, men and women understood concepts of gender norms differently. Scales attempting to quantify levels of gender equity and power dynamics are uniquely challenging because of culturally specific ideas and language around issues of sexuality, gender, and power. Understanding how questions are interpreted and processed may help refine gender and sexuality scales and assist in improving quality of quantitative gender and sexuality-related research. This study demonstrates the benefits of cognitive interviewing in gender and sexuality research.

Introduction

Cognitive interviewing is a research method that utilizes participants' feedback to assist in the design or validation of survey questions¹ (Beatty and Willis, 2007). Since the 1980s, it has been one of the most common methods of pretesting and improving quantitative research instruments (Presser et al., 2004). While it can take many forms, its most basic definition is delivering the questions of interest to participants and eliciting their reactions to or interpretations of them. The information may provide insight into how well the questions are understood and if they are effective in collecting the desired information (Willis, 1999).

Pretesting and validating quantitative instruments is often neglected, yet it can yield considerable insight into questionnaire problems. Researchers have used cognitive interviewing to assess the acceptability of questions (Sheppard et al., 2010); to make questions more understandable for low-literacy populations (Carbone et al., 2005; Miller, 2003); or to make questions compatible in cross-cultural research (Nápoles-Springer et al., 2006; Goerman and Caspar, 2010; Cortés et al., 2007). Reproductive and sexual health research is an area that could benefit from cognitive interviewing for many of the aforementioned reasons, yet there is relatively little data on the use of it in these areas. Clark et al. (2005) used cognitive interviewing in the Cancer Screening Project for Women to ascertain the best way to measure sexual orientation and gender expression among participants, and McCabe et al. (2009) used it to clarify meanings of sex and sexuality in survey questions. Gesink et al. (2009) also used cognitive interviews in the development of a sexual health survey for an urban arctic community. Collectively, these studies show that cognitive interviewing uncovers culturally specific beliefs

¹ This type of cognitive interview is distinct from a more psychological interview of the same name that seeks to elicit information from eyewitnesses of crimes or improve memory recall.

and understandings of sexual health issues that impact participant understanding of survey questions (Gesink et al., 2009; McCabe et al., 2009), yet few other reproductive health studies have employed this technique.

In recent years, attempts have been made to quantitatively measure concepts such as gender equity, power dynamics in relationships, and gendered attitudes and beliefs. There is increasing interest in measuring and comparing these concepts across settings due to relationships between inequitable gender norms and negative reproductive and sexual health outcomes (Pulerwitz and Barker, 2008). Two recent scales have been shown to be effective measures of gender norms: the Gender Equitable Men (GEM) Scale (Pulerwitz and Barker, 2008) and the Sexual Relationship Power Scale (SRPS) (Pulerwitz et al., 2000). In a desire to understand the impact of both gender equity and power dynamics on contraceptive use in resource-poor settings, the two scales were combined and included as one component of the Social Influences on Family Planning survey, a study conducted by CARE International and Emory University in rural areas of Ethiopia and Kenya in 2009 (Stephenson et al., 2010). The purpose of this study was to use cognitive interviewing to assess participants' understanding of questions from the combined scale.

Background

The Gender Equitable Men (GEM) Scale was originally designed as a twenty-four-item program evaluation tool to measure young men's attitudes towards gender norms (Pulerwitz and Barker, 2008). The initial research for the scale, testing, and validation were performed among young men in Brazil. The scale covers five main domains: domestic work and caring for children; sexuality and sexual relationships; reproductive health and disease prevention; partner

violence; and homosexuality (Pulerwitz and Barker, 2008). Higher scores (indicating more equitable attitudes) were statistically significantly related to less partner violence, higher contraceptive use, and higher education (Pulerwitz and Barker, 2008).

The Sexual Relationship Power Scale (SRPS) was designed to measure relationship power dynamics and decision-making amongst women. The development, testing, and validation of the scale were with primarily Latina women in the United States who had a primary partner (Pulerwitz et al., 2000). The original scale contained 23-items with two subscales, Relationship Control and Decision-Making Dominance. Higher scores were statistically significantly associated with less physical violence, consistent condom use, and higher education levels (Pulerwitz et al., 2000).

