

# Exploring the role of boys and men of SHOUHARDO III in catalyzing Women Empowerment (WE) and reducing Gender-Based Violence (GBV) during the extension phase (2020-2022)



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## ACRONYMS

CLF	: Community Led Facilitator
DAM	: Dhaka Ahsania Mission
EIGE	: European Institute for Gender Equality
EKATA	: Empowerment Knowledge and Transformative Action
ESDO	: Eco–Social Development Organization
FGD	: Focus Group Discussion
GBV	: Gender Based Violence
GoB	: Government of Bangladesh
HCDI	: Haor & Char Development Institute
IDI	: In Depth Interview
IGA	: Income Generating Activities
KII	: Key Informant Interview
LG	: Local Government
LRA	: Livelihood Recovery Assistance
LSP	: Local Service Providers
MDG	: Millennium Development Goal
MJSK	: Mahideb Jubo Somaj Kallayan Somity
MPCA	: Multipurpose Cash Assistance
NDP	: National Development Program
NIPORT	: National Institute of Population Research and Training
PaBS	: Participant Based Survey
PEP	: Poor and Extreme Poor
PLW	: Pregnant and Lactating Women
POPI	: People’s Oriented Program Implementation
RFSA	: Resilience Food Security Activity
S3X	: SHOUHARDO III Extension
SHOUHARDO III	: Strengthening Household Ability to Respond to Development Opportunities
SKS	: The SKS Foundation
UDHR	: Universal Declaration of Human Rights
UNGA	: United Nations General Assembly
UP	: Union Parishad
USAID	: United States Agency for International Development
VAW	: Violence Against Women
VDC	: Village Development Committee
VSLA	: Village Savings and Loan Association
WE	: Women Empowerment

## EXECUTIVE SUMMARY

Strengthening Household Ability to Respond to Development Opportunities (SHOUHARDO) III is a Resilience Food Security Activity (RFSA) funded by the United States Government through the United States Agency for International Development/Bureau of Humanitarian Assistance (USAID/BHA), with complementary funding from the Government of Bangladesh (GoB). SHOUHARDO III works in 947 villages from the Char and Haor regions in northern Bangladesh to improve the lives of 725,611 people from 170,298 households. The program seeks to improve access to public and private services for the rural poor while building their resilience.

To promote women's empowerment (WE) and eliminate gender-based violence (GBV), the program included boys and men in its strategic program activities. Considering the long-term viability of program activities, SHOUHARDO III was given an additional two years for a cost extension phase (S3X) after five years of operations. During this extension phase, the program primarily focused on four crosscutting thematic areas (governance, women empowerment, youth, and private sector) as well as five outcome areas (on-farm, non-farm, health and nutrition, WASH, and disaster risk reduction) to equip participants for sustained development and resilience. The program conducted this study to understand how boys and men perceive GBV, investigate the impacts of SHOUHARDO III's GBV-related cross-cutting activities on boys and men, and identify aspects for sustainable GBV reduction in the community. The study employed qualitative methods and approaches for primary data collection and analysis. Primary data was collected from the field using mixed methods, such as Key Informant Interviews (KII), In-Depth Interviews (IDI), Focus Group Discussions (FGD), and ethnographic observation.

The findings from this analysis show that there have been significant improvements in the perceptions and practice of increasing WE and reducing GBV in the program domains. The ability of girls and women to move around, make decisions and communicate without the help of males, and contribute financially through rearing livestock and vegetables are all practices that men and boys understand as WE. Child marriage, dowry, physical abuse, and abusing school-age girls are commonly recognized among participants as forms of GBV. Domestic violence, mental and verbal abuse are also widely acknowledged as bad practices. This study finds that encouraging and assisting girls and women in participating in income-generating and financial activities have been one of the program's most effective measures in the improvement of WE. The EKATA model and men's involvement model appear to have decreased the prevalence of GBV through its regular dialogue sessions, positive messaging, counseling, home visits, as well as other cross-cutting activities, such as sessions with religious leaders, couple's dialogues, and VDC activities. The study also found that popular theater has been a very successful and engaging way to spread knowledge and information. Child marriage incidents have allegedly dropped in both the Haor and Char areas, as have incidents of dowry, physical abuse, and harassment. However, underreported child marriage and domestic violence are still taking place in many program areas. In brief, the program interventions have significantly contributed to increased WE and decreased GBV. Despite the progress, there were a few challenges related to engagement. The findings reveal that adolescent boys' and girls' engagement in activities was, on average less than other target populations.

This thematic study report concludes with recommendations and a proposal for a way forward. The recommendations include 1) increasing the engagement of adolescent boys for sustainability in increasing WE and reducing GBV; 2) providing skills development training for adolescent boys and girls; 3) facilitating different activities for adolescent boys and young men based on their needs; and 4) engaging multiple family members in program activities, as this is found to be more sustainable.

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# CHAPTER I: INTRODUCTION

The first chapter of this report discusses the program background from relevant literature, program documents and reports, and the WE and GBV scenario in Bangladesh. This chapter gives working definitions of WE and GBV as used in the program intervention. The entire chapter has been divided into four sections; where the first section focuses on the theoretical culmination and location of the program intervention, the intervention's background, and various program activities. The last three sections sequentially highlight the study objectives, research questions, and limitations.

## 1.1 Background

Gender equality is a fundamental human right and a necessary foundation for a peaceful, prosperous, and sustainable world. Equality in dignity and rights beyond any sex-based identity is recognized as a principle in international law, as articulated in many United Nations documents from the 1948 Universal Declaration of Human Rights (Connell, 2003). Article 2 of the UDHR states that “Everyone is entitled to all the rights and freedoms set forth in this declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status” (United Nations, 2015). The Seneca Falls Convention is the world's earliest women's rights convention in recorded history. This meeting launched the women's suffrage movement in July 1848 in Seneca Falls, New York, United States, which, more than seven decades later, gave women the right to vote. In 1979, the United Nations General Assembly adopted the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The Convention was important in bringing women and girls into the focus of global human rights concerns (UNHCR, 1979). The principles of equal rights and dignity have been written in the Bangladesh constitution since its inception in 1971. The 1972 Constitution of the People's Republic of Bangladesh guarantees the fundamental rights of women and forbids any form of discrimination on the basis of sex (Laws of Bangladesh, 1972). The National Women's Development Policy of 2011 and its National Action Plan provide a foundation for government action to promote gender equality. The 7th 5-year plan of Bangladesh includes gender equality issues across several sectors with policies to effectively address gender issues. Moreover, gender-responsive budgeting is currently institutionalized across 43 ministries in Bangladesh (MoWCA, 2011).

WE is as an integral part of the global movement to transform policy, legal and constitutional changes, and the adoption of women's rights into practical action. Since WE is so critical in ensuring gender equality, it is important to develop a working definition. Feminist economist Naila Kabeer (Kabeer, 2005) gives a comprehensive definition of empowerment to explore the concept of WE in relation to the third Millennium Development Goal (MDG). She writes,

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*“The concept of empowerment can be explored through three closely interrelated dimensions: agency, resources, and achievements. Agency represents the processes by which choices are made and put into effect. It is hence central to the concept of empowerment. Resources are the medium through which agency is exercised; and achievements refer to the outcomes of agency” (Kabeer, 2005)*

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World Vision defines WE as the promotion of women's sense of self-worth, their ability to determine their own choices, and their right to influence social change for themselves and others (World Vision, 2022). European Institute for Gender Equality defines women empowerment with the following five

components: 1) women's sense of self-worth; 2) their right to have and to make choices; 3) their right to access opportunities and resources; 4) their right to have power to control their own lives, both within and outside the home; and 5) their ability to influence the direction of social change to create a more just social and economic order, nationally and internationally (UN Commission on the Status of Women, 2002) The UN outlines seven principles of promoting and employing WE in the workplace, marketplace, and community. The principles 4, 5, and 6 respectively addresses the promotion of education, training, and professional development for women; business development and marketing practices that empower women; and the promotion of equality through community initiatives and advocacy (UN, 2011). It is also important to define GBV and Violence against Women (VAW) in addition to WE, since GBV and VAW are the major barriers to WE. According to the working definition from UN Women, the term GBV refers to harmful acts directed at an individual or a group of individuals based on their gender. Gender inequality, the abuse of power, and harmful norms are the central components of GBV. The term is applied to underscore the fact that structural, gender-based power differentials place women and girls at risk of multiple forms of violence because men and boys can also be targeted for GBV. The term is also applied to refer to violence related to norms of masculinity/femininity and/or gender norms. More specifically, violence against women and girls is defined as any act of GBV that results in or is likely to result in, physical, sexual, or mental harm or suffering to women and girls, including threats, coercion, or arbitrary deprivation of liberty, either in public or private life. Violence against women and girls encompasses, but is not limited to, physical, sexual, and psychological violence occurring in the family or within the general community and perpetrated or condoned by the State (UN Women, 2020). The EKATA implementation guide, as part of the SHOUHARDO III program's gender equality and WE strategy. Threatening women to this kind of violence or depriving them of their freedom may also be considered VAW (CARE Bangladesh, 2016)

The intersection of gender identity and poverty has led to widespread gender inequality in Bangladesh. Women and adolescent girls regularly face violations of their political, civic, and economic rights, including through practices of VAW and child marriage. The situation of gender inequality poses a significant challenge for Bangladesh in meeting its SDG commitments (Nazneen, 2018). In Bangladesh, traditional values of masculinity contribute to the widespread gender inequality, as women are conventionally subordinate to men, which means that the education, occupation, income, sexuality, and reproductive choices of married women are controlled by their husbands. As a result, women, especially in rural areas, have limited ability to make life choices, access social institutions and higher education, participate in IGAs, and are confined to household tasks. Because of the important role that traditional masculinity has in perpetuating gender inequality and GBV, it is not enough to simply engage women in development initiatives, but rather it is necessary to address oppressive gender roles, attitudes, and norms ( Karim, Lindberg, Wamala, & Emmelin, 2017).

Although cases are still prevalent and addressing GBV is a major challenge for Bangladesh, there have been positive changes across the country in reducing gender gaps. According to USAID, Bangladesh has made significant progress over the last 20 years in improving the lives of women and girls (USAID, 2022). According to the 2018 Global Gender Gap Report from the World Economic Forum, which includes data from 149 countries, women in Bangladesh have higher scores on certain measures of gender equality compared to their South Asian sisters (World Economic Forum, 2018). The following chart was developed based on the data from the World Economic Forum report. Lower scores indicate a lower level of gender inequality.

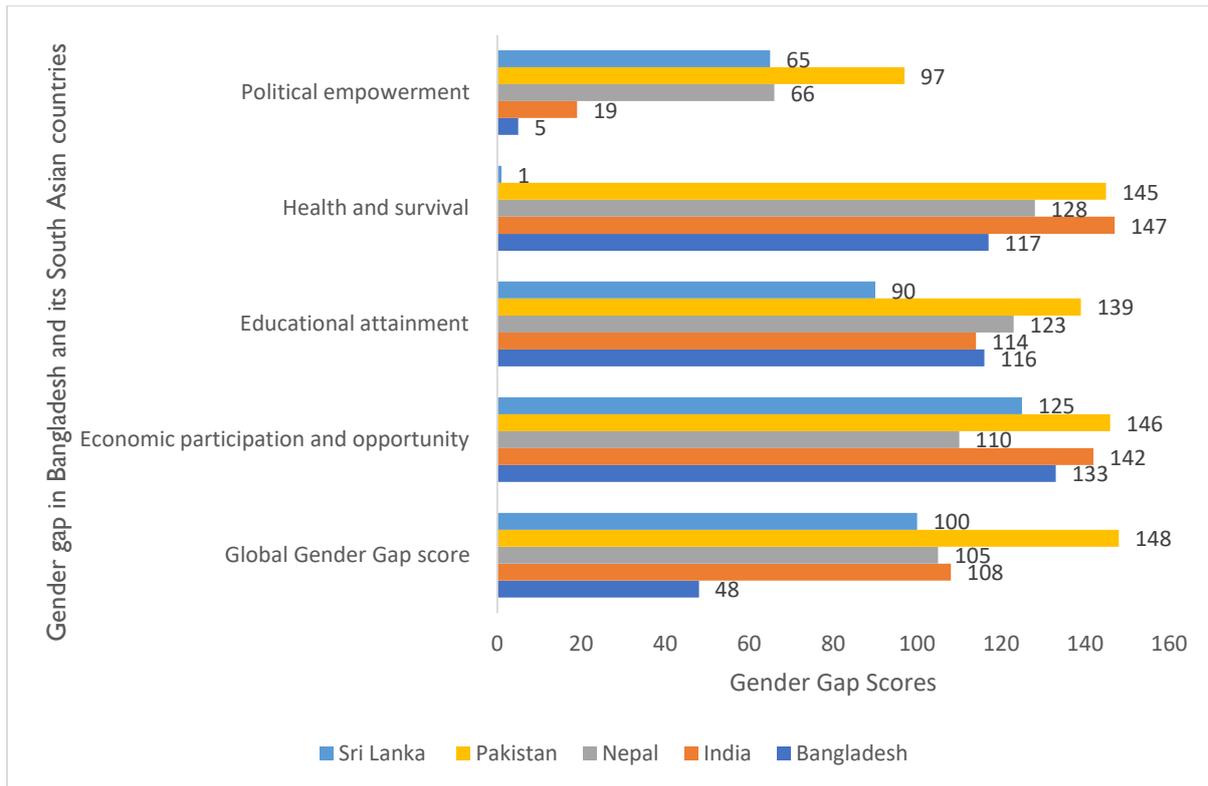


Figure 1: Gender gap in Bangladesh and other South Asian countries

VAW is rooted in gender inequality, inequity, and discrimination against women. Therefore, these root forms of inequality need to be addressed in order to make sustainable changes. However, it is a huge effort to change social norms and reconstruct harmful notions of toxic masculinity and sexuality (Flood, 2015). Raewyn Connell is an Australian sociologist known mostly for her theory on masculinity. She is one of the earliest norm-entrepreneurs who outlined a general guide on engaging men and boys to achieve gender equality. Connell argues that men and boys are inevitably connected to gender issues due to pragmatic reasons, as men have the most control over economic assets, political power, cultural authority, and armed forces. This means that men control most of the resources needed to support any reform agenda for gender equality. According to Connell, men and boys therefore need to think and act in a new paradigm, reconsider traditional conceptualizations of manhood, and modify their relationships with women and girls (Connell, 2003). Various UN bodies and INGOs have adopted Connell's guide to engaging men and boys. UN Women works on engaging men and boys with the goal of achieving gender equality, which refers to the transformation of unequal power relations between men and women (UN Women, 2014). Developing partnerships between men and women is also important in developing gender equality, and it is critical to recognize young men and boys as future partners, community members, and leaders. Engaging them in program activities that promote gender-equitable attitudes and behaviors is the key to securing a future that is free of gender-based discrimination and VAW (UNFPA, 2018).

Women are important in the elimination of GBV as they can also act as gatekeepers of patriarchy. Women can contribute to upholding the systems of patriarchy and male supremacy by engaging with sexist practices that continue to oppress women. Abeda Sultana defines patriarchy as a system of power dynamics where women are kept dominated and subordinate and, thus, prioritize men in both public and private spaces (Sultana, 2012). Therefore, it is very important to understand how GBV is perpetuated by women in public and private spaces. Considering the characteristics of masculinity and patriarchy, male supremacy, and the common forms of GBV in Bangladesh, to have a sustainable

impact, it is critical to engage boys and men in increasing WE and reducing GBV. In order to change harmful perceptions and practices, it is necessary to increase knowledge and change behaviors around four specific themes: 1) division of labor, 2) discrimination, 3) empowerment, and 4) violence against women. Division of labor is an important theme to address since there are issues of social differences between men and women within households and IGAs. Discrimination is also a theme to address to ensure equity in education, food intake, and rights. The theme of empowerment deals with property division, decision-making power over household assets, and women's mobility. Lastly, it is important to address VAW issues, such as dowry, domestic violence, and marriage-related violence (Ali, 2015). Boys and men are key to gender equality as, in most societies, men hold more power than women in public and private life (UNFPA, 2018).

