

HELEN KELLER INTERNATIONAL

**GENDER ATTITUDES AND PRACTICES
SURVEY**

NOBO JIBON GENDER BASELINE



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INTRODUCTION: GENDER IN THE NOBO JIBON PROJECT DESIGN

The low status of women in the family and in society is one of the root causes of food insecurity in Bangladesh. Gender biases govern men's and women's differential access to information, resources, income, and decision-making capacities, all of which influence household food security and nutrition. Structural gender inequality is thought to account for the "Asian enigma" of higher malnutrition rates in South Asia than in Sub-Saharan Africa, despite better overall development indicators in Asia (1) (2). Gender inequality in nutrition and food security starts at the household level. Intra-household power relations and cultural restrictions on women's mobility limit their education and income-earning opportunities, which limits their influence over decisions, including food purchases, food distribution, and expenditures on health. The quality of intra-household relationships also affects women's health-seeking behavior, use of health services, and their ability to adopt recommended nutrition behavior changes (3) (4). Violence against women (VAW), which is highly prevalent in Bangladesh, has been correlated with malnutrition and higher rates of child anemia in a number of countries (5) (6) (7).

Conversely, there is a strong correlation between markers of gender equity and nutrition. In Bangladesh, higher age of women at marriage and girls' education attainment were associated with lower rates of stunting among <5 children; the stunting rates were lowest among children whose mothers completed secondary school (8). Several recent analyses from South Asia correlate women's intra-household autonomy with a number of reproductive and nutrition outcomes, including reduced incidence of low birth weight and mothers' use of maternal health services (9) (10).

Acknowledging gender inequality as central to food insecurity, the design of the Nobo Jibon project incorporated activities and indicators promoting gender equity into all three components of the Nobo Jibon implementation strategy. The project has three strategic objectives (SOs), which are aligned with Bangladesh's national health and food security policies:

- **SO1:** Maternal and child health and nutrition (MCHN) - Improved health and nutritional status of children under 5 years (U5) and pregnant and lactating women (PLW).
- **SO2:** Market-based production and income generation - Poor and extremely poor households have increased production and income.
- **SO3:** Disaster risk reduction - Households in targeted communities protect their lives and assets and quickly resume livelihood activities following natural disasters.

Gender inequalities cut across all of these sectors. By selecting women as the primary direct recipients of the project's activities, and by providing, for instance, supplemental food rations to pregnant and lactating women, the Title II design implicitly corrects for historical gender inequities in nutrition outcomes. In addition, the Nobo Jibon project established an Intermediate Result of "Equity increased within households and communities," to ensure that activities explicitly addressing gender inequality are incorporated into the implementation strategy.

The Indicator Performance Tracking Table (IPTT) indicators for *increased equity* (Table 1) are included under SO1. Following a transformative approach to gender, the indicators define affirmative actions to challenge inequitable gender norms and practices. For instance, the target in IR 1.3.3.5 encourages women's equal participation in the project leadership bodies. The formation of youth groups expressly gives young men and women an opportunity to work together and debate gender and social issues. IR 1.3.3.7 sets targets to ensure that men—who are culturally excluded from nutrition and health responsibilities—also participate in the nutrition and health activities of the project. The indicators on women's decision-making and on attitudes towards violence against women are designed to measure women's agency and intra-household status. Control over various household

decisions is one measure of women’s agency, while violence against women is an extreme expression of gender inequality and a fundamental barrier to their agency and empowerment. Through participation and leadership positions in the project, Nobo Jibon takes steps to elevate women’s status within the household and in the community. Measuring women’s decision-making control and attitudes towards violence against women at baseline and end-line will capture increased equity in the community.

The objective of the gender strategy is not merely to contradict cultural norms but to create a favorable environment for women’s agency, which can in turn improve inter-generational food security and nutrition outcomes. The purpose of the baseline Gender Attitudes and Practices Survey (GAPS) is to identify baseline norms, attitudes, and practices, which can be used to inform a gender-transformative implementation strategy.

Table 1. IR3: Equity increased within households and communities

IR.1.3.35	Percentage of VDCs with at least 30% women (and equitable representation and participation (women, extreme poor and adolescents).
IR.1.3.36	Percentage of beneficiary women whose husband attends ANC/PNC with her
IR.1.3.37	Percentage of men with young children who score an 80% or higher on a nutrition and proper child feeding knowledge test
IR.1.3.38	Average score of men and women with young children on the DHS indices of women's participation in decision making and attitude towards wife beating (disaggregated by sex)
IR.1.3.39	Percentage of WOMEN in households with husbands and a child <5 who state that they have at least joint decision-making say on the DHS indices of women's participation in decision making AND who state that wife-beating is never justified
IR.1.3.40	Percentage of MEN in with a child <5 who state that they have at least joint decision-making say on the DHS indices of women's participation in decision making AND who state that wife-beating is never justified
IR.1.3.41	Number of beneficiaries (male and female) who received gender awareness training
IR.1.3.42	Number of awareness-raising events organized by youth volunteer groups

OBJECTIVES OF THE GENDER ATTITUDES AND PRACTICES SURVEY

The Gender Attitudes and Practices Survey (coupled with formative research and participatory gender analysis) is one component of the Nobo Jibon Project's gender analysis. Gender analysis is a systematic tool to understand gender regimes in order to address inequalities and counter discrimination. There are a number of gender analysis frameworks, including the commonly used Harvard framework, which focuses primarily on the description of men's and women's roles and control over resources and decisions, and tends to view women as a homogeneous group. At the other end of the spectrum, the Social Relations Framework looks at the gender power relations at the different institutional levels (community, market, and state), and at the intersections of gender with race, class, and ethnicity. The aim is to identify strategies to strengthen women's bargaining power at different levels. While it offers greater complexity and a more nuanced understanding of gender dynamics, the Social Relations Framework has proven difficult to operationalize.

The main purpose of the Nobo Jibon GAP Survey is to establish baseline values for the equity indicators in IR1.3. The Gender Attitudes and Practices Survey looks at the existing roles and responsibilities of women and men in managing health, nutrition, and other household decisions. The GAP Survey also uses elements of the Social Relations Framework approach to explore the underlying belief systems that shape women's and men's gendered identities. These unwritten behavioral rules and attitudes are the cultural prism through which new knowledge and opportunities—such as the Nobo Jibon project—are interpreted. Understanding the general community norms and variation in beliefs can highlight areas where the project activities may create intra-household conflict. It also points out opportunities to leverage positive trends and practices to create an enabling environment for increased equity within families and in the communities.

The survey instrument was designed to capture the following key areas:

- Husbands' and mothers-in-law knowledge of key nutrition and health practices;
- Actual practices of men in care-giving/workload-sharing during pregnancy and after delivery;
- Women's degree of involvement in intra-household decision-making;
- Men's and women's attitudes toward Violence Against Women (VAW);
- Respondents,' husbands' and mothers-in-law attitudes and beliefs about a range of gender norms and practices.

METHODOLOGY

In June 2011, following the Nobo Jibon baseline, a separate Gender Attitudes and Practices (GAP) survey was carried out to capture baseline data on the IPTT indicators related to gender equity.

The GAPS baseline was administered to 800 households in nine upazillas in Barisal, Patuakhali and Borguna districts of Barisal division. To be consistent with the overall Nobo Jibon baseline, a sample of households with children under 5 years of age was drawn and interviewed. The households selected for the GAP Survey are not the same households selected for the overall NJ baseline. However, the GAPS questionnaire will be integrated into the overall Nobo Jibon questionnaire at end-line, allowing for analysis of correlation between gender equity indicators and health and nutrition outcomes.

Table 2 shows the survey coverage by upazila and unions, in terms of the number of villages, the number of households, size of the population and sample size per upazila. It was estimated that 42% of households had <5 children. Systematic random cluster sampling was used to select the areas, with mouza villages considered as clusters.

Table 2: Nobo Jibon Coverage by upazilla and union

	Upazilla	Number of unions	Number of villages	Population	Households	Households with child <5	Required sample
Barisal	Barisal sadar	6	7	18188	3570	1501	70
	Hizla	6	7	26522	5422	2278	70
	Mahendiganj	12	13	55682	10503	4424	130
Patuakhali	Dashmina	5	5	18799	3773	1585	50
	Galachipa	12	12	34192	6420	2698	120
	Kalapara	7	8	9313	1887	793	80
Barguna	Amtali	10	12	17539	3641	1529	120
	Borguna	8	9	12457	2551	1074	90
	Patharghata	7	7	19400	4201	1765	70
Total		73	80	212092	41968	17647	800

Sample size calculations were based on an aggregate indicator that was constructed by combining the indicators “attitudes toward VAW” and “joint decision-making.” The “attitudes toward VAW” indicator is dichotomous: The response is ‘1’ if the individual states that wife-beating is *not* justified for any of the 5 reasons given in the Bangladesh Demographic and Health Survey (BDHS) (disobeying elders, arguing, going out without telling the husband, neglecting the children, or refusing sex). It is ‘0’ if the individual said beating one’s wife was acceptable for any reason. The variable is set to ‘missing’ if any of these variables has a missing value or ‘don't know.’

The “women's decision-making say” indicator is also dichotomous. The response takes a value of ‘1’ if the respondent stated that the wife has sole or joint final say in making decisions regarding *all* of the 5 decisions listed in the BDHS that most women were able to answer (women's own health care, child's health care, visiting friends family, major purchases, and daily purchases) and a zero otherwise. The BDHS question on women's income was not included because the majority of women did not earn income at baseline. The variable was set to missing if any of the variables had a missing or don't know response. This exclusion eliminates households where there were no children. The aggregate variable appears on the IPTT (“Percentage of women/men in households with husbands and a child <5 who state that they have at least joint decision-making say on the DHS indices of women's participation in decision making AND who state that wife-beating is never justified.”) It is also dichotomous. It takes a value of 1 if both of the previous indicators are 1 and a 0 otherwise. If either of the previous variables are missing it is set to missing.

