PROHORI: Combating Intimate Partner Violence in Bangladesh in the Context of COVID-19

Background

In July 2021, CARE Bangladesh and its local partner GBK launched the Prohori project to prevent intimate partner violence (IPV) and respond to survivors of violence through safe spaces, behavior change communication and capacity building approaches that address gender norms and practices. The 12-month project was generously funded by Voices Against Violence: The Gender-Based Violence Global Initiative, a public-private partnership led by Vital Voices and funded with support from the State Department and the Avon Foundation. The project targeted female garment workers and their male partners in Gazipur District, and female agricultural workers and their male partners in Rangpur District. CARE implemented activities in four locations in Gazipur, a peri-urban industrial area in central Bangladesh, and GBK implemented activities in five locations in Rangpur in northwest Bangladesh.

Prohori used a blend of community-based, participatory approaches to prevent IPV, improve IPV survivors' linkages to post-GBV referral services, and strengthen the capacity of first responders to respond empathetically to people who disclose they have experienced GBV. The project built 9 Women and Girls' Safe Solidarity Spaces (WSSSs, adding to the 18 that CARE had already established in Gazipur) and strengthened GBV services through capacity building and referral service coordination.

Bangladesh is a conservative, traditional country with gender-related norms, attitudes and practices handed down over generations. Open discussion, equitable decision-making, and joint problem-solving by husbands and wives is not common. Women are socialized to be submissive to men and to obey their decisions, limiting their autonomy and agency. In most homes, women disproportionately assume unpaid labor in the home such as cooking, cleaning and childcare. Women's lower social status is reinforced and reproduced by low literacy, rural residence, lack of economic independence, abusive in-laws, and disempowering sociocultural practices such as child marriage and dowry, handed down through generations.[2, 1]

Especially in marriage, masculinity is attributed to men's power over their wives. Marital disagreements are often used to demonstrate masculinity by reassertion of power over wives, often through IPV. Men who try to transgress these norms through more equitable power-sharing, decision-making, and task-sharing with their wives risk ridicule and social stigma by their families and the community. This constrains men from exploring non-violent and more gender-equitable expressions of masculinity. Transforming practices of IPV requires commitment and action from both partners, yet many couples in Bangladesh

[1] Naved RT, Persson LA. Factors associated with spousal physical violence against women in Bangladesh. Stud FamPlann. 2005; 36:289–300.

lack the space to communicate openly and share expectations, since most women live in extended families, women are often much younger than their husbands, and prevailing gender norms dictate that women defer to male authority.

It has always been seen that during any natural disaster, public health emergency, war, or other emergency, women and girls face more gender discrimination, exploitation and violence than in normal times. The COVID-19 pandemic creates unique challenges with regard to the provision of GBV prevention, response and risk mitigation programming, as the risks of GBV have increased, yet the process of responding is more challenging than ever—both in terms of the ability of survivors to seek support, as well as capacity of actors on the ground to respond.

Bangladesh was hit hard by the COVID-19 epidemic in 2020, exacerbating IPV and reducing survivors' access to services. This created what some have called an "epidemic within an epidemic" of IPV. Before the outbreak, Bangladesh already had some of the highest rates of IPV in the world, with 2 out of every 3 Bangladeshi women experiencing IPV in their lifetime.[2] COVID-19 further entrenched Bangladesh's patriarchal structures by disproportionately burdening women with additional unpaid work and caregiving.

Lockdowns caused further constraints on women's mobility, autonomy, and decision-making power, which gave unequal power to their intimate partners in many cases. Manusher Jonno Foundation (MJF) conducted a series of surveys during the first lockdown of 2020. They found that 84% of new victims of violence were women, and that 97.4% of this violence was domestic violence.[12] Additionally, 34% of the total female and child GBV survivors had never been sexually assaulted before the pandemic.[3] Many of the women who sought support had experienced IPV from immediate family members. Adult survivors highlighted that loss of employment, delay in wages, and loss of economic independence have increased during the pandemic. Rangpur, in particular, is one of the districts with the highest prevalence of child, early and forced marriage, (CEFM) which increases the exposure of girls and adolescents to IPV.