Therefore, engaging boys and men in SHOUHARDO III's program activities to increase WE and reduce GBV seems to be an appropriate measure, given the sociocultural context of Bangladesh. SHOUHARDO III can leverage the accomplishments and learnings from its predecessors, SHOUHARDO and SHOUHARDO II, as well as from all of the program activities funded by USAID and GoB and led by CARE Bangladesh from 2016-2020 (CARE Bangladesh, 2016) Since its inception, the program has been implemented with the main goal of improving gender-equitable food and nutrition security and the resilience of vulnerable people living in the Char and Haor areas in northern Bangladesh. The program activities were planned and implemented with a strong emphasis on increasing food security and livelihoods, improving the nutrition status of the Poor and Extreme Poor (PEP), promoting WE, and reducing GBV. While the program was preparing to begin its extension phase in 2020, the world was hit by the COVID-19 pandemic. When the pandemic began in March 2020, the program provided healthcare, disseminated health messaging, and provided livelihood support through cash transfers to households in need. SHOUHARDO III regular program activities were postponed during the pandemic, but as infection rates declined, the program was able to start working again in the communities ( CARE Bangladesh, 2021). The pandemic's effects were multifold, as it not only hampered the regular activities of the program, but also increased different forms GBV in program areas. Therefore, the effects from the COVID-19 situation were acknowledged and considered during the study.

### **About SHOUHARDO III**

CARE Bangladesh is implementing the SHOUHARDO III program with six implementing Partner Non-Government Organizations: The SKS Foundation (SKS), Mahideb Jubo Somaj Kallayan Somity (MJSKS), Dhaka Ahsania Mission (DAM), Eco-Social Development Organization (ESDP), People's Oriented Program Implementation (POPI), and National Development Program (NDP). SHOUHARDO III is a five-year program that aims to achieve improved gender-equitable food and nutrition security and resilience for PEP households living in the eight districts of northern Char and Haor wetland areas of Bangladesh (CARE Bangladesh). SHOUHARDO III was awarded an additional two years for a cost extension phase (S3X) after five years of operations to focus on the long-term viability of program activities. The program has mainly focused on five outcome areas (on-farm, non-farm, health and nutrition, WASH, and disaster risk reduction) as well as four cross-cutting thematic areas (governance, women empowerment, youth, and private sector) in this phase to prepare participants for sustainable growth and resilience. SHOUHARDO III focuses on PEP households and emphasizes their empowerment at the center of its interventions. The program works in the areas of agriculture and livelihoods, health, hygiene, nutrition, disaster and climate risk management, with a crosscutting focus on gender equality, good governance, and youth (CARE Bangladesh, 2020).

## **SHOUHARDO III Gender Approach:**

The program learned that gender equality could not be achieved without engaging boys and men. The program engaged boys and men in their usual settings, such as in tea stalls, farmers groups, and societal events to discuss and promote women's decision-making power and financial management, maternal and child health, disaster risk management, and many other WE topics, as will be detailed later in this report. During the extension phase, the program has focused on building systems to ensure sustainable impact in the communities beyond the program period. SHOUHARDOIII employed a holistic approach, with the development of a service provision model, provision of pro-poor financial solutions and life skills training, capacity strengthening for on-farm and non-farm livelihoods, cash transfer, and engagement between the public and private sectors. Additionally, the program has addressed WE, health and nutrition, WASH, and DRR issues through its sessions, dialogues, capacity building, monitoring, and service development (CARE Bangladesh, 2022).

The SHOUHARDO III program has mainly employed three gender integration approaches and models: The Empowerment Knowledge and Transformative Action (EKATA) model, the Male Engagement Model, and Couple/Gender Dialogues.

### **EKATA Model**

The EKATA model is a women's solidarity group that provides a safe space for women and girls to discuss the challenges they experience. The main goal of the EKATA model is to empower PEP adolescent girls and women. In this group, women and girls motivate each other, identify ways to strengthen their skills, enhance each other's confidence in decision-making, and encourage members to take up leadership roles at the community and household levels. It further allows them to negotiate community space and connect with national organizations, alliances, and networks. The EKATA model was employed in three phases: 1) preparation and formation of EKATA groups; 2) life skills development, empowerment, and awareness raising on rights; and 3) continued learning and mobilization of the EKATA group (EKATA implementation guide, CARE Bangladesh). The EKATA women and adolescent girls' groups have conducted the following activities:

- Monthly sessions on rights and empowerment (with empowerment volunteers)
- Monthly discussion meetings with the women and girls of EKATA and other groups (with empowerment volunteers)
- Monthly meetings on health, nutrition, and hygiene (with health volunteers)
- Weekly sessions on rights and empowerment (with the leaders of the EKATA groups)
- Communication and relationship development with the Union Parishad (UP), similar organizations, and service providers
- Monthly meetings on VSLA (with agriculture volunteers)

### **The Male Engagement Model**

Engaging men is important for the program's goals of eliminating food insecurity, patriarchy, and unequal gender-based power relations. Because boys and men represent half of the population and hold a lot of power at various levels, they should be considered partners and allies in achieving gender equality. Therefore, the program facilitated a men's forum with aims to: develop men's network; improve men's perceptions and beliefs on gender relations; disseminate positive messaging around joint/mutual decision making, sharing of household responsibilities, and freedom from violence; and support in the implementation of WE activities (Men Engagement Strategy: SHOUHARDO III, 2018). The followings are activities that were conducted as part of the men's forum:

- Tea shop talk: This activity was meant to influence men in their usual settings, such as tea kiosks, farmers' groups, and social events, to discuss joint/mutual decision-making between spouses, fair division of household responsibilities, and the reduction of GBV.
- Storytelling: This activity was meant to share personal stories of positive changes and encourage reflection on beliefs and practices that prevent women's empowerment.
- Public testimony: Change agents travelled through their communities and invited members to come, listen, share, and consider more gender-equitable practices.
- Individual counselling: This was meant to provide positive messaging and practices to influence men in the community.
- Home visits: During home visits, information was provided to families on where to seek medical and legal services in the case of GBV.

## The Couple Dialogue

The couple/gender dialogue was designed by the program to further support gender cohesion and WE within families and communities. Dialogues have been facilitated with the purpose of helping women to speak out about issues and assist men to seek solutions jointly with their partners. One of the most effective forms of communication between a married couple is the couple's dialogue. It follows a three-step process of mirroring, validation, and empathy. This process is particularly helpful for adolescent wives to speak with their husbands about their needs and aspirations, address issues around childcare, and talk about their own healthcare and essential needs. SHOUHARDO III included this dialogue as a strategy to reduce VAW (CARE Bangladesh, 2018).

## 1.2 Study Objectives

**Key Objective:** To assess boys' and men's perspectives and roles in promoting WE and reducing GBV in SHOUHARDO III program areas to inform the program design for sustainability

### Specific Objectives:

1. To understand perceptions held by boys and men about GBV (norms, beliefs, myths, and practices)
2. To explore the impacts of SHOUHARDO III's GBV-related cross-cutting activities on boys and men in reducing GBV and increasing WE (religious leaders' sessions, dialogue sessions, EVAW campaign), and learn what did and did not work well
3. To identify key drivers for sustainable GBV reduction in the community to propose an advocacy plan for FY22 and beyond

## 1.3 Research Question

**Proposed Research Question:** How are boys and men in the SHOUHARDO III program areas engaged in increasing WE and decreasing GBV?

### Specific Questions:

1. To what extent do men and boys understand WE and GBV?
2. Which program activity had the most positive results/changes for promoting WE and reducing GBV in the S3X? Regarding the engagement of men and boys, which result area was the most beneficial, and why?
3. How do men and boys perceive and accept female leaders, female local service providers (LSPs), and businesswomen (women in power and IGA)?

4. How and why are boys and men making positive changes for women in the following areas: market, business, income, health, family, UP, and other GoB offices?
5. How can the positive changes resulting from program activities be sustained in the long run?

#### **I.4 Study Limitations**

The time of the study overlapped with crop harvesting season in some locations, including Netrokona, Kishoreganj, and Sunamganj. The FGD and IDI respondents had to work since there was the probability of heavy rainfall which could damage dry crops, making it difficult to find time for them to participate. The study team set the time accordingly so that the participants were able to participate in the interviews. In the FGDs with adolescent boys and girls, young respondents were often reluctant to speak up, and could not provide enough information about the program as they had only attended a few sessions. Moreover, in some cases the selected KII participants, particularly the government officials, also could not provide sufficient information. As they had only recently joined their respective Upazilas, they were not well informed about the earlier program activities and program impacts. It was not possible to reach out to the earlier officials, as they are also not aware of the changes after their time.

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## CHAPTER 2: METHODOLOGY

The following chapter details the methodology of the study, including the collection, analysis, and triangulation of data used to prepare the report. This chapter also explains how the study adopted its framework and qualitative methods. In addition, this section discusses the distribution of the qualitative sample, the data collection matrix, the process of data collection, the ethnographic observations, and the approaches to data analysis and triangulation.

### 2.1 Methodology

The study used qualitative methods and approaches for primary data collection and analysis. Data was collected mainly from boys and men from the PEP households in the SHOUHARDO III areas. Adolescent girls and women were also interviewed to understand their perspectives on boys and men being involved in promoting WE and reducing GBV. The documents related to the program and produced by the program or CARE Bangladesh were reviewed by the study team to draw basic information in order to assess the overall components of the thematic study.

Focus was also given to the triangulation of desk findings with qualitative findings at the field level. The study was designed to encompass a variety of qualitative methods, including semi-structured IDIs, FGDs, KIIs, case studies, and ethnographic observations. In certain cases, virtual data collection was conducted at the local level. The interviewer took notes after each interview documenting key points from the discussion as well as any observations and reflections on the discussion, the participant, or the setting. The data collection tools and methodology were finalized after the initial discussion with the program team. Triangulation and data quality assessment were strictly followed before data analysis and report generation. The research team maintained physical distance during FGDs and tried to maintain other COVID-19 protocols as much as possible.

### 2.2 Justification for the Selection of Research Sites

This study covered the 8 districts where the SHOUHARDO program operates. Research sites were selected randomly and shared with the CARE Bangladesh team for validation.

Since the study covered all districts, thus justifications were applied for selecting sub-districts and unions only. To ensure diversity among the sub-districts, the following justifications/ inclusion criteria were considered to select the 8 sub-districts from 23. The criteria include;

- West sub-district
- North sub-district
- 1st sub-district (after organizing alphabetic order)
- 2nd sub-district (after organizing alphabetic order)
- Middle sub-district (after organizing alphabetic order)

However, for selecting 16 Unions from 115 Unions, randomization approach was applied. More details are presented in annex ( [here](#)).

Table 1: Distribution of Qualitative Sample

Area	Sampling frame	Sample	Additional Notes
District	8	8	The program operates in the Char and the Haor regions in Bangladesh, reaching all eight program districts (Kurigram, Gaibandha, Sirajganj, Jamalpur, Kishoreganj, Netrokona, Habiganj, and Sunamganj)
Upazila	23	(8×1) = 8	1 Upazila from each district was selected randomly.
Union	115	(8×2) = 16	2 Unions were taken randomly from each Upazila.
Villages	947	(16×2) = 32	2 villages were taken randomly from each Union for data collection.

## 2.3 Data Collection Matrix

Table 2 Data Collection Matrix

Name of Method	Sample size	Sample Distribution	Additional Notes
Focus Group Discussion (FGD)	16	<ul style="list-style-type: none"> <li>• Adolescent boys and young men (13-24 y) -4</li> <li>• Adolescent girls and young women- 4</li> <li>• Adult Female (25+)- 4</li> <li>• Adult Male (25+)- 4</li> </ul>	The FGDs were conducted with the program beneficiaries. (8-12 participants in each FGD)
Key Informant Interview (KII)	29	<ul style="list-style-type: none"> <li>• CARE staff- 7</li> <li>• Partner staff-8</li> <li>• DWA- 4</li> <li>• PIO- 1</li> <li>• UP Member/chairman-4</li> <li>• CBO – 1</li> <li>• CSO-2</li> <li>• Religious Leader-1</li> <li>• School Teacher-1</li> </ul>	A specific list of KIIs was finalized in consultation with CARE. The research team conducted 29 KIIs to reach the <b>data saturation point</b> .
In-Depth Interview (IDI)	72	<ul style="list-style-type: none"> <li>• Adolescent boys and young men (13-24 y)- 24</li> <li>• Adolescent girls and young women (13-24 y)- 12</li> <li>• Adult Male (25+)- 24</li> <li>• Adult Female (25+)- 12</li> </ul>	This method captured individual level changes and challenges to make <b>10 Case Studies</b>
Ethnographic Observation	16	16 ethnographic observations were conducted in 8 districts	2 persons (one male and one female) in each research site participated in ethnographic observation

Document Review	As provided by CARE Bangladesh	The program related available and relevant documents	As provided by CARE Bangladesh
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## 2.4 Process of Data Collection and Field Study

All the qualitative data were managed and analyzed manually, and purposive sampling was applied to the FGDs, IDIs, KIs, and observations. Notes were taken during discussions. Recording (with the participants' permission) was done to keep the original data set unchanged and free of manipulation. Primary data from stakeholders were collected virtually while primary data from program beneficiaries were collected by mobilizing our experienced data collection pool, who received extensive training. Standard ethical practices around social sciences research, such as the codification of the participants' identity, seeking permission before asking for participation, avoiding making promises, and validating documented responses, were employed.

Required data collection tools were drafted and shared with CARE Bangladesh for feedback. Apart from written feedback, a feedback session was held to have a common understanding on the different tools and their applications. The enumerators' training was held on the qualitative data collection tools required for conducting qualitative research.

## 2.5 Ethnographic Observation

Ethnographic research is a method of studying a group in its natural setting. Researchers perform their role as both the observer and the participant in order to collect in-depth information and understand its context. According to Fetterman, "*Ethnography is the art and science used to describe a group or culture*" ( Fetterman, 1998). Ethnographers search for predictable patterns in the lived human experiences by carefully observing and participating in the lives of those under study ( Angrosino, 2007). The ethnographic observation method was applied to assess perspectives across genders and ages regarding the role of boys and men in increasing WE and reducing GBV. This method helped the study by capturing the body language and gestures of the respondents while discussing or talking about WE and GBV. It also captured their informal responses beyond the FGDs and IDIs. This method also helped demonstrate villagers' everyday practices (such as veiling, religiosity, and women's and men's appearances, interactions, and mobility outside and inside of the home) as well as findings that were not captured in the FGDs, IDIs, or KIs.

### Value Addition of the Technique:

- It can track changes over time
- Studying the respondents closely helped uncover facts that were missed with other techniques
- It gives an insider's view of reality as it was conducted in a natural setting rather than a controlled one
- Rather than verbal or written record, informal responses like facial expressions and reactions were acknowledged that intensified the quality of data

## Modes of Data collection:

Table 3 Modes of Data Collection

Methods of Ethnographic Observation	Additional notes
Observation	The interactions between male and female groups were observed (both verbal and non-verbal) as well as their body language, gestures, and public appearances
Interviewing	To gain a better understanding, random but relevant questions were asked to avoid any major confusion of interpretation.
Archival research	Documents related to the cultural context, geographical location, and activities were reviewed to enrich understanding.