Sample size calculation were based on BDHS 2007 prevalence rates and the inter- cluster correlation (ICC) was calculated in Stata using BDHS data. As shown in Table 3, according to the calculations, the sample size for the survey should be 799.Cluster size was set to 10.

Table 3. Sample size calculations

Indicators	Estimated Prevalence (BDHS)	Desired Precision	Desired sample	ICC (BDHS)	Design Effect	Required sample
VAW is not justified						
Men's	64%	5%	354	0.106	1.954	692
Womens	64%	5%	355	0.101	1.905	676
Women have at least joint say						
Men's	35%	5%	348	0.144	2.295	799
Womens	36%	5%	354	0.056	1.500	531
Both						
Men's	25%	5%	285	0.106	1.954	557
Women's	24%	5%	280	0.067	1.605	449

Given the diversity of practices in Barisal Division, it was proposed that the clusters should cover all geographic districts of the project, using Probability Proportional to Size (PPS) sampling procedure. During the survey, residents in Hizla upazila objected to the survey, based on rumors (that had surfaced during another recent survey in Barisal) that surveyors were identifying girls for abduction or conversion to Christianity. The GAP survey was stopped in Hizla upazila and alternative locations were selected. The teams were also retrained on how to introduce the purpose effectively. The distribution of the target population by districts is presented in Table 4.

Table 4. Distribution of target respondents by location

Name of District	Name of Upazilla	Number of husbands	Number of women	Number of mothers in law*	Number of respondents targeted
Barisal	Barisal sadar	70	70	56	196
	Hizla	70	70	56	196
	Mahendiganj	130	130	104	364
Patuakhali	Dashmina	50	50	40	140
	Galachipa	120	120	96	336
	Kalapara	80	80	64	224
Barguna	Amtali	120	120	96	336
	Borguna	90	90	72	252
	Patharghata	70	70	56	196
Total		800	800	640	2240

*Based on the estimation from program staff that 75% of the beneficiary households live in joint households

A structured questionnaire was designed by HKI and refined through extensive pilot-tests of the draft. Four quality-control officers conducted 20 in-depth interviews in and around Dhaka, particularly to see how respondents understood the attitudes questions and to adjust the wording accordingly. The survey was developed in English and translated into Bangla.

The survey comprises the following sections:

- Demographic information, which was used to create a wealth index corresponding to the DHS index
- A nutrition and health knowledge section, administered to mothers-in-law and husbands
- Men's actual care practices section, capturing husbands' supporting roles during pregnancy and post-delivery

- A violence against women (VAW) attitudes section, administered to wives, husbands, and mothers-in-law in the same household
- A decision-making index section, administered to wives and husbands
- A gender attitudes section, administered to wives, husbands, and mothers-in-law

The decision-making and violence against women (VAW) sections are identical to the BDHS, allowing comparison against national trends. The “gender attitudes” section was designed based on several gender and women’s empowerment scales, including the Gender Equitable Men scale (GEM).

¹ The data of the gender attitudes section (which is administered to wives, husbands, and mothers-in-law, where possible) captures attitudes towards women’s mobility; perceptions of women’s leadership and decision-making capacity; perceptions of the value of women’s opinions; and perceptions of sex-segregated responsibilities within the household. Collecting information from wives, husbands, and mothers-in-law in the same household allows for better understanding of intra-household conflict over key gender norms and decision-making processes.

A data collection team of 25 Field Investigators, divided into six teams, conducted the survey. Female Field Investigators interviewed wives and mothers-in-law, while the male Field Investigators spoke with the husbands. The interviewers recorded all information directly into personal digital assistants (PDAs). The Team Leaders stored PDA data files in their laptop. The Nobo Jibon M&E team then collected the PDA data sets and converted them into SPSS data files for regular cross-checking. After data collection was completed, all data were uploaded into laptops from the PDAs and then transferred into SPSS format for analysis.

RESULTS

DEMOGRAPHIC INFORMATION

A total of 802 households were surveyed. Of these, 505 were “joint households,” defined as households with a mother-in-law living in the same household. The majority (94%) were Muslim, while 6% were Hindu. The common principle sources of income for the households, as shown in Table 5, were unskilled agricultural labor (26%), farming own land (14%), business (19%), and fishing (10%). The mean monthly income for the population was 6589 taka per month, with a range from 250 taka per month to 35,000 per month.

Table 5. Main income source for surveyed households

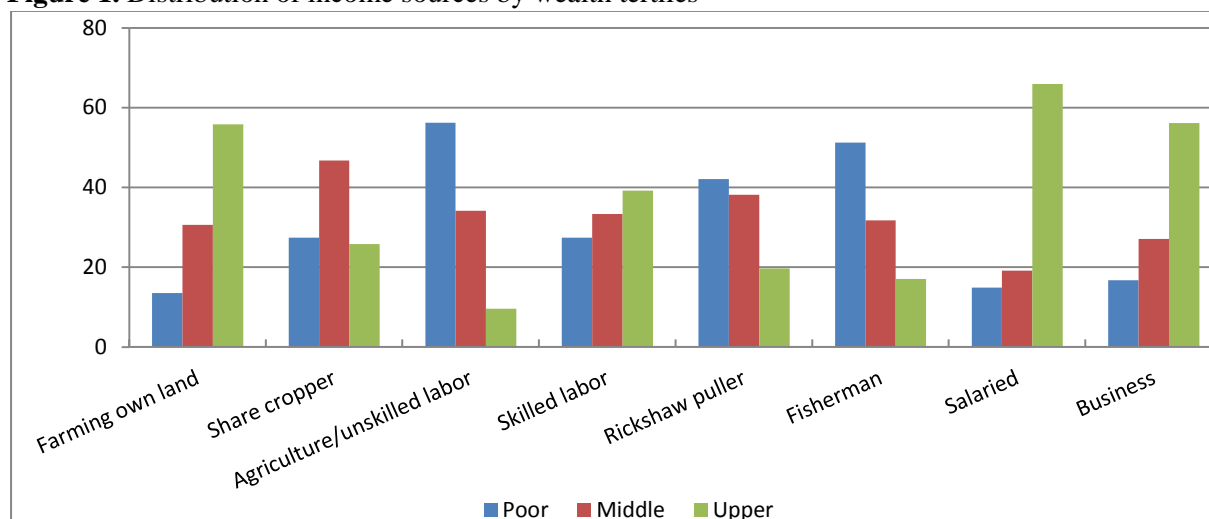
	Frequency	Percent
Farming own land	111	14
Share cropper	62	8
Agriculture/unskilled labor	208	26
Skilled labor	51	6
Rickshaw puller/van puller/boatman/baby taxi	76	10
Driver	5	1
Fisherman	82	10
Salaried	47	6
Business	155	19

¹ *The Gender Equitable Man (GEM) scale by Pulerwitz and Barker 2008. Male Role Attitudes Scale by Pleck, Sonenstein, and Ku. Attitudes Toward Women Scale (AWS), HIV/AIDS Survey Library, Horizons Program, 2008, Washington, DC: Population Council.*

No income sources	1	<0.5
Others	3	<0.5

A wealth index was created based on the variables used in the Demographic Health Survey (DHS), which looks at roof and wall materials and the possession of certain household assets. The graph in Figure 1 shows the distribution of wealth groups by main source of income. The greatest number of poor households depended on income from unskilled day labor, rickshaw pulling, and fishing. Those in the upper tertile tended to be salaried workers, businessmen, or farming their own land.

Figure 1. Distribution of income sources by wealth tertiles



FAMILY MEMBERS' KNOWLEDGE ON HEALTH AND NUTRITION PRACTICES

Part of the Nobo Jibon gender equity strategy involves transforming gendered norms around responsibilities for health care and nutrition. Measuring and improving husbands' nutrition knowledge is one way of a) challenging the gender norm that nutrition and care-giving are solely women's responsibilities and b) recognizing that husbands in Bangladesh make most food purchases and therefore influence household eating practices. The baseline knowledge test was also administered to mothers-in-law, whose influence is known to be a significant barrier to the adoption of recommended IYCF practices (11). Improving the knowledge base of supporting family members can provide the supportive environment for mothers to adapt new practices promoted by the Nobo Jibon project.

HKI developed a 16-question knowledge test based on integrated management of childhood illness (IMCI) practices and the seven essential nutrition actions (ENA), which are the frameworks for the SO1 training program. All 802 men agreed to participate in the interview. Out of 802 households, 505 households were "joint families" (i.e., had mothers-in-law living in the same household). Among these 505 households, 437 mothers-in-law agreed to participate in the interview. Respondents were given a point for every correct answer, and a portion of a point for every part of a multiple-choice question that they answered correctly.

The IPTT includes an indicator to measure the proportion of husbands that scored at least 80% on the knowledge test. The target set for this indicator is 25% of husbands scoring at least 80% on the knowledge test by the end of Year 3 and 35% of husbands scoring at least 80% by the end of Year 5. Results from the gender baseline show that less than 1% of husbands and less than 5% of mothers-in-law attained that score.

Table 6. Scores of husbands and mothers-in-law on a nutrition knowledge test

IPTT: Family members who scored 80% or higher on nutrition knowledge test					
		Husbands' scores		Mothers-in-law scores	
Valid responses		Frequency	Percent	Frequency	Percent
Less than 80%		796	99.3	417	95.4
80% or more		6	0.7	20	4.6
Total		802	100.0	437	100

While mothers-in-law generally had better overall nutrition knowledge than husbands (their sons), knowledge on the different nutrition and health topics varied widely. Almost all mothers-in-law (94.5%) knew that infants should be put immediately to breast after birth, and most knew about colostrum feeding. However, only 34% of men and 44% of mothers-in-law knew the appropriate duration of exclusive breastfeeding, and even fewer (25% of men, 18% of mothers-in-law) knew the correct time to initiate complementary feeding. Just over half (56%) of mothers-in-law and 39% of husbands knew about appropriate breastfeeding of sick children. On micronutrient knowledge, 62% of husbands and 72% of mothers-in-law could name at least one food source of Vitamin A, but very few knew that post-partum women should take a Vitamin A capsule. Both groups were well informed on the signs of anemia and over 75% of both groups knew at least one way to prevent anemia. However, while 71% of mothers-in-law could name at least one food source of iron, husbands were less knowledgeable. Given that most food purchases in Bangladesh are made by men, improving men's knowledge of micronutrient-rich foods can be an important approach to improving household dietary diversity. In addition, as grandmothers' traditional beliefs are a known barrier to exclusive breastfeeding (11), narrowing their knowledge gap on the IYCF guidelines may offer additional support for Nobo Jibon mothers who are the direct recipients of breastfeeding counseling and nutrition training.