Select questions from the two scales were combined into a single equity scale in the Social Influences on Family Planning baseline survey for use with both married men and women of reproductive age (18-45) (see Appendix for scale in its original survey form) (Stephenson et al., 2010). The results of the survey demonstrated that the combined scale was sensitive in detecting a range of attitudes concerning gender equity and relationship power dynamics for both men and women, and associations were seen between the scale and contraceptive use (Stephenson et al. 2010). The researchers recognized, however, the need to explore how well these particular scale items encompassed locally constructed gender norms. Further work was also needed to investigate participants' understandings of the questions and their applicability to both genders and the study setting (Stephenson et al., 2010).

The goal of this study was to use cognitive interviewing methodology to assess understanding of a subset of questions from the combined scale. Ultimate aims were to assess whether cognitive interviewing can be an effective tool for identifying problems with

quantitative measures of gender norms and power dynamics and potentially provide data to improve the scale for future use in similar contexts.

Study Setting

This study took place in Siaya district of Nyanza province, Kenya. Participants were recruited from three of the 30 villages that were included in the Social Influences on Family Planning baseline survey. Siaya is a largely rural area with high rates of poverty and illiteracy despite various development efforts in the area (Stephenson, 2009). Nyanza province had a total fertility rate (TFR) of 5.6 as of the 2003 Kenya Demographic and Health Survey, a 12% increase since the 1998 DHS (Kenya DHS, 2003). The HIV prevalence amongst Luo, the predominant ethnicity in Siaya district, is 25.8%. This is well over twice as high as the prevalence in any other ethnic group (Kenya DHS, 2003). The prevalence of modern contraceptive use is 21% (Kenya DHS, 2003).

Methods

An in-depth interview guide was developed that included fourteen questions from the combined gender equity scale that addressed the common theme of decision-making and power in relationships. The chosen questions were stated to participants one at a time, and participants were asked to paraphrase the question and explain what it meant in their own words. Structured probes were included to further explore interpretations of the questions and assess understanding of particular words in the questions, such as “sex” or “partner”. At the end of the interview, participants were asked to express any confusion or if particular questions made them uncomfortable.

The study proposal and all associated documents were submitted to the Emory University Institutional Review Board before the project began and deemed exempt. A CARE staff member translated the in-depth interview guide into Luo in country. A second staff member back translated the document, and the remaining staff weighed in on translations. The guide was pilot-tested in a Siaya community similar to the target communities, and modifications were made to the guide following the pilot test. All CARE staff that would be conducting interviews was trained using the Family Health International (FHI) Research Ethics Training Curriculum for Community Representatives (Family Health International, 2004) in lieu of Collaborative Institutional Training Initiative (CITI) Program training. Additionally, the staff was trained in cognitive interviewing techniques and specific research design.

Recruitment of all interview participants was facilitated through community mobilizers. These individuals were well known to the CARE staff, had experience recruiting for other events, and maintained positive relationships with the community. After identifying individuals who fit the study criteria, the mobilizers explained the study and established a time and location for the interview. Married men and women 18-45 years of age were purposively sampled. A fairly homogenous sample of individuals was desired in order to understand how the average person from the community understands the scale items. Nine men and ten women were recruited for in-depth interviews. All participants were recruited from one of three communities.² In order to protect the privacy of the participants, no two individuals from the same household were recruited. Individuals who participated in the Results Initiative baseline survey were excluded due to above-average knowledge of the topics and questions.

² One community chosen at the beginning of the project was replaced due to recruitment difficulties; the male in-depth interview conducted there was not used in analysis due to poor audio quality, making the final number of interviews analyzed 8 for men and 10 for women.

CARE full-time staff of the same gender as participants conducted all interviews. Interviews were held in private locations and conducted primarily in Luo. Informed verbal consent was obtained prior to beginning. All interviews were forty-five to ninety minutes and recorded using a digital recorder (Olympus or Sony). While incentives were not provided, each participant was given refreshments (cost not exceeding KS 20, or \$0.25).

One bilingual research assistant translated and transcribed the audio recordings of the interviews from Luo into typed English transcripts. The first two transcripts were spot-checked by a second bilingual individual for quality. The research assistant either translated while the author transcribed simultaneously translated and transcribed. Data was stored on the author's personal computer and backed up on a USB drive. Only the author and research staff had access to audio files and transcripts. No documents were kept with participants' personal information, and transcripts were de-identified after being transcribed. Data were analyzed in Microsoft Excel using a question-by-question approach. Participant responses were summarized in order to distill the ultimate interpretation of the question, and each question was assessed for understanding.

