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**E2A** EVIDENCE TO ACTION  
for Strengthened Reproductive Health

MARCH 2021

# Couple-Focused Interventions: A Theory of Change

TECHNICAL REPORT | E2A PROJECT



## **ABOUT E2A**

The Evidence to Action (E2A) Project is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive health care needs of girls, women, and underserved communities around the world by increasing support, building evidence, and leading the scale-up of best practices that improve family planning services. A Cooperative Agreement awarded in September 2011, E2A will continue until March 2021. E2A is led by Pathfinder International in partnership with ExpandNet and IntraHealth International.

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## Table of Contents

<b>INTRODUCTION .....</b>	<b>5</b>
Why CFIs? .....	6
Why a Theory of Change?.....	7
<b>TOC COLOR SCHEME .....</b>	<b>8</b>
<b>IMPLICATIONS FOR PROGRAMS: INTERVENTION POINTS AND STRATEGIES.....</b>	<b>15</b>
<b>MONITORING AND EVALUATION .....</b>	<b>20</b>
Illustrative Indicators for the Couples Theory of Change.....	21
<b>CONCLUSION .....</b>	<b>26</b>



## ACRONYMS AND ABBREVIATIONS

<b>AIDS</b>	Acquired immunodeficiency syndrome
<b>ANC</b>	Antenatal care
<b>CFI</b>	Couple-focused intervention
<b>CHW</b>	Community health worker
<b>E2A</b>	Evidence to Action Project
<b>FP</b>	Family planning
<b>FTP</b>	First-time parent
<b>GEM</b>	Gender-equitable men
<b>HIV</b>	Human immunodeficiency virus
<b>HTSP</b>	Healthy timing and spacing of pregnancies
<b>M&amp;E</b>	Monitoring and evaluation
<b>MNCH</b>	Maternal, newborn, and child health
<b>PRACHAR</b>	Promoting Change in Reproductive Behavior in Bihar
<b>RH</b>	Reproductive health
<b>SBC</b>	Social and behavior change
<b>SRH</b>	Sexual and reproductive health
<b>TOC</b>	Theory of change
<b>USAID</b>	United States Agency for International Development

# INTRODUCTION

The Evidence to Action (E2A) Project, in its work to address the reproductive healthcare needs of girls, women, and underserved communities worldwide, has drawn global attention in recent years to an important subset of youth—first-time parents (FTPs)—defined as young women under the age of 25 years who are pregnant with or have one child, and their male partners. In implementing FTP programs in Nigeria, Tanzania, and Burkina Faso, a common theme that emerged across contexts was FTPs' interest in improving their relationships by addressing key issues like communication and conflict management.

Couple-focused interventions<sup>1</sup> (CFIs) are a potentially valuable strategy to address this concern of FTPs and accelerate progress toward achieving reproductive health goals. In beginning to think through the possibility of CFIs, however, we realized that little is known or has been written about the nature, needs, and concerns of adolescent and youth couple relationships—and how those relationships influence reproductive health decisions and behaviors.

Thus, given previous FTP programmatic experiences, including the power dynamics of first-time mothers vis-à-vis their relationships, and the relative invisibility of young couples in the reproductive health literature and policy arena, E2A was motivated to examine the gender-transformative potential of CFIs within the FTP framework—and beyond—to improve reproductive health outcomes. The findings are presented in a technical report (the full report can be found [here](#)), which included the following components and results:

- **A literature review**, which revealed that CFIs were found to be more effective than, or just as effective as, interventions that target a single sex
- **A policy analysis**, which showed that men—and thus couples as a unit—are largely missing from global family planning (FP) and maternal health policies, which have taken a “women in development”<sup>2</sup> approach to improved RH
- **Key informant interviews**, which highlighted the factors that limit the uptake of research into reproductive health (RH) policy and the implementation of CFIs, including the logistical and ethical complexities of CFIs—such as assuring the reproductive rights of both men and women, and lack of demand for couple-focused data

Our hope is that through disseminating the encouraging findings of this report, E2A can lay the groundwork and point the way toward future programming with FTPs and other couples, which recognizes both women and men as essential stakeholders in reproductive and family health. In this report, we continue to work toward this objective by building on the findings of the literature review, including mechanisms for effective interventions, to construct a theory of change (TOC) for CFIs. This document

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<sup>1</sup> The term couple-focused intervention (CFI) applies to public health practice. CFIs conceptualize “the couple” as the basic unit that the intervention targets. These interventions seek to change one or more elements of that relationship to achieve an explicit couple-focused (e.g., couple communication) or individual reproductive health outcome (e.g., women's utilization of a modern contraceptive method)—whether that intervention is conducted wholly together as a couple, or using a synchronized approach (i.e., working in an intentional manner with both members of the couple, though not necessarily at the same time).

<sup>2</sup> Boserup E. *Woman's Role in Economic Development*. New York: St. Martin's Press; 1970.

provides an overview of E2A's couples-focused TOC and ideas for its practical application in the field through:

- A graphic depiction of the TOC and a detailed explanation of its component parts
- An exploration of what program implementation at the TOC's potential intervention points might look like, based on learnings from the literature review and E2A's own findings
- A presentation of suggested monitoring and evaluation indicators for TOC components that CFI-focused programs can use to measure program impact

It is important to note that, while this TOC uses young heterosexual couples as a frame of reference, it can be applied to a range of dyadic unions from urban to rural, younger to older, and across the spectrum of sexual identities. It is not, however, intended to account for the complexity that may be encompassed by polygamous unions. While we have many models that depict and seek to explain individual-level behavior change, those focused on couples are rare, and those focused on polygamous unions are, at the time of publication, virtually non-existent.

## Why CFIs?

CFIs in reproductive health are of compelling public health interest for three reasons:

1. First and pragmatically, “most sexual, family planning, and childbearing decisions are made or may potentially (and perhaps ideally) be made by both partners of a couple.”<sup>3</sup> Further, historically the emergence of HIV and growing awareness of the social dynamics involved in its transmission upended traditional theoretical models of behavior change focused on individual determinants (e.g., cognitive and motivational factors) as the exclusive explanatory framework for infection. Instead, works of medical ethnography have highlighted not only the structural forces,<sup>4,5</sup> but also the complex range of social relationships,<sup>6</sup> and especially the importance of understanding the nature and quality of the relationship between partners, including the “entanglement between sexual behavior and affective relations”<sup>7</sup> that drive sexual transmission. As a result, there is “growing consensus that HIV prevention research should address couples as a unit of behavior change and intervention.”<sup>8</sup>

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<sup>3</sup> Becker S. Couples and reproductive health: a review of couple studies. *Stud Fam Plann.* 1996;27(6):291–306.

<sup>4</sup> Farmer P. *Infections and Inequalities: The Modern Plagues.* Berkeley: University of California Press; 1999.

<sup>5</sup> Nguyen V. Antiretroviral Globalism, Biopolitics, and Therapeutic Citizenship. In: Ong A, Collier S, editors. *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems.* Malden, MA: Blackwell Publishing; 2005. p. 124–44.

<sup>6</sup> Padilla M. From sex workers to tourism workers: a structural approach to male sexual labor in Dominican Tourism areas. In: Browner C, CF S, editors. *Reproduction, Globalization, and the State: New Theoretical and Ethnographic Perspectives.* Durham: Duke University Press; 2011. p. 159–74.

<sup>7</sup> Cole J, Thomas L. Thinking through love in Africa. In: Cole J, Thomas L, editors. *Love in Africa.* Chicago: University of Chicago Press; 2009. p. 1–30.

<sup>8</sup> Ibid.