## 2.6 Data Analysis and Triangulation Approach

Findings obtained through qualitative methods (FGDs, IDIs, KIIs, observations) were analyzed with a thematic data analysis approach. Previous relevant reports and study findings were reviewed with secondary data, which was mainly desk-based. The following matrix was applied for the triangulation and compilation of the findings collected from the different methods. Since different kinds of data come from different sources and methods, this review applied triangulations based on data type (qualitative data versus ethnographic data, primary data versus secondary data). The following approach was used:



Figure 2: Triangulation

## 2.7 Data Quality Management and Ethical Measures

For overall data management and ensuring the quality of the collected data some steps had been taken, such as the safety of participants, partners and teams, ensuring a person/community-centered approach, obtain the free and informed consent of the participants, ensured the security of personal and sensitive data throughout the activity. Moreover, spot revisiting, recording the discussion, sharing key findings, taking part in field research by the researcher team, randomly listening to recorded discussion to check with the synthesis report were done by CRD and also ensured anonymity of the respondents, data sets & all documents handed over to CARE Bangladesh as an organizational property.

In regard to ethical measures, the following steps and processes were followed;

- Ensured all collected **data and field notes are preserved** for at least 2 years starting from conduction of the research.

- **Ensured the security of personnel and sensitive data throughout the activity:** During every step of the investigation, the study team took care to protect sensitive data and personal information.
- **Obtained free and informed consent of the participants:** During the data collection period, the study team strongly maintained informed consent and/or assent of the participants.
- **Ensured a person/community-centered approach:** The technical team used methods that were customized to the needs of the target group (e.g., tools adapted for illiterate audiences/sign language/child-friendly materials, etc.)
- **Guaranteed the safety of participants, partners and teams:** The technical ensured the risk mitigation measures.

Every member of the assessment team followed the ethical guidelines as outlined in the American Evaluation Association's Guiding Principles for Evaluators. A summary of these guidelines is provided below-

- **Systematic inquiry:** Evaluators conduct systematic, data-based inquiries.
- **Competence:** The assessment team possesses the education, abilities, skills, and experience appropriate to undertake the tasks proposed in the evaluation. Evaluators practice within the limits of their professional training and competence and decline to conduct evaluations that fall substantially outside those limits. The assessment team collectively demonstrates cultural competence.
- **Integrity/honesty:** Evaluators display honesty and integrity in their own behavior, and attempt to ensure the honesty and integrity of the entire evaluation process.
- **Respect for people:** Evaluators respect the security, dignity, and self-worth of respondents, activity participants, clients, and other evaluation stakeholders. Evaluators regard informed consent for participation in evaluation and inform participants and clients about the scope and limits of confidentiality.
- **Responsibilities for general and public welfare:** Evaluators articulate and take into account the diversity of general and public interests and values that may be related to the evaluation.

Above all, the evaluation followed ethical standards for research and data collection and should include a risk assessment covering security risks to communities.

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## CHAPTER 3: KEY FINDINGS

The following chapter will present the findings from the study. The entire chapter is divided into four sections under different headings. The first part gives the introduction and overview of the key findings while the second section of the chapter discusses how the respondents understood WE and GBV in relation to their beliefs and practices. The third section discusses the contributions of the program activities to increasing WE and decreasing GBV and the fourth part looks at sustainable ways of reducing GBV through program intervention and its contributions to changes in perceptions and practices.

### 3.1 INTRODUCTION AND OVERVIEW OF THE KEY FINDINGS

The SHOUHARDO III program is designed to transform the lives of women and men of 170,298 PEP households in the eight poorest and most marginalized districts in Bangladesh. The program engaged boys and men in the program activities to increase WE and reduce GBV. The operational strategy for engaging men and boys of the program was built on findings from the gender analysis, SBCC formative research, value chain analysis, and reflections from the integration workshop organized by the program.

The findings from the field study show that the program has been effective in addressing the issues of WE and GBV in the program areas. Findings from the 2021 SHOUHARDO III Participant Based Survey (PaBS) also suggested that the program had significant achievements in several of the result areas, including increased yields for targeted crops and livestock assets, improved sanitation facilities, increased women's mobility, decreased prevalence of GBV, intra-household work distribution, and better access to public services. The program also exceeded its target in WE indicators and a few health and nutrition indicators, including pregnant women receiving extra care. Additionally, a greater sense of WE awareness was noticed at the community level. To further investigate the changes in catalyzing WE and reducing GBV, this thematic study was conducted with the purpose of assessing boys' and men's perspectives and roles in these areas and to inform the program design for sustainability. The specific purpose of this study was to understand boys' and men's perceptions related to GBV; explore the impacts of GBV-related cross-cutting activities; and to identify key drivers for sustainable GBV reduction in communities.

This study found that there have been positive changes and improvements at the levels of perception and practice to increase WE and decrease GBV. It was found that boys and men mainly understood WE as girls' and women's mobility, decision-making capacity, and financial contributions. Child marriage, dowry, physical abuse, and the harassment of school-going girls are the most commonly recognized forms of GBV in all the program areas. Domestic violence and mental and verbal abuse are mostly committed towards female family members and are also largely recognized by boys and men as bad practices. Despite this finding, respondents reported that they often heard of and witnessed mental and verbal abuse in their families and neighborhoods. The FGD and IDI responses show that there are some practices that are conditionally justified and not considered to be GBV. Scolding and verbal abuse by husbands or male family members is still justified if the wives or other female family members make any mistakes. This was also found in the 2020 Recurrent Monitoring System (RMS) on lessons from COVID-19, where many respondents reported that they did not consider verbal abuse, dragging, or slapping as VAW and rather denoted them as usual conjugal disputes in their communities (CARE Bangladesh, 2020). It is also important to note that the ethnographic observation found that respondents mostly understand GBV as VAW, and the term 'Violence against Women' is more familiar in program areas than 'Gender based Violence.'

The study found that women's engagement in income-generating and financial activities were among the most impactful WE program activities. To increase equitable access to income for males and females and ensure nutritious foods for all participants, the program launched several on-farm and non-farm capacity building initiatives. The participants' choice of occupation was dependent upon their skills, interests, and the potential for income generation and expansion within the local market. Considering the low financial capacity of program participants, SHOUHARDO III provided a startup capital of BDT 3,000 (USD \$35) to poor households and BDT 6,000 (USD \$70) to extreme poor households between 2016 and 2018. The study shows that women have been able to develop homestead vegetable gardens, cattle farms, and earn by sewing or making fishing tools (Chai) using the financial support and training from the program.

The EKATA model, Men's Engagement Model, as well as other crosscutting activities, such as the religious leader's dialogues and activities of the VDC, appear to have resulted in a lower prevalence of GBV. Based on the responses from the FGDs, IDIs, and KIIs, the incidents of child marriage, dowry, physical abuse, and harassment have all decreased in both Haor and Char areas. At the practice level, it was found from the ethnographic observation that the respondents are highly eager to change harmful practices of GBV in their families and communities. In terms of sustainability of program activities, it was found that popular theater has been very effective and engaging in knowledge dissemination. Reflecting on the ethnographic observation, some of the changes are not only practiced consciously as a program activity, but rather they have been culturally appropriated as normative practices, such as women's engagement in IGAs, mobility, decision-making, the caring for pregnant women, and supporting women in household work. The cultural appropriation and acceptance into everyday life demonstrates the potential for sustainable impacts of the changes. Moreover, one of the most important learnings from the program is that changes appeared to be more impactful and sustainable when multiple family members were involved in the program activities. However, the study found that the program encountered some challenges as well in the engagement of adolescent boys and girls, who were comparatively less involved than the other target groups.

## **3.2 PERCEPTIONS OF WE AND GBV**

This section will address the first objective of the study: to understand the perceptions of boys and men regarding WE and GBV in terms of beliefs, norms, myth, and practice. The perceptions of girls and women is also addressed in this section. The findings attempt to demonstrate how boys and men, as well as girls and women, understand the concepts of WE and GBV, and how this is reflected on and influences their practices. The area-based (Haor and Char) differences in perceptions are also analyzed in the findings. The major findings from both Char and Haor regions, where no differences were found, is under the separate heading on WE and GBV.

### **3.2.1 Perceptions of WE**

#### **Perceptions held by Boys and Men on WE**

The FGD and KII responses demonstrate that girls' and women's mobility, decision-making capacity, communication of needs without men's support, and IGAs are mostly perceived as WE to men and boys. There have been quite similar findings from the FGDs with adolescents and young men. Most of them think women having the leadership capacity and earning money are a form of WE. As one of the young men stated,

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*Women's empowerment means women becoming financially independent. For example, my wife has ducks. She sells eggs and deposits that money for the future. (FGD – Young man, Age 20, Weaver, Sirajganj)*

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The adolescents' responses reveal that their mothers earn money by selling chai (a tool for catching fish), vegetables, eggs, and cattle, which is what WE means to them. There have been different responses, such as that they have never heard of anything like WE or they do not understand the term WE fully. One of the adolescent respondents said,

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*Women should be empowered, but they cannot be included in all the work done by the men in our community because people will slander and not accept them. (IDI- Young male, Age 22, Student, Kurigram)*

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The understanding of gender-based division of labor seems intact among boys and men in most of the cases as they still believe that women and men have separate work to do due to their gender identities. Adult men especially expressed that women are solely responsible for domestic work. Their responses convey that they feel the urgency and need for cooperation between men and women, since they live together as a family, and they recognize the significant number of women in society. Therefore, when women are good at managing household matters, they can better take care of themselves and their children. Women can financially contribute to the family by cattle rearing, vegetable farming, and harvesting, which is understood as WE to boys and men. Women's earnings are considered an important financial support for the family. According to adult male respondents, it lessens the burden on men, since they do not ask for money and can manage some family issues without the help of the husband. Since women can manage their household tasks alone in addition to financially contributing to the family, dependency on the husband is lessened, which men consider as WE. One of the FGD respondents said,

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*Women of our village are now tailoring, selling eggs and cattle, and they are capable of earning. Women can go to the bazar now. For example, my wife also has some control over expenses, when I am gone. When I am at work, she can buy our family necessities from the bazar. (FGD, Male, Age 32, Businessman, Netrokona)*

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Importantly, it was observed that in most cases, the understanding of WE is confined within women's financial empowerment. Only their instant earnings or cash, through selling eggs and vegetables, is understood as a financial contribution. One of the IDI respondents stated that,

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*I understand women's empowerment as women's engagement in economic activities which helps them toward financial independence. (IDI- Adult male, Age 45, Farmer, Habiganj)*

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In terms of having opportunities and the capacity to make decisions, there have been significant changes at the levels of practice and perception, although women's decision-making is mostly limited to household issues. Reflecting on the KII responses, women's opinions were not always considered as valuable as they are nowadays to their male family members, due to a lack of awareness and decision-making skills among women. Now, women and men jointly make decisions about family issues. Based on the FGDs (men and women) and KII responses, women can participate in the UP meetings, *Nari Nirjaton Protirodh Committee* (NNPC), and take part in UP standing committees; this would have been

unusual and merely impossible just three to seven years ago. These changes and practices of women's decision-making, participation in local government, and ability to express opinions are what males understand to be WE. The male respondents recognized that they often discuss big decisions with their wives, such as buying cattle, land, or repairing the house, but mostly the women are just the recipients of the information and do not contribute to the decision-making. In some cases, they might share their opinion, but ultimately, men take on the big decisions. One of the FGD respondents said,

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*I let my wife go to the market. She can buy things for herself and our family. However, when buying big accessories (TV, Fridge, or any other furniture) I am the one who makes the decisions and sometimes inform my wife. (FGD, Young Man, Age 22, Electrician, Kishoreganj)*

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There were many responses like this from other areas as well. It not only shows the level of women's decision-making capacity, but also how they pursue freedom of movement outside of the household. From the men's perspective, women's mobility, taking part in decision-making, or fulfilling their needs are opportunities provided by men. It gives a sense of entitlement to boys and men that they are the ones providing this opportunity and supporting women's rights. However, it indirectly contributes to men's perception that women have the right to mobility and decision-making, but they cannot practice until men have given permission. In their understanding, girls and women are not entitled to those rights in the same way as men, even though they agreed that those are women's rights. It means that men have information on women's rights and that there have been changes in perception level, but the rights-based understanding of WE is still being formed through the lens of patriarchy. One of the FGD respondents shared that,

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*Women raise their voices in arbitration meetings with the chairman. Now, men also agree that women's empowerment issues cannot be ignored anymore and there is a demand for progress. (FGD, Adult male, Age 30, Farmer, Sunamganj)*

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## **Perceptions held by Girls and Women on WE**

Unlike boys and men, female respondents emphasized the freedom of movement, decision-making capacity, and self-dependence as the major aspects of WE. These three aspects of WE have been repeatedly mentioned by the respondents in FGDs and IDIs in response to the question of what they understand by WE. The qualitative data analysis finds that for women, WE means having decision-making capacity in household matters, mobility beyond the household periphery, having accessible earning opportunities, access to nutritious food and healthcare services, and becoming independent in terms of fulfilling their needs for education, marriage, and work. Mobility beyond the household periphery means going to the local market, clinics/healthcare centers, the UP, or any other place they need to go. Having leadership qualities and roles inside and outside of the family were mentioned as forms of WE. One of the FGD respondents stated that,

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*Now I can go to the market and buy the necessary goods for our family. I can also give my opinion and take part in decision-making on different household issues with my husband. (FGD-Adult female, Age 25, Tailor, Kishoreganj)*

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Like boys and men, girls and women also think that the financial contribution to the family plays an important role in WE, as it increases their capacity in decision-making and self-dependence. One of the FGD respondents said,

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*We can run a business from our house and earn money. Then, we can choose how to use that money. (FGD- Young women, Age 19, Housewife, Gaibandha)*

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Women from both the Haor and Char areas acknowledged in the FGDs that they can make decisions about household matters, which is what was understood as WE. Some of them admitted that they are not capable of making decisions on external issues beyond the household. Findings from the KII demonstrate that although there might not have been any major changes in terms of WE, women's participation in micro-businesses and financial activities, engagement in local governance and UP, decision-making through IGAs, cash transfers, and membership in UP committees have all brought positive changes and resulted in increased acceptance and support for WE, that were impossible before. One of the KII respondents said,

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*Now, women are becoming the leaders. We have two female union members who work actively in our union. We also no longer see much violence against women in our area. This is the real contribution of the program. (KII, Imam, Kishoreganj)*

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Again, another KII respondent stated that,

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*Women were sometimes unable to speak in front of men, but the situation has changed now. We also called them to participate in the Upazila program and committee. Now, these women are able to speak in front of anyone and can share their stories. They are able to go anywhere. They can also come to the Upazila Nirbahi Officer to present their problems. (KII, GoB Officer, Kishoreganj)*

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FGD and IDI respondents also reflected on their ability to communicate with the UP members and chairman on concerned issues such as seeking help to resolve family issues or disputes between wives and husbands and ask for allowances as important aspects of WE. According to the KII respondents, these changes in perceptions and practices means a lot to the women who never even had the opportunity to participate in household decision-making. One of the FGD respondents said,

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*I started my new business (tailoring), which my husband helped me initiate. He gives me suggestions and takes care of the family when I'm busy with my business. (FGD, Adult Female, Age 29, Small entrepreneur, Kishoreganj)*

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In terms of understanding WE, the responses from the adolescents and young women were a little different than those of adult women. For adolescent and young women, having equal rights, confidence, becoming independent through addressing needs, and decision-making regarding education, marriage and work were the most important aspects that they repeatedly mentioned while describing WE. Having the choice to not get married before 18 years old was also considered to be a form of women empowerment to adolescent girls. One of the respondents said,

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*Previously I had no idea that a girl should not be married off before she turns 18. Now, I know it is our right to not get married before 18. (IDI, Adolescent Girl, Age 16, Student, Jamalpur)*

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Another IDI respondent commented on early marriage that,

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*Women empowerment means that women can do their own work. For example, I have the right to make decisions about my own marriage as I am aware of the age of marriage. (IDI, Adolescent girl, Age 19, student, Gaibandha)*

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The following table shows how the concept of WE is understood differently by boys and men, and girls and women. All the information in the table was extracted from the key findings of the study.