Less than half (45%) of husbands had accompanied their wife to at least one ANC visit, which is far from the end-line IPTT target for Nobo Jibon of 75% for this indicator. Encouraging husbands' participation in ANC visits provides opportunities for men to receive the nutrition knowledge that they need to support improved nutrition practices.

Table 7. Scores of husbands and mothers-in-law on a nutrition knowledge test, by question

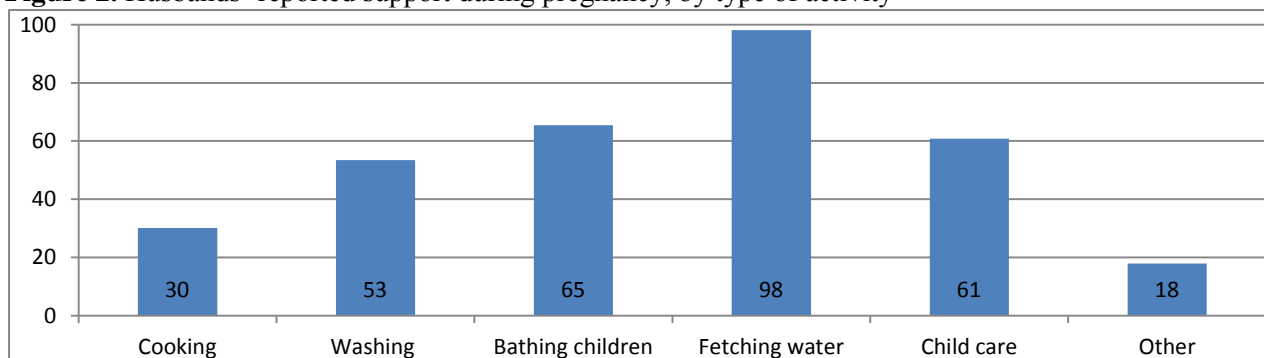
Nobo Jibon Knowledge test results			
Q	Variable name	Husband	Mother-in-law
101	Name the first food or drink that should be given to an infant after birth	61.7	52.5
102	When should the newborn be put to the breast after birth?	73.9	94.5
103	What should a woman who has just delivered do with the first yellow breast milk?	54.4	81.7
104	How long should a woman feed her baby ONLY breast milk, without giving water or other liquids or foods?	33.8	44.2
105	At what age should a woman start to give other foods (semi-solids, liquids) in addition to breast milk to her child?	24.7	18.2
106	Name 3 foods that contain a lot of vitamin A? answer A	62.0	72.3
	Name 3 foods that contain a lot of vitamin A? answer B	33.7	37.1
	Name 3 foods that contain a lot of vitamin A? answer C	17.3	23.9
107	When should an adult woman take a vitamin A capsule?	12.7	15.8
108	List one sign of anemia?	82.4	88.6
109	List one way to prevent anemia? Eat iron rich food/ meat/dal	72.8	75.0

110A	Name 3 foods that are rich in iron (for good blood)?_answer A	35.8	71.0
110B	Name 3 foods that are rich in iron (for good blood)?_answer B	19.2	34.9
110C	Name 3 foods that are rich in iron (for good blood)?_answer C	9.5	14.1
111	List one health problems that result due to too little iodine in the diet?	9.5	6.6
112	How much liquid/breast milk should you give a child with diarrhea?	39.4	56.3

SPOUSAL SUPPORT DURING PREGNANCY AND AFTER DELIVERY

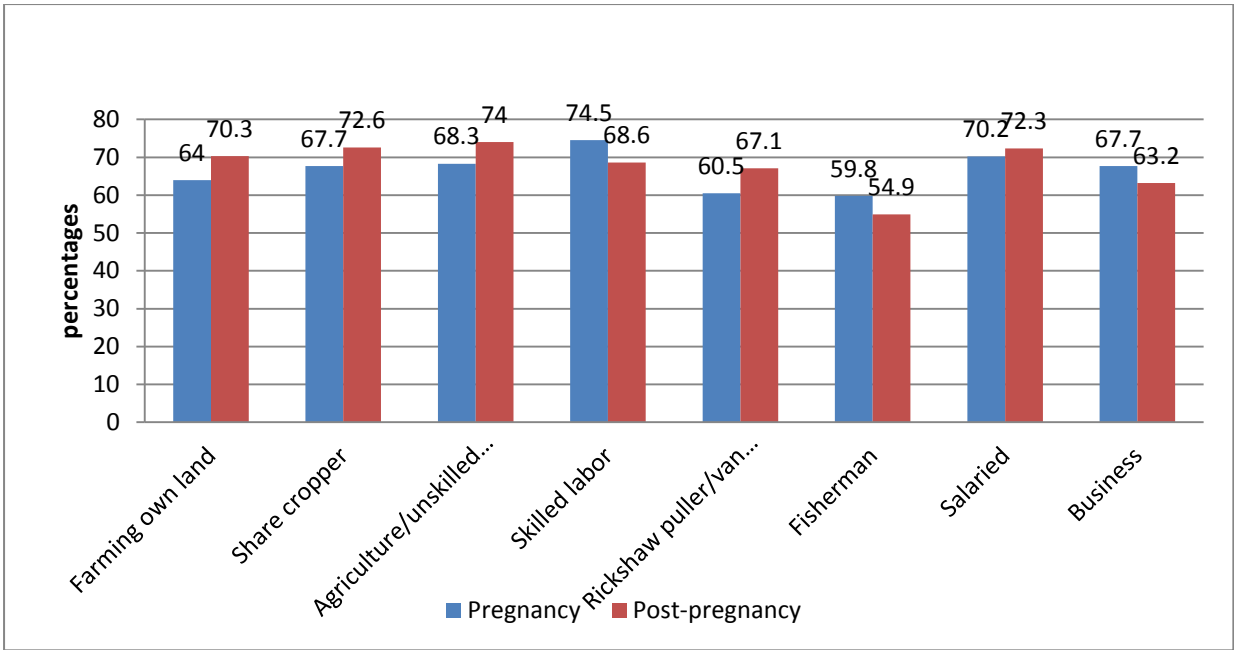
This section of the questionnaire examined the actual support that husbands provided to their wives during pregnancy and in the months after delivery. Husbands were asked to identify the *additional* household tasks that they carried out during pregnancy and after delivery. Only 33% of men reported doing *nothing* additional to support their wives during pregnancy. Among those who had helped during the last pregnancy (46%) or who were presently helping (20%) their wives, 98% of husbands helped with the heavy labor task of fetching water. Over 60% provided some form of childcare, including bathing the children. More than half did some washing (most likely their own clothes, according to qualitative reports). In addition, 80% reported that they provided more or different types of foods to their wife during her pregnancy, while 32% said that they explicitly intervened to ask other family members to provide support to their wife.

Figure 2. Husbands' reported support during pregnancy, by type of activity



On average, men provided greater household support after delivery, compared to during the pregnancy period. However, this varies greatly by occupational group.

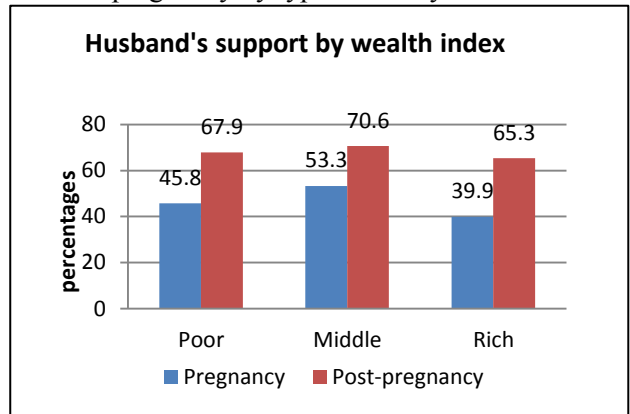
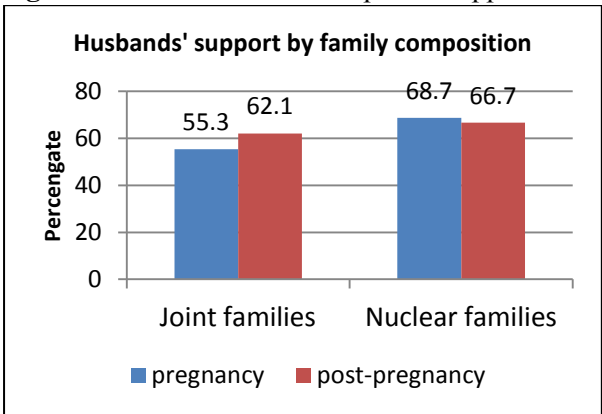
Figure 3. Husbands' reported support during and after pregnancy, by husband's occupation



About 68% of husbands reported that they provided additional household support to their wife after delivery. The range of tasks that they assisted with was similar to the pregnancy period. Of those who gave additional support, the majority continued to fetch water, while a greater percentage (over 60%) helped by washing clothes. Nearly one-third of men reported helping with the cooking—a typically female responsibility—both during pregnancy and after delivery. Although about 60% of men with <5 children said that they had put the child to sleep or fed the child in the past week, only 30% of husbands had ever taken the child to the vaccination center.

The husbands in the highest wealth group were least likely to provide additional support, particularly during pregnancy. A greater percentage of husbands in nuclear families provided support during the pregnancy period; however, during the post-delivery period, husbands from joint families and nuclear families provided similar levels of support.