2. **CFIs work.** A preliminary literature review indicated that interventions that focus on couples were equally or more effective in achieving desired reproductive health outcomes than interventions that focus on either partner alone.<sup>9,10</sup>
3. **CFIs represent an opportunity for gender-transformative programming** aimed at changing the dynamics of power within relationships through the promotion of couple communication and shared decision-making. CFIs alter the perception of male partners as obstacles to reproductive health by recognizing that men are constituent components of reproductive health service delivery and policy.<sup>11</sup>

## Why a Theory of Change?

To facilitate widespread adoption of CFIs for FTPs and other populations, E2A developed a TOC to map the ways that CFIs can help lead or contribute to the achievement of FP outcomes. TOCs are useful tools that seek to illustrate how and why an intervention (or set of interventions) works to achieve desired outcomes, including the delineation of pathways of change and statement of assumptions and contextual factors. Therefore, TOCs can help a diverse range of implementers and stakeholders reach a consensus on how to move forward toward a common goal.<sup>12,13,14</sup> TOCs can be adapted and revised over time as they incorporate key learning from initial implementation experiences.<sup>15</sup> They can also serve to provide an overarching theoretical framework to define appropriate measurement indicators.<sup>16</sup>

E2A developed a TOC for CFIs for three primary reasons: (1) to help program implementers be systematic in approaching CFIs by showcasing how various program components may work together, (2) to help program implementers define and prioritize strategies to support the mechanisms of action, and (3) to help monitor and evaluate specific interventions. This document includes illustrative indicators for the various points of the TOC for CFIs.

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<sup>9</sup> Ibid.

<sup>10</sup> Becker S. Couples and reproductive health: a review of couple studies. *Stud Fam Plann.* 1996;27(6):291–306.

<sup>11</sup> Theuring S, Mbezi P, Luvanda H, Jordan-Harder B, Kunz A, Harms G. Male involvement in PMTCT services in Mbeya Region, Tanzania. *AIDS Behav.* 2009 Jun;13 Suppl 1:92–102.

<sup>12</sup> Silva, M. d., Lee, L., & Ryan, G. (n.d.). *Using Theory of Change in the development, implementation and evaluation of complex health interventions: A practical guide.* Mental Health Innovation Network.

<sup>13</sup> Paina, L., Wilkinson, A., Tetui, M., Ekirapa-Kiracho, E., Barman, D., Ahmed, T., Bennett, S. (2017). Using Theories of Change to inform implementation of health systems research and innovation: experiences of Future Health Systems consortium partners in Bangladesh, India, and Uganda. *Health Research Policy and Systems.*

<sup>14</sup> Breuer, E., Lee, L., Silva, M. d., & Lund, C. (2015). Using theory of change to design and evaluate public health interventions: a systematic review. *Implementation Science.*

<sup>15</sup> Paina, L., Wilkinson, A., Tetui, M., Ekirapa-Kiracho, E., Barman, D., Ahmed, T., Bennett, S. (2017). Using Theories of Change to inform implementation of health systems research and innovation: experiences of Future Health Systems consortium partners in Bangladesh, India, and Uganda. *Health Research Policy and Systems.*

<sup>16</sup> Silva, M. d., Lee, L., & Ryan, G. (n.d.). *Using Theory of Change in the development, implementation and evaluation of complex health interventions: A practical guide.* Mental Health Innovation Network.



## TOC COLOR SCHEME

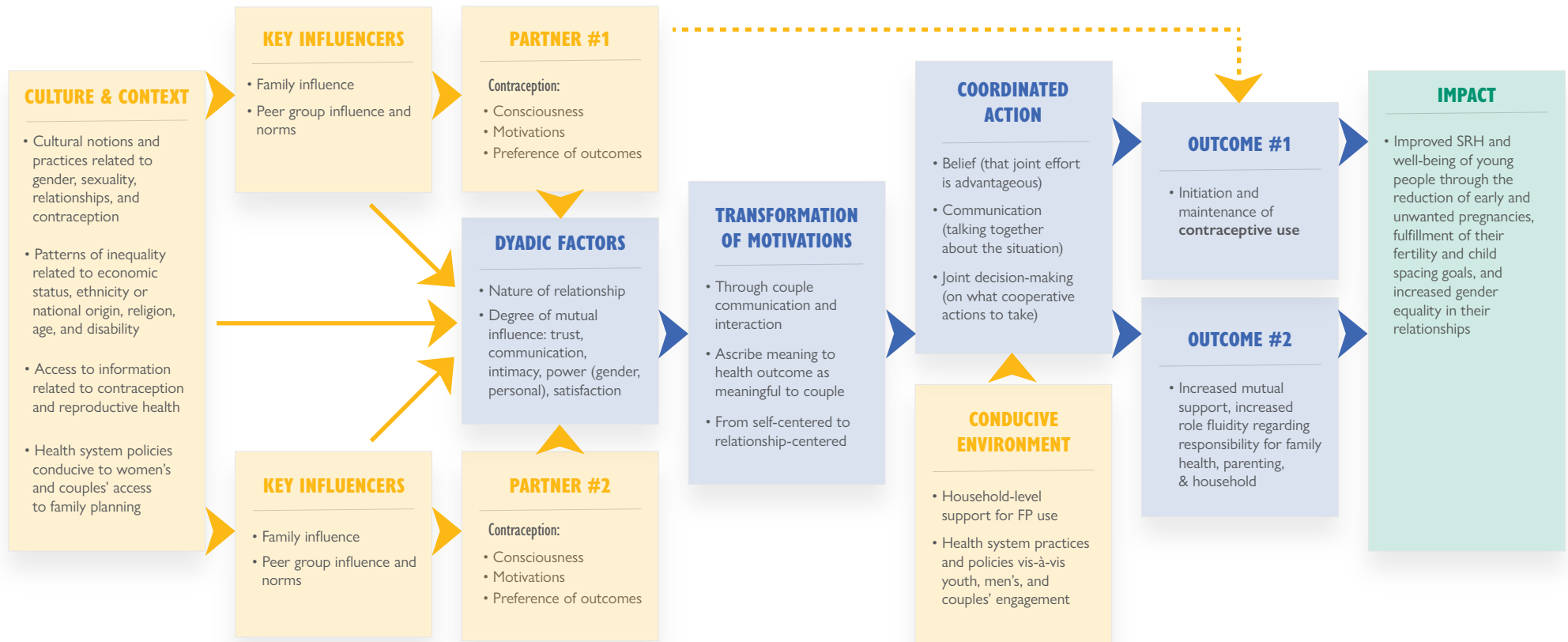
This TOC focuses on the couple as the principal unit of intervention and the processes of change that inform the adoption of behaviors that advance the reproductive health of one or more members of the couple and the entire family.

**Blue:** Key underlying conditions and subsequent processes necessary for affecting positive change within the couple unit.

**Yellow:** Couples' external influences. While the couple is the focus of this TOC, it is important to acknowledge that couples do not exist in a social vacuum. Therefore, this TOC highlights the degree to which a couple is involved in a variety of social networks (e.g., parents and peer groups), institutional environments (e.g., health policy environment) and specific cultural contexts (e.g., social and gender norms) that can inform, enable, or constrain a couple's ability to make decisions about their relationship and reproductive lives.

**Green:** Intended outcome of when external factors and couple dynamics work together to enable the couple to make positive decisions about their RH. More broadly, E2A also sees the promotion of positive couple relationships as an important means to transform gender dynamics and advance gender equity.