Table 4: Perception of among boys and men, and girls and women on WE

Boys and Men	Girls and Women
<ul style="list-style-type: none"> <li>• Financial contribution of women in families through IGAs, freedom of mobility, decision-making in household issues, and better family management and communication skills are all understood to be WE</li> <li>• Women earning and spending money to address their own needs are the major aspects of WE</li> <li>• Participation and engagement in UP meetings and committees are also important aspects of WE</li> </ul>	<ul style="list-style-type: none"> <li>• Freedom of mobility (mobility to local markets, clinics/healthcare centers and UP), decision-making capacity and independence are the major forms of WE</li> <li>• Having equal rights, confidence, and independence are the important aspects of WE</li> <li>• Having leadership qualities and maintaining roles inside and outside of the family, making financial contributions to the family, having capacity to communicate with UP members and chairman, and engaging with the local government are also identified as forms of WE</li> </ul>

### 3.2.2 Perceptions of GBV

#### Perceptions held by Boys and Men on GBV

The FGD and IDI responses show that child marriage, dowry, and physical abuse are the most mentioned and recognized features of GBV amongst boys and men. The male respondents also confirmed that they certainly know the negative impacts of such practices and how it is not only harmful for women and girls, but rather for society as well, as it brings negative impacts to the collective whole of society. They have reached a consensus in their villages against child marriage, dowry, and abuse of young girls on the way to school through the VDC activities and monitoring. In this case, regular sessions, home visits, and religious leaders' sessions also played important roles. Since the villagers are united against such practices, the FGD and IDI respondents reported that the rates of child marriage, dowry, and abuse have decreased across both the Haor and Char areas. At the same time, child marriage is still taking place in communities in other ways, such as an increase in

unreported or secret child marriages. About the decreasing child marriage, one of the IDI respondents said that,

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*Nowadays, child marriage is a very rare occurrence in our community. Sometimes it happens secretly at night, or takes place in their relative's house, where no one could know them and uncover the child marriage. (IDI- Young men, Age 23, Day laborer, Kurigram)*

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There also have been varying opinions from the FGD responses on child marriage. As one of the FGD respondents stated,

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*During COVID-19, child marriages increased, but secretly. After COVID-19, when we went to school, we saw that many of our female friends were not present at school. They all got married or stopped studying. Outside the village they had arranged court marriages with fake ages. (FGD- Adolescent boy, Age 17, Student, Kurigram)*

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If there is an incident, they know how to mediate and resolve it with the help of community leaders and public representatives, such as ward members and the UP chairman. It was also found that the understanding of GBV is comparatively better among young couples and young married men and girls than the other respondents of the program in both Haor and Char areas. They tend to learn quickly and are more interested in how to reduce these practices. It seems that young couples have benefited more from the program activities, such as regular sessions and couples dialogues on WE, GBV and different social issues, which has resulted in a better understanding of verbal and mental abuse. In response to the question of how they understand GBV, one of the FGD respondents said,

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*If I wanted my daughter to get married at an early age (before 18), that would be called violence against women. She would face multiple problems both mentally and physically. Since she is not grown up enough to make better decisions, her future would be spoiled. (FGD, Adult Male, Age 34, LSP, Jamalpur)*

---

Verbal and physical abuse take place in the household due to issues related to cooking, meal preparation, delayed responses to the husband while he is stressed out from finances or other external issues. In cases of physical abuse, slapping is common and in more extreme situations, the men may end up beating their wives with a stick. One of the male FGD respondents said that the societal status of a male and manhood are defined by how they treat their wives and female family members. These beliefs contribute in part to domestic violence. Most of the respondents identified financial stress and ignorance as the main reasons for GBV. Although it has been found and noticed through participation observation and FGD responses that the masculine role under the shadow of patriarchy has been the main motivation of domestic violence against girls and women at the household and societal levels. Feelings of superiority and entitlement of guardianship over women in the family contribute to the husband lashing out or abusing his wife. Therefore, when men go through any hardships, such as financial stress or work pressure, they react harshly or abuse their wives for any mistakes that they deem necessary, such as being late for preparing meals. One of the FGD respondents stated that,

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*If I earn well, there is no quarrel between me and my wife, but currently I do not have any income. I'm mostly tempered without any further reason; I react so easily and shout at my family members when they make silly mistakes. (FGD, young men, Construction Worker, Age 24, Sirajganj)*

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Overall, the number of child marriages, dowry, and abuse of adolescent girls on the streets or outside the home have greatly decreased, according to male respondents during FGDs and IDIs. There have been major positive changes among boys and men in terms of understanding the family burden on women, their need for intensive care and medical support during pregnancy, and how to cooperate with female family members in the household work. A large number of male respondents from FGDs and IDIs have now recognized the importance in meeting the needs of pregnant and lactating women.

The FGD and IDI responses and data from participant observation show that mental abuse is not clearly understood as a form of GBV to most boys and men. There have been a few exceptions in the Haor areas such as Sunamganj and Habiganj, where the negative impacts of mental and verbal abuse from the husband are clear to men. However, most of the respondents are not bothered by mental abuse, as very few respondents have identified this as an issue. Moreover, the incidents of verbal abuse are accepted as a normal occurrence. One of the IDI respondents said,

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*Violence against women means physically torturing women. And sometimes crosstalk happens, but it can be solved easily. (IDI, Adult Male, Age 44, Shopkeeper, Netrokona)*

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## **Perception of Girls and Women on GBV**

The observation and data analysis revealed that child marriage, dowry, physical abuse, and mental abuse are the commonly recognized forms of GBV by girls and women. Contrary to the boys and men in the study, mental and verbal abuse are seen by girls and women as some of the most severe forms of GBV. Adolescent girls and young women commonly recognize verbal abuse and harassment on the way to school or other places outside the home as GBV. Mental and verbal abuse are the most common forms of GBV experienced by majority of the female respondents in their daily life. One of the respondents said,

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*Another one could be mental torture. Many husbands use harmful language instead of physical beating. That's also another kind of gender-based violence. (IDI, Adolescent Girl, 16, Student, Jamalpur)*

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The data show that in the case of young married women, verbal and mental abuse mostly take place at the in-laws' houses, due to lack of understanding, communication, healthy relationships, dowry, tiny mistakes identified by husbands, and excessive pressure from both husbands and mothers-in-law. The FGD, and IDI responses show that young women are the topmost victims of different forms of GBV due to early marriage, dowry, lack of family management skills, and mental and verbal abuse from husbands, mothers-in-law, and sisters-in-law.

Based on the responses from young married women, the pressure from husbands and mothers-in-law on pregnant women and lactating mothers to do all of the household chores is not widely considered GBV. According to their responses, there have been positive changes in terms of caring and providing

medical support to pregnant women and lactating mothers, but in some cases, mothers-in-law are still not supportive enough. It was also found from the FGD responses that some of the women still think that verbal abuse and scolding by male family members or husbands is justified. The same responses were received from the male respondents. Some of the respondents even indirectly said that it is the husband's duty to guide their wife if they make mistakes and that husbands are supposed to 'dominate' their wife. By dominating and guiding, they indicated the possibility of physical abuse as well, which was not considered to be GBV to them.

In terms of major changes in perceptions and practices, most of the female respondents agreed that the number of child marriages, instances of dowry, and physical abuse have significantly decreased. According to their responses, there were no child marriages or instances of dowry over the last several years in most of the villages. In some cases, they heard of child marriage and dowry taking place in the nearby villages. The respondents also noticed different forms of dowry that have emerged as normal practices - such as giving large gifts, including furniture, TV, or refrigerator. In terms of dealing with and resisting abuse, almost all of the respondents recognized that they have the knowledge and skills to deal and resist such abuses both inside and outside of the household periphery, and they know how to and where to report, using either the emergency helpline number, seeking help from the UP chairman, or reporting to the police station. Based on their responses, the female respondents also noticed positive changes in the perception and practices of their husbands and male family members in terms of their behavior and cooperation in the household works. However, the understating of verbal and mental abuse is still unclear to most girls and women. Because of the regular meetings, training, and different forms of counselling, cooperation among family members developed when multiple family members were involved in the program activities. One of the respondents said,

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*By participating in Bou Shashurir Addas, our mothers-in-law have understood the mental and physical issues of pregnant women. Now, they do not allow pregnant women to work unless it is a reasonable workload. (FGD, Adult Female, Age 35, Tailor, Kishoreganj)*

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This study found that there are some exceptional cases of child marriage where the boy and girl eloped and got married before 21 and 18 years old, respectively, without the consent of their families. It is child marriage, but the respondents cannot define it as GBV, since no one is forcing them to get married. Getting married before 18 (girl) and 21 (boy) years old is child marriage, as understood by all respondents. In this understanding, child marriage takes place because parents force or arrange the marriage for their children. There are ways to stop such practices through awareness raising or reporting of what they have learned from the meetings, dialogue sessions, popular theater, and home visits. In this case, none of the preventive measures is functioning. Based on the findings from ethnographic observation, it seemed that villagers were confused about how to deal with this and how to stop such marriages.

The following figure shows the major differences in understanding GBV between men and women. All the information in the table has been extracted from the key findings of the study.

Table 5: Perception of GBV among boys and men, and girls and women

Boys and Men	Girls and Women
<ul style="list-style-type: none"> <li>• Child marriage, dowry, and physical abuses are the most commonly identified forms of GBV by men</li> <li>• Mental and verbal abuse as well as domestic violence are recognized as bad practices</li> <li>• Child marriage, dowry, and abuse of school-going girls are the major acts of GBV defined by adolescent boys</li> <li>• Understanding of GBV is comparatively better among the young couples and young married men and girls</li> </ul>	<ul style="list-style-type: none"> <li>• Child marriage, dowry, physical abuse, and mental abuse are the major aspects of GBV, identified by women</li> <li>• Verbal abuse and abusing school-going girls are common forms of GBV, defined by adolescent girls</li> <li>• Physical abuse done by the husband is the only form of physical abuse</li> <li>• In some cases, verbal abuse or scolding are not considered as GBV by women and it is justified</li> </ul>

### 3.3 DISCUSSION ON THE PERCEPTIONS OF WE AND GBV

The CARE framework defines the notion of WE by taking into consideration the three aspects of empowerment: agency, structure, and relation. The notion of WE has been incorporated and translated into SHOUHARDO III program activities by reflecting on these three aspects of empowerment (CARE Bangladesh, 2018):

- I. Agency (ability to change the situation) - gaining confidence, identifying problems, accessing healthcare, having initiatives to solve problems, being able to give independent opinions, access information and education, individual and collective capability, gaining property/assets and control, decision making in family and society, and increase movement (daily and societal). Agency can be described in two ways. The first way is individual agency, referring to the development of a woman's capacity. When a woman becomes confident and skilled, she wants to make a change in her life and does not sit idle. Self-dignity, desire to change, ability to express opinions and needs, understanding her own problems and taking the initiative to solve them are all examples of WE at the level of individual agency. The second way is collective or group agency. In this case, self-dignity, desire to change, ability to express opinions and needs, understanding her own problems and taking the initiative to solve them, are not only applicable to individual women, but rather, many women that take these initiatives collectively together. The load of change or challenge is not only one woman's responsibility, rather boys' and men's responsibility as well, as it requires a collective effort.
- II. Structure (changes in position) - changes in justice, political representation, access to different services, representation in society, establishing women's rights as citizens, changes in laws and regulations, changes in male-dominating mentality, marriage, tradition, and norms are needed.
- III. Relation (creating enabling environment) - in favor of women, women-friendly, combined support gaining, presenting issues of interest, environment in favor of empowerment,

negotiation for issues of interest, controller alliance, communication with the strong group, increase social acceptability and dignity.

GBV and VAW are two separate terms. However, they are often used interchangeably, as most VAW is committed (by men) for gender-based reasons, and GBV disproportionately affects women more (Council of Europe, 2022). The working definition of VAW in the SHOUHARDO III program guide identifies any activity or behavior that causes women any kind of physical, mental, or sexual abuse. Threatening women to this kind of violence or depriving them of their freedom at either the family or societal levels may also be considered as VAW. Due to familial or societal unrest, women become the victims of various forms of violence, and face major adverse effects from GBV. A major visible health outcome of VAW is depression that can result from women's chronic exposure to oppression in society and in the family (CARE Bangladesh, 2017). The RMS 2021 found that financial struggle is one of the main reasons behind frustration and anxiety among men, which turns into GBV within the family (CARE Bangladesh, 2021). Considering the above-mentioned situations of GBV, applying the term VAW seems more reasonable rather than GBV in the context of the program intervention, activities, and areas.

It is important to note that the GBV is understood and known as VAW to most of the beneficiaries. Instead of GBV, they are mostly introduced to and familiarized with the term VAW. None of the male respondents mentioned that boys and men are also or could be the victim of GBV. The findings demonstrate that boys' and men's understanding of GBV is limited to VAW. The EKATA model of the program has also majorly focused on the term of VAW in the program activities implementation level and defines VAW as any activity or behavior because of which women need to tolerate any kind of physical, mental, or sexual torture or abuse (CARE Bangladesh, 2016).

Abusive behaviors and harsh reactions towards female family members are most commonly justified by boys and men as coming from stress or anxiety about family financial issues or other external reasons. These same findings were also reported in the impact assessment of COVID-19 on the SHOUHARDO III program participants. The respondents perceived the daily quarrels, slapping, cussing, misbehaving, and other condescending behaviors as normal incidents of conjugal lives. Underreporting and misreporting on GBV issues continued during 2021, similar to previous years, highlighting the need for more awareness raising and creation of safe spaces to discuss and address GBV (CARE Bangladesh, 2021). Most of the respondents understand physical abuse done by husband as the only form of physical abuse. None of the respondents mentioned any other form of physical abuse as GBV. Physical punishment by caregivers to children is very common in Bangladesh. The percentage of children aged between one to fourteen years who experienced physical punishment and/or psychological aggression by caregivers was 88.8% in 2019 (Jahan, 2021). Alarmingly, many married adolescent girls face and accept physical and sexual violence. As many as 33% of adolescent girls believe a husband is justified in hitting his wife (UNICEF, 2018). Additionally, the vast underreporting of marital rape is of major concern. Around 27% of married women are victims of marital rape (The Financial Express, 2020). Very few respondents mentioned rape as GBV, despite it being one of the most severe forms of GBV. While mentioning the incidents of GBV, no rape case was stated. This may be because rape cases are rare or have not occurred in those areas. However, it is also true that sexual assault crimes are underreported in Bangladesh, and even when survivors report the crime, their cases are rarely properly investigated or prosecuted (Ganguly, 2020). It is important to note that none of the male FGD and IDI respondents mentioned the financial support they receive from women who are cultivating and harvesting crops. It is an established and well-known fact that women contribute a lot in the agrarian society of Bangladesh, but their labor and contribution are not recognized as major financial contributions. Of the 13 million unpaid workers, five million during the previous decade were females. In addition to unpaid family work, 77% of rural women work from dawn to dusk in agricultural pursuits alongside their male counterparts (Ahmed, 2022) (Kabir,

Marković, & Radulović, 2019). In this case, the study found that men are consciously not recognizing women's roles in cultivating, harvesting, and preserving crops, and thus contributing to the total family income. Reflecting on the data from ethnographic observation, gender-based division of labor is prevalent in the communities, as it is also throughout Bangladesh. Men are assumed to work outside and women are assigned the management of household tasks ( Karim, Lindberg, Wamala, & Emmelin, 2017). As men are automatically assumed as the family head who deal with external issues, the activities and contributions of women from agricultural production are not recognized by men. However, when women earn money through cattle rearing or another IGA, it is recognized as a form of WE by boys and men, since this is solely done by women.