UNFPA and the Bangladesh Bureau of Statistics' Violence Against Women Survey 2015[4] found that 73% of ever-married women in Bangladesh experienced any kind violence by their current husband, 55% reported any type of violence in the past 12 months, and 50% reported physical violence in their lifetime.

According to the World Health Organization (WHO), IPV can lead to a range of outcomes not limited to homicide, suicide, disability, depression, anxiety, PTSD, substance abuse, miscarriage, low birth-weight babies, HIV and other STIs, traumatic fistula, and chronic pain.[5] It can also lead to women and girls missing school and work, costing countries up to 4% of GDP per year.[6]

CARE conducted a Rapid Situation Analysis in Bangladesh prior to the project in April 2020 to assess the impact of COVID-19 on female factory workers in the Ready-Made Garment sector. Eighty-eight percent of respondents said they are experiencing more conflict and tension in their household than before the pandemic. The Analysis found that up to 9% of women factory workers not only experience IPV from their partners, but also in the workplace male supervisors, co-workers, and local officials. Women highlighted that their unpaid household work had increased by an average of 52.5%,

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[2] Bangladesh Bureau of Statistics. Bangladesh Violence Against Women Survey 2015. Statistics and Informatics Division Ministry of Planning, Government of the People's Republic of Bangladesh.

[4] UNFPA and Bangladesh Bureau of Statistics. 2015 Report on Bangladesh Violence Against Women Survey. 2016. Accessed 10 December, 2020.

[5] WHO, 2014. Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook

[6] Klugman, Jeni; Hanmer, Lucia; Twigg, Sarah; Hasan, Tazeen; McCleary-Sills, Jennifer; Santamaria, Julieth. 2014. Voice and Agency : Empowering Women and Girls for Shared Prosperity. Washington, DC: World Bank Group. © World Bank.

and also reported a loss of employment, delay of wages, reductions in household income, needing to take on new loans, and a loss of economic independence. Eighty-eight percent of women reported that they are facing family conflicts more now than before the pandemic. Only 53% respondents who experienced GBV reported that they sought support. The rapid analysis suggests that most women only sought support from immediate family members. This indicates that GBV services may not be known, functional, accessible, reliable, trusted, and/or useful to women.

CARE found there is a widespread lack of services for GBV survivors in Bangladesh, particularly in rural villages. What services exist are typically not survivor-centered or are of poor quality. Key gaps in services include an absence of health and psychosocial services, legal and counselling support, shelter and safe spaces, and social and economic support for reintegration. Most services are available at only the district level, which are often inaccessible for rural women who may not have permission to leave the home, money for transport, or time away from household duties to seek services. In the absence of these services, women often must rely on local mediation by community leaders and elites who often fail to provide justice to women. Most women do not understand the impact of IPV on their long-term health and psychological well-being, or that of their children, and therefore only seek immediate medical support for injuries.

The Prohori project complemented CARE's ongoing COVID-19 response activities such as providing subsistence allowance, water and sanitation services and basic medical care including facilitation of COVID-19 testing and public, facility-based isolation centers. The project also complemented CARE's work on economic empowerment of women and the prevention of CEFM through the Tipping Point Initiative.

Central to CARE's approach was the development of women's agency, allowing them to critically look at IPV, its root causes and consequences to their own well-being and social well-being; and develop the inner strength to reject violence and/or seek services. The project created safe spaces for women that not only provided opportunities to offer information and services, but also provided a venue where they could enjoy private time, unwind from stress, share their experiences with peers, and use the space for self-reflection or overcoming trauma. This kind of safe space for women was almost non-existent in Gazipur and Rangpur prior to the project.

Results

The project directly reached 44,129 people and indirectly reached 65,900 people and reduced IPV in both districts. Prohori raised awareness about IPV, transformed harmful gender norms, conducted IPV prevention through participatory, community-based activities, supported IPV survivors, and linked them to appropriate post-GBV care.