# COUPLE-FOCUSED INTERVENTIONS THEORY OF CHANGE



**Culture and context** influence the entire TOC and encompass three key components that have a strong effect on the couple:

1. The broad social and gender norms that inform patterns of relationships (for instance, is monogamy the norm? Is polygamy accepted? Are multiple concurrent partnerships common?), notions of gender roles and their relative equality, the family's role in partner relationships, communities' tolerance for sexual and gender-based violence, and communication regarding relationships and RH, including contraception. This also includes social norms with respect to implied power structures that can lead to inequalities related to economic status, ethnicity or national origin, religion, age, and disability—anything that serves to advantage or disadvantage particular groups in their access and utilization of health information and services.
2. Access to information about FP/RH, both formally (e.g., schools or health facilities) and informally (e.g., peer sharing or parent-child communication) in communities. This recognizes how culture informs social acceptability of types of information about sexuality.
3. The health policy environment that influences the accessibility and responsiveness of health services are to youth, women, men, and couples.

### **Key influencers**

The two boxes depicting key influencers are identical for both partners and include the family of origin and peer group of each member of the couple. The position of the boxes and direction of the arrows represent key influencers as important—but not exclusive—conveyors of cultural norms, beliefs, and attitudes to each member of the couple. The second arrow to the middle box, Dyadic Factors, depicts the collective impact that key influencers can have on the couple itself and the qualities of their relationship. Key influencers are placed in such a pivotal position because studies indicate that both families of origin and peer groups have a direct influence on how individual members of the couple think, feel, and communicate about relationships, sexuality, and RH. In essence, the individuals tend to reproduce the communication patterns they experienced in these formative groups.<sup>17</sup> Still, it is important to remember that individuals may give different meanings and weight to particular social relationships in different cultural contexts. For this reason, it is important to conduct formative research to confirm which groups constitute key influencers for young couples.

### **The Individual Partners**

The Key Influencers boxes point directly to the two boxes representing each of the individual partners. The individual partners' boxes capture the influence of families and peer groups on the individual partners themselves. Additionally, it includes the partners' individual aspirations and motivations related to method use. For example, an individual partner may be motivated to delay a first pregnancy to achieve educational or economic objectives or, alternatively, to delay a second pregnancy to ensure the health of the mother and subsequent children. A third element is the preference of outcomes or

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<sup>17</sup> Karney BR, Hops H, Redding CA, et al. A Framework for Incorporating Dyads in Models of HIV Prevention. *AIDS Behav.* 2010 December ; 14(0 2): 189–203.

fertility desires—whether and when an individual wants to have any number children. As the arrows from the individual partner boxes indicate, these are the “raw materials” that individuals bring into the couple relationship—recognizing still that the individuals within the relationship continue to evolve. The couple’s relationship is represented by the Dyadic Factors box below.

The graphic also includes a dotted line from partner #1 to outcome #1: “initiation and maintenance of contraceptive use.” This arrow acknowledges that a component of women’s bodily and reproductive autonomy is the option for a woman to choose at any point to circumvent this pathway of change and decide to use contraception, regardless of her relationship to her partner.

### **Dyadic Factors**

Dyadic factors highlight the fact that behavior, including positive reproductive health behavior, can be influenced by both the individual partners—and the degree to which they influence each other. Interaction between the partners reflects many of the previously discussed components that affect the couple’s decision-making and outcomes, such as cultural values and norms, key influencers, and the couple’s individual attributes and mutual influence. How these combine to influence the couple’s ultimate decision about contraceptive use—or any reproductive health behavior—depends on a number of factors. Individually, Karney et al.<sup>18</sup> highlights the role of personal motivation as an important proximal factor in the adoption of a healthy behavior. For example, an individual who feels strongly about pregnancy prevention and contraception will be more likely to practice that behavior. Individual psychological elements come into play as well. For example, a partner who feels empowered to communicate his/her thoughts and desires without fear of judgement or punishment will be a more effective influencer than one who is less empowered. Another factor is the degree of harmony that exists in partners’ beliefs about contraception or another RH practice. Some evidence suggests that partners select mates who hold similar health views.<sup>19</sup> However, confluent views can also develop through the influence of one partner on the other. The higher the level of correspondence, the more likely that the health behavior will be adopted.

Regarding relationship factors, the nature of the relationship is critical. Is the relationship transitional and superficial? If so, the chances for mutual influence or coordinated action on reproductive health is lower compared to a relationship that is more intimate and enduring. Similarly, the quality of the relationship can affect the ability of partners to influence one another’s beliefs, attitudes, and actions toward healthier FP/RH outcomes. Quality can be measured in a variety of ways, but one model<sup>20</sup> breaks relationship quality down into the following components: trust, communication, intimacy, power (gender, personal), and satisfaction. As the quality of the relationship increases, the degree of

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<sup>18</sup> Karney BR, Hops H, Redding CA, et al. A Framework for Incorporating Dyads in Models of HIV Prevention. *AIDS Behav.* 2010 December; 14(0 2): 189–203.

<sup>19</sup> Lewis MA, McBride CM, Pollak KI, et al. Understanding health behavior change among couples: An interdependence and communal coping approach. *Social Science & Medicine.* 2006; 62: 1369–1380.

<sup>20</sup> Karney BR, Hops H, Redding CA, et al. A Framework for Incorporating Dyads in Models of HIV Prevention. *AIDS Behav.* 2010 December; 14(0 2): 189–203.

influence that partners have on each other also increases. There is a documented positive correlation between the quality of relationships and the adoption of healthy behaviors.<sup>21</sup>

In thinking about the nature of the couple relationship, it is important to acknowledge the enduring predominance of patriarchal values in most societies—women and men often enter relationships on unequal footing in terms of power, including access to resources, level of education, expectations about sexual and reproductive behaviors, expectations about domestic and familial service, and other constricting social norms. The model assumes that power is an integral component of quality in relationships. It also assumes that, as patriarchal notions in both partners begin to shift toward increased mutual respect and affirmation, the overall quality of the couple relationship will improve.

Karney et al.<sup>22</sup> explain how these various relationship dynamics influence SRH behaviors: “The greater the ongoing mutual influence between the partners, the more their relationship will shape their capacity for coordinating safer sex. The less the ongoing mutual influence, the more their capacity for coordinating safer sex will depend on the individual motivation and ability of each partner and their immediate physical environment” (i.e., conducive environment—see below).

### **Transformation of Motivation**

Transformation of motivation refers to the process by which a health issue or behavior evolves from being perceived as important to only one partner, to becoming a shared priority for the couple as a unit. Unlike individual TOCs that assume that individual factors motivate behavior change, this couple-focused theory posits that the consideration that individuals give to one another is what motivates coordinated action (see below) to adopt a healthy behavior.<sup>23</sup> A number of factors affect the extent to which this transformation from individual to joint motivation will positively affect RH outcomes: consideration of roles and norms within the union, quality of the relationship, and emotional and cognitive that couples express to each other.<sup>24</sup> It is also important to remember that the ongoing influence of the social environment and key influencers undoubtedly affects couples’ motivation.

### **Coordinated Action**

Transforming the perception of a health behavior from an individual concern to a joint concern can then motivate joint action to adopt that behavior. Partners acting together to achieve a specific goal requires “(a) one or both couple members holding beliefs that joint effort is advantageous, needed, or useful; (b) couple members communicating about the situation; and (c) the couple engaging in cooperative action to solve problems.”<sup>25</sup> “Problems” here refer to the health threats that a couple is

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<sup>21</sup> Lewis MA, McBride CM, Pollak KI, et al. Understanding health behavior change among couples: An interdependence and communal coping approach. *Social Science & Medicine*. 2006; 62: 1369–1380.