Results³

In order to explore and identify community norms and how they could influence the way people interpreted the scale questions, participants were asked what people in their community expect men and women to be like, or what characteristics an "ideal" man or woman has. Responses, summarized in Table 1, were similar for male and female participants. People expected men to be hard working, married, have children, and assist the community. Men are

³ Presented here are the questions with the widest variety of interpretations. Due to space constraints, each question will be discussed in detail elsewhere.

expected to be leaders and make decisions, and often they were described as the “head” of their households or the women they are married to. Several participants described men as “breadwinners” and contributing to development in their families or communities. An ideal man was often described in terms of his biological ability to impregnate his wife and have children. Participants stated an ideal man is independent and able to “make something in the house” without the assistance of others.

Almost all participants suggested their communities expect women to have and care for children. People often described a woman’s responsibility to have children and stated an ideal woman has “good eggs”. An ideal woman is expected to take care of her house and husband and to respect him. One female participant suggested women are the “strength” of their homes because men are frequently gone. An ideal woman was described as someone who is faithful, keeps a good name in the village by not having extra-marital affairs, and welcomes visitors in the home. She is someone who is caring and humble.

Table 2 shows the fourteen questions selected from the combined scale used in the Social Influences survey. Each question is shown, along with the main type of problem identified in analysis. Below is a detailed analysis of the questions with widest interpretation.

Question 1: “It is a woman’s responsibility to avoid getting pregnant”

Almost all participants understood this question to mean that it is a woman’s responsibility to avoid getting pregnant after already having children. Several people mentioned the importance of spacing and limiting births, but no one acknowledged that a woman without children would want to or could prevent pregnancy. One female participant asked for explanation of this exact issue:

Participant I-F06: *Responsibility of a woman not to get pregnant after she has gotten children or before? Or what do you mean?*

Interviewer: *Any time. Be it before, or after getting children.*

Her desire for clarification emphasized that two specific scenarios could be drawn from the question: a woman without children, or a woman with children who now wishes to space or limit her births. In general, however, participants seemed to draw on the latter of these two scenarios. The question was intended to mean the responsibility of any woman, not a particular subset such as those who already have children.

Participants interpreted the question to mean that it is upon the woman to use family planning or otherwise prevent getting pregnant, and several female participants mentioned that women feel the “burden” of children more than men and the responsibility falls on them for that reason. When asked the specific meaning of “responsibility”, responses were varied. The most common understanding was doing a job or something given to someone to do; however, one participant mentioned that certain Luo communities would interpret it as “liking” or something the woman would like to do. People almost universally answered that it should also be the husband’s responsibility to avoid getting pregnant, indicating that people who respond affirmatively that it is primarily the woman’s responsibility still see men as having some role in the process.

Q4: “My partner has more say than I do about important decisions that affect us.”

The majority of participants understood this question to mean that the other person in the relationship has better ideas and therefore makes more decisions in the family, which was the general intended meaning. Several men, however, had trouble responding to the question because it was difficult for them to imagine their wives having the power. They responded to the

question as if it was asked of their wives, saying in all matters that affect their lives, the man must make the decisions:

Participant I-M08: *That one I think the meaning is that in all matters that affect our life, me and my wife, as a man...*

Interviewer: *Mhmm.*

I-M08: *A woman can say like that about me when I cannot listen to anything that she says. All that I say are always final.*

Some of the participants were clear that “partner” could mean husband if speaking to a woman or wife if speaking to a man, but they expressed the difficulty of correctly interpreting the question since they could not imagine the woman (the partner) having more power.

Participant I-M07: *You know the term “my partner” works either way (both sides) eh. A man can call the wife my partner and the wife can also call the husband my partner.*

I: *Mmmm.*

I-M07: *Eh (yes) and therefore you know when it is not clarified that which partner has more powers than the other. What I know, a male partner has more powers than the female partner in making decisions affecting married couples.*

Female participants, on the other hand, easily answered this statement since they connoted the term “partner” with husband. One female participant, when asked to explain why she understood “partner” to mean a husband, said, “Because I am under him”. The participant used a physical metaphor to indicate her subordination to her husband, and to her this justified the man having more input in important decisions. Other female participants used similar logic when responding to the question.

Several male participants suggested the partner has more say in decisions due to financial stability or God-given talents such as cleverness. “Decisions” in this question was understood to mean ways to obtain income or food, family planning issues, and decisions regarding children. Almost all participants said there were certain decisions one partner has more say in and some where the other partner has more power, suggesting the question does not necessarily lend itself to an all or nothing response.