FIGURE 1. PROJECT APPROACH

Prohori mapped local GBV referral services including but not limited to medical care, legal aid, and psychosocial support. The project developed memoranda of understanding (MOUs) with 13 referral service organizations and providers and held regular coordination meetings **to ensure post-GBV care is coordinated, efficient and effective**. Through **the establishment of nine Women's Safe Solidarity Spaces (WSSSs),** Prohori provided not only individual and group psychosocial support, women's empowerment sessions, and legal aid, but also a rare space for women to gather, support each other, learn from awareness sessions and the experiences of the peers, and discuss issues that they might not raise around men. Additionally, Prohori used **creative approaches to engaging men**, such as cooking competitions for men in which women judged the winner, followed by facilitated dialogue about gender norms, the gendered division of labor, and IPV prevention.

CARE commissioned the Center for Development Communications (DEVCOM) to conduct **an external, final evaluation of the project**. The evaluation assessed the overall learnings, outcomes and outputs of the project; it also included reflections from project staff and recommendations for next steps. These findings and recommendations are detailed below.

TABLE 1. PROJECT OBJECTIVES AND KEY ACTIVITIES

Objectives	Approach	Key Activities
Objective 1: To increase women's agency and voice to negotiate more equitable and non-violent relationships through Women's Safe Solidarity Spaces	Women who participated in the Prohori project in Gazipur and Rangpur learned about sexual, physical, mental, and economic violence by intimate partners; the consequences of such violence; their rights; non-violent conflict resolution tactics; sexual reproductive health and rights; stress management, COVID-19 prevention; and the availability of support services. The project placed a particular emphasis on women's economic justice and the protective benefits against IPV that can stem from women's greater financial independence.	• Established 9 Women's Safe Solidarity Spaces (WSSSs); • Conducted awareness-raising sessions about IPV • Conducted well-being sessions with women at WSSSs; • Provided first-line support[7], case management, and appropriate referrals to IPV survivors; • Provided additional psychosocial support to IPV survivors • Provided legal aid to IPV survivors
Objective 2: To meaningfully engage men and communities to reject violence and support survivors	The project adapted evidence-based, participatory group education approaches to transform harmful gender norms, prevent IPV, and promote positive masculinities amongst men. Men's awareness sessions educated men about IPV, its consequences and costs, women's rights, gender equity and equality,	• Implemented the Amrao Korchi Campaign ("We are also doing it") • Conducted well-being and IPV awareness sessions with Men • Organized men's and women's experience sessions between the

[7]First-line support is the immediate, brief, empathetic counseling, safety planning and referrals given to a survivor upon a GBV disclosure.

	and the benefits of couples' joint decision-making and women's financial inclusion. The Amrao Korchi Campaign was particularly effective at raising dialogue about harmful gender norms: to address the stereotype that cooking is "women's work," Prohori organized cooking competitions for men, judged by women. The campaign then facilitated dialogues about gender roles and power dynamics between men and women.	men's and women's groups • Organized couples' workshops and a couples' fair
Objective 3: To enhance the capacity of service providers for prompt, coordinated and effective responses to IPV during and post COVID-19	At the project design stage, Prohori deliberately selected areas that are considered extremely patriarchal as project sites to increase the likelihood of reaching IPV survivors and the most vulnerable women. As with most IPV prevention projects, Prohori's interventions inspired several IPV survivors to disclose their experiences and to seek care. The referral service providers who were identified in CARE's GBV referral service mapping worked together to provide coordinated care to IPV survivors using survivor-centered (putting the survivor's needs, interests, wishes and safety first), and do-no-harm approaches.	• Conducted GBV service mapping • Established memoranda of understanding (MOUs) with service providing institutions • Facilitated engagement of IPV survivors with referral services • Conducted GBV First-Line Support Training for referral service providers • Convened Advocacy Meetings with GBV Stakeholders • Developed a phone helpline and trained Women Change Agents