This study found that the perceptions held by boys and men on GBV can be categorized into three levels:

- Firstly, child marriage, dowry, physical abuse, and abuse of school-going girls are all recognized as GBV by the respondents. Those practices are accepted as both ethically and legally wrong amongst all the respondents.
- Secondly, the domestic violence and mental and verbal abuse that are most commonly committed by male family members toward female family members are recognized as bad practices by most of the respondents. However, there is not a widespread understanding of mental and verbal abuse in the study villages.
- Thirdly, there are certain practices that the respondents conditionally justify. For example, scolding or verbal abuse by husbands or male family members is justified if the wife or another female family member makes any mistake. However, the study found that mistakes are always defined by the husband or male family members, and is dependent upon their mood and timing. Delaying in preparing food or not preparing food that tastes good could be reasons men scold.

### **Reasons Behind Different Perceptions in the Char and Haor Areas:**

Bangladesh is a riverine country with low-lying land. It has about 858,000 hectares of Haor areas and about 720,000 hectares of Char areas where agriculture and fisheries are the main businesses. The broader Haor and Char areas are situated in the northern part of Bangladesh. Flash and normal monsoon floods and lack of communication are major problems in these regions. The weather patterns also hamper agricultural production and make livelihoods difficult ( Saha, Chowdhury, Shabuddin, Ahmed, & Ghosh, 2016). Various forms of GBV and gender inequality are prevalent in Bangladesh, and the Char and Haor areas are no different. Both the Haor and Char areas are flood prone and livelihood security is constantly challenged by environmental uncertainty. There is a growing trend of women who are subjected to violence after natural disasters. Domestic violence increases during any natural disaster, especially GBV, which exacerbated due to the financial crisis. The often harsh environmental conditions worsen the prevalent gender inequality and GBV in these areas, making girls and women easily exposed to violence and discrimination ( Hossain & Rahaman, 2021).

The study finds that in terms of positive changes at the level of perception of WE among boys and men, there have been quite similar findings in both Haor and Char areas. Some differences were found in terms of understanding and accepting women's mobility and engagement in financial activities. Women's mobility outside of the home without a valid reason is still not positively accepted to men in the Char area. Valid reasons include going to the doctors or health center due to a health-related emergency or buying groceries in the absence of men when they are busy working outside. Except for a few exceptions in the Haor area (Sunamganj and Habiganj districts of Sylhet), men agreed that the new era and the roles of men and women have changed a lot. They also think women are capable to do anything like men, if they have the opportunity. The FGD respondents have acknowledged that

women can do business or work outside by following a decent manner and dress code,<sup>1</sup>but there are no restrictions or issues with women working alongside men outside of the home. Despite this, the FGD responses reveal that there are very few of women who work outside of their home. In the Char area, no women reported working outside of their home or running a small business. It is only acceptable for women to work outside if there is no one else to earn for the family or if the woman is a widow. When asked why there are few to no women who work, they responded that there was no need and women did not have the right skills. The FGD respondents referred to one woman who runs a small business selling vegetables because there are no men in her family to earn income. In the Char areas, women's involvement in outside work or small businesses is still unusual and considered not normal. These gender norms are more adopted and practiced in the Char areas than in the Haor areas. Gender norms are rooted in a patrilineal inheritance system and closely linked to religious values and practices such as veiling. Women's mobility and visibility is restricted outside of the household periphery, and women are considered as the property of their father or husband (Aregu, 2018). The findings from the ethnographic observation show that the gender-based roles of women and men is more fluid in the Haor area than in the Char area. The practices of veiling, gender-based division of labor (i.e., men work outside of the home and women manage household tasks), and restricted women's mobility outside of the household are more visible and practiced in the Char areas, although the same practices are also visible in Haor areas but with lower rigidity and intensity. As one of the IDI respondents from Char areas said,

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*In my opinion, women should not go outside of their house. They should stay at home. For example, I would not be comfortable at all, if my sister goes out to earn money. (IDI, Adult Man, Age 25, Businessman, Sirajganj)*

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The freedom of women's mobility outside of the household is understood as one of the most important aspects of WE in Haor areas. The female FGD respondents from Sylhet in the Haor region stated that they can go outside wherever and whenever needed. There are no restrictions from the men. According to FGD responses from girls and women, men have realized that if women have freedom, there is peace and wellness in the family in terms of family cohesion and family management. Women are also financially contributing to the family, therefore, women's freedom of movement is no longer negative to men. Female respondents also stated that if men do not allow them to leave or make any trouble when they attempt to, they know how to negotiate through that situation. They also know where and how to report it if the situation turns into an abusive incident. At the same time, the understanding and situation of women's mobility is quite different in the Char areas. Women's mobility is still not considered an important aspect of WE. Women cannot go out without the permission of male family members. One of the female respondents said that she even needed permission from her husband to attend that FGD meeting. Although there have been important changes in terms of women's mobility, access to services, and decision-making capacity in both Haor and Char areas, those exercises are still impeded with patriarchal norms. Therefore, women are enjoying the positive changes, but only within the broader spectrum of male-given opportunity at the levels of family and society. However, considering the socio-economic and traditional normative context of the program areas, the conceptual changes and their implementation into practice and are the important achievements of WE for both men and women.

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<sup>1</sup> By Dress Code (Poshaker Bidhan), they mean veiling although the idea of veiling has no rigid definition to respondents (such as wearing a scarf or hijab or covering the head).

In both the Haor and the Char areas, respondents have a basic understanding of the different aspects of GBV, except for mental and verbal abuse. The FGD responses reveal that understanding of mental and verbal abuse is more recognizable by adult men in the Haor areas than in Char areas. However, in both Char and Haor areas, adolescent boys seemed less oriented and sensitized on GBV-related issues. Although seasonal unemployment is more common for men in the Haor areas, the number of unemployed and drop-out adolescents and young men is higher in Char areas – resulting in their decreased interest in understanding GBV. Based on the FGD and IDI responses, the number of GBV-related incidents, such as child marriage and dowry, are also higher in the Char areas than in the Haor areas. There are also more young married men in Char areas. Although these are not incidents of child marriage, boys tend to get married early, immediately after they turn 21 years old. It is difficult to conclude why there are higher rates in Char areas than Haor areas. While the living spaces and localities are more congested in Char areas, people from the Haor areas face more adverse environmental conditions, and during their off season, boys and men must leave their villages to find jobs. These challenges and advantages may be the reason for the better adaptation and changes among boys and young men in Haor areas as compared to Char areas.

The frequent responses and types of GBV indicate that rates of domestic violence (including physical abuse) and arguments between husbands and wives are higher in the Char areas than in Haor areas. In these situations, women seemed to tend to return to their home (parents' house) instead of taking any other measures. These cases have hardly occurred in Haor areas. Particularly in Habiganj district of the Haor region and Kurigram district in the Char region, women seem much more resilient in their comprehensive knowledge of GBV. Interestingly, most of the respondents from both regions are part of the Hindu community. In terms of applying knowledge and understanding of GBV to daily practices, girls and women from both areas have basic knowledge of GBV, but women from Haor areas tend to apply their learnings to practice more than the women in the Char areas. In the Char areas, adult women, adolescent girls, and young women have all reported that mental abuse and family quarrelling still exist, but physical abuse has reduced a lot. Respondents from the Haor areas, especially in Sylhet, reported that incidents of verbal and mental abuses have significantly reduced.

Data from the FGDs, IDIs, and ethnographic observations show that the information dissemination and the associated changes in perceptions and practices were better in the Haor areas than in Char areas. However, the KII data shows very different findings. Reflecting on the KII responses, implementation of program activities and communication was easier in the Char areas than in Haor areas. From these findings, better results and impacts of the program activities are expected in the Char areas than in the Haor areas.

### **3.4 CONTRIBUTIONS OF THE PROGRAM**

The following section addresses the second objective of the study: to explore the impacts of SHOUHARDO III's GBV-related cross-cutting activities with boys and men in reducing GBV and increasing WE and understand how these activities worked. The study found how various program activities, including cross-cutting activities, have contributed to increasing WE and decreasing GBV as well as the level of intensity for each change and contribution. This section will be articulated separately based on the two broader aspects of the second objective: 1) contributions to increasing WE and 2) decreasing GBV. The differences in increasing WE and decreasing GBV in the Char and Haor areas have only been addressed where differences were noticed. Therefore, the overall findings on SHOUHARDO III's contributions towards increasing WE and decreasing GBV are written under these two separate headings. The most effective and least effective program activities are also identified in this section of the findings.

To sustain program outcomes, SHOUHARDO III is currently implementing a two-year extension phase until December 2022. The program has engaged more than 165,000 participants in IGAs and developed 2,292 LSPs in agricultural, health and nutrition, WASH, and financial services. To provide pro-poor financial solutions, the program formed 2,346 VSLAs and developed 473 Sanchay Sathis till the writing of this report. The program provided training to 2,836 participants in starting non-farm livelihoods and 9,939 participants were trained on on-farm livelihoods. For WE, the program conducted couples dialogue sessions between husbands and wives that reached over 41,000 couples while 26,628 young people received training on life skills. The program leveraged 570 PEP citizens membership at the Union Parishad committees. Moreover, from October 2020 to September 2021, the program transferred cash support of a total of BDT 133,662 (USD \$1,305) to 20,317 participants (CARE Bangladesh, 2022).

### 3.4.1 Contributions of Program Activities in Increasing WE

This section discusses the contributions of program activities towards increasing WE. The following figure shows the major contributions of program activities, the analysis of the contributions, and details the degrees associated with each.

Table 6: Contribution of program activities in increasing WE

Activities	Contribution of the activities in increasing WE
1. Sanchay Sathi – SHOUHARDO III provided pro-poor financial solutions by forming Village Savings and Loan Association (VSLA) in the communities. For sustaining the VSLA model in the communities, the program developed and built the capacity of Sanchay Sathis (internationally known as Village Agents).	<ul style="list-style-type: none"> <li>▪ Increased leadership qualities in women</li> <li>▪ Contributed to increased self-dependency of women</li> <li>▪ Leveraged women’s financial management skills</li> <li>▪ Decreased women’s dependency on male members of the family</li> <li>▪ Improved decision-making capacity in the household</li> </ul>
2. Income-Generating Training and Activities - The program provided capacity building support for non-farm and on-farm livelihood activities in remote areas of northern Bangladesh.	<ul style="list-style-type: none"> <li>▪ Increased decision-making capacity and strengthened women’s agency through IGAs</li> <li>▪ Leveraged women’s increasing financial contributions to their family</li> <li>▪ Improved self-dependency through addressing needs</li> <li>▪ Increased women’s mobility and its acceptance</li> <li>▪ Decreased financial crises in families</li> </ul>
3. Monthly/Weekly meeting, couple dialogues and sessions – The program conducted sessions on rights and empowerment (with empowerment volunteers) and held meetings on health, nutrition and hygiene. Dialogues between husbands,	<ul style="list-style-type: none"> <li>▪ Increased participation and engagement local government activities</li> <li>▪ Acceptance of women’s decision making and giving opinion beyond the household periphery</li> <li>▪ Increased unity among girls and women and building better cohesion in terms addressing their problems</li> <li>▪ Increased in better knowledge and practices in terms WASH, Health and Nutrition</li> </ul>

<p>wives and mothers-in-law were also facilitated with the purpose of helping women to speak out about issues and assist men in finding solutions jointly with their partners.</p>	<ul style="list-style-type: none"> <li>▪ Acceptance of women’s mobility and participation in local government activities</li> <li>▪ Girls and women having knowledge and skills to resist and report GBV both inside and outside the home</li> <li>▪ Better understanding and negotiation skills among women</li> <li>▪ Women’s having space to discuss their issues</li> <li>▪ Valuing women’s decision in family matters</li> </ul>
<p>4. LSPs - SHOUHARDO III developed the skills and supported the outreach of LSPs in agriculture, health and nutrition, WASH, and financial services.</p>	<ul style="list-style-type: none"> <li>▪ Women hold more knowledge and skills on hygiene and sanitation and child caring</li> <li>▪ Increased women’s decision-making capacity in terms of family planning</li> <li>▪ Male family members recognized women’s family and financial management skills</li> </ul>
<p>5. Cash Transfer - The program provided conditional and unconditional cash transfers at different times as livelihood support to recover from natural disaster in the program period. The program followed different transfer modalities for cash transfer. SHOUHARDO III cash transfer interventions are not standalone activities; instead, it is often embedded with many of the program’s technical interventions to complement the design of program activities. At the beginning, the program provided hand cash (program staff provided cash to the participants). Then, the program used agent banking for cash transfer to the participants. Later, cash transfer was done through mobile financial services</p>	<ul style="list-style-type: none"> <li>▪ Increased access to IGAs for women</li> <li>▪ Developed women’s financial agency and ownership over earnings</li> <li>▪ Leveraged self-dependency and decision-making capacity regarding household and family issues</li> <li>▪ Women’s contributions improve family cohesion and reduce financial crisis</li> <li>▪ Developed women-led entrepreneurship and earning sources</li> </ul>

The program provided supplementary cash support to Pregnant and Lactating Women (PLW) to address their nutritional needs. The cash recipients in these areas used the money to purchase nutritious foods like eggs, milk, vegetables, peas, and meat to meet the nutritional requirements of PLWs and children under two. Multipurpose Cash Assistance (MPCA) was provided to families to meet their basic needs during the COVID-19 pandemic. MPCA cash recipients utilized the money mostly to purchase food items (CARE Bangladesh, 2022). In most cases, women have at least managed to develop a homestead vegetable garden, cattle farm, and earn by sewing or making fishing tools (Chai) with the livelihood recovery activity (LRA) financial support and training from the program.

Women can earn a small amount of money by selling vegetables or eggs, sweings or making fishing tools. One of the FGD respondent stated that,

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*We have developed skills in tailoring, cultivating vegetables in a unique and unusual way (“Sack bag” farming), maintaining cattle, and more, which helps us to create new pathways to earn for ourselves. (FGD- Young women, Age 24, Housemaker, Jamalpur)*

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However, the FGD, IDI and KII responses reflect that there have been positive changes and increased access to IGAs. Women running small businesses and earning money through farming, sewing, or making fishing tools within the household periphery are not only positively accepted, but also encouraged by male family members (especially fathers and husbands) since it lessens the financial pressure on the family. One of the male respondents said,

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*Now, women can earn their own money. They can rear chicken and ducks and make money for the future. Sometimes women even help their husbands with financial support. (FGD, Adult male, Age 42, Teacher, Jamalpur)*

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The program provided trainings for non-farm and on-farm livelihoods. Respondents mentioned that they received trainings on cattle farming, cultivating different seasonal vegetables, sewing, and making fishing tools. Under the youth intervention model, the program provided life skills training to prepare youth for the job market. In FGDs, adolescent boys and young men mentioned that they also received training on hair cutting, making fishing tools, and construction work. Unlike girls and women, it was found that adolescent boys and young men could not adequately utilize their trainings in income generation, except for in Sylhet, where most of the boys and young men have utilized their learnings and some are now established business owners (i.e., salon or barber shop owners). These adolescent boys and young men have admitted to being much more aware of their roles in supporting WE, as they have learned from monthly meetings and awareness raising activities such as theater and home visits. One of the IDI respondents said,

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*I help my mother cook and do other household chores. Since I know how to cook, when my mother goes somewhere, I can cook on my own. (IDI- Adolescent boy, Age 18, Student, Jamalpur)*

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At the same time however, it was observed from boys’ daily calendars that they are mostly busy in their own daily activities, such as studying, spending time with friends, watching TV, or playing. Their statements about helping female family members with household tasks were not reflected in their daily routines, which may mean that their cooperation is occasional. The participant observation and responses from the FGDs and IDIs reveal that there has been a comparative increase among adolescent boys, young men, and adult men in helping female family members with chores. Moreover, harassment and verbal abuse towards adolescent girls and young women have reportedly decreased because of the VDC activities, awareness raised through monthly and weekly meetings, dialogue sessions, positive messaging, and home visits. However, there were no major changes in their understanding of WE in decision-making around spending. For example, one of the respondents said,

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*I cannot go with my wife’s decision. I need to make my own decisions. Since I earn the money, I will make the decisions on everything. (FGD, Young men, Age 24, Business owner, Sunamganj)*

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The program formed VSLAs in the communities and developed Sanchay Sathis as a pro-poor financial solution. VSLA provides the opportunity to save and take out loans without interests. Women can take out loans of up to three times their savings amount, whenever they need. Based on the findings from the field study, women usually take out loans in the case of medical emergencies, such as when undergoing caesarean sections when the family cannot afford the medical cost. Such practice of savings and emergency loans without interest have resulted in increased self-esteem and self-dependency of girls and women. It has also resulted in a better understanding of women's agency regarding familial and societal issues. Based on the responses from female participants and the study observations, girls and women respondents managed to develop an increased decision-making capacity which they can apply in household issues. However, the findings from the 2021 PaBS revealed that the mean decision-making score for women was 34.35 (the target was 40), which was a significant decrease ( $P=0.004$ ) from 36.38 in FY20 (CARE Bangladesh, 2021). Men are beginning to think that women are becoming more mature in their understanding of family management. By maturity, they mean their knowledge of childcare, health, hygiene and sanitation, mobility, communication and decision-making capacity, and ability to seek help from appropriate stakeholders, such as clinics and UP. Their access to healthcare and contraception, as well as knowledge on hygiene and sanitation, has increased as women reach out to the health LSPs Private Community Skilled Birth Attendants (PCSBA) who provide health, nutrition, and WASH services. Women's mobility has also greatly increased in terms of seeking medical care and going to the market. These changes have not been realized from just one particular program activity, but rather various interventions, such as the Men's Engagement Model, couples dialogue, as well as other cross cutting activities have leveraged these overall changes. However, this mobility cannot be translated into freedom of movement because it is restricted on a basis of need. Although girls and women do not face visible barriers or restrictions, especially in Haor areas, women's mobility without the knowledge of men is still not positively accepted.