<sup>22</sup> Karney BR, Hops H, Redding CA, et al. A Framework for Incorporating Dyads in Models of HIV Prevention. *AIDS Behav*. 2010 December; 14(0 2): 189–203.

<sup>23</sup> Lewis MA, McBride CM, Pollak KI, et al. Understanding health behavior change among couples: An interdependence and communal coping approach. *Social Science & Medicine*. 2006; 62: 1369–1380.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.



addressing, such as unintended pregnancy, maternal and child morbidity (through HTSP), or HIV infection.

### **Conducive Environment**

If couples jointly arrive at the decision to use a contraceptive—or carry out any other positive reproductive health behavior—they need access to the commodities to achieve their goal. A conducive environment refers to the couples' ability to access and utilize community or facility-based contraceptive services.

This dimension has two components. The first focuses on the level of household support for contraceptive use. In addition to the formative role that key influencers play in how individual members of the couple think and communicate about sexuality and contraception, key influencers' approval or sanction can also play an important role in facilitating or hindering contraceptive access and use. This may be especially true in intergenerational households, where mothers and mothers-in-law may play an outsized role.<sup>26</sup>

The second component is the preparedness and receptivity of the health system to provide individuals and couples with services. The system's strengths and weaknesses can be ascertained through analysis of the six building blocks of the health system,<sup>27</sup> together with community mechanisms to both reliably deliver health services and promote healthy behaviors. This includes the capacity to deliver accessible, acceptable, and affordable quality FP, including counseling on voluntary informed choice to individuals and couples to maximize method choice.

Intimately tied to this is the receptiveness and capacity of the health system to recognize men and couples as part of FP/FH and to deliver services to couples jointly or to men and women separately. This will be manifested, for example, through a facility's policies of service provision for men and couples, signage and informational materials that are inclusive of men and couples, the adequacy of space to accommodate men and couples together, the competency of providers to deliver gender-transformative FP couple counseling,<sup>28</sup> and a health management information system that captures information on men and couples.

### **Outcomes**

When external factors and couple dynamics work together, they enable the couple to make and enact positive decisions about their RH. Since E2A views the promotion of positive couple relationships as an important vehicle for the transformation of gender dynamics, there are two explicit intended outcomes outlined here. One relates to contraceptive use and continuation (or switching). The second

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<sup>26</sup> Kanathasasan A, Mills E, Ramirez-Ferrero E. KEY INSIGHTS FOR FIRST TIME PARENT PROGRAMS: Lessons from implementing first-time parent interventions to improve health and gender outcomes in three countries. Washington, DC: Evidence to Action/Pathfinder International, 2020.

<sup>27</sup> World Health Organization. Everybody's Business: Strengthening Health Systems to improve Health Outcomes: WHO's Framework for Action. Geneva: World Health Organization, 2007.

<sup>28</sup> Gender-transformative couple counseling seeks to challenge or transform inequitable gender and power dynamics by promoting joint learning, couple communication, shared decision-making, and mutual support in addressing health threats or concerns.

is based on the supposition that the process of “personalizing” contraceptive use to the level of the couple—that is, the recognition that contraceptive use is of relevance and concern to the union—may lead to increased gender equity within the household. That is, the communication and joint decision-making and coordination required to achieve contraceptive use, may lead to increased mutual support, accountability, and porousness of gender roles, where, at minimum, men became engaged in the sharing the burden of improving reproductive health (traditionally borne by women) and support women’s agency to advance couple and family health.

## **Impact**

When couples make and enact positive decisions about their RH and gender roles within the couple become more fluid, quantifiable evidence of the impact of those behaviors and attitudes can be expected. This TOC frames impact in terms of the successful delay and healthy timing and spacing of pregnancies among FTPs. More broadly, however, this TOC can account for improved outcomes through the adoption of behaviors in other important areas of reproductive health, such as reduced maternal and neonatal morbidity and mortality (through joint attendance at ANC, joint birth preparedness and complications-readiness planning, facility-based births, support for breastfeeding, etc.), and reduced prevalence, morbidity and mortality from HIV (through the adoption of barrier methods, pre-exposure prophylaxis, initiation of and adherence to antiretroviral therapy to achieve viral suppression).<sup>29</sup> Furthermore, the increased mutual support of the partners, borne out of increased communication and joint decision-making regarding RH, presumably will be expressed and extended in other spheres of the couple’s life, such as household economics and maintenance, leading to more gender equity. Embedded in this conceptualization of impact is the evidence-based assertion that there is a positive relationship between gender equity in relationships and good reproductive health outcomes.

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<sup>29</sup> Ramirez-Ferrero E. Couple-Based Approaches in Sexual and Reproductive Health: Implications for Global Policy, Practice, and Research. Washington, DC: Evidence to Action/Pathfinder International, 2020.

## IMPLICATIONS FOR PROGRAMS: INTERVENTION POINTS AND STRATEGIES

This section moves from an of the TOC to an examination of practical points of intervention for reproductive health programs. As with the section above, these will be described based on the TOC diagram from left (Culture and Context) to right (Conducive Environment).

### **Culture and Context**

Programmatic strategies and interventions at this level should aim to address social norms; contextual patterns of inequality, including economic status, ethnicity/national origin, religion, age, disability; and conducive health policies and access to health information, specifically, FP.

One key programmatic strategy for promoting positive change in norms around couples' reproductive health is through social and behavior change efforts. For example, results from the Promoting Change in Reproductive Behavior of Adolescents (PRACHAR) project in Bihar, India demonstrated that community-level social and behavior change (SBC) interventions that focused on norms related to marriage, contraception, and fertility led to a sustained increase in contraceptive use among young married couples.<sup>30</sup>

Another promising intervention strategy to nurture an enabling environment is to engage government and civil society to promote equity of access to and utilization of health services, be it at the facility- or community-level. From a policy perspective, engagement efforts should acknowledge that RH is an essential component of universal health coverage.<sup>31</sup> This is especially important for young couples in low- and middle-income countries who face substantial barriers in accessing quality RH services and are often overlooked by traditional policies and programs.<sup>32</sup> It is also important for men, who are often viewed as ancillary to FP/RH services and not part of the core audience for programming. From a programmatic perspective, home-based services have garnered increased attention from across the reproductive health subfields as a strategy for promoting equity of access to information and services.<sup>33,34</sup> A study in Zambia, which compared home-based HIV testing to facility-based testing, is suggestive. It found that significantly more adults were tested through home-based HIV counseling and testing than in the health facility. Uptake was equally high among men and women and acceptance of

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<sup>30</sup> Subramanian, L., Simon, C., & Daniel, E. E. (2018). Increasing Contraceptive Use Among Young Married Couples in Bihar, India: Evidence From a Decade of Implementing the PRACHAR Project. *Global Health Science and Practice*, 330-344.

<sup>31</sup> United Nations Population Fund. (2019). Sexual and Reproductive Health and Rights: An Essential Element of Universal Health Coverage. International Conference on Population and Development.

<sup>32</sup> Sarkar, A., Chandra-Mouli, V., Jain, K., Behera, J., Mishra, S. K., & Mehra, S. (2015). Community based reproductive health interventions for young married couples in resource-constrained settings: a systematic review. *BMC Public Health*.

<sup>33</sup> Maru S, Nirola I, Thapa A, et al. An integrated community health worker intervention in rural Nepal: a type 2 hybrid effectiveness-implementation study protocol. *Implement Sci*. 2018 Mar 29;13(1):53.