Figures 4 and 5. Husbands' reported support during and after pregnancy by type of family and wealth



The GAP Survey illustrates that although domestic responsibilities are some form of spousal support with women's responsibilities is the norm during pregnancy and after delivery. This practice can be actively encouraged and built on by the staff of the Nobo Jibon project. Further emphasis among the men may be placed on the need for rest during pregnancy (as it seems that husbands' support is generally greater after delivery, when the whole household is engaged in meeting the demands of the

infant). In addition, communications actions can channel this baseline practice of spousal support to make sure that it extends through the six-month period of exclusive breastfeeding.

DECISION-MAKING PARTICIPATION AND DOMESTIC VIOLENCE ATTITUDES

As stated above, IR3, which aims for “increased equity within families and communities,” was designed to establish gender equality as an intrinsic, cross-cutting value of the program and not only an instrument for child health and nutrition outcomes. Kabeer defines the dimensions of empowerment as access to resources (the preconditions for empowerment); agency (the ability to make use of opportunities); and achievements or outcomes (12). The Nobo Jibon indicators related to decision-making and attitudes toward VAW provide measures of women’s agency—and of a crucial barrier to women’s agency.

Women’s control over a range of household decisions is one commonly used measure of women’s empowerment. Research demonstrates that women’s decision-making control is also a significant predictor of child nutrition outcomes. Greater control over child health decisions, for example, has been correlated with lower stunting, while women’s greater control over household finances is associated with improved nutritional status (9). The questions in this indicator are taken from the BDHS.

Violence against women is an extreme manifestation of gender inequality, which has been correlated with child malnutrition as well as a number of health outcomes for women (6) (5) (7). At the individual level, the threat of violence can be a barrier to women’s agency, mobility, and decision-making capacity—including the ability to act on information and opportunities offered by the project (3). High tolerance for violence against women across the community is one indication of women’s inferior position in society.

Changing gender inequality is a multidimensional and non-linear process that works at informal and formal, individual and structural levels. Many individual processes of “awareness” can eventually influence societal norms and perceptions (and vice-versa). Changes in women’s resource access and opportunities can shift societal norms and practices (and vice versa), which can also spark formal and legal changes (12). The Nobo Jibon project intervenes through resource provision and opportunities for women, and through individual and group behavior change processes. At end-line, re-measuring attitudes towards violence against women in the population can give insight into whether or how the Nobo Jibon intervention influences societal attitudes toward—or backlash against—women.

Both decision-making and violence-against-women (VAW) indicators are also included on the grounds that what is measured is paid attention to (12). Baseline data from these indicators can be used by Nobo Jibon staff to inform the gender trainings and raise staff awareness of intra-household dynamics. Further correlations will also be possible between equitable attitudes (including tolerance of VAW) and nutrition and health achievements.

To measure Intermediate Results IR 1.3.39 and 1.3.40 of the IPTT, a composite indicator was constructed reflecting women’s relative agency and status within the household. The end-of-project target aims for 25% of men and women in the community to state that women have *at least joint say* in all key household decisions *AND* that they believe that wife-beating is not justified in any circumstance. The five key decisions and the five scenarios in which violence might be acceptable are drawn from the national DHS questionnaire. Respondents were not asked about the actual practices of violence. These sections were administered to beneficiaries and their spouses.

PARTICIPATION IN HOUSEHOLD DECISIONS

Both men and women were asked to describe women’s level of participation in various household decisions. The only decision over which a significant minority of women (21%) claimed sole authority was over making small household purchases. Five percent of women said that they could solely control their own earnings,² and fewer than 5% said that they had independent say over other household decisions. Women had least autonomy when it comes to major household purchases, with less than 1% of women claiming that they could make such decisions on their own. More than two-thirds of women (65%) said that their husbands alone made decisions about their own health-care, and 32% said that husbands alone made decisions about the child’s health-care.

When comparing the men’s responses to the women’s, men were more likely to classify decisions as “joint” that women perceived to be principally in their husband’s control (Table 8). For instance, 71% of men claimed to make “joint decisions” about childcare, while only 50% of women thought that this was a joint decision. Similarly, 53% of women thought husbands alone decided about whether women could visit their relatives; almost 50% of men stated that this was a joint decision. In addition, while 21% of women said that they could independently make small household purchases, only 11% of men believed this to be the case, suggesting that in practice, women may make some purchases without their husbands’ knowledge. Both men’s and women’s responses confirm that other family members play deciding roles about daily and large household purchases and about the woman’s ability to visit her own relatives.

Who usually makes decisions about....							
Women's responses	Mainly self (wife)	Mainly husband	Couple jointly	Someone else	Husband and someone else	No income	
Woman's own health care	2.6	65.5	20.7	1.2	9.5		100
Spending woman's earnings	5	11.5	18.2	0.1	0.9	63.8	100
Major HH purchases	0.7	40	40.3	2.5	16		100
Purchases of daily HH needs	21	18.5	40.7	5.4	8.5		100
Visits to her family and relatives	0.5	53.9	28.6	2.1	12.3		
Child's health care	3.4	32.9	50.9	0.9	10.7		100
Husbands responses							
	Mainly wife	Mainly self (husband)	Couple jointly	Someone else	Myself and someone else	No income	
Woman's own health care	0.7	64.4	28.6	2.7	3.4		99.2
Spending woman's	12.3	9.2	20.1	0.1	0.4	57.5	87.7

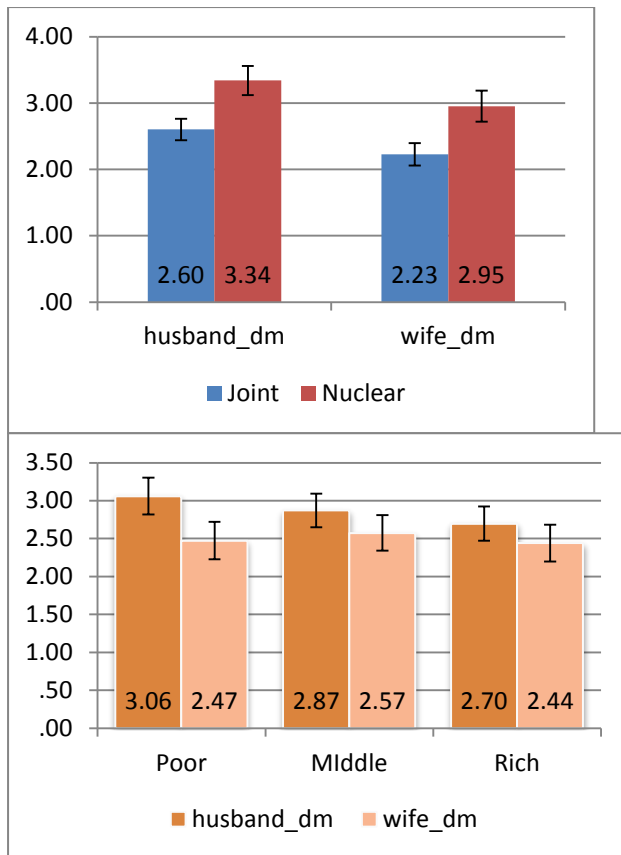
² The majority of women surveyed were not earning income of their own.

Table 8. Wives' and husbands' reports on who makes decisions, by topic of decision							
Major HH purchases	0.1	33.3	43.3	7.3	13.3		33.3
Purchases of daily HH needs	11.6	22.7	51.1	5.5	5.7		88.4
Visits to her family and relatives	0.4	34.3	48.1	5.4	11.7		99.6
Child's health care	5.9	16.5	71.9	1.4	3		94.2

Women's overall decision-making power in the household can be measured by creating an index and taking the average (mean) of respondents' answers to all the decision-making questions. For both husbands' and wives' responses, a 0 was given to any response in which the wife was not involved in the decision-making; 1 for decisions made jointly between the husband and wife; and 2 for decisions made solely by the wife. The average of respondents' answers to all the decision-making questions then became the index score. For the full sample, the average score for men was 2.9 and for women was 2.5. These results show that husbands perceive their wives to be more involved in decision-making within the household than do the wives themselves. These results are similar to those described above for individual questions, in which men seem to feel that women are more involved in decision-making than would otherwise be suggested by the women's responses.

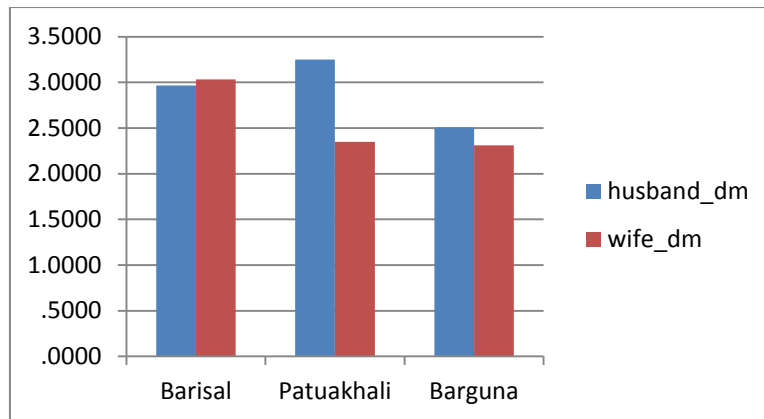
The index scores can be further broken down to examine differences between husbands' and wives' responses in the context of family structure and household wealth. For example, Figure 6 shows that wives in nuclear families report having significantly more decision-making power in the household than wives in joint families: wives in nuclear families had an average index score of 2.95, while wives in joint families had an average index score of 2.23. (Joint families are defined as families with a mother-in-law present in the household.) Husbands' responses echo this result, as husbands in nuclear families also said that their wives had significantly more decision-making power than did husbands in joint families. When responses are broken down by wealth category, the data show that both husbands' and wives' perceptions of women's decision-making power remains relatively stable across wealth categories (Figure 7). This suggests that greater household wealth does not seem to lead to increased decision-making power for women in the Nobo Jibon working areas.