As a result of the government and community engagement interventions, there have been positive changes and improvements in female leadership and PEP citizens are now able to become members of the UP committee. FGD, IDI, and KII respondents reported that women can now participate in local government activities and influence decision-making. In addition to the FGD responses, the KII responses echoed that the participation and engagement of female community leaders in UP and sub-district level meetings and committees have significantly increased. Before the program, this was rare and almost impossible due to a lack of capacity and an enabling environment. The female leaders are mostly accepted by males who are in the same meetings and committees. However, even though their leadership role is accepted, women sometimes think it is uncomfortable for men. One of the KII respondents stated that,

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*Before the program, women were not able to speak in front of men. Now, there are regular meetings and discussions between women and men at the UP level. We (women) also work with them in Upazila programs and committees. These women can now speak in front of anyone and share their stories. They are able to go anywhere and can come to the UNO for any of their problems. (DWA Officer, Kishoreganj)*

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As a result of the capacity building intervention, women are now able to work alongside men as day laborers in farm fields, however, the women laborers are not paid equally. Unequal payment based on gender is widespread across the country. Although, Bangladesh has the lowest gender pay gap ratio – 2.2 per cent – in the world in comparison to the global average of 21.2 percent ( Advani, Smith, Waltmann, & Xu, 2021). In general, women's participation in other work, like vegetable cultivation and cattle farming, has significantly increased after completion of the program's training. The study also found that, although there have been improvements in women's participation in working outside,

women often still cannot work alone, run businesses, or open up shops alone without the support, approval, or cooperation of men.

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*Women can open shops or businesses with their husbands but not alone. That is only possible when they are in extremely poor conditions or they have no one to help them. (FGD, Young women, Age 23, Homemaker, Gaibandha)*

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### 3.4.2 Contributions of Program Activities in Reducing GBV

This section discusses the contributions of the program activities in reducing GBV. The following figure shows the major contributions of program activities, the analysis of its contributions, and details the nuances associated with each.

Table 7: Contribution of the program activities in reducing GBV

Activities	Contribution of the activities
1. Couples dialogue - Dialogues between husbands, wives, and mothers-in-law were facilitated with the purpose of helping women to speak out about issues and assist men in seeking solutions jointly with their partners.	<ul style="list-style-type: none"> <li>▪ Decreased physical, verbal and mental abuse, as well as harassment both outside and inside the home</li> <li>▪ Wives have overcome their fear of talking in front of their husbands</li> <li>▪ Increased awareness among men of taking care of pregnant women and young mothers</li> <li>▪ Tendency of harsh reactions and abusive behaviors have reduced among men</li> </ul>
2. Bou-Shashurir Adda - A meeting designed by SHOUHARDO III to find common ground between mothers-in-law and daughters-in-law, where they can discuss their problems and develop better communication skills.	<ul style="list-style-type: none"> <li>▪ Better understanding between mothers-in-law and daughters-in-law</li> <li>▪ Increased understanding of sharing household responsibilities</li> <li>▪ Burden on pregnant women and lactating mothers have decreased (lifting heavy things, working all day long, no time for feeding)</li> <li>▪ Resulted in less mental abuse by mothers-in-law</li> </ul>
3. Popular theater - It is a visual learning process in the community with the purpose of raising awareness on the negative impacts of child marriage, dowry, domestic violence, and other forms of GBV.	<ul style="list-style-type: none"> <li>▪ Awareness of child marriage, dowry, and GBV</li> <li>▪ Better knowledge dissemination at the community level</li> <li>▪ Active participation of girls and boys in awareness raising</li> </ul>
4. Income Generating Trainings and Activities - The program provided capacity building support for non-farm and on-farm livelihood activities in program areas.	<ul style="list-style-type: none"> <li>▪ Decreased mental and verbal abuse since women are financially contributing to their families</li> <li>▪ Reduction in abusive behavior and domestic violence towards women</li> <li>▪ Women's resiliency against GBV</li> </ul>

<p>5. Religious leaders' sessions – Religious leaders have been sensitized through engagement with program activities, such as regular meetings, to disseminate knowledge and raise awareness on GBV and WE through their respective roles in the religious institutions and community.</p>	<ul style="list-style-type: none"> <li>▪ Changed perceptions in men about GBV</li> <li>▪ Acceptance of messages targeted towards boys and men on IGAs, WE and GBV</li> </ul>
<p>6. Monthly meeting – The program facilitated meeting and sessions for sharing problems, seeking solutions, awareness raising and disseminating information about GBV and WE among the respondents.</p>	<ul style="list-style-type: none"> <li>▪ Communication skills to address and report GBV</li> <li>▪ Family and community consciousness against child marriage, dowry, physical abuse, domestic violence and harassment</li> <li>▪ Women are united against GBV</li> <li>▪ Access to medical services and intensive care for PLWs</li> </ul>
<p>7. Monitoring and reporting of VDC - The VDCs act on behalf of the whole community by implementing the program interventions with support from program staff, local governments, and different service providers. Monitoring the GBV issues and other common problems of the community are one of the major roles of the committee.</p>	<ul style="list-style-type: none"> <li>▪ Community consensus against child marriage, dowry, and physical abuse, and harassment as well as domestic violence</li> <li>▪ Child marriage is reported</li> <li>▪ Community-based mediating system to address GBV</li> </ul>
<p>8. Tea shop talk – This activity was conducted to influence other men in their usual settings, such as tea kiosks, farmer groups, and social events to discuss and promote: joint/mutual decision-making, sharing of household responsibilities, and GBV.</p>	<ul style="list-style-type: none"> <li>▪ Raising awareness among adult men about child marriage, gender-based violence, and equal rights of men and women</li> <li>▪ Consciousness about sharing household responsibility</li> </ul>
<p>9. Counselling, home visit and storytelling - These program activities were conducted for messaging on WE and GBV and providing information on medico-legal services.</p>	<ul style="list-style-type: none"> <li>▪ Resulted in reduction of physical, verbal and mental abuse</li> <li>▪ Awareness of better communication and sharing responsibility with household issues</li> <li>▪ Understanding of how GBV negatively impacts girls and women</li> </ul>
<p>10. Life skills training – Under the youth intervention approach, the program has provided life skills training for youth to prepare them</p>	<ul style="list-style-type: none"> <li>▪ Boys and men are cooperating with girls and women in household tasks</li> </ul>

for the job market as well as sensitize youth to GBV-related issues through sessions.	
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The FGD, IDI and KII responses demonstrate that there has been no child marriage among the study respondents in either Haor or Char areas in the last few (1-2) years. Respondents shared that they heard reports of child marriages in nearby villages, but not in their own. Among all participants, one of the IDI respondents was the victim of both child marriage and dowry. She is now the mother of a son who is two and half years old. In the IDI, she shared,

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*I wanted to study more, but after getting married, I was unable to do that. After engaging with the program, I learned about homestead gardening and tailoring. However, I do not have enough money to buy a machine. (IDI- Young women, Age 23, Homemaker, Jamalpur)*

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Overall awareness raising (i.e., theater, religious leaders' sessions, home visits, positive messaging) and regular meetings (i.e., dialogues and discussion sessions) among the beneficiaries have not only led to changes, but has positively influenced the GBV-related perceptions and practices of their neighbors as well.

Among the FGD and IDI respondents in the program areas, there were very few girls who are more than 18 years old but still not married. Although there were no cases of child marriage found in Haor or Char areas, respondents reported that villagers negotiate marriage when their daughter is almost 18 years of age. Since villagers negotiate among themselves, it is accepted and no one reports these cases. The ethnographic observation revealed that the respondents in the Char and Haor areas do not consider this to be child marriage. Therefore, in the legal sense, unreported child marriage is still taking place. However, the respondents seem to understand the negative impacts of child marriage, and the legal restrictions that they are obliged to follow. Moreover, they have positively responded to the prohibition of child marriage, but sometimes when families are in a financial crisis, they feel that girls are a burden to the family. They also justify these marriages in the name of religious decorum. These findings indicate that people tend to arrange marriages for their sons or daughters as early as 21 years of age and 18 years of age, respectively.

The practice of dowry has significantly decreased and almost disappeared in some areas of the Haor region, such as the districts of Habiganj and Sunamganj, according to the FGD and IDI responses. The VDC monitoring and awareness raising had significant impacts in reducing the practice of dowry. In the Char areas, although the practice of dowry is now lower, different forms of dowry have emerged among villagers, such as giving expensive gifts (furniture, TV, refrigerator). Reflecting on the FGD responses, these gifts are not called or identified as a dowry, but this is expected from the groom's side and has become part of social courtesy. One of the FGD participants reported that in some cases, even the girl's family is willing to give dowry so that their daughter stay happy and safe. The FGD and IDI responses reveal that incidents of physical abuse are very rare now but not absolutely gone. Female FGD and IDI respondents also reported that, before the program, they endured physical abuse from their husbands, which has now stopped as a result of the regular meetings, counseling, couple dialogues, and women's capacity building through income generation and decision-making. Some respondents, particularly those from the Char areas, shared that they still face physical abuse from their husband, but it has significantly decreased from the period before the program interventions. One of the FGD respondents said,

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*Direct physical abuse is very rare now, but it was formerly very severe in our village. After participating in the meetings, people have realized the harm, and there are fewer incidents of abuse than there used to be. (FGD, Adult Female, Age 35, Homemaker, Kurigram)*

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Almost all the respondents (adolescents, young adults, and adults) shared that verbal abuse and harassment to adolescent girls and young women have significantly decreased and even almost disappeared from their villages. They termed these incidents ‘eve teasing<sup>2</sup>’ of which adolescents, school-going girls, and young women were the major victims. The group meetings, awareness raising, and active roles in the VDC among males and females all were important in decreasing abuse. The VDC has also been involved in monitoring GBV cases in their communities, mediating issues between wives and husbands, stopping child marriage through negotiation, and addressing other common problems in the villages (such as repairing roads).

The FGD responses reveal that engaging boys and men in awareness raising sessions, dialogues, and trainings has resulted in changed practices at the household level, such as arguments between husbands and wives and physical and verbal abuse by husbands and mothers-in-law. The couple dialogue sessions and the dialogues between mothers and daughters-in-law have been effective in developing family cohesion and reducing domestic violence as well as the abusive behavior of husbands and mothers-in-law. One of the respondents said,

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*We are poor people. My husband and three sons do agricultural work, but it is very difficult to maintain our large family with this little income. So, I always wanted to do something with my daughters-in-law. I have shared the learnings with my three daughters-in-law that I have learned from the training. Gradually, we started to buy chicken and duck. This has now become a profitable business for us. We also have a homestead garden and do not need to buy vegetables from the market. (IDI, Adult Female, Age 40, Homemaker and Farmer, Kishoreganj)*

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Altogether, the impacts from the program activities, including couple’s dialogues, *Bou Shashurir Addas*, popular theater, and *Sanchay Sathis*, have been a shield against GBV. Girls and women are no longer easy targets for GBV, such as physical, verbal, and mental abuse, deprivation from healthcare and intensive care, and lack of decision-making power, as they were earlier, because the perceptions and practices from men and women have positively improved. However, this shield is not equally effective for all girls and women across program areas, since the level of engagement and impact of activities varied based on location, societal and religious norms, and occupations. The ethnographic observation indicates that there have been major changes and improvement at the level of perception of male and female respondents in program areas, but there have not been as many changes at the level of practice, especially in reference to physical, verbal and mental abuse from the husband.

Before the program intervention, women and girls lacked capacity, knowledge, and information to work outside of the household or engage in IGAs. Additionally, traditional and religious values created social and financial barriers. The program’s capacity building, cash transfers, and VSLA savings systems for girls and women in the Haor and Char areas have all contributed to increased women’s inclusion in income generating and financial activities. Girls and women in PEP households, who received training on non-farm and on-farm livelihoods, were provided cash to invest in IGAs, and encouraged to participate in VSLAs for taking out loans. Their access to knowledge, information, and opportunities

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<sup>2</sup> This kind of verbal abuse and harassment mostly takes places outside of the household periphery, when girls and women are on the way to the school or market, and taunted by men or boys.

for IGAs have reportedly increased in program areas. Female engagement in IGAs has been very effective in increasing their decision-making capacity and ability to stand against physical, verbal and mental abuse at both the family and societal levels. It has also lessened societal and capacity-related barriers that women face in seeking healthcare services and increased their participation in decision-making at the local government level. The LSP activities with health, nutrition and WASH have also led to increased access to healthcare and sanitation knowledge and facilities. Reflecting on the FGD and IDI responses, girls and women have developed better communication and negotiation skills to resist and stand against GBV at various levels due to their regular participation in monthly and weekly meetings, and Uthan Boithaks. The PaBS Final Report 2021 shows that the WE leaders mobilized communities and promoted WE (73.9% of 540). They supported the community people to seek help during cases of GBV (59.7% of 540) and provided direct support (33.3% of 540) to help women who face GBV (CARE Bangladesh, 2021).

FGD and IDI findings reveal that husbands have become much more careful about healthcare and nutrition during pregnancy as a result of couples dialogue, tea talk shops, and counseling. Before the program, husbands did not consider this a serious issue, but now they have become aware and take their wives to the hospital on their own. Girls' and women's knowledge and access to healthcare services has also improved, which has increased their decision-making capacity with issues, such as utilizing contraception and family planning. These positive changes have all led to a lower dependency of women on their husbands, as well as reduction of verbal and mental abuse. Additionally, husbands' understanding of pregnancy care and the nutritious food provided by the program to pregnant and lactating mothers have lowered the barrier in access to nutritious food and medical care. According to the Annual Report 2021, 64.4% (out of 65% target) of households reported using health and nutrition services in the past 12 months. This percentage was 62.7% in 2020 (CARE Bangladesh, 2021).

