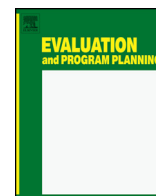




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Contents lists available at ScienceDirect

Evaluation and Program Planning

journal homepage: www.elsevier.com/locate/evalprogplan

Evaluation considerations for community-based gender-informed health interventions



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ARTICLE INFO

Article history:

Available online 9 December 2014

Keywords:

Appreciative inquiry
Autobiographical narrative
Social norms

ABSTRACT

Evaluations of gender-based interventions have been consistently criticized for their lack of methodological rigor. This is largely due to the complex design of many of the interventions, coupled with difficulties in measuring the outcome and impact of these interventions. This article proposes a number of ways to improve these evaluations both at the community and individual level. We recommend use of organizational theory and narrative inquiry methods, such as the appreciative inquiry technique, to examine how communities design gender-based interventions. In addition, we suggest a variety of methods to measure the effects of these interventions on gender norms in the community for example, policy analysis, multilevel modeling, and social conversations. With respect to measuring outcomes at the individual level, we argue for more rigorous evaluation designs in order to improve internal and external validity claims. Additionally, we suggest that evaluations should incorporate different methodologies, for example autobiographical narratives, which allows one to give saliency to the subjective voices of participants. Finally, we emphasize that evaluation designs need to document the long term effects of intervention programs and define the expected outcomes with greater specificity.

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1. Introduction

In this article, we discuss a number of critical issues for researchers to consider in their evaluations of community-based gender-informed health interventions. These considerations can be applied to both local and large scale evaluation studies. Keeping the purpose of the intervention in mind, there are two main points that need to be considered when evaluating the impact of community gender-based interventions: (1) has the intervention program resulted in the establishment of a public health system/ collaborative partnership that provides quality healthcare for women and girls, and (2) was the intervention effective in reducing health disparities among women and girls through changes in community norms. In order to address these points, the evaluation framework would need to include information on gender-specific performance measures at both the community and individual level that are deemed important for determining the success of the intervention.

Given the relative paucity in of health intervention evaluations in the United States (U.S.) that are premised on gender-based considerations, future studies would need to lay out a blueprint for evaluators to measure the impact of interventions on the community and individual in a reliable manner. Planning for evaluations at both the local and national levels would ideally need to be guided by the following considerations: (1) the requirements set forth by funding agencies and the goals of the particular program, (2) research findings and methodological approaches used in previous studies, and (3) inputs from gender-based intervention experts and local program planners. There is a lack of reliable data on the relative efficacy of the various gender-based systems and interventions in the healthcare industry, in the U.S. and other countries, despite the emerging body of research on interventions for women's health (Brittle & Bird, 2007). Moreover, there is little information available to guide the design and implementation of intervention programs, and almost no reliable data on the effectiveness and impact of gender-based approaches to improve the health and well-being of women and girls (Brittle & Bird, 2007). Triangulating the viewpoints of experts, local program planners, stakeholders, and the findings from previous research would enable better design and implementation of evaluation studies (Koball, Zaveri, Boller, Daro, & Knab, 2009).

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2. Methods

We reviewed previous research on evaluating intervention programs for women's health. Specifically, we selected studies that examined findings across a variety of countries. We focused the search primarily on reproductive health and gender-based violence. These are the two areas that have been the subject of most evaluation efforts. This review was an initial step to consolidate the various findings in this field and propose avenues for the strengthening of future research. The findings from the literature review and recommendations for evaluators have been described in detail in Section 3.

3. Results

3.1. Evaluation epistemologies

3.1.1. Community level impact

Gender-based interventions are generally influenced by the assumptions embodied in ecological models in which the determinants of a woman's health include individual, community, institutional, policy, and interpersonal factors. Interventions tend to incorporate strategies and elements at various levels and across various sectors in the community. Therefore, intervention frameworks that seek to analyze how gender-based health programs at the community level impact women's health may want to consider two pertinent questions. First, how do community healthcare and other key providers design and implement responsive gender-based interventions? And second, how do community and social norms change as a function of these interventions? Creating community coalition structures founded on a participatory democratic approach opens up new lines of inquiry that can be used to complement more traditional evaluation approaches. For example, the evaluator's understanding of the development, establishment of relationships, communication networks, planning, and internal processes among coalitions can be sharpened by drawing on organizational development theories as well as community coalition action theories (fairly prevalent in the health field). Models such as the appreciative inquiry (AI) model has been used to study organizational functioning, changes, and dynamics and therefore can be used to supplement more commonly used evaluation methods.