Figures 6 and 7. Husbands' and wives' reports of women's decision-making power, by family structure (Figure 6) and by household wealth (Figure 7)



Looking at the index scores by district also reveals some differences. For example, women in Barisal report having significantly more decision-making power than women in Patuakhali and Barguna (Figure 8). Interestingly, husbands and wives in Barisal appear to be in near-perfect agreement in their perception of the wives' participation in decision-making, with husbands' and wives' index scores being very similar. However, disagreement can be seen in husbands' and wives' index scores in the other two districts, particularly in Patuakhali, where husbands and wives gave significantly different answers. Again, this demonstrates that husbands in Patuakhali gave significantly more answers that scored a "1" or "2" – stating that the wife made the decision either jointly with her husband or solely on her own – than did the wives, suggesting that husbands perceive their wives to be significantly more involved in decision-making than do the wives themselves. This same difference between husbands' and wives' perceptions was also statistically significant in the data from joint families and from households in the lowest (poor) wealth category, shown above.

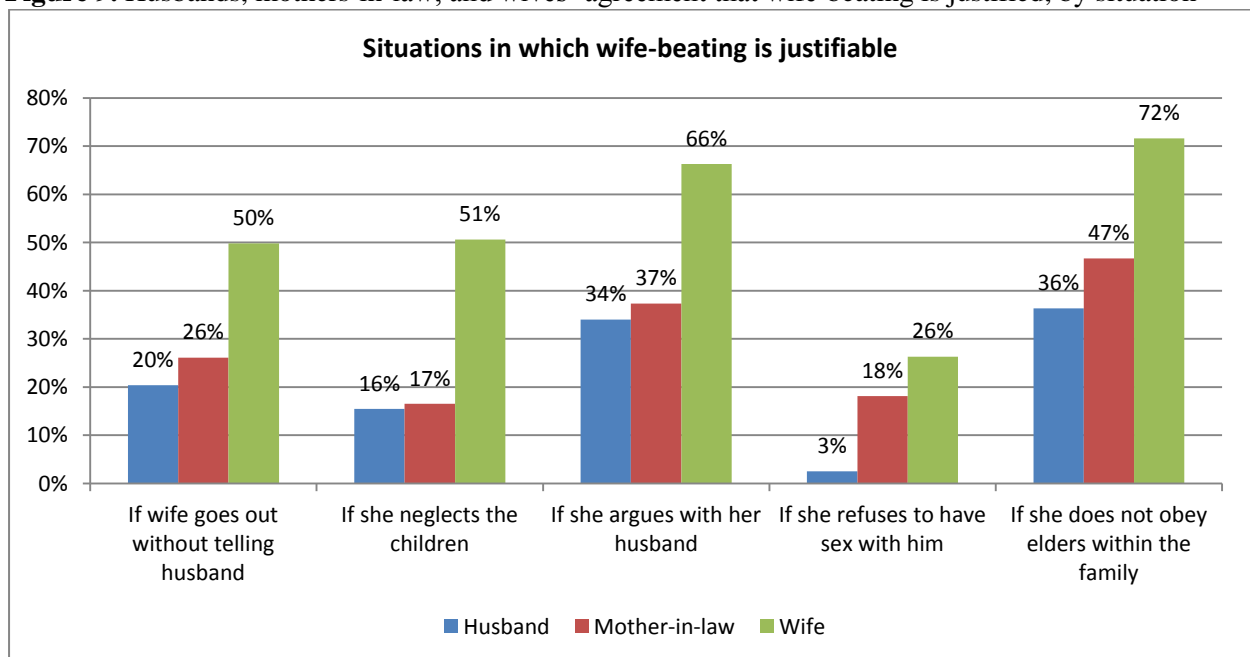
Figure 8. Husbands' and wives' reports of women's decision-making power, by geographical location



The snapshot of decision-making control clearly illustrates that although mothers are the primary caregivers, they are rarely the primary decision-makers about questions concerning the child’s health or their own nutrition. Thus, providing nutrition education to the mothers without supporting a gender strategy to raise mothers’ decision-making status will likely have only a limited impact. The discrepancy between women’s and men’s perceptions about decision-making control is a reflection of the intricacy of intra-household bargaining negotiations. By stating that men have sole control over a decision such as child-care or visits to relatives, women may be verbally deferring to men’s prescribed headship, while in practice women may have significant influence over the outcome of the decision. On the other hand, while men may perceive a decision to be “joint” because they have consulted their wife, women may consider it in practice to be their husband’s decision. Continually checking quantitative with qualitative data, such as the Nobo Jibon gender analysis and formative research, is important to fully understand the bargaining process and the types of decisions that women themselves wish to attain.

ATTITUDES TOWARDS VIOLENCE AGAINST WOMEN

Figure 9. Husbands, mothers-in-law, and wives’ agreement that wife-beating is justified, by situation



The graph above illustrates that on all questions related to violence against women, women themselves most strongly believe that a woman's behavior can justify a violent reaction. All family members considered failure to obey elders to be the gravest offense: 72% of women and 47% of mothers-in-law believed that a beating can be justified in such a circumstance. On the other end of the spectrum, the majority of family members—particularly husbands—seemed to believe that women have the right to refuse sex with their husbands without physical punishment. Around 50% of women believed that violence was justifiable if women neglected the children or went out without informing their husband, and two-thirds felt they deserved to be beaten if they argued with their husbands. In all categories, the respondents in this area seem more accepting of violence than the national and divisional averages, as recorded in the DHS 2007.

As with the decision-making questions, the responses to questions about violence against women can also be compiled into an index, creating a picture of overall attitudes toward this issue. For both husbands' and wives' responses, a score of 0 was given if the respondent agreed that wife-beating was justified, and a score of 1 was given if they disagreed or said they didn't know whether wife-beating was justified for each situation. A higher average (mean) score therefore indicated that the respondent was *less* accepting of wife-beating overall. For the full survey sample, the average score was 3.9 for men and 2.6 for women, showing that more men than women said that wife-beating is *not* a justifiable practice. The reasons behind this discrepancy can be many and varied, but are largely determined by the cultural frame.

As was the case with the decision-making index scores, a difference can be seen in the scores from respondents in joint families as opposed to those in nuclear families, and in households of different wealth categories (Figures 10 and 11). Although wives' scores were essentially the same between joint families and nuclear families, husbands scores were significantly different, with husbands in nuclear families stating significantly *less* often that wife-beating was justified. Statistically significant differences also exist in attitudes toward wife-beating among households of different wealth categories. Specifically, both husbands and wives from the wealthiest household category were significantly *less* accepting of wife-beating than husbands and wives from the poorest wealth category. Responses from households in the middle wealth category were not significantly different from either the poorer or the richer households. Finally, wives in Patuakhali appear to be significantly *more* accepting of wife-beating than wives in Barisal or Barguna, whereas husbands' attitudes remain relatively stable across the three districts (Figure 12).

Figures 10 and 11. Husbands' and wives' index score for acceptance of wife-beating, with a higher score indicating *less* acceptance of wife-beating, by family structure (Fig. 10) and wealth category (Fig. 11)

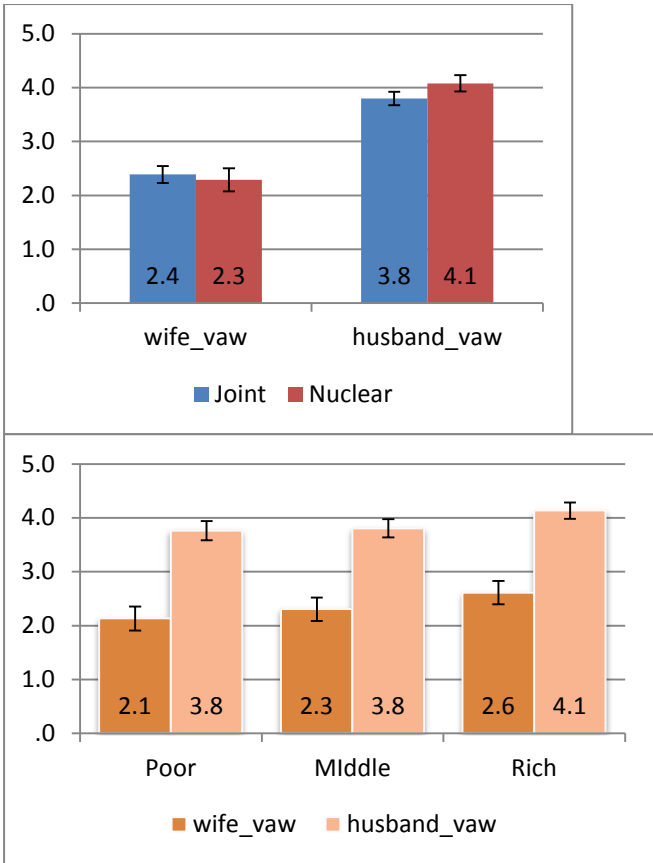
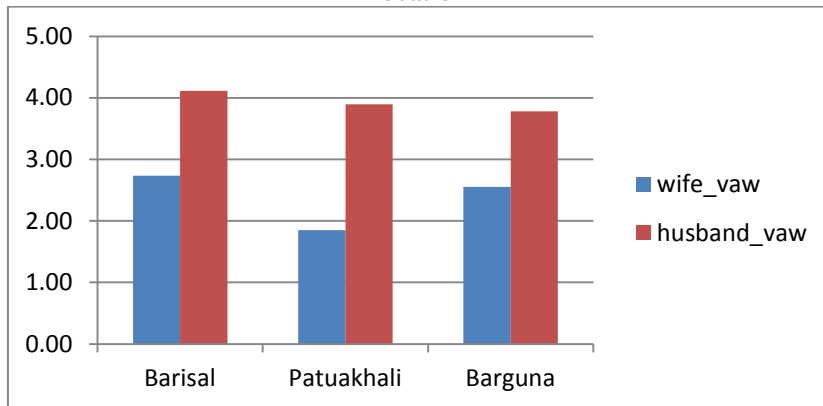


Figure 12. Husbands' and wives' index score for acceptance of wife-beating, by geographical location