### **3.5 DISCUSSION ON THE PROGRAM CONTRIBUTIONS**

The Bangladesh Demographic and Health Survey 2014 found that gender inequality is relatively more severe in rural areas than in urban areas of Bangladesh. For example, only 29% of rural women are allowed to determine how they use their own earnings, as compared to 39% of urban women (DHS, 2016). The FGD and IDI responses from the study show that women can freely utilize their earnings as they need. However, in most cases, the needs they fulfill with their earnings are family needs, rather than the individual needs of the women. In some cases, men even seek financial support from the women. According to the SHOUHARDO III Annual Report (FY21), 85.1% of married women (Aged 15-49) were supported by their husbands in doing household tasks. Still, 70.3% of female respondents claimed that men were more supportive back in 2020 (CARE Bangladesh, 2021). Ironically, it was found, especially in Sirajganj district, that women's household workload increases on Friday when their husband is at home. According to the 2021 PaBS survey findings, the program exceeded its target in WE indicators as well as a few health and nutrition indicators, such as pregnant women receiving extra care. In terms of WE, a greater sense of community awareness was noticed (CARE Bangladesh, 2022). Findings from this study demonstrate that engaging and supporting girls and women in income generating and financial activities through livelihood trainings and cash transfers have been among the most impactful activities of the program in increasing WE. Some women have started their own business (such as grocery shops or tea stalls), others engage in farming, and still more are involved in other occupations (such as teaching). Villagers have accepted women as earning sources for the family.

According to the PaBS Final Report 2021, the program saw remarkable progress in reducing the prevalence of domestic violence. In FY21, around 60.3 percent (668 out of 1050) of respondents reported that they had heard of domestic violence from a neighbor or friend in the last month. The prevalence of reported violence significantly decreased ( $p = <0.001$ ) compared to 90.1 percent in FY20. More males (61.5%) reported violence compared to females (59.9%). Findings from the impact

assessment of COVID-19 on SHOUHARDO III program participants in 2021 reveal that girls in the families are often married off to cope with the family financial burden. As girls are the most vulnerable members of the families and are not given agency to decide otherwise, they become child brides. The RMS 2021 findings observed a hearsay number of 90 girls who were married in the respondents' villages, seven of whom were under 18 years of age. Child marriage remains highly underreported since people are aware of and fear the legal consequences (CARE Bangladesh, 2021). The findings from FGDs, IDIs, and KIs reveal that there have been no child marriages among the study respondents in either Haor or Char areas over the last few (1-2) years. Respondents reported that they have heard of child marriage happening in neighboring areas, but not in their villages. Overall, it is difficult to conclude that child marriage has disappeared, although rapid changes have been shown in the perceptions and practices of the direct program beneficiaries.

### **Differences in Increasing WE and Reducing GBV in the Char and Haor Regions:**

According to the findings of the Gender Analysis and Implications study conducted by SHOUHARDO III, due to women's limited mobility, they often do not engage in agricultural production outside of the home. Therefore, women are mostly involved in poultry rearing at home (CARE Bangladesh, 2018). The study findings show that women's participation in income generation has generally increased in both Haor and Char areas. In the Gaibandha district of the Char region, women's participation in work as day laborers outside of the household has reportedly increased. However, although the opportunity to work as day laborers alongside men has increased, women are not paid equally to men. Men are paid BDT 400 (USD \$3.91) per day, whereas women are paid BDT 300 (USD \$2.93) per day.

FGD and IDI responses reveal that incidents of physical, verbal, and mental abuse have reduced in numbers and intensity in both the Haor and Char areas, however the frequency and consistency of abuse are higher in the Char areas. It was also found from the FGD responses and ethnographic observations that in some Char areas, verbal and mental abuse by husbands has been normalized by females and males, which is very rare in the Haor areas. The practice of dowry has reportedly decreased in the Char and Haor areas, but in Char areas, new forms of dowry (i.e., gift giving) have emerged. The FGD and IDI responses echo that the practice of dowry still exists to some extent in Char areas, but was not found at the same level in Haor areas. Similarly, the religious support in practicing gender-based division of labor, limited female mobility, veiling, and male guardianship/domination is much more common among the respondents in the Char areas than the Haor areas. Social and family practices that are influenced by these beliefs, encourage such practices, and lack of awareness all contribute to the justification of physical and mental abuse. Moreover, this is deeply embedded in religious and traditional values, which creates a barrier to learning and adopting new practices. The financial crisis further exacerbates GBV.

The data analysis and ethnographic observation found that, in both the Char and Haor areas, girls and women from the Hindu community have a better understanding of GBV and qualitatively saw better changes than women from the Muslim community. The prevalence of gender-based norms related to women's mobility outside of the household, lack of decision-making capacity, traditional norms of veiling, as well as the gender-based division of labor are all much more active among the Muslim communities in the Char and Haor regions, which might have been one of the reasons for the difference. The informal responses and observation also show that program delivery was more comprehensive and effective in areas where girls and women from the Hindu community reported having a better understanding on GBV. This can also be considered a reason for the differences.

## Efficacy of the Program Intervention and Support

Out of the long list of program activities, the study tried to understand what the most effective activities were that increased WE and reduced GBV. To do so, the study considered perceptions and practices regarding WE and GBV. Findings from the FGDs, IDIs, KIs, and ethnographic observations indicate that some of the program activities have been very effective. The following are the most effective activities:

1. **Popular Theater** – Program respondents from all areas have reported that this has resulted in an increased awareness of child marriage and other types of GBV, such as dowry and physical abuse. In terms of information delivery and engagement, this was a highly accepted method and appreciated by the respondents.
2. **Cash Transfer and Capacity Building** – This has been helpful in engaging women and young men in IGAs. Overall, this has empowered women in decision-making, increased their mobility, and reduced physical, verbal, and mental abuse.
3. **Bou-Shashurir Adda** – This activity has been most effective in the development of better relationships between mothers and daughters-in-law, enhanced family cohesion, and the increased care for pregnant women and lactating mothers. Overall, it has resulted in reduced verbal and mental abuse.
4. **VSLA and Sanchay Sathis** – These have resulted in women’s financial empowerment and decision-making capacity on income and household issues. This has directly reduced the dependency of women on men and ultimately reduced physical and verbal abuse.
5. **Couples dialogue** – These have directly resulted in the decrease of abusive behaviors from the husband, such as physical, verbal, and mental abuse. The dialogues have also contributed to the development of family cohesion and caring for pregnant women in the household.

The least effective program activities were also identified following the same criteria that were used to identify the most effective activities. Findings from multiple sources show that the following were the least effective activities:

1. **Religious leader’s sessions:** These were very effective in some areas in reducing GBV by male household members, however, it was not equally effective in all program regions. The messages on child marriage, divorce, physical abuse, and domestic violence were accepted positively by men since they were delivered by the religious leaders.
2. **Tea talk in shops:** Talks with adult males was not effective in terms of knowledge dissemination and awareness raising. Very few respondents mentioned tea talk as their source of learnings or change in perception.
3. **Sessions for adolescent boys:** These were arranged during their school time, which meant that some were unable to attend those sessions. Based on ethnographic observations, it was found that the overall engagement of adolescent boys in the program activities is less than any other group of respondents based on both age and gender. Reflecting on their responses, they have rarely participated in sessions and meetings on WE and GBV. Their understanding of GBV is also limited to very few aspects of GBV, such as child marriage and harassment – which they call ‘eve teasing.’

### 3.6 SUSTAINABLE WAYS OF REDUCING GBV

This section discusses the findings related to the third and last objective of the study: identifying key drivers for sustainable GBV reduction in communities. During the cost extension phase (2020 – 2022), the program focused on building systems to ensure sustained impact for participant communities

beyond the program period. This part of the findings will demonstrate how different activities have managed to ensure sustainability and intensity in the reduction of GBV, as well as in implementation and persuasion among the program participants. Furthermore, this section reflects on the sustainability of the program impacts that have been leveraged during the extension phase.

## Key Drivers for Sustainable GBV Reduction

GBV is a complex and sensitive issue that is highly underreported in Bangladesh. According to UNDP Bangladesh, available statistics are often fragmented, typically only provide snapshots of the situation, or can be inaccessible, making it difficult to gauge meaningful trends over time (UNDP Bangladesh, 2022). Due to this difficulty in accessing quality data, it can be challenging to understand the different layers and dimensions of GBV. However, the study found that knowledge about WE and GBV has been positively accepted by respondents. Although not all aspects of GBV were clearly perceived by the respondents, men's engagement in regular program sessions and dialogues, as well as active monitoring from VDC have led to a community consensus against GBV – including practices of child marriage, dowry, and physical and verbal abuse. One of the FGD respondents stated that,

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*One of the girls from our neighborhood was about to get married at a younger age so we immediately informed the administration, and they stopped that marriage. (FGD- Adult women, Age 33, Homemaker, Sirajganj)*

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At the level of practice, major positive changes were found in men's acknowledgement of women's needs, rights, care, and mobility, as well as their eagerness to change harmful practices in their families and villages. Engaging women in IGAs to increase WE was highly appreciated by both male and female respondents. Neighbors were also influenced by the direct respondents of the program, as FGD responses reveal that community members facilitated saving systems similar to VSLAs on their own without program support. This finding demonstrates that people are fully accepting learnings on promoting WE and fighting GBV as integral components of their belief systems. One of the FGD respondent stated that,

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*Our village people learned about VSLA from us and then formed their own group where they run the activities as we do. Sometimes they come to us for suggestions and information. VSLA has helped our community a lot. (FGD, Adult female, Age 30, Homemaker, Jamalpur)*

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The importance and benefits of women's participation in household decision-making has been the most conceptually and practically understood in families where multiple family members are engaged in program activities. Capacity building, IGAs, cash transfers, VSLAs, LSPs, awareness raising, and couples dialogue have all leveraged such positive changes. Practices of shared decision-making and household responsibilities have become embedded in regular family affairs. This demonstrates that in certain families, the impacts of the program activities are now functioning independently without the program's support. The FGD responses moreover reveal that many female respondents know how to resist against child marriage, dowry, and domestic violence, report incidences of these, and communicate their needs and demands. One of the FGD respondents stated that,

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*The theater performance was a massive success. People from all classes came to see the performance, which created a whole new level of awareness against child marriage. (FGD- Adolescent girl, Student, Age 15, Jamalpur)*

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Men and women respondents both know the emergency helpline number and how to report incidents at the Union Parishad and police station. The FGD, IDI and KII responses reveal that as result of the LSP intervention, the knowledge and practices on hygiene and sanitation have been adopted by all beneficiaries, as well as their neighbors. According to the KII responses, this has been one of the most radical changes, as some areas hardly practiced using sanitary latrines. According to the SHOUHARDO III annual report (FY2021), 86.9% of people in target areas have access to improved sanitation facilities (CARE Bangladesh, 2021). Since this awareness led to changes in household hygiene practices as well, male respondents identified changes in their wives and female family members as being more knowledgeable and skilled. Therefore, this intervention also indirectly resulted in the reduction of verbal abuse and domestic violence. One of the respondents said,

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*The practices of hygiene maintenance and savings (VSLA) will be continued, even after closing the program activities in our areas. (FGD, Adult Female, Age 35, Homemaker, Habiganj)*

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In terms of the sustainability of program activities, the KII responses revealed that popular theatre has been an engaging strategy to disseminate knowledge and information. Although it has been very effective, there is a low chance that popular theater will be a sustainable activity due to its extensive technical requirements, logistics, and budget. Couple dialogues, Bou-Shashurir Addas, and Uthan Boithaks will be more sustainable, as the beneficiaries can arrange these meetings without the program support. While describing the program activities and level of engagement, one of the KII respondents said,

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*They used to arrange social awareness ceremonies and rallies and celebrated International Women's Day on 08 March here. The program also raised awareness among villagers about women's empowerment, child marriage, poverty alleviation, violence against women, and more. They have provided many trainings for skills development. (KII, School teacher, Sirajganj)*

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Through regular program meetings (Uthan Boithak), dialogue sessions, and other awareness raising campaigns with boys and men, their perceptions and practices have gradually changed to support girls' and women's mobility, decision-making, and leadership. One of the KII respondents emphasized that the learnings and changes have the potential to be transmitted to further generations, since they have been so positively accepted. However, difficulties have also been experienced while delivering the messages, as one of the KII respondents commented on,

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*I shared my learnings during the Jumma speech to other people. Its reception varies from person to person. Sometimes there is disagreement from the audience during the speech. Whenever there are any arguments, I work to resolve it. (KII, Imam, Jamalpur)*

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The ethnographic observations found that some of the behavioral changes have already been appropriated and accepted as normal. These include women's engagement in IGAs, mobility outside of the household, decision-making, caring for pregnant women, and supporting women in household work. One of the respondents demonstrated this well by saying,

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*I try to help my wife with household chores as much as possible. Even before coming to this meeting, I was cooking while my wife was doing other work. (FGD, Adult Male, Age 42, Teacher, Jamalpur)*

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### 3.7 AREA-BASED DIFFERENCES IN ENSURING SUSTAINABILITY

In the Char areas, the religious leaders' sessions have had an important role in mobilizing boys and men against domestic violence, as well as supporting women's mobility and engagement in IGAs. Before the program, it was a common perception that working outside of the home was religiously wrong for women, which posed a major barrier to women's involvement in IGAs. As a result of the religious leaders, these perceptions have changed, as they support that women can work outside of the home, based on the religious rules or norms. Although there have been positive changes and improvements, there are still incidents of dowry and physical abuse in the Char areas, as there is still a lack of awareness among the respondents and resistance to changed practices. Not all community members are equally aware and informed on issues of WE and GBV. Respondents also sometimes find that the messages from the program activities are contradictory to their values, like women's decision-making and working outside of the home. Even though religious leaders have been working to support that women can work outside of the house and that abuse is prohibited, it is difficult to change such ingrained practices so quickly. Unlike in the Char areas, there have been more reductions of verbal, mental, and physical abuse in the Haor areas due to couples dialogue and dialogues between mothers-in-law and daughters-in-law. One of the respondents said,

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*We have learned many things from the Bou-Shashurir Adda. Now, mothers-in-law take care of their daughters-in-law like their own daughters. If they care for their daughters-in-law, then we will also look after them and behave well. (FGD, Adult Female, Age 27, Homemaker, Kishoreganj)*

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The analysis found that boys and men in the Char areas apply their learnings from the program comparatively less than those in the Haor areas. This decreases the sustainability of the impacts from activities targeting boys and men, with the exception of reducing child marriage and accepting income-generating activities of women. In the Haor areas, especially in Sylhet district, it was found that men not only appreciate WE, but also encourage women's engagement in VSLAs and IGAs. Based on participants' responses in the FGDs and IDIs, VSLA engagement seems more sustainable in the Haor areas than in the Char areas. One of the IDI respondents shared,

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*Before this program, boys spent money a lot. But when this program introduced a deposit system (VSLA), boys became aware and now they deposit money and spend wisely. Men also did not previously work at all and they spent most of their time doing nothing. Now, they also try to earn money. (IDI, Young women, Age 24, Sunamganj)*

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## CHAPTER 4: CHALLENGES, LEARNINGS, AND RECOMMENDATIONS

### 4.1 Challenges to Engaging Boys and Men

The SHOUHARDO III program's model for engaging men has been important in leveraging its overall positive changes to promote WE, reduce GBV, and sustain these impacts. This study investigated the challenges that were experienced when engaging boys and men in program activities to reduce GBV and increase WE. The following section explores the challenges:

- a) **Negative peer pressure and lack of interest to participate in program activities:** The FGD responses revealed that in some cases, boys and men are taunted by their peers and other villagers when they help family members conduct household chores – this is particularly true concerning their wives and mothers. As a result, young boys and men are reluctant to practice what they have learned about sharing household responsibilities. Additionally, adolescent boys rarely attended the regular meetings, and when they were present, they were less engaged and attentive in the discussions. Alternatively, the study found that adolescent boys responded more positively to the popular theatre. Thus, messaging through audio/visual means could have been increased. As adolescent boys watch and engage in popular theatre, in addition to the entertainment factor, they will also receive the program's WE and GBV messaging. This is a strategy to potentially engage more adolescents.
- b) **Seasonal unemployment and temporary migration contributed to lower participation of boys and men in program activities:** The KII responses and ethnographic observations show that most of the men and boys in Haor areas are seasonally unemployed during the dry season, as livelihoods in these regions are mostly dependent on water. During this time, they stay in the nearest cities (urban areas) to find alternative income sources. Since they are away from their homes and villages, they cannot participate regularly in the program activities. The overall inconsistent participation of men and boys has resulted in a fragmented understanding of the key messages that are shared during meetings as well as slower program outcomes and changes in these areas.
- c) **Changing the perspective of men was difficult:** KII results show that, in certain cases, engaging religious leaders and adult men was very challenging due to their preconceived notions and normative perceptions regarding WE. The religious leaders and adult men originally did not want to participate in any meetings, and argued from a religious point of view when the PNGO staff visited to discuss WE and GBV. However, the program officers gradually managed to mitigate their disinterest through discussions and inclusion in meetings.
- d) **Men's understanding of women empowerment is limited to the financial aspect:** The findings from the FGDs and IDIs show that boys and men understand WE as when women financially contribute to their family by cattle rearing, vegetable farming, or harvesting. Therefore, men react positively towards women's engagement in economic activities that support their family income. However, in regards to women's mobility outside of the home and their right to make decisions, men take a very traditional stance, as fundamental changes in oppressive belief systems are yet to happen.

