Structure

Women's Empowerment:

Agency ⬌ Relations

Strategic Impact Inquiry Research Summary

The Context: What does it mean to be a woman in Bangladesh today? Facing a complex environment of patriarchic structures, high poverty, political decentralization and rapid urbanization, how have women's opportunities, aspirations and freedoms changed? The rapidly changing context that has characterized Bangladesh since its inception has led to new opportunities and risks for women. Since the 1980's, CARE has worked with women across Bangladesh to navigate the changing contexts and harness new opportunities to pursue women's rights. What has been its impact?

CARE Bangladesh and the Strategic Impact Inquiry (SII):

CARE Bangladesh's SII was an organizational reflection of its own work and of the women and men it seeks to serve. Exploring gender and power dynamics, women's own perceptions of empowerment and reviewing CARE's work in Bangladesh, these inquiries served as a bedrock upon which the organization developed its strategic directions and priorities. CARE Bangladesh invested in the SII for three years, each year focusing on a unique aspect of gender and power:

- **Year I** explored the notion of women's empowerment in one community, and analyzed its gender and power dynamics.
- **Year II** assessed CARE's work on women's empowerment: its approach and design, implementation and impact in three projects (*Rural Maintenance Project*, **RMP,** which provided employment to poor women; *Partners for Healthy Life*, **PHL,** which aimed to stop violence against women; and *Nijeder Janyia Nijera Project*, which promoted self-realization among poor women and men).
- **Year III** focused on the dynamics of gender, sex and power. The study examined how sex workers define empowerment, the context of power and empowerment in which they work, CAREs impact on women's empowerment (through the **SHAKTI project,** which supported sex worker solidarity and rights promotion) and how empowerment interacts with vulnerability to HIV.

The Strategic Impact Inquiry (SII) seeks to evaluate CARE's impact on women's empowerment. For CARE Bangladesh's full SII reports, please contact: pqlibrarian@care.org.

For more information, please contact Fatima Seema (fatima@carebangladesh.org)

The Methods:

In the SII, the research team participated in design, collection and analysis through an iterative and reflective process.

YEAR 1

- **Literature Review, Staff Interviews**: Context analysis and process reconstruction of projects
- **Gender Socialization Exercise** (6 respondents): Parenting styles for sons versus daughters
- **Semi-Structured Interviews** (22 respondents): Women's control over resources, decision-making control, strategies to influence men
- **Focus Group Discussions** (3 groups): Genealogy, wealth and well-being ranking
- **Workshop** (12 respondents): Conflict/Violence against women based on women's role plays and discussion

YEAR 2

- **Focus Group Discussions** (52 groups, men and women): Project impact, institutions and women's empowerment
- **Participation Stories** (12 women): Process of empowerment and life stories of participants
- **Interviews** (128 respondents)**:** Perception of project impact and women's empowerment from non-participants.

YEAR 3

- **Literature Review:** Grounding research in existing literature
- **Focus Group Discussions** (9 groups): Context, power relations, empowerment
- **Survey Research** (316 respondents)**:** Gender norms, demographics, empowerment, violence, participation, health-seeking behaviors
- **Informal Interviews** (9 respondents)**:** Demographics, HIV awareness, beliefs, violence, project participation and empowerment
- **In-Depth Interviews**(29 respondents)**:** Empowerment, HIV vulnerability, interventions, relationships, groups
- **Analysis:** Statistical analysis of survey data, triangulation across methods

BANGLADESH

Women's Own Views on (Dis)empowerment:

AGENCY
Self-esteem, confidence, and the ability to solve problems in the household and community.
Decision-making power
Increasing access to and control over income and assets, in addition to the ability to help others.
Mobility and safety in public spaces.**
Ability to protest and pursue rights
Acceptence and recognition of self-worth
Ability to counteract negative social attitudes toward sex work

RELATIONS
Having voice in the household and community
Being consulted or influential to decision making (with husbands or through political participation).
Unity, alliances among sex workers