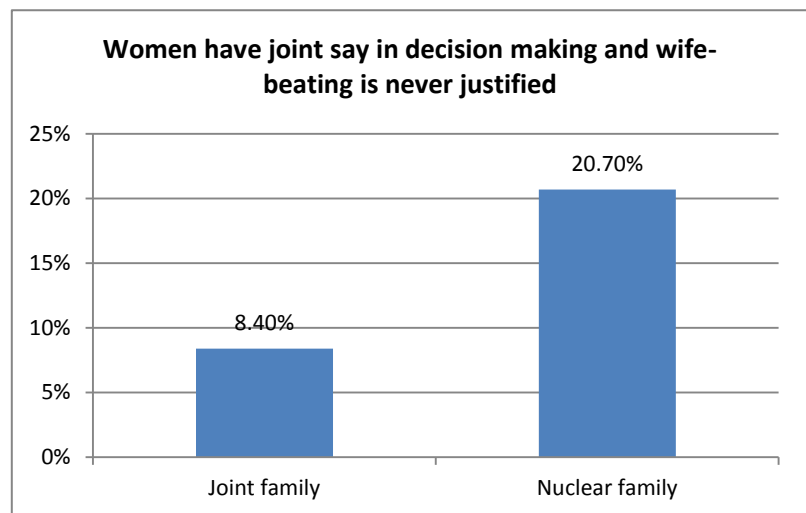


Although this survey did not capture actual practices of violence, data from a WHO multi-country study (which includes Bangladesh) on the health impact of domestic violence found that *acceptance* of violence against women was consistently higher among women who had *experienced* violence than among women who had not. This may imply that women who experience violence come to accept it as normal, or that women who believe it to be normal are more likely to stay in violent domestic situations (7). In other words, in a culture that sees violence as the 'norm,' women are less likely to denounce violence as they perceive it as normal and therefore acceptable. In this context, they may also fear social ostracism or other forms of sanctions by the community. Lack of professional support in the form of counseling, legal support, etc., fear of further violence from the perpetrator, economic dependence, emotional distress and embarrassment are also among the causes of acceptance of domestic violence.

The discrepancy between women’s opinions and mothers’ and husbands’ views may also indicate a disconnect between what is stated and what is practiced. Overall, relatively few husbands and mothers-in-law are willing to state that VAW is acceptable, while the women’s responses imply that the practice is quite normal. Exposing a subject that is considered distasteful and taboo can present a starting point for dialogue and building social pressure within the community. The designated gender champions and women leaders can be instrumental in starting open dialogue about the actual practice and consequences of gender-based violence. Gender champions and youth-group trainers can also create safe spaces for men and women to discuss and de-normalize gender-based violence.

Overall, the responses from the survey illustrate the normalization of violence in women’s daily lives and their internalization of their low status within the household. This acceptance presents obvious barriers to women’s agency and has implications for the nutrition training. If disagreement with elders and arguing back with husbands justifies physical violence, women cannot be expected to undertake health or nutrition behavior changes that contradict strongly held views of their mothers-in-law or husbands. This graph illustrates, again, the need to include mothers-in-law and husbands in behavior change communications and to integrate gender awareness into other trainings.

As written in IPTT indicators 1.3.39 and 1.3.40, at end-line, Nobo Jibon aims to see significant change in women’s bargaining position within households. The target is 25% of women and men state that women have at least joint decision-making say in all five decisions AND that violence against women is never justified. The figure below indicates that in this critical area of elevating women’s fundamental worth, the Nobo Jibon gender activities should pay particular attention to joint families. At baseline, already 21% of respondents from nuclear families meet this IPTT indicator, compared to just 8% of respondents from joint families. Given the tantamount value placed on respect for elders’ decisions, it is logical that women in joint families are less empowered to participate in decisions. Within the social hierarchy of a joint family, wives often occupy a menial position and appear to be at greater risk for violence. Addressing the subject of conflict with in-laws is critical to enabling women take a more prominent and confident role in decisions that affect their health, economic status, and disaster-preparedness.



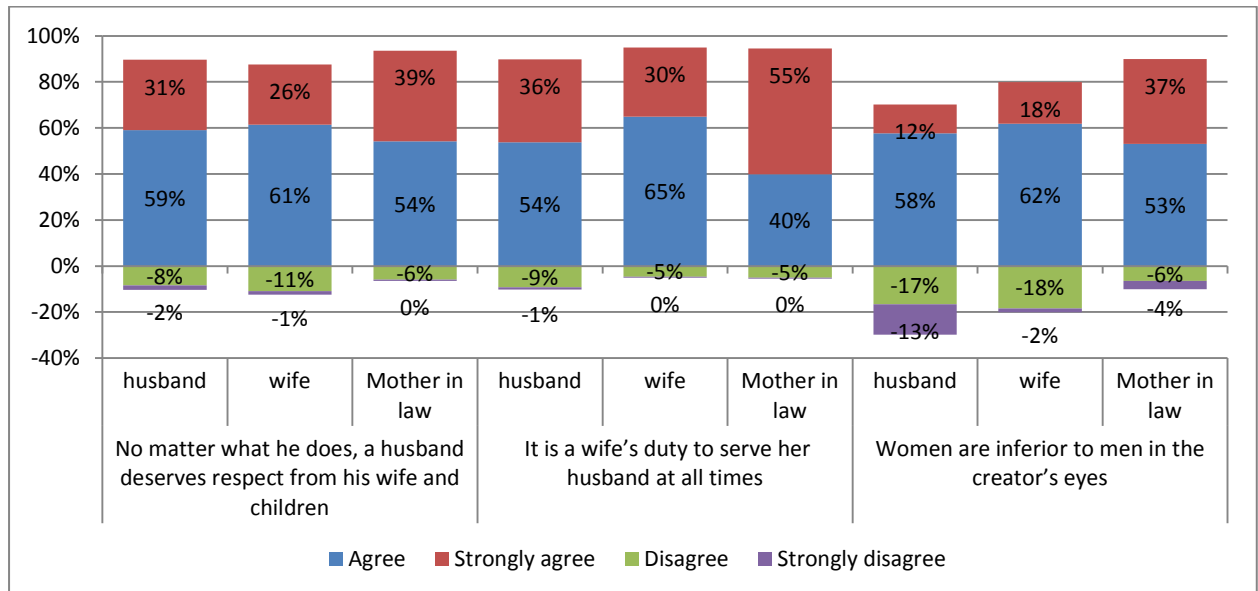
GENDER NORMS AND ATTITUDES

The final section of the questionnaire examined attitudes and beliefs about gender roles and norms. The questions were designed around four general categories of beliefs, norms and attitudes: a) patriarchal ideas of male superiority; b) women’s and men’s work roles and responsibilities; c) attitudes and beliefs about women’s rights; and d) attitudes and beliefs about the value of women’s opinions. The questions were asked of husbands, wives, and mothers-in-law. Responses were analyzed to draw out degrees of differences in opinion among family member groups.

A. PATRIARCHAL BELIEFS

This section looks at the institutionalization of the perception of men’s fundamental superiority over women. The statements included in this section were as follows:

- No matter what he does, a husband deserves respect from his wife and children
- It is a wife’s duty to serve her husband at all times
- Women are inferior to men in the creator’s eyes
- A woman’s greatest happiness in life comes from being a good mother and wife
- If a woman generates income, it belongs to her husband



The responses illustrate that women’s inferiority to men and a wife’s servility to her husband is a largely uncontested belief. Among the older women in particular, this belief is backed by religious worldview, with the overwhelming majority agreeing that women are inferior to men in the creator’s eyes. About 95% of women and mothers-in-law and about 90% of men believe that a woman’s duty is to serve her husband at all times. A majority also agree that a husband deserve respect from his wife and children no matter what he does, which suggests that their masculinity grants husbands a degree of impunity from criticism, regardless of their actions. The overwhelming majority also agree that serving their husband and children is not only women’s duty, but also her greatest joy and aspiration in life.

A woman’s greatest happiness in life comes from being a good mother and wife						
	Wife		Husband		Mother-in-law	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Strongly agree	380	47.4	184	22.9	271	62.0
Agree	417	52.0	604	75.3	160	36.6
Disagree	5	.6	12	1.5	5	1.1
Strongly disagree	0	0.0	2	.2	1	.2
Total	802	100.0	802	100.0	437	100.0

Nonetheless, a significant minority of all stakeholder groups *disagreed* that men, as head of household, automatically have a right to their wife’s earnings. This may reflect religious belief, as Islam traditionally holds that a husband has no right to his wife’s income. There appears to be a generational divide on this issue, perhaps due to the greater involvement of women in paid work in the past decades. Compared to the couple, mothers-in-law were more likely to believe that husbands automatically have claim to their wives’ earnings.

If a wife generates income, the income belongs to the husband						
	Wife		Husband		Mother-in-law	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Strongly agree	85	10.6	121	15.1	41	9.4
Agree	486	60.7	427	53.2	301	68.9
Disagree	209	26.1	230	28.7	92	21.1
Strongly disagree	21	2.6	24	3.0	3	0.7
Total	801	100.0	802	100.0	437	100.0

B. GENDERED BELIEFS ABOUT WORK AND CARE

Understanding the gendered division of work roles and responsibilities is a standard part of gender analysis. The division of labor tends to be seen as a natural and immutable order, but the ideas are socially constructed; the gender designation of work tasks varies widely from context to context. However, roles that are considered “female” are almost universally considered less valuable than men’s (13). Compared to work that takes place in the public sphere, domestic work that takes place inside the home (most often by women) is generally unpaid, undervalued, and unsupported by public policies and programs. Nonetheless, actual practices can often differ from what is considered the norm. Attitudes to gender-segregated work roles can also shift rapidly in response to economic opportunities, public policy changes, and other catalysts of cultural change.