## 4.2 Learnings from the Program

This section will present the learnings from the program. The learnings were generated through the analysis of 1) the key findings from the study, 2) the observations of the research team, and 3) a literature review. The learnings were checked for validity over time and across the program locations. The following are the learnings from the program:

- a) **IGAs had the most impact in reducing GBV and promoting WE:** Activities related to financial engagement and income generation were highly accepted and positively impacted the decrease of GBV and promotion of WE. In most cases, women's engagement in income generation resulted in women's increased participation with decision-making and decreased physical, verbal, and mental abuse from the husband and mother-in-law. Involvement in IGAs is easily accepted and has spillover effects on other intra-household issues.
- b) **Men react positively to income earning and financially supporting the family:** Women's income earning is an important supportive factor for families. It lessens the burden of men, as women do not need to ask for money and are able to manage certain issues without the help of men in the household. Therefore, the study finds that men are positive when and if women earn an income and bring money to the family. However, there are certain restrictions and challenges when women's financial empowerment goes beyond the household level.
- c) **Larger patriarchal practices are still unchallenged:** Although there have been significant changes in terms of perception and practice, patriarchy still permeates many institutions and norms. Therefore, women are still largely restricted to boundaries defined by males at the family and societal levels. For example, in most cases, women are not allowed to go outside without permission of the male members, even if it is related to a serious health concern.

## 4.3 Recommendations

Based on the study findings and program challenges and learnings from the FGDs, IDIs, KIs, and ethnographic observations, the study team has developed the following recommendations for sustaining the positive outcomes from program activities in SHOUHARDO III's extension phase.

- a) **Increasing the engagement of adolescent boys:** Men and boys are important stakeholders in ensuring sustainable positive changes against negative gender practices. In addition to understanding the negative impacts of GBV, it is necessary to sensitize boys and men to recognize women's major financial contributions to household income, and work to increase women's use of their earnings beyond the household level. In the program areas, women contribute significantly to family income from agricultural production, which, in certain cases, is equal to men's financial contributions to the household. However, women are not recognized as major income earners since the family heads are male and they are the ones who deal with financial issues. Thus, it is suggested to increase women's engagement by different suitable activities.
- b) **Facilitating different activities for adolescent and young men based on their needs:** The study findings show that there was lower engagement of adolescent boys than expected. It is therefore important to facilitate youth-friendly activities for adolescents so that they can be more active and engaged in attending the meetings. To encourage engagement, it would be helpful to raise their interest in these issues and educate them in a way that meets their learning needs. It is important to identify age-based learning needs, which can be done through a specific needs assessment.

- c) **Skill development training for adolescent boys and girls:** To reduce GBV and increase income, it is critical to provide more trainings to adolescent and youth who dropped out of school and/or unemployed. There were more unemployed and drop-out adolescents and youth in the Char areas, which means there should be more trainings too. The trainings must be customized and tailored to the needs of this group, and should be selected in consideration of the adolescents' preference and in accordance with local and national markets.
- d) **Need more training for VDC:** The VDC is one of the most important community stakeholders and has a vital role in reducing GBV. Given their importance in promoting WE and establishing inclusive governance in communities, the VDC needs to know when and how to use social power and handle incidents related to sexual harassment or abuse. As such, it is important to provide more training (conflict mitigation/mediation, information and knowledge on WE and GBV) so that they can better mediate, promote WE, and reduce GBV at the community level. Providing support to facilitate the increased participation of women in local government bodies (Union Parishad) is important in conflict resolution and capacity development for decision-making. To do this effectively, women need to possess leadership qualities. One of the ways to build women's leadership skills is through rigorous capacity building and mentorship support.
- e) **Engaging multiple family members in the program activities:** Given that issues with mothers-in-law occasionally lead to disputes among spouses, husbands need to be involved in dialogue sessions between mothers and daughters-in-law. The study found that engaging multiple family members in dialogue sessions or awareness raising meetings has led to sustainable changes. The qualitative data and ethnographic observations indicate that changes are mostly effective and sustainable when multiple family members are involved in program activities. When multiple family members participate, they are able to better understand WE and GBV, and are more equipped to engage in good practices at the family level.
- f) **Supporting adolescent girls and women to apply their knowledge of GBV and WE into practices:** The study found that even after becoming aware of GBV and WE, women and girls still face difficulty implementing what they have learned into their lives. Therefore, it is important to strengthen the capacity of girls and women to practice what they have learned in everyday life. This could begin with sharing the same messages with peers and communities and supporting people to report incidences of GBV and any initiatives taken to counter GBV. These can all be documented and reported to encourage good practices at the community level.

#### 4.4 Conclusion

In a male-dominated society where patriarchy functions through various institutions and societal norms, it is very difficult to reverse different levels of power. Oppressive norms and gender-based roles that were constructed to serve patriarchal values ignore females' perspectives, needs, and rights – resulting in inequality and violence against women and girls. It is highly challenging to change discriminatory practices, inequality, and violence in only a few years, particularly where those are predominantly practiced and have been transmitted from generation to generation for hundreds of years.

Considering the deep-rooted nature of GBV in the rural areas of Bangladesh, engaging boys and men in the program activities has been an effective and courageous measure to increase WE and decrease GBV. According to the SHOUHARDO III Annual Report (FY2021), 51.5% of the program beneficiaries

reported being aware of the costs and consequences of gender-based violence – this is a major achievement. Similarly, 85.1% of married women aged 15-49 received help from their husbands in doing household tasks (CARE Bangladesh, 2021). Although this study was conducted with qualitative methods, the percentage of program beneficiaries who are aware of the consequences of GBV and females who receive support from their husband seem to be higher than the findings in earlier reports. In terms of perceptions, respondents have realized the negative consequences of GBV and positive consequences of WE. At the level of practice, the frequency of child marriage, dowry, and physical abuse including harassment have reportedly decreased. However, underreported child marriage is still taking place in rural program areas. Moreover, certain program activities, such as VSLAs, Bou-Shashurir addas, couples dialogue, and the engagement of women in income-generating activities through capacity building and cash transfer have all demonstrated sustainable impacts in increasing WE and decreasing GBV. The study found that program activities contributed to the increased capacity of female respondents to participate in decision-making with household issues and decreased reports of domestic violence against women. Despite these positive changes, certain aspects of GBV, such as verbal and mental abuse, have still not been adequately addressed in the program areas. Moreover, there are still challenges to be addressed in terms of engaging boys and men. In conclusion, while SHOUHARDO III has had major achievements in promoting WE and reducing GBV, there is still more work to be done in addressing the entirety of challenges that remain.

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## ANNEXURE

### I. Distribution of Sample Size by Zone

Table 8 Distribution of Sample Size by Zone

Region	PNGO Name	District	FGD	IDI	KII
Zone 1	<b>MJSKS</b>	<b>Kurigram</b>	<ul style="list-style-type: none"> <li>• Adolescent boys and young men (13-24 y) - 1</li> <li>• Adult Female (25+)- 1</li> </ul>	<ul style="list-style-type: none"> <li>• Adult male (25+) - 3</li> <li>• Adult Female (25+)- 2</li> <li>• Adolescent girls and young women (13-24 y) – 2</li> <li>• Adolescent boys and young men (13-24 y) -2</li> </ul>	<ul style="list-style-type: none"> <li>• Partner staff-1</li> <li>• UP member-1</li> <li>• DWA-1</li> </ul>
	<b>SKS</b>	<b>Gaibandha</b>	<ul style="list-style-type: none"> <li>• Adolescent girls and young women (13-24 y) - 1</li> <li>• Adult Male (25+)- 1</li> </ul>	<ul style="list-style-type: none"> <li>• Adult male (25+) - 3</li> <li>• Adult Female (25+)- 2</li> <li>• Adolescent girls and young women (13-24 y) – 2</li> <li>• Adolescent boys and young men (13-24 y) -2</li> </ul>	<ul style="list-style-type: none"> <li>• Partner staff-1</li> <li>• PIO-1</li> <li>• CSO/CBO-1</li> </ul>
	<b>NDP</b>	<b>Sirajganj</b>	<ul style="list-style-type: none"> <li>• Adolescent boys and young men (13-24 y) - 1</li> <li>• Adult Female (25+)- 1</li> </ul>	<ul style="list-style-type: none"> <li>• Adult male (25+) - 3</li> <li>• Adult Female (25+)- 2</li> <li>• Adolescent girls and young women (13-24 y) – 2</li> <li>• Adolescent boys and young men (13-24 y) -2</li> </ul>	<ul style="list-style-type: none"> <li>• Partner staff-1</li> <li>• School teacher-1</li> <li>• UP chairman-1</li> </ul>
Zone 2	<b>ESDO</b>	<b>Jamalpur</b>	<ul style="list-style-type: none"> <li>• Adolescent girls and young women (13-24 y) - 1</li> <li>• Adult Male (25+)- 1</li> </ul>	<ul style="list-style-type: none"> <li>• Adult male (25+) - 3</li> <li>• Adult Female (25+)- 2</li> <li>• Adolescent girls and young women (13-24 y) – 2</li> <li>• Adolescent boys and young men (13-24 y) - 2</li> </ul>	<ul style="list-style-type: none"> <li>• Partner staff-1</li> <li>• PIO-1</li> <li>• CSO/CBO-1</li> </ul>
	<b>POPI</b>	<b>Kishoreganj</b>	<ul style="list-style-type: none"> <li>• Adolescent boys and young men</li> </ul>	<ul style="list-style-type: none"> <li>• Adult male (25+) - 3</li> <li>• Adult Female (25+)- 2</li> </ul>	<ul style="list-style-type: none"> <li>• Partner staff-1</li> <li>• Religious leader-1</li> <li>• DWA-1</li> </ul>

			(13-24 y) - 1 • Adult Female (25+)- 1	• Adolescent girls and young women (13-24 y) – 2 • Adolescent boys and young men (13-24 y) -2	
	<b>POPI</b>	<b>Netrokona</b>	• Adolescent girls and young women (13-24 y) - 1 • Adult Male (25+)- 1	• Adult male (25+) - 3 • Adult Female (25+) - 2 • Adolescent girls and young women (13-24 y) – 2 • Adolescent boys and young men (13-24 y) -2	• DWA-I • CBO/CSO-I • UP member-I
Zone 3	<b>DAM</b>	<b>Habiganj</b>	• Adolescent boys and young men (13-24 y) - 1 • Adult Female (25+)- 1	• Adult male (25+) - 3 • Adult Female (25+)- 2 • Adolescent girls and young women (13-24 y) – 2 • Adolescent boys and young men (13-24 y) -2	• Partner staff-I • UP Chairman-I
	<b>DAM</b>	<b>Sunamganj</b>	• Adolescent girls and young women (13-24 y) - 1 • Adult Male (25+)- 1	• Adult male (25+) – 3 • Adult Female (25+)- 2 • Adolescent girls and young women (13-24 y) – 2 • Adolescent boys and young men (13-24 y) -2	• DWA-I • CSO/CBO-I

## 2. Research Site Selection

Table 9 Research Site Selection

Region	PNGO Name	District	Name of Upazila	Name of Union	Reasons/ Justifications
Zone 1	MJSKS	Kurigram	Rajarhat (randomly selected west sub district)	Bidyananda Gharialdanga	Randomly selected 1 <sup>st</sup> and 3 <sup>rd</sup> <ul style="list-style-type: none"> <li>• Bidyananda (1<sup>st</sup> in the serial)</li> <li>• Gharialdanga (3<sup>rd</sup> in the serial)</li> </ul>
	SKS	Gaibandha	Sundarganj (extreme north among the sub districts)	Belka, Kapasia	Randomly selected 1 <sup>st</sup> and 5 <sup>th</sup> <ul style="list-style-type: none"> <li>• Belka (1<sup>st</sup> in the serial)</li> <li>• Kapasia (5<sup>th</sup> in the serial)</li> </ul>
	NDP	Sirajganj	Belkuchi (1 <sup>st</sup> of the three-sub district)	Belkuchi, Daulatpur	Randomly selected 2 <sup>nd</sup> and 3 <sup>rd</sup> <ul style="list-style-type: none"> <li>• Belkuchi (2<sup>nd</sup> in the serial)</li> <li>• Daulatpur (3<sup>rd</sup> in the serial)</li> </ul>
Zone 2	ESDO	Jamalpur	Bakshiganj (first of the 2 sub districts)	Merur Char, Nilakshmia	Randomly 2 <sup>nd</sup> and 3 <sup>rd</sup> <ul style="list-style-type: none"> <li>• Merur Char (2<sup>nd</sup> in the serial)</li> <li>• Nilakshmia (3<sup>rd</sup> in the serial)</li> </ul>
	POPI	Kishoreganj	Mithamain (Middle of the 4 sub-districts)	Dhaki Ghagra	Randomly 1 <sup>st</sup> and 3 <sup>rd</sup> <ul style="list-style-type: none"> <li>• Ghagra (3<sup>rd</sup> in the serial)</li> <li>• Location has been changed from Bairati to Dhaki due to weather</li> </ul>
	POPI	Netrokona	Kalmakanda (Extreme west among the 3 districts)	Kharnai, Pogla	Randomly 2 <sup>nd</sup> & 4 <sup>th</sup> <ul style="list-style-type: none"> <li>• Kharnai (2<sup>nd</sup> in the serial)</li> <li>• Pogla (4<sup>th</sup>)</li> </ul>
Zone	DAM	Habiganj	Baniachong	Dakshin	Randomly selected 1 <sup>st</sup>

3			(randomly selected 2 <sup>nd</sup> sub district of the list)	Paschim Baniachong, Uttar Paschim Baniachong	and last one. <ul style="list-style-type: none"> <li>• Dakshin Paschim Baniachong (1<sup>st</sup> in the serial)</li> <li>• Uttar Paschim Baniachong (last one in the serial)</li> </ul>
	DAM	Sunamganj	Dowarabazar (1 <sup>st</sup> in the serial)	Bougla Bazar Lakshmipur	Randomly selected 1 <sup>st</sup> and 2 <sup>nd</sup> <ul style="list-style-type: none"> <li>• Bougla Bazar (1<sup>st</sup> in the serial)</li> <li>• Lakshmipur (2<sup>nd</sup> in the serial)</li> </ul>