Q7: “I am more committed to this relationship than my partner is.”

There were a various interpretations of this question, because participants had several different ideas about what type of commitment was being discussed. While one female participant interpreted it to mean commitment by not having extra-marital partners, another participant interpreted it as financial commitment and that one partner contributes more assets to the relationship. Others suggested that it meant one person shoulders more responsibilities in the family than the other or brings more development to the house by working harder, and some others said the level of commitment reflects how much the person has suffered or sacrificed for the relationship. One participant was unsure whether he should be answering from a man or woman’s perspective, echoing the difficulties some men had with the phrasing “my partner” in other questions. These various interpretations were reflected in participants’ responses to the specific meaning of “committed.” Responses ranged from “volunteering” or “accepting” to be in that relationship to “dedication” to the relationship.

Q9: “A woman can decide to use condoms just like a man can.”

Participants’ interpretations of this question were often subject to specific circumstances. Several participants interpreted it to mean a woman can also decide to use condoms if her partner agrees:

Interviewer: *To decide the use of condoms the way a man can. What do you think about this statement?*

Participant I-F06: *That means it is only possible when you agree with the man. Maybe you have agreed after talking very well with the man, and then you as a woman decide that you use condoms, because sometimes you can accept to use those things, but the man refuses...And sometimes you refuse, you want to use condoms, you know that can bring misunderstanding and even cause some quarrel in the house.*

Many suggested the statement meant a woman could decide to use condoms if she was not already using other family planning. Others said a woman could use condoms after learning her HIV status or if she or her partner have extra-marital sex. Few participants interpreted the question to mean a woman had the freedom to use condoms without any such conditions, which was the intended meaning of the question. One participant interpreted the question to mean there are female condoms a woman can decide to use if her male partner refuses to use male condoms.

When asked why a woman might decide to use condoms, many participants answered for pregnancy prevention or HIV/STI prevention, but an equal number said women are suspected of having extra-marital sex if they want to use condoms. Answers were quite the opposite when asked why a man would want to use condoms. Popular responses were for HIV/STI protection, for family planning use, and if he suspected his partner of unfaithfulness. Two participants mentioned wanting to prevent infecting the partner if the man is already HIV-positive. When asked who the woman in this question was, the majority of participants answered a married woman. Several, however, included she might be a woman who is having extra-marital sex or an

unmarried woman who would need to use condoms since family planning could “negatively impact” her future fertility.

Q12: “A woman should not initiate sex”

There were several interpretations of this question. Only half of the participants understood it to mean that a woman is not supposed to start sex, or the man is supposed to be the one to “start issues of sex” or “prepare the woman” for sex. This was the intended meaning of the question, but other interpretations included that a woman has other partners and does not depend solely on the husband for sex, that she has “gone astray” into prostitution, or that a woman should be more selective with her sexual partners:

Interviewer: Now if someone said, “A woman is not supposed to initiate sex,” “A woman should not initiate sex”, what would it mean?

Participant I-F03: A woman should take care of herself, without having sex. With anybody.

“Initiate” was understood as verbalizing or expressing sexual needs or desires. Almost all participants agreed the woman in this question was a married woman, but two female participants said it could be a woman who has gotten “used” and has no husband or is a young unmarried girl. Participants, particularly female participants, were hesitant to respond to this question. When asked at the end of the interview whether there were questions that made them uncomfortable or that they had difficulty answering, they often mentioned this question. They said these are not issues that should be discussed “in the open”.

Q14: “When my partner and I disagree, he/she gets his/her way most of the time”

The wording of this question proved difficult for many participants to understand. The majority of them had to have it repeated and broken down in order to comprehend it. The most

common interpretation was that the husband and wife had different opinions, and the partner (the husband if a female respondent and the wife if a male respondent) got what he/she wanted. There were several different interpretations, however, and the only part of the question that was interpreted the way it was intended was the aspect of a husband and wife having a disagreement or argument. The meaning of “disagree” was clear to all. Only three of the eighteen participants comprehended the concept of the other person ultimately getting his/her way, however:

Interviewer: ... *”When we disagree or have a misunderstanding with my partner, and in most cases, my partner gets what he or she wanted.” How do you understand that, what is the meaning of that?*