STRUCTURE
Marriage and dowry*
Gender-based violence and access to justice*
Access to services
Organization to represent and protect rights

* Identified as disempowering issues
** Not discussed among sex workers, perhaps as they are a more independent as a group

Implications:

Build on local contexts and women's own realities:
- Programs must recognize diversity of women and their contexts, to inform program design and implementation.
- Build on women's strategies for influence and relationships with men, and harness men's support to foster women's empowerment.
- Programs must be aware of different forms of power in women's lives and react against potential backlash against women.
- Challenge women to reflect on and question structural power in their lives, not simply to navigate within them.

Engage strategically with power holders in order to pursue women's empowerment
- Success in initial activities enhances sense of power to change things, making entry strategies critical to work.
- Community/group-based programs must avoid "elite capture" by men, elites and group leaders, who can reinforce local norms, control access to members and discriminate against women.

As an organization, commit to gender equity and empowerment
- Train staff on gender equity and empowerment in order to work effectively in women's empowerment.
- CARE Bangladesh should focus to enhance organizational knowledge on gender and diversity, and incorporate gender/diversity in setting priorities, measuring quality of projects and assessing job performance

Focus on learning and reflective practice to continue to adapt to changing contexts for more effective programming
- CARE's process and performance assessments should serve as platforms for reflection and learning that adjust with a changing environment, rather than checklists of achievements.

Impact on Empowerment

	Nijera	RMP	PHL	SHAKTI
Agency	Self-esteem Education and health Wealth, mobility and income	Economic security Self-efficacy, mobility, HH decision-making Dignity, self-worth	Aware of women's rights, low status, voice and power Increased vulnerability to violence (backlash)	Aware of HIV, services and rights Reduced sense of stigma (sex work, HIV) Higher condom use with husbands, and lovers (and clients among brothel-based sex workers) Confidence/ability to protest for rights
Structure	Access to services; Participate in judicial, political structures Share household power/duties Market access continued to be difficult	No structural changes Unaware of social constraints Changes in income-earning norms for women	Space for public participation, but limited participation in village level arbitration Local elites dominate forum Low accountability in forums Improved legal services Some changes in early marriage, polygamy and violence, but dowry persistent and rising	Representation and organization of sex workers through groups Some positive change in police practice toward sex workers Change in norms about dress that had perpetuated sex worker marginalization
Relations	Solidarity, Collective action Influence in homes Ability to negotiate for equal wages	Social respectability Larger social network Engage service providers and officials Little collective action No change in status	Change in men's attitudes toward women in one site For women who stay in violent homes, increased vulnerability In-laws condone violence	Positive change in community and police attitudes toward sex work Greater unity among sex workers Ability to negotiate with and influence clients and community

For more information, please contact Fatima Seema (fatima@carebangladesh.org)

Nijeder Janyia Nijera (Nijera):

Modeled after Paolo Freire's theory of *conscientization*, Nijera's process-oriented approach began with careful consideration of context in local communities. Launched in 2004, Nijera engaged the rural poor and local elites to reflect on power, reduce exclusion and support negotiation between the two groups. To initiate work in a community, Nijera identifies an entry point that addresses a common priority for both rich and poor, and requires the collaboration of both groups to succeed. In most cases, this takes form in sanitation initiatives that benefit entire communities. Throughout the course of the project, Nijera identifies and supports local Natural Leaders to guide community development.

The SII found that Nijera has, in a short time, had a profound impact on the empowerment of its participants. In terms of agency, men and women reported improvements in a spectrum of fields: from self-esteem to economic/material security, greater awareness and action around rights and greater power in decision-making. In terms of relations, participants reported more negotiation habits and pursuit of accountability with local leaders and elites, in addition to a greater sense of inter-dependence and connectivity. Imp act on structures have been modest, but noticeable. Men and women engage local officials more. Women have also seen a number of gains in terms of awareness of services, public participation and status within the household and community. However, women's influence on communities remains limited to informal forums. Furthermore, women continue to face challenges in market access, where they struggle as entrepreneurs and consumers.