<sup>34</sup> McCollum R, Gomez W, Theobald S, Taegtmeier M. How equitable are community health worker programmes and which programme features influence equity of community health worker services? A systematic review. *BMC Public Health* . 2016 May 20;16:419.

couple counseling was also high. Importantly, the intervention also increased equity of access. That is, socioeconomic inequalities in access to HIV testing disappeared in the intervention arm.<sup>35</sup>

## Key Influencers

Influencers, such as family members and peers in the community, play a key role in RH behaviors and health-seeking, particularly for young couples. As such, interventions that target these key influencers is an important consideration for CFIs aiming to improve RH outcomes for young couples. One important intervention, particularly for youth, is reproductive health and family life education for peer groups. Peer group-based education sessions provide a safe space for young men and women to discuss sensitive topics and support each other in adopting positive health behaviors. Promundo's Program H: Engaging Young Men in Gender Equality is one such curriculum-based program. It seeks to engage young men and their communities in critical reflections about rigid norms related to manhood and reproductive health. It includes group educational activities, community campaigns, and an innovative evaluation model (the Gender-Equitable men [GEM] scale) for assessing the program's impact on gender-related attitudes. After participating in Program H activities, young men have reported a number of positive attitudinal as well as behavioral changes, from higher rates of condom use and improved relationships with friends and sexual partners, to greater acceptance of domestic work as men's responsibility and lower rates of sexual harassment and violence against women.<sup>36</sup> Furthermore, small group education sessions with family members—such as mothers or mothers-in-law—are also useful mechanisms to increase the support of these key influencers for FP/RH. This is discussed further under “Conducive Environment” below.

Again, because individuals tend to mimic how their own families talked about sexuality and relationships, promotion of parent-child communication about sexuality is another effective intervention strategy for addressing key influencers through CFIs. A review of studies about parent-child communication about sexuality and HIV in sub-Saharan Africa found that if given the proper coaching and support, parents are willing and able to communicate with their children about sexuality and HIV/AIDS.<sup>37</sup> Interventions promoting parent-child communication can improve both the frequency of discussion as well as the content.<sup>38</sup> Such programs should be prepared to thoroughly address common barriers, such as lack of parental knowledge and lack of self-efficacy and comfort in communicating with their children about sexuality.<sup>39</sup> The intended outcome of this effort is that these children will become young people and adults who will be more informed and communicative in their own relationships about FP/RH, leading to better couple and family health outcomes.

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<sup>35</sup> Fylkesnes K, Sandøy IF, Jürgensen M, et al. Strong effects of home-based voluntary HIV counselling and testing on acceptance and equity: a cluster randomised trial in Zambia. *Social Science and Medicine*. 2013 Jun;86:9-16.

<sup>36</sup> Ramirez-Ferrero E. Male involvement in the prevention of mother-to-child transmission of HIV. Geneva: World Health Organization; 2012.

<sup>37</sup> Bastien, S., Kajula, L., & Muhwezi, W. (2011). A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa. *Reproductive Health*.

<sup>38</sup> Ibid.

<sup>39</sup> Ibid.

## Individual Partners

We can think of interventions that target individual partners as happening both before and during a union. Individual partners bring their knowledge, skills, attitudes, aspirations to their union. As such, the interventions mentioned above for peer groups would be the same for the individual partners within the peer groups.

But these same individual attributes can be transformed during the course of a relationship. As this TOC acknowledges, partners may be differently affected by the cultural context they are living in. Each partner is influenced by their perception and interpretation of gender roles and the level of personal power and agency afforded to men versus women. For young women, reproductive health choices and actions are heavily influenced by their own knowledge, capacities, and skills as well as other individuals, institutions, systems, and policies.<sup>40</sup> Results from some programs and studies suggest that efforts in designing and implementing gender transformative programs should be sure to account for the diversity of each of the partners in terms of marital status, age difference, level of education, etc.<sup>41</sup>

For example, E2A's FTP programming addresses the individual partners' information needs, issues of relationship quality and reproductive health decision-making, and action by engaging individual members of couples in gender synchronized<sup>42</sup> programming. E2A uses a model in which male and female partners are engaged—separately and both together—to discuss issues around couple communication and decision-making. Single partner and couple discussions used tools such as activity cards with key messages on decision-making around FP and maternal and child health. Additionally, household visits provided an opportunity to reinforce information conveyed in group sessions and engage with both partners to discuss gender and social norms that hindered positive couple communication efforts.

## Couple Components

Dyadic Factors, Transformation of Motivation, and Coordinated Action: Although the stages of a couple's evolution—from individual awareness of FP that partners bring to a relationship to coordinated action in adopting a FP method—are distinct, they are programmatically addressed as a unit. In the TOC, the dyadic factors stage focuses on the potential of the couple as a unit (as opposed to two disparate individuals) to produce positive health-seeking behaviors and attitudes. Dyadic factors rely on several characteristics, with the nature and quality of the relationship being central. In the transformation of motivation, the critical shift is from seeing FP utilization as an individual concern to being a shared concern for the couple. Again here, the quality of the relationship affects the degree of

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<sup>40</sup> Anjala Kanesathasan. *Introducing E2A's First Time Parents Lifestage* (Washington, DC: Evidence to Action Project, March 2019)

<sup>41</sup> Beyond the ABCD of FTPs: *A deep dive into emerging considerations for first time parents' programs*, save the children US, 2019.

<sup>42</sup> "Gender-synchronized approaches are the intentional intersection of gender transformative efforts reaching both men and boys and women and girls of all sexual orientations and gender identities. They engage people in challenging harmful and restrictive constructions of masculinity and femininity that drive gender-related vulnerabilities and inequalities and hinder health and well-being. Such approaches can occur simultaneously or sequentially, under the same "programmatic umbrella" or in coordination with other organizations." From: Greene M, Levack A. *Synchronizing Gender Strategies*. Washington: Population Reference Bureau; 2010.



mutual influence of the partners. Thus, the better the quality of the relationship, the higher the degree of mutual influence, and the greater the chances that a health behavior will come to be seen as a mutual concern. In the coordinated action stage, couples communicate about their common health concern and take planned action. Quality communication and the couples' knowledge of their contraceptive options and how to access them is important.

There are existent curricula for facilitating couples' transit through these stages. It is interesting to note that the few that exist in the reproductive health realm, arose primarily from the HIV field. The emergence of HIV and growing awareness of the complex social dynamics involved in its transmission and the importance of understanding the nature and quality of the relationship between partners that drives sexual transmission. As a result, efforts arose to focus on improving the quality of relationships as a means of limiting multiple concurrent relationships and other risky behaviors.

For example, CFIs such as "Connect,"<sup>43</sup> which emphasize the relationship as the target of change, use a relationship-based strategy that teaches couples techniques and skills to enhance the quality of their relationship, communication, and shared commitment to safety and health. The strategy used by Connect applies couple communication, negotiation, problem-solving, and goal-setting skills to the learning, performance, and maintenance of behaviors to reduce HIV/STI risk. Discussion topics included relationship fidelity, and how gender differences, stereotypes, and power imbalances influence safer sex decision-making and behaviors. Discussions took place through joint sessions with male and female partners, video-based scenarios, role playing, feedback, and practice techniques.

EngenderHealth's CoupleConnect is an interactive, skills-based curriculum designed to prevent HIV infection among couples from the United Republic of Tanzania, which focuses on strengthening "couple connectedness"<sup>44</sup>—the quality of the emotional bond between partners that is both mutual and sustained over time." In line with the project's objectives, couples are defined as those who live in or near an urban area, have been married within the past five years, are of low to middle socioeconomic class, are literate, are at least 20 years old, and are non-polygamous. EngenderHealth operationalizes couple connectedness through the promotion of nine key couple behaviors. A major theme of the curriculum is how gender inequality and harmful gender norms affect the behaviors that comprise the condition of couple connectedness. As such, the curriculum raises awareness about harmful gender norms, questions the cost of these norms, and redefines them into healthier alternatives throughout the program. CoupleConnect is based on the hypothesis that couples who report a higher sense of couple connectedness are more likely to engage in healthier sexual behaviors compared to couples who report a lower sense of couple connectedness.<sup>45</sup>

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<sup>43</sup> Connect: A Couples-level Intervention for Heterosexual Couples at Risk for HIV/STIs, <https://www.cdc.gov/hiv/research/interventionresearch/rep/packages/connect.html>, accessed on June 1<sup>st</sup>, 2020

<sup>44</sup> Ibid.