KEY RESULTS

- There has been a reduction in IPV in both Districts, reported anecdotally through qualitative data collection with participants.
- IPV survivors were linked to care and support services identified through the project's GBV referral mapping, and the project helped to coordinate and improve the provision of services through capacity building.
- 500 IPV survivors received dignity kits including COVID-19 face masks, sanitary napkins, hand washing soap, hand sanitizer, a torch (flashlight), a bucket, Dettol (antiseptic solution), a face towel, a mug, and a leaflet with information on essential GBV and COVID-19 services.
- There is increased understanding amongst both men and women that IPV is a serious concern with wide-ranging health, economic, and social consequences for survivors, families and communities;
- Women who participated in the WSSSs believe that the safe spaces have increased women's agency in their communities, their confidence in their knowledge and skills, and their capacity to contribute positively to household decision-making.
- Women used to believe that they did not have any say on issues regarding their family. The project empowered women to participate in more equitable decision-making with their husbands and to stand up for their rights;
- Many women had previously accepted IPV within marriage as the norm, but after participating in the project they understood that they have a right to live a life free of violence. They women have

started speaking up about their vulnerability and rights, and no longer accept the normalization of IPV as "a husband's right."

- There is increased understanding amongst both men and women that sex within marriage without consent is considered marital rape and is a violation of human rights. Male participants reported changing their behavior and seeking consent of their wives for sexual intercourse.
- Women who have been mistreated by their intimate partners are now expressing their grievances about violence and seeking necessary help. For example, women are now availing of psychosocial services from counsellors and seeking legal advice from Bangladesh Legal Aid and Services Trust's (BLAST) lawyers;
- Women are sharing information and skills gained from the project with other women, helping to destigmatize help-seeking for IPV survivors and to raise awareness about the availability of support services;
- Participants report a more equitable distribution of chores and unpaid labor in the home between men and women;
- Participants are experiencing increased couples' joint decision-making, improved couples' communication, and increased relationship quality. Men report considering their wives' opinions more frequently, and some even admitted that sometimes their wives' suggestions were better than their own;
- Men reported opening up to their wives about their problems for the first time, such as struggles with mental health or finances. They now understand that communicating openly is key to non-violent conflict resolution.

LESSONS LEARNED AND RECOMMENDATIONS

- **Comprehensive programming is key.** Many IPV interventions address only one component of the issue, but Prohori took a comprehensive approach that raised awareness, conducted prevention activities, and ensured that IPV survivors were linked directly to services that were coordinated and mapped. The Government of Bangladesh, other donors and institutions should invest in comprehensive programming that doesn't stop at prevention only, or response only.
- **IPV work takes time.** Some survivors are not able to disclose violence, seek services, or report violence for many years, if at all. IPV cannot be resolved in a single session or even single project; it requires follow up at regular intervals for years.
- **Reporting IPV is not easy, nor should it be the goal of programming.** There are many barriers and valid reasons as to why IPV survivors choose not to report violence, including but not limited to fears for their safety or that of their children, dependence on the perpetrator, and a lack of services and justice. Of the 8,969 women reached by the Prohori project, not one chose to report violence. This resonates with global trends; for example, in the United States, only 1 in 3 sexual assaults is reported.[8]
- **IPV prevention works better when men are engaged.** Women cannot be empowered in a vacuum and then returned to the same disempowering relationship or context. Meaningfully

[8] U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey, 2015-2019 (2020).