Rural Maintenance Program (RMP):

The RMP put CARE on the map for many Bangladeshis. Running from 1983 to 2006, RMP provided year-round employment to over 166,000 destitute women throughout rural Bangladesh. During its duration, RMP evolved from a relief project that developed and maintained infrastructure, to a development initiative that increased women's food security, socio-economic status and earnings. The RMP developed its programming to encompass three main components: road maintenance, life skills training and local government capacity-building.

The SII found that RMP contributed to participants' economic security and self-efficacy, which led to improvements in their social networks, children's education levels, confidence and communication skills. RMP communities also had more women who earned income, had greater mobility and exercised greater decision-making.

While RMP has been hailed as an unequivocal success, the SII also uncovered a number of missed opportunities. The study revealed that while women gained economic stability, there were few changes in relational and structural dimensions of empowerment. Participants did not build greater solidarity or sense of inter-dependence with one another. Furthermore, while women involved in the RMP felt empowered to act within existing structures, they were not empowered to change, acknowledge or even question social norms and patriarchic structures. Regardless, most women were very satisfied with RMP and its economic impacts, underscoring the critical importance of women's economic empowerment.

Partnership for Healthy Life (PHL):

Beginning in 2003, PHL engaged civil society and communities at multiple levels to advocate for women's rights, specifically the right to freedom from gender-based violence (GBV). The project facilitated dialogue and raised awareness among both men and women. From its initiatives, PHL aimed to influence how institutions and services function and create an enabling environment at the community, village, union, district and regional levels of Bangladesh. To do this, the PHL used folk song and drama to disseminate information in communities and also facilitated the formation of village forums to coordinate initiatives and respond to issues around GBV.

The SII studied PHL in two villages, Madhobpur and Kanpur, which illustrated the impact of elite capture. In Madhobpur, elites dominated the village forum with little encouragement for women's participation. The traditional court system has been used to consolidate the power of elites, compromising justice to some women. The Kanpur village forum made space for women's participation and set examples for men's behavior. While women in both sites reported difficulty participating in public forums, in Kanpur men reported a positive change in attitudes. Kanpur respondents also reported gains in legal services. However, women report little opportunity to participate in local religious courts, making it difficult for them to obtain justice, particularly the poor. While Kanpur residents reported progress against GBV, child marriage and polygamy, dowry – a key driver of GBV – remained a persistent problem with amounts paid on the rise. The SII also found that public initiatives for women's rights, which bring public attention to GBV cases, may leave women more vulnerable to abuse within the household and, without support for individual women, violence may rise.

Stopping HIV/AIDS through Knowledge and Training Initiative (SHAKTI):

SHAKTI, which ran from 1995 to 2005, worked with sex workers (SWs), injecting drug users and transgender groups in Bangladesh to help them prevent and manage their vulnerability to HIV as well as develop solidarity to advocate for their rights. Over its ten year span SHAKTI employed a number of different intervention approaches. Among the most significant of these was facilitating the formation of self-help groups for various marginalized populations including the two which were the focus for this study: street-based sex workers in Dhaka and brothel-based sex workers in Tangail.

The SII focused on deepening CARE Bangladesh's understanding of the context of power relations in which these groups operate and implications for empowerment and HIV vulnerability. Among the project impacts the research found positive changes in condom use, sex workers' awareness of HIV and of sex worker rights, reduced stigma about HIV and sex work and increased confidence in sex workers' ability to resist violence and exploitation. There were also structural changes in power relations within the sex worker community and positive changes in relationships with external actors, including change in community attitudes towards sex work. Among the most intriguing findings had to do with differences in impacts between the brothel and street-based context as well as among different sub-groups within them.

For more information, please contact Fatima Seema (fatima@carebangladesh.org)