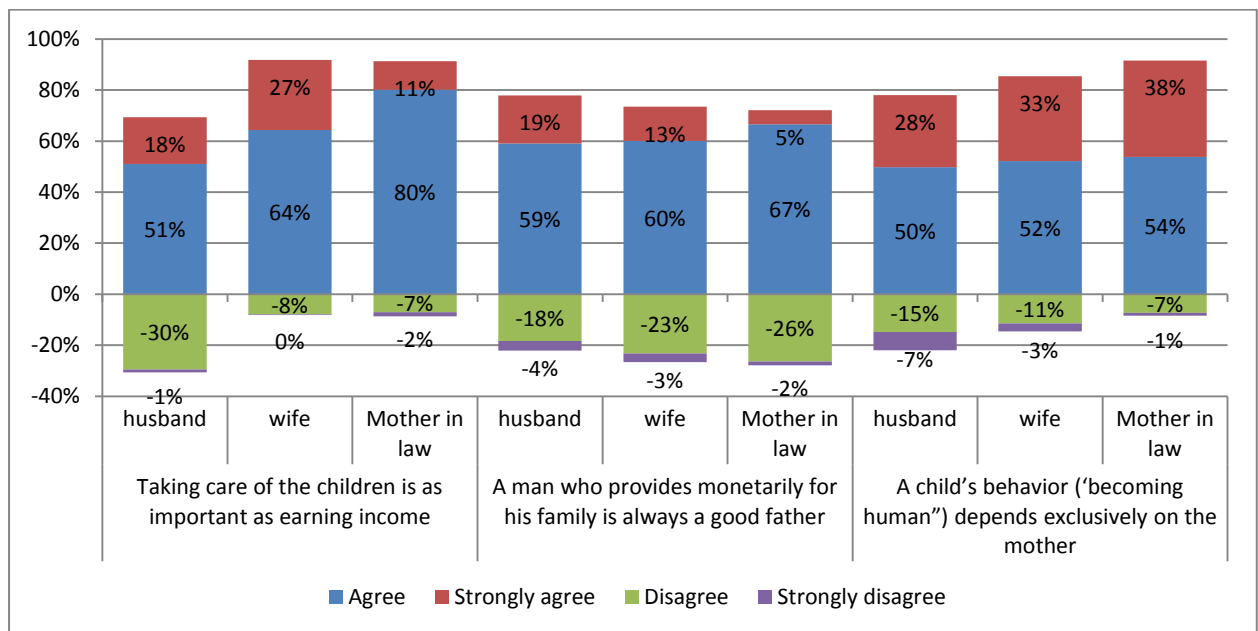
Because Nobo Jibon will encourage men’s involvement in caring activities and also increase women’s involvement in economic activities, this section looked at the relative value placed on gender-specific activities and the social costs of challenging culturally accepted roles. The belief statements are below:

- Taking care of the children is as important as earning income
- A man who provides monetarily for his family is always a good father
- A child’s behavior (“becoming human”) depends exclusively on the mother
- Men can take care of children just as well as women can
- Women’s work is not as tiring as men’s work
- It is embarrassing for a man to help his wife with household work

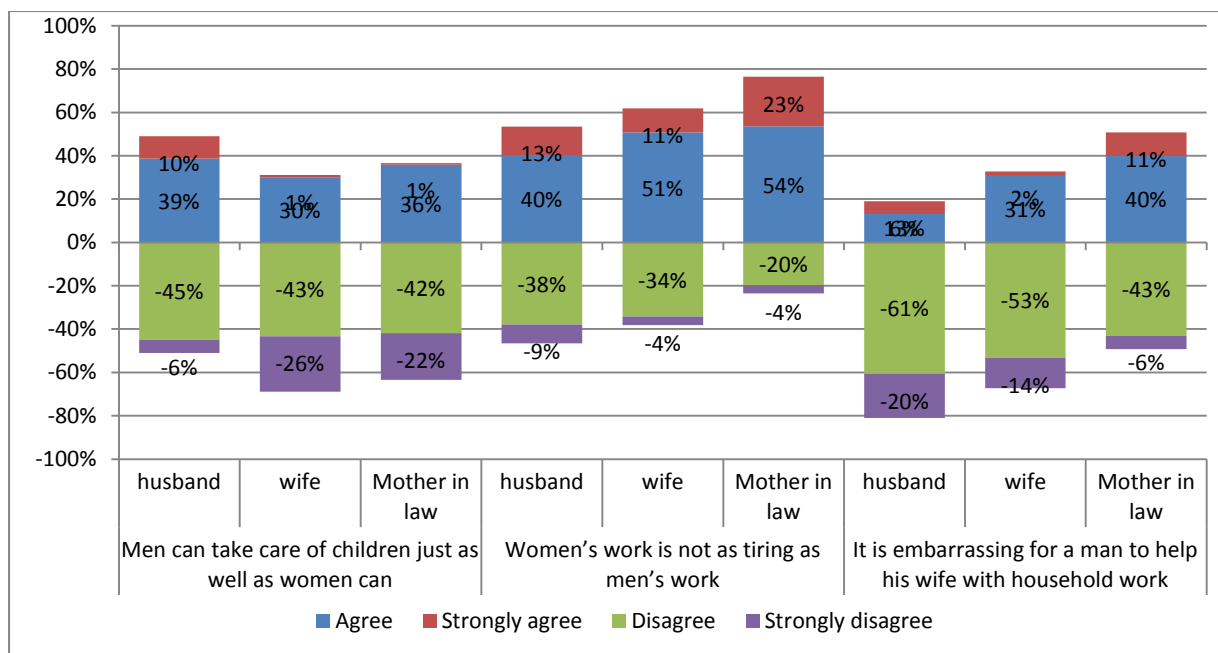
Over 80% of all stakeholder groups agreed that a good breadwinner is by definition a good father. However, there were gender and generational divides on the question of the relative importance of care work, men’s ability to provide care, and the difficulty of women’s work. Over 90% of women and mothers-in-law agreed or strongly agreed that care of the children was as important as earning income, although men were less likely to agree. About 50% of men thought that they could take care of children just as well as women, although most women did not agree. Interestingly, more men than women or mothers-in-law disagreed with the statement that “men’s work is more tiring than

women's." This belief may uphold the practice of preferential food distribution to men—at the expense of mothers and children—that can be especially problematic during food shortages.

The greatest disagreement between groups occurred when family members were asked whether men should feel embarrassed about helping with household work. Husbands were most likely to disagree with this statement, followed by women themselves (67.3%). However, about half of mothers-in-law thought that it was shameful for men to help with household work. Although the data on actual practices show that husbands do provide domestic support to their wives and may be willing to take on more, the disapproval of mothers-in-law about workloads could present a source of conflict and difficulty for mothers who follow Nobo Jibon nutrition advice to take rest during pregnancy and to take time to exclusively breastfeed. Formative research from the Nobo Jibon project finds that some mothers, particularly in joint families, feel pressured to resume full domestic responsibilities soon after delivery and for as long as possible during pregnancy.



In addition, the responses suggest that although men's primary fatherhood responsibility is to generate income, men seem eager to assert their equal capacity to care for and influence the children. However, because women's own identity is so closely associated with motherhood, and this is one of the few areas where their expertise is acknowledged, women themselves have doubts about men's capabilities and might resist the idea of engaging men's support in child care and even household work.



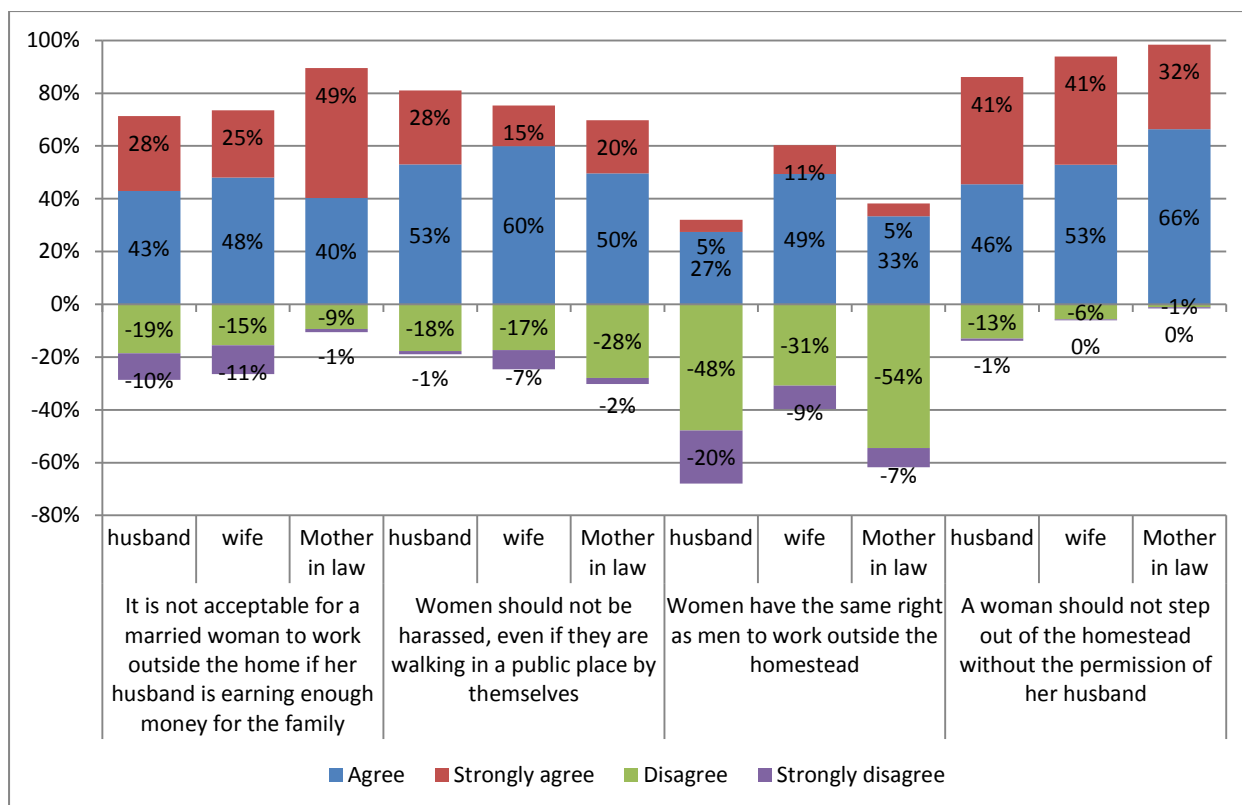
C. ATTITUDES TOWARDS WOMEN'S RIGHTS: MOBILITY, PERMISSION, AUTONOMY

This section looks at the gender norms associated with degrees of women's human rights and social protections. It looks at attitudes toward women's mobility, permission to independently take decisions or seek opportunities outside the household, and ultimately, the right to divorce.