<sup>45</sup> Ramirez-Ferrero E. Male involvement in the prevention of mother-to-child transmission of HIV. Geneva: World Health Organization; 2012.

Regarding Promundo's work in East Africa, Doyle et al. findings of a gender-transformative couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda suggest that emphasizing joint decision-making through skills-based activities and by creating spaces for couple communication was successful at targeting underlying, unequal gendered power dynamics.<sup>46</sup> However, a gender transformative program to engage male partners should also consider the diversity among them, such as the typical age difference between men who are FTPs and those who are not. For instance, Pathfinder International's experience in Burkina Faso showed that younger husbands were more open to discussing personal issues with a community health worker (CHW) in front of their wives during home visits compared to older husbands.<sup>47</sup> In this case, using couple counseling and couple joint sessions to engage young couples seems ideal, whereas male-only sessions or individual communication may work better with older men.

### **Conducive Environment**

Intervention strategies aimed at improving FP/RH outcomes for couples must ensure that couples have access to community- and facility-based contraceptive services which are staffed by a trained, receptive workforce. As a key component to CFIs, both members of a couple—women AND men—should have access to individual and couple-focused informed choice voluntary gender-transformative counseling at the facility and community levels. For example, a randomized study in Jordan found that couples FP counseling led to a 54% increase in uptake of modern contraceptive methods, compared with a 46% increase from women-only counseling.<sup>48</sup> While this difference was not statistically significant, it is a promising result indicating the potential benefits of couples counseling for FP.<sup>49</sup> Furthermore, a randomized controlled trial in urban Nepal showed that women who received antenatal health education on maternal health care utilization and birth preparedness with their husbands were more likely to attend a postpartum visit and more likely to report making greater than three birth preparations than women who received the education alone.<sup>50</sup>

It is also important for couple-focused programs to advocate for space, privacy, and confidentiality for couples at health facilities. A welcoming environment and respectful care for women, men, and couples, as well as a well-trained workforce, are also important components for CFIs. A cluster randomized controlled trial in Lilongwe, Malawi showed that young women who received counseling from a CHW trained in couples counseling were more likely to have a male partner present during

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<sup>46</sup> Doyle, K., et al., Gender-transformative Bandedereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. *PLoS One*, 2018 13(4): pe0192756

<sup>47</sup> Chau, K., et al., Reaching First-Time Parents and Young Married Women for Healthy Timing and Spacing of Pregnancies in Burkina Faso: Key implementation-related findings from Pathfinder International's "Addressing the Family Planning Needs of Young Married Women and First-Time Parents Project" (Washington, DC: Evidence to Action Project/Pathfinder International, September 2015).

<sup>48</sup> El-Khoury, M., Thornton, R., Chatterji, M., Kamhawi, S., Sloane, P., & Halassa, M. (2016). Counseling Women and Couples on Family Planning: A Randomized Study in Jordan. *Studies in Family Planning*.

<sup>49</sup> Ibid.

<sup>50</sup> Mullany, B. C., Becker, S., & Hindin, M. J. (2007). The Impact of Including Husbands in Antenatal Health Education Services on Maternal Health Practices in Urban Nepal: Results from a Randomized Controlled Trial. *Health Education Research*.

their first FP visit.<sup>51</sup> While nearly all women initiated a modern FP method in both groups (those that met with CHWs that were trained in couples counseling and those that met with CHWs that were not), the women in the couples counseling group were more likely to choose methods involving active male participation (male condoms and dual methods).<sup>52</sup> SBC materials focused on couples are also useful intervention strategies and can be distributed at both the facility and community levels. A study in Dodoma Region, Tanzania found that men who reported having access to information about male involvement in maternity care were more likely to be involved in their partner's maternity care than men that did not report having access to such information.<sup>53</sup>

Lastly, couple-focused programs should address the influence that household-level key influencers have on a couple's reproductive health decision-making and action, particularly for young couples. Small group discussion sessions with family members—such as mothers or mothers-in-law—can provide useful information to these key influencers and increase their support for the couple's utilization of FP/RH healthcare generally. E2A implemented small groups with mothers and mothers-in-law of FTPs, covering topics related to HTSP, FP, MNCH, and gender. In the implementation of these small group sessions, E2A found that given the difficulty of engaging household influencers and retaining them in the program, it is important to focus engagement on key health gaps/concerns, especially those that touch on deeply held cultural and gender norms.<sup>54</sup> E2A also engaged household influencers through home visits. These home visits allowed the program to address individuals, couples, and members of their household together in order to provide information, encourage household discussion on RH, and improve support for couple's reproductive health action.

## MONITORING AND EVALUATION

To measure whether, and the extent to which, desired changes are taking place, E2A has compiled a list of illustrative indicators aligned with the TOC to inform monitoring and evaluation of CFI activities and outcomes. Unlike much research, which relies on women for information on anything having to do with reproductive health, this M&E approach views both women and men as vital sources of information. The indicators, presented in the table on the following pages, are not exhaustive but draw from several existing measurement resources and tools for FP and youth programs and adapts them to focus on the couple as the unit of intervention.

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<sup>51</sup> Lemani, C., Tang, J. H., Kopp, D., Phiri, B., Kumvula, C., Chikosi, L., Rosenberg, N. E. (2017). Contraceptive Uptake After Training Community Health Workers in Couples Counseling: A Cluster Randomized Trial. *PLOS ONE*.

<sup>52</sup> Ibid.

<sup>53</sup> Gibore, N. S., Ezekiel, M. J., Meremo, A., Munyogwa, M. J., & Kibusi, S. M. (2019). Determinants of Men's Involvement in Maternity are in Dodoma Region, Central Tanzania. *Journal of Pregnancy*.

<sup>54</sup> Kanathasasan A, Mills E, Ramirez-Ferrero E. Key Insights for First Time Parent Programs: Lessons from implementing first-time parent interventions to improve health and gender outcomes in three countries. Washington, DC: Evidence to Action/Pathfinder International, 2020.