Participant I-M06: *(Laughter) It is so difficult, because if we disagree with my wife, or have misunderstanding, and in most cases she gets what she wanted, when a man and wife have disagreed or quarreled, because of so many issues, what I am defeated to explain is how the husband can end up getting what he wanted. Because once you have had a misunderstanding or have quarreled, the woman can run away to other places, so how will he get what he wanted? Or maybe the man is also annoyed, and he has gone away and nobody wants to move closer to the partner, so how they are saying that one will end up getting what he wanted is what I don't understand.*

This was again more difficult for men to understand because they often had difficulty imagining their partners (in this case women) getting their way more often than them. Participants said disagreements in the question might be about money, sex, HIV, children, family planning, or unfaithfulness. When asked if there were certain situations or issues where one party was more likely to get his/her way, responses were diverse. People said some disagreements would require

third party mediation, sometimes the man would resort to violence or forcing sex, or the two might never reach agreement. Some female participants suggested the woman might be able to talk the husband into doing what she wanted.

Discussion

Few studies have used cognitive interviewing as a tool in gender and sexual health research, but those that have used it have demonstrated its effectiveness in improving quantitative instruments (Gesink et al., 2009; McCabe et al., 2009). Scales attempting to quantify levels of gender equity and power dynamics pose unique challenges to researchers given that gender norms are culturally specific concepts and likely to vary from setting to setting, and qualitative research such as cognitive interviewing may be especially important to the formulation of effective quantitative measures. This study shows that cognitive interviewing can be an effective tool in evaluating gender and power norm scales such as the combined scale used in the Social Influences on Family Planning Baseline Survey.

Results show that participants' understanding of questions and the intended meanings of the questions were sometimes different. Often, the varying interpretations seemed to be influenced by perceived community gender norms. For example, results from questions that include the phrase "my partner" suggest that men and women may interpret the same question differently as a result of perceptions of community norms and the question's frame of reference. While the scale was shown to be effective with both men and women in the survey analysis, the differences between male and female interpretation of certain questions found in this study may indicate the need to create separate versions for each gender. Results suggest that making

questions more specific, such as changing “my partner” to “my husband” when addressing the question to a woman or “my wife” if interviewing a man, may help alleviate these problems.

A common source of error was the specificity of the question. If multiple scenarios could be imagined, or more than one subject called to mind, participants’ interpretations were more varied. An example of this is the responses to the question, “It is a woman’s responsibility to avoid getting pregnant”. By clarifying what type of woman the question is referring to, or making it clear that this question means any woman, participants would not have to draw upon their own perceptions of who this person is. Interviews also helped uncover specific phrasing that was confusing for participants in this study setting. For example, the term “committed” in the question, “I am more committed to this relationship than my partner is” and “initiate” in the question, “A woman should not initiate sex”, were both interpreted in various ways by participants. Replacing these terms or concepts with language that is more specific to the study setting may improve overall question understanding.

Several questions were understood in the way they were intended to be and this suggested that, overall, the scale is valid for use in this context. Revision of specific questions, based on the cognitive interview results, may improve understanding by future survey participants and thereby improve the quality of the quantitative data elicited.

There were several limitations to this study. While the research was qualitative in nature, and a sample size calculation was not required, it is possible that the sample size was too small to capture the full range of opinions and issues present in the study setting. Some previous research suggests cognitive interviewing is more beneficial when a larger number of interviews are conducted (Blair et al., 2006). Additionally, several research assistants conducted the interviews.

Individual interviewers' styles may have elicited different responses, and some interviewers may have introduced bias into the questions.

Due to limited time and funding, only one round of interviews could be completed, and so the survey was not revised and retested based on participant feedback. This could have led to false identification of problems and may lead to incorrect revision of questions. In order to evaluate whether cognitive interviews correctly identified survey problems, it will be necessary to revise the questions using the cognitive interview data and re-administer the survey. Future cognitive interviews will also be necessary to see if a lower incidence of problems is identified after revision occurred.

Conclusions

Cognitive interviews allow researchers to understand how participants interpret questions, and using this methodology in gender and sexual health research has the potential to improve the quality of such research. As the Gender Equitable Men Scale and the Sexual Relationships Power Scale have both been shown to be effective measures of gender equity and relationship power dynamics in other contexts, understanding how to tailor these scale questions to new settings and populations could assist in gaining a greater wealth of information on these issues. This study demonstrates that cognitive interviewing can be used successfully to elucidate participants' understanding of questions from gender equity and power scales, and it helped to uncover differences in interpretation by gender that were not readily apparent through previous quantitative research. The results of this study may be helpful in revising and improving on the scale for future use.