AI evaluations are based on social constructionism and seek to identify "the best practices that exist, positive moments, greatest learnings, successful processes, and generative partnerships" (Watkins & Mohr, 2001, pp. 183). This line of inquiry indicates that systems in organizations can build on successful past experiences (Watkins & Mohr, 2001). This approach is particularly beneficial for our understanding of the sustainability of community health coalitions. AI has been used to frame the evaluations of a number of diverse programs such as the impact of a coalition training program on sexual abuse in New Mexico (Preskill & Catsambas, 2006) and the coalition work surrounding the reduction of domestic violence in Kansas (Kansas Coalition against Sexual and Domestic Violence, 2014; www.kcsdv.org). Therefore, the AI technique holds promises for being effective in community gender-based research and can be used in combination with other more traditional approaches in studies that are concerned with coalition development and change.

Many gender-based transformative interventions seek to address and change harmful community norms. It then becomes important for evaluators to assess whether the intervention resulted in bringing about change in these harmful norms and whether such changes in community norms have a positive impact on health behaviors and healthcare. However, assessing a program's impact on norms can be challenging for evaluators and consequently researchers may fail to include changes in norms

as an outcome measure. Barker, Ricardo, and Nascimento (2007) in a review of 58 evaluations of programs to reduce gender-based inequities in health by engaging men and boys with healthcare, found few studies that actually measured the impact of the program on social and gender norms. Similarly, Holmes and Bhuvanendra (2014) reviewed 15 studies of programs aimed at reducing gender-based violence in humanitarian crises and did not find a single study that attempted to document the impact of the program beyond the individual level. This oversight in the field could be an indication of the inherent difficulties in measuring social norms (Mackie, Moneti, Denny, & Shakya, 2012).

However, progress in this sphere is being made and researchers are beginning to analyze the relationship between norms and health interventions. For example, some researchers have used a multilevel modeling approach to establish the link between community norms and individual health outcomes (Storey & Kaggwa, 2009). Barrientos-Gutierrez, Gimeno, Mangione, Harrist, and Amick (2007) used multilevel modeling to assess the impact of drinking norms on 5338 workers in 16 American worksites. Boyle, Georgiades, Cullen, and Racine (2009) in a study of 68,466 married females in India, estimated the effects of community norms on IPV using a multilevel logistic regression analysis. These studies calculate the presence of normative influence from responses to survey questions and compute an overall measure of their influence which is then used as a predictor variable. However, such multilevel analyses require fairly large sample sizes. For interventions with smaller sample sizes, Mackie et al. (2012) have proposed a number of more appropriate methodological strategies to identify the influence of social norms and expectations on behavior, as well as to determine how an intervention has led to the adoption of more beneficial norms. They recommend the use of standard questionnaires, social conversations, focus groups, spatial mapping, and network analysis based on reference groups in order to study the development and influence of norms.

The U.S. Agency for International Development (USAID) has developed and updated a compendium of gender-related measures for evaluators who are studying the effects of gender-based programs in reproductive health on gender norm transformation (Escudero, 2011). Ethnographic studies have been used extensively to document the effects of prevailing community norms on violence against women (Levinson, 1989). Policy analysis has also emerged as an effective approach for establishing whether transformative changes in norms and expectations occurred at the community, systemic, and multi-sectoral levels as a function of the implementation of gender-based health programs. This approach allows the evaluator to determine the degree to which the intervention findings have led to the adoption of gender considerations in local and national policy decisions.

3.1.2. Impact at the individual level

Regardless of the focus area i.e., IPV, reproductive health or HIV transmission, the evaluations of outcomes at the individual level have been consistently viewed as relatively weak and very few rigorous studies evaluate the impact of such programs. In 2011, the Interagency Gender Working Group (IGWG) compiled a report on effective programs in reproductive health and stated that out of the 200 published studies, only 40 evaluations which addressed gender as a core principle in their interventions included rigorous evaluations and measurable reproductive health outcomes (Interagency Work Group, 2011). Moreover, among these 40 studies there was a great variation in the quality and extent of the evaluations conducted. Approximately five out of the 40 studies used an experimental design, 17 were quasi-experimental, and 15 were non-experimental studies. Three evaluations relied exclusively on qualitative methods. Many of the designs were cross-sectional, thereby constraining the ability of the evaluations

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