## Illustrative Indicators<sup>55</sup> for the Couples Theory of Change

Components of TOC	Indicator
<b>Culture and Context</b>	
Cultural notions and practices related to gender and sexuality, intimate relationships, and contraception	<ul style="list-style-type: none"> <li>• Positive changes in normative expectations related to male engagement in RH, equitable gender roles, sexuality, intimate relationships, and contraceptive use<sup>56</sup></li> <li>• Perceived reductions in sanctions related to male engagement in FP/RH equitable gender roles, sexuality, intimate relationships, and contraceptive use<sup>57</sup></li> <li>• Percent of women and men who think a husband is justified in hitting or beating his wife certain circumstances<sup>58</sup></li> <li>• Percent of women and men who think a wife is justified in refusing to have sex with her husband in certain circumstances<sup>59</sup></li> <li>• Community/reference group attitudes toward gender norms (modified GEM scale)<sup>60</sup></li> </ul>
Patterns of inequality related to gender, economic status, ethnicity or national origin, religion, age, and disability	<ul style="list-style-type: none"> <li>• Percent of women who have completed at least four years of schooling</li> <li>• Wealth index<sup>61,62</sup></li> <li>• Percent of population living within two hours travel time from nearest facility offering a specific reproductive health service</li> <li>• Composite RMNCH coverage index, disaggregated by economic status, education, place of residence<sup>63</sup></li> <li>• Evidence that policy barriers to access FP services and information have been identified and/or removed</li> <li>• Participation of women in household decision-making index</li> </ul>

<sup>55</sup> Unless otherwise noted, listed indicators have been extracted or adapted from Measure Evaluation's Family Planning and Reproductive Health Indicators Database. [https://www.measureevaluation.org/prh/rh\\_indicators/indicator-summary](https://www.measureevaluation.org/prh/rh_indicators/indicator-summary)

<sup>56</sup> Adaptations based on CARE USA, Stefanik, L. and Hwang, T. Applying Theory to Practice: Care's Journey Piloting Social Norms Measures for Gender Programming. [http://www.care.org/sites/default/files/applying\\_social\\_norms\\_theory\\_to\\_practice\\_cares\\_journey.pdf](http://www.care.org/sites/default/files/applying_social_norms_theory_to_practice_cares_journey.pdf)

<sup>57</sup> Adaptations based on CARE USA, Stefanik, L. and Hwang, T. Applying Theory to Practice: Care's Journey Piloting Social Norms Measures for Gender Programming. [http://www.care.org/sites/default/files/applying\\_social\\_norms\\_theory\\_to\\_practice\\_cares\\_journey.pdf](http://www.care.org/sites/default/files/applying_social_norms_theory_to_practice_cares_journey.pdf)

<sup>58</sup> Nanda G, Schuler SR, Lenzi R. The influence of gender attitudes on contraceptive use in Tanzania: new evidence using husbands' and wives' survey data. *J Biosoc Sci.* 2013;45(3):331-344. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3607277/>

<sup>59</sup> Nanda G, Schuler SR, Lenzi R. The influence of gender attitudes on contraceptive use in Tanzania: new evidence using husbands' and wives' survey data. *J Biosoc Sci.* 2013;45(3):331-344. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3607277/>

<sup>60</sup> Learning Collaborative to Advance Normative Change. 2019. Resources for Measuring Social Norms: A Practical Guide for Program Implementers. Washington, DC: Institute for Reproductive Health, Georgetown University.

<sup>61</sup> <https://dhsprogram.com/topics/wealth-index/>

<sup>62</sup> <https://www.equitytool.org/>

<sup>63</sup> State of Inequality: Reproductive, Maternal, Newborn and Child Health. World Health Organization 2015. [https://www.who.int/gho/health\\_equity/report\\_2015/en](https://www.who.int/gho/health_equity/report_2015/en).

	<ul style="list-style-type: none"> <li>Existence of national-level programs/policies/advocacy campaigns that promote gender equity</li> </ul>
Access to information related to contraception and reproductive health	<ul style="list-style-type: none"> <li>Percent of audience reporting exposure to FP messages on radio, television, electronic platforms, or in print</li> <li>Percent of audience with a favorable (or unfavorable) attitude toward the product, practice, or service</li> <li>Availability of accessible, relevant, and accurate information about FP/RH tailored to couples</li> </ul>
Health system policies vis-à-vis youth, men's and couples' engagement	<ul style="list-style-type: none"> <li>Evidence of engagement of men and couples in FP incorporated in national health standards or policies</li> </ul>
<b>Key Influencers</b>	
Family influence	<ul style="list-style-type: none"> <li>Improved perceptions of family support<sup>64</sup></li> <li>Perceived approval from family members for HTSP and contraceptive use<sup>65</sup></li> <li>Increased communication with a family member about FP/RH</li> </ul>
Peer group influence	<ul style="list-style-type: none"> <li>Improved perceptions of peer support<sup>66</sup></li> <li>Perceived approval from peers for HTSP and contraceptive use<sup>67</sup></li> <li>Increased communication with peers about FP/ RH</li> </ul>
<b>Individual Partners</b>	
Individual perception and interpretation of gender role	<ul style="list-style-type: none"> <li>Individual attitudes toward gender norms (GEM scale)</li> <li>Individual attitudes toward women's reproductive autonomy<sup>68</sup></li> <li>Percent of women and men who disagree that contraception is a woman's business and a man should not have to worry about it</li> </ul>

<sup>64</sup> Examples of scales measuring social support can be found in: Hinson, L., Kapungu, C., Jessee, C., Skinner, M., Bardini, M. & Evans-Whipp, T. (2016). Measuring Positive Youth Development Toolkit: A Guide for Implementers of Youth Programs. Washington, DC: YouthPower Learning, Making Cents International. <https://www.icrw.org/wp-content/uploads/2017/02/PYD-Measurement-Toolkit-Final.pdf>

<sup>65</sup> Adaptations based on UNICEF MENARO, 2018, Measuring Social and Behavioral Drivers of Child Protection Issues – a guidance tool. [https://www.thecompassforsbc.org/sites/default/files/strengthening\\_tools/SBC\\_Monitoring\\_Guidance\\_final.pdf](https://www.thecompassforsbc.org/sites/default/files/strengthening_tools/SBC_Monitoring_Guidance_final.pdf)

<sup>66</sup> Examples of scales measuring social support can be found in: Hinson, L., Kapungu, C., Jessee, C., Skinner, M., Bardini, M. & Evans-Whipp, T. (2016). Measuring Positive Youth Development Toolkit: A Guide for Implementers of Youth Programs. Washington, DC: YouthPower Learning, Making Cents International. <https://www.icrw.org/wp-content/uploads/2017/02/PYD-Measurement-Toolkit-Final.pdf>

<sup>67</sup> Adaptations based on UNICEF MENARO, 2018, Measuring Social and Behavioral Drivers of Child Protection Issues – a guidance tool. [https://www.thecompassforsbc.org/sites/default/files/strengthening\\_tools/SBC\\_Monitoring\\_Guidance\\_final.pdf](https://www.thecompassforsbc.org/sites/default/files/strengthening_tools/SBC_Monitoring_Guidance_final.pdf)

<sup>68</sup> Example of a validated scale measuring reproductive autonomy: Upadhyay UD, Dworkin SL, Weitz TA, Foster DG. Development and validation of a reproductive autonomy scale. *Stud Fam Plann*. 2014 Mar;45(1):19-41. doi: 10.1111/j.1728-4465.2014.00374.x. PMID: 24615573. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1728-4465.2014.00374.x>



Level of personal power and agency	<ul style="list-style-type: none"> <li>• Percent of women/men who have completed at least ten years of education</li> <li>• Increased self-efficacy<sup>69</sup></li> <li>• Increased social and communication skills<sup>70</sup> (include listening, assertiveness, conflict resolution, negotiation)</li> <li>• Increased skills in higher-order thinking skills<sup>71</sup> (include problem-solving, planning, decision-making and critical thinking)</li> </ul>
Contraception: <ul style="list-style-type: none"> <li>• Consciousness</li> <li>• Motivations</li> <li>• Preference of fertility outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Improved knowledge about HTSP, FP and benefits of FP</li> <li>• Favorable attitude towards FP product, practice, or service</li> <li>• Intention to use a modern FP method to delay or space births</li> </ul>
<b>Dyadic Factors<sup>72</sup></b>	
Nature of relationship	<ul style="list-style-type: none"> <li>• Increased mutual support</li> <li>• Improved relationship satisfaction</li> <li>• Reduction or absence of violence in the relationship</li> <li>• Ever discussed fertility goals/number of children they desire to have</li> <li>• Increased mutual trust</li> <li>• Improved balance of power between partners</li> </ul>
Degree of mutual influence: Trust, communication, intimacy, power within the relationship (gender, personal; including the absence/presence of violence), satisfaction	