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Table 1 <i>Desired characteristics of and expectations on men and women</i>	
Men	Women
<p>Married, has children, able to perform sexually</p> <p>“Head” of the woman, family, household</p> <p>Takes care of family, produces basic needs</p> <p>Takes care of home, development, education</p> <p>Brings income, sole provider, breadwinner</p> <p>Takes care of animals, farms</p> <p>Hard working, independent</p> <p>Assists with jobs a woman cannot perform</p> <p>Makes decisions, leads people</p> <p>Open with people; contributes ideas in village</p> <p>Understanding, talks nicely, peaceful</p> <p>Protector, strong, powerful, courageous</p> <p>Nothing, men are often gone</p>	<p>Married and has children, “good eggs”</p> <p>Cares for children and house</p> <p>Keeps house and husband clean</p> <p>“Strength of the home”</p> <p>Works hard</p> <p>Respects husband</p> <p>Takes care of name, does not have affairs</p> <p>Farms, has a small job</p> <p>Lives well with people; “community wife”</p> <p>Polite, welcomes visitors</p> <p>Humble, loving, caring</p>

Table 2	
<i>Scale questions chosen for cognitive interviews and main problem identified</i>	
Scale Question	Main Problem Identified
It is a woman's responsibility to avoid getting pregnant	Reference to married woman with children rather than any woman
A man should have the final word about decisions in his home	Intended meaning understood
A woman should tolerate violence to keep the family together	"Violence" understood as any fight, quarrel, not specifically abuse
My partner has more say than I do about important decisions that affect us	"My partner" not applicable for some men
A man can hit his wife if she will not have sex with him	Discomfort with question but intended meaning understood
A couple should decide together if they want to have children	Interpreted as "when" rather than "if"; frame of reference was people with children already
I am more committed to this relationship than my partner is	Confusion about type of commitment question referred to
Changing diapers, giving the kids a bath, and feeding the baby are the mothers' responsibility	Intended meaning understood
A woman can decide to use condoms just like a man can	Various circumstances that must be met in order to make statement true
A man and a woman should decide together what type of contraceptive to use	Intended meaning understood
Men and women should share household chores	Generally understood, but "share" interpreted as each person having their own work
A woman should not initiate sex	"Initiate" sometimes interpreted as prostitution, having multiple partners
My partner dictates who I spend time with	"My partner" reference; sometimes interpreted as consulting the other person's friends about an issue
When my partner and I disagree, he/she gets his/her way most of the time	Phrasing difficult for multiple participants

Appendix

Gender relations scale from Social Influences on Family Planning Baseline Survey

GENDER RELATIONS:

51. I would now like to read you some statements and for each one I would like you to say on a scale of 1 to 5 the extent to which you agree with the statement – where 5 represents total agreement and 1 is total disagreement

A. Men need sex more than women do

1 2 3 4 5

B. You don't talk about sex, you just do it

1 2 3 4 5

C. It is a woman's responsibility to avoid getting pregnant

1 2 3 4 5

D. A man should have the final word about decisions in his home

1 2 3 4 5

E. Men are always ready to have sex

1 2 3 4 5

F. A woman should tolerate violence to keep the family together

1 2 3 4 5

G. My partner has more say than I do about important decisions that affect us

1 2 3 4 5

H. A man needs other women even if things with his wife are fine

1 2 3 4 5

I. A man can hit his wife if she will not have sex with him

1 2 3 4 5

J. A couple should decide together if they want to have children

1 2 3 4 5

K. I more committed to this relationship than my partner is

1 2 3 4 5

L. Changing diapers, giving the kids a bath, and feeding the kids are the mothers' responsibility

1 2 3 4 5

M. A woman can suggest using condoms just like a man can

1 2 3 4 5

N. A man should know what his partner likes during sex

1 2 3 4 5

O. A man and a woman should decide together what type of contraceptive to use

1 2 3 4 5

P. A real man produces a male child

1 2 3 4 5

Q. Men and women should share household chores

1 2 3 4 5

R. A woman should be able to talk openly about sex with her husband

1 2 3 4 5

S. A woman should not initiate sex

1 2 3 4 5

T. My partner dictates who I spend time with

1 2 3 4 5

U. When my partner and I disagree, he gets his way most of the time

1 2 3 4 5

V. I feel comfortable discussing family planning with my partner

1 2 3 4 5

W. I feel comfortable discussing HIV with my partner

1 2 3 4 5