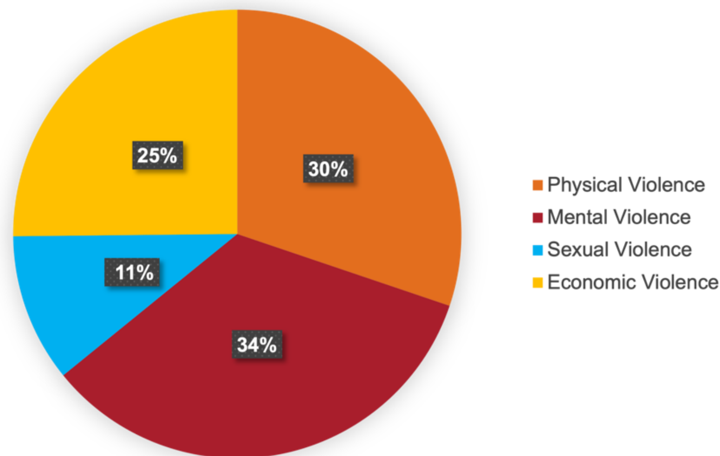
engaging men allowed Prohori to pre-empt potential backlash and begin to shift community gender norms and practices across genders. Men sensitized by the project became champions of the project messages and their changes in perception influenced other men.

- **Women's economic justice is foundational to reducing IPV risk and to survivors' rehabilitation.** Greater investment in financial literacy, skills development, employment opportunities and livelihoods is important to protect women from IPV and allow survivors to regain their independence.
- **There is a lack of psychosocial support services.** Both Districts had few psychosocial counsellors available for individual, group, couples or family counseling. Donors and implementers with GBV response expertise should invest financial and human resources at expanding the availability of mental health services for women at risk, IPV survivors, and IPV perpetrators.
- **Management Information Systems are lacking.** The Government, implementers and donors must invest in a coordinated, digitized, secure system for collecting, storing, and analyzing data.
- Mobile phone access can be leveraged during the COVID-19 pandemic to improve and coordinate survivors' access to post-GBV care. CARE's phone helpline was a crucial platform for linking survivors to care and follow up.

Peyari's husband bought a goat for her to help generate income. "My husband realized the importance of a wife's equal partnership, even in the economic setting of a household," she said. Photo: Radha Rani- CARE

Project participant "Sharmin" styling hair at a beauty parlor. Photo: Nazmun Nahar- CARE

FIGURE 1. TYPES OF VIOLENCE EXPERIENCED IN GAZIPUR AND RANGPUR



Prohori used participatory group education and exercises adapted from validated and tools proven to transform harmful gender-related knowledge, attitudes and practices from the Tipping Point Initiative, Indyashikirwa, SASA! and other IPV prevention materials. The sessions were also used to identify positive male champions to influence their peers, share messaging, and serve as role models. Men who participated said that they thought IPV was normal and acceptable, but now realize it is actually a crime with grave consequences. A total of 135 group sessions were conducted with 405 men.

“My husband had never once helped me in household chores but the other day, after the couples’ workshop, he helped me cut the fish!” - Tahera, Gazipur.

Amrao Korchi (“we are doing it also” in Bengali) was a cooking competition campaign in which men competed against each other to cook meals that were judged by women, followed by facilitated community dialogue. Amrao Korchi was one of the major campaigns of the project, involving men in activities that helped break gender stereotypes while fostering empathy and understanding with women for such an essential household chore. It is typically the woman’s job to cook three meals a day, but when this seemingly simple job was entrusted to men, they realized how many steps are required to prepare a single dish. Cooking competitions were chosen as the men’s activity because cooking is not traditionally an activity done by Bangladeshi men and this contributes to an unequal distribution of labor. Cooking often causes conflict in which men vent their anger against their wives for not having prepared the meal on time, according to his taste, or burning the food.

Participants were given the equipment and ingredients to cook a chicken curry. From lighting the wood fire, to chopping onions, which made their eyes tear up, and constantly checking on the food, men were left with not only a higher appreciation of how hard their wives worked on a daily basis but of how this task deserved much greater appreciation.

The competitions provided a fun and non-threatening space for men to space for men to practice and role play positive masculine behaviors, which will contribute to an overall change in the gendered eco-system. It sparked dialogue between men and women about gender norms and their impact, the lack of recognition of women’s household work and benefits of sharing household work, and stigma related to men undertaking household work.

After the competition, men said that not only did they realize the difficulty of cooking, but also developed greater empathy and understanding for their wives’ overall unpaid labor in the home. Prohori conducted 36 cooking competitions with 3,204 people (1,661 men and 1,543 women).