<sup>69</sup> Examples of scales measuring self-efficacy can be found in: Richardson E, Allison K, Gesink D, Berry A. Barriers to accessing and using contraception in highland Guatemala: the development of a family planning self-efficacy scale. Open Access J Contracept.2016;7:77–8. [https://www.researchgate.net/figure/Family-planning-self-efficacy-scale-questionnaire\\_tbl3\\_301720215](https://www.researchgate.net/figure/Family-planning-self-efficacy-scale-questionnaire_tbl3_301720215); and Hinson, L., Kapungu, C., Jessee, C., Skinner, M., Bardini, M. & Evans-Whipp, T. (2016). Measuring Positive Youth Development Toolkit: A Guide for Implementers of Youth Programs. Washington, DC: YouthPower Learning, Making Cents International. <https://www.icrw.org/wp-content/uploads/2017/02/PYD-Measurement-Toolkit-Final.pdf>

<sup>70</sup> Examples of scales measuring these skills can be found in: Hinson, L., Kapungu, C., Jessee, C., Skinner, M., Bardini, M. & Evans-Whipp, T. (2016). Measuring Positive Youth Development Toolkit: A Guide for Implementers of Youth Programs. Washington, DC: YouthPower Learning, Making Cents International. <https://www.icrw.org/wp-content/uploads/2017/02/PYD-Measurement-Toolkit-Final.pdf>

<sup>71</sup> Examples of scales measuring these skills can be found in: Hinson, L., Kapungu, C., Jessee, C., Skinner, M., Bardini, M. & Evans-Whipp, T. (2016). Measuring Positive Youth Development Toolkit: A Guide for Implementers of Youth Programs. Washington, DC: YouthPower Learning, Making Cents International. <https://www.icrw.org/wp-content/uploads/2017/02/PYD-Measurement-Toolkit-Final.pdf>

<sup>72</sup> There are several relationship quality scales in the psychology literature, including: (1) Relationship Flourishing Scale: 12-item measure of eudaimonic relationship quality that assesses meaning, personal growth, relational giving, and goal sharing; (2) Couple Satisfaction Index: 32-item scale designed to measure one's satisfaction in a relationship. Available also in 16-item or 4-item format; (3) Trust in Close Relationships Scale: 17-item measure designed to gauge levels of trust in one's relationship partner.

Transformation of Motivation	
Belief (that joint effort is advantageous)	<ul style="list-style-type: none"> <li>• Couple consensus that FP use can help them attain fertility aspirations</li> <li>• Joint desire to delay or space births for family well-being</li> <li>• Agreement between partners on ideal number of children</li> </ul>
Ascribe meaning to health outcome as meaningful to couple, from self-centered to relationship-centered	<ul style="list-style-type: none"> <li>• Shared goals and expectations related to family size</li> <li>• Mutual support for their partners' reproductive health practices</li> <li>• Mutual support for the use of modern contraception for themselves or their partners to delay or space pregnancy</li> </ul>
Coordinated Action	
Communication (talking together about the situation)	<ul style="list-style-type: none"> <li>• Discussed HTSP and FP (in the past 6 months)</li> <li>• Discussed modern FP method they would like to use</li> <li>• Discussed how to obtain modern FP method they would like to use</li> </ul>
Joint decision-making (on what cooperative actions to take)	<ul style="list-style-type: none"> <li>• Joint visit to a FP service</li> <li>• Received joint couple counseling on FP from a trained provider</li> <li>• Shared decision-making of SRH issues</li> <li>• Shared decision-making on HTSP and FP use</li> <li>• Shared decision-making on FP method type to use</li> </ul>
Conducive Environment	
Health system practices vis-à-vis youth, men's and couples' engagement	<ul style="list-style-type: none"> <li>• Number of providers trained on gender equity and sensitivity</li> <li>• Number of FP providers trained on male-specific FP</li> <li>• Gender-sensitivity in the service delivery environment, including facilities that are "male and couple-friendly"</li> </ul>
Family influence	<ul style="list-style-type: none"> <li>• Improved perceptions of family support<sup>73</sup></li> <li>• Perceived approval from family members for HTSP and contraceptive use<sup>74</sup></li> <li>• Increased communication with a family member about RH</li> </ul>

<sup>73</sup> Examples of scales measuring social support can be found in: Hinson, L., Kapungu, C., Jessee, C., Skinner, M., Bardini, M. & Evans-Whipp, T. (2016). Measuring Positive Youth Development Toolkit: A Guide for Implementers of Youth Programs. Washington, DC: YouthPower Learning, Making Cents International. <https://www.icrw.org/wp-content/uploads/2017/02/PYD-Measurement-Toolkit-Final.pdf>

<sup>74</sup> Adaptations based on UNICEF MENARO, 2018, Measuring Social and Behavioral Drivers of Child Protection Issues – a guidance tool. [https://www.thecompassforsbc.org/sites/default/files/strengthening\\_tools/SBC\\_Monitoring\\_Guidance\\_final.pdf](https://www.thecompassforsbc.org/sites/default/files/strengthening_tools/SBC_Monitoring_Guidance_final.pdf)

Outcomes	
Initiation and maintenance of contraceptive use	<ul style="list-style-type: none"> <li>• Contraceptive prevalence rate</li> <li>• Demand for FP satisfied with modern methods</li> <li>• Adoption of postpartum FP prior to discharge</li> <li>• Contraceptive use 6 weeks and 6 months postpartum</li> <li>• Percent distribution of contraceptive methods currently used by men or their sexual partners</li> <li>• Men who have ever used any male FP method or FP method that requires male or couple cooperation (eg. fertility awareness methods)</li> </ul>
Increased sharing of decision-making and responsibility for family health, parenting, & household	<ul style="list-style-type: none"> <li>• Participation of women in household decision-making index (3 decisions): determining own health care; making large household purchases; visiting family or relatives</li> <li>• Increased involvement of men in family health responsibilities</li> </ul>

## CONCLUSION

CFIs are an emerging strategy to improve FP/RH outcomes by promoting couple communication and shared decision-making, and by altering the perception of the male partner's role in family planning and reproductive health. Implementation of this strategy has the potential to not only improve FP/RH outcomes for women but, more broadly, may contribute to an equalizing of the power dynamic between couples, which traditionally favors men, and thereby contribute to overall family health.

The CFI TOC presented in this brief was borne out of E2A's experience with programming for youth—in particular, the project's efforts focused on FTPs. Through these experiences, E2A identified a gap in program strategies worldwide in terms of targeting couples as a unit as a means to improve reproductive health practices and outcomes among young (and older) couples. The lack of information about the nature, needs, and concerns of youth couples, and how the relationship influences reproductive health decisions and behaviors, motivated E2A to explore the potential of CFIs, that address gender norms and dynamics and seek to change these inequities, for this particularly vulnerable population and others.

E2A's goal in developing a CFI TOC is to help programs be systematic in implementing this approach by laying out the key factors that can affect the couple and their decision-making and how these factors can work together to lead to desired outcomes and impact. In addition to introducing this TOC, this brief provides insight into what it means to apply the TOC in practice by identifying illustrative programmatic strategies and interventions at the various points of the schematic, and provides a set of indicators that can be used for the monitoring and evaluation of CFIs. In designing programs that use a CFI approach and adopting this TOC to this end, decision-makers and program implementers will gain a new tool in their efforts to address the RH needs of adolescent, youth, and adult couples.



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