The statements are as follows:

- It is not acceptable for a married woman to work outside the home if her husband is earning enough money for the family
- Women should not be harassed, even if they are walking in a public place by themselves
- Women have the same right as men to work outside the homestead
- A woman should not step out of the homestead without the permission of her husband
- A wife has a right to divorce/leave her husband
- It is acceptable for a married woman to have her own savings that she can spend as she wishes to
- Women should not expect to have the same freedom as men; they should think of others first
- A woman should have a say in the decision about whom and when she marries

More women (particularly mothers-in-law) than men felt strongly that women should not step outside of the home without the permission of their husbands. Just 6% of women, 14% of men, and 2% of mothers-in-law disagreed with that restriction. The survey found a generational gap about the acceptability of women's work outside the homestead. Ninety percent of mothers-in-law considered it unacceptable for women to work if their husband was earning enough for the family; women and husbands were relatively more accepting of the idea. However, the acceptability appears closely tied to economic need: as long as the husband is fulfilling his breadwinning role, women are expected to fulfill their corresponding roles inside the household. Women's work outside the home appears to be associated with poverty and/or the husband's failure to fulfill his primary responsibility as breadwinner.



However, when expressed in terms of women’s *equal right* to work, the survey found a wide gap between women’s attitudes and those of their and family members. Over 60% of women agreed that women have the same right as men to work outside the homestead, only 38% of mothers-in-law did, and just 35% of men agreed with the statement. This suggests that intervention with family members—particularly relatively less-poor families—may be critical to helping women seize economic opportunities outside the household.

Despite general restrictions on women’s mobility, the majority of respondents considered that harassment of unaccompanied women was unacceptable. Men felt most strongly that it should not be tolerated. The dichotomy between the rampant actual practice of “eve-teasing” and this cultural consensus that such harassment is unacceptable is an important point that can be leveraged by gender champions throughout Nobo Jibon.

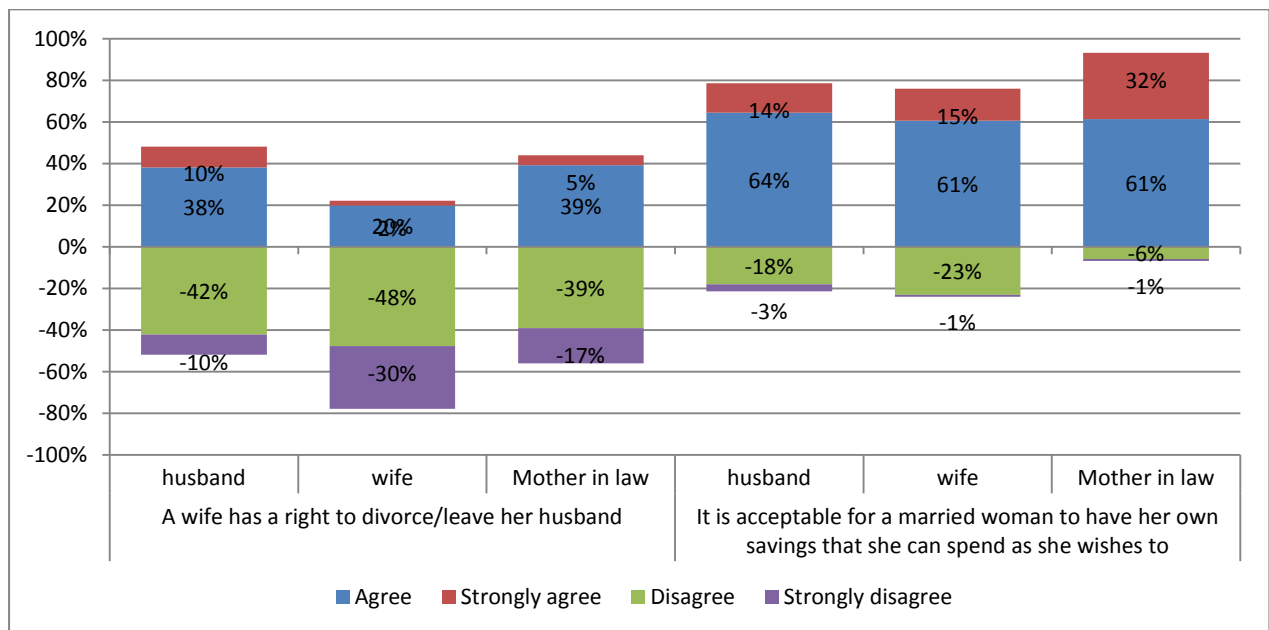
There was general agreement that women can be allowed to have their own savings. Wives and mothers-in-law shared similar views that women should be altruistic and “not expect to have the same freedom of action as men.”

Women should not have the same freedom of action as men; they must think of others first.				
	Wife		Mother-in-law	
	Frequency	Percent	Frequency	Percent
Strongly agree	229	28.6	161	36.8
Agree	340	42.4	153	35.0
Disagree	173	21.6	85	19.5
Strongly disagree	60	7.5	38	8.7
Total	802	100.0	437	100.0

A woman should have a say in the decision about whom and when she marries

In terms of women’s rights, just over 40% of women but nearly 60% of mothers-in-law agreed that women should have a say about whom and when she marries.³ However, less than a quarter of women (22%) believed that women have the right to divorce or leave their husband. In contrast, about half (52%) of husbands agreed that women do have the right to divorce. This difference may reflect men’s greater access to education, including religious teachings and local court rulings about women’s rights.

	Wife		Mother-in-law	
	Frequency	Percent	Frequency	Percent
Strongly agree	44	5.5	20	4.6
Agree	292	36.4	230	52.6
Disagree	334	41.6	161	36.8
Strongly disagree	132	16.5	26	5.9
Total	802	100.0	437	100.0



D. RESPECT FOR WOMEN’S OPINIONS AND JUDGMENT

The final section of the gender attitudes questionnaire comprised a series of statements assessing the degree of respect for women’s opinions, decision-making ability, and leadership capacity. It also looked at expectations for joint decision making or deliberation within the household.

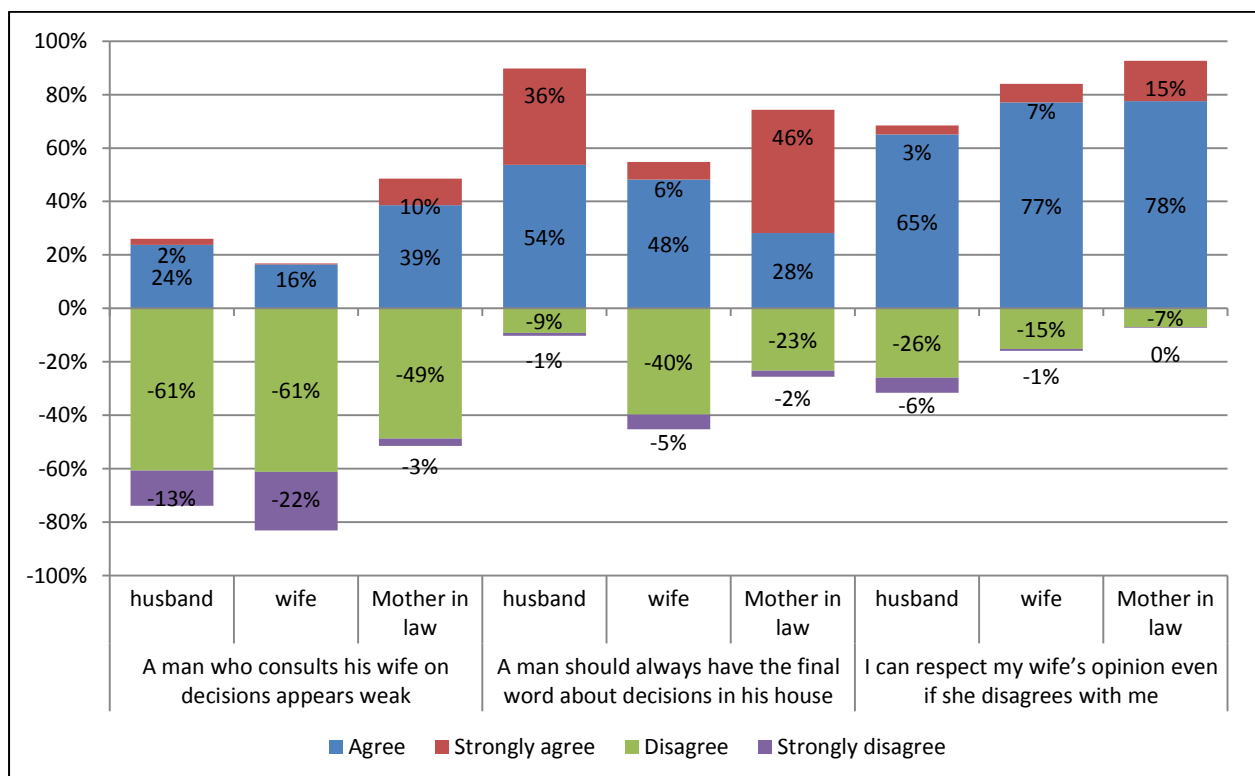
- A man who consults his wife on decisions appears weak
- A man should always have the final word about decisions in his house
- A husband and wife should decide together on how to spend money
- I can respect my spouse’s opinion even if he disagrees with me
- A woman is capable of being a community leader
- Women are capable of making important decisions by themselves
- It is important for the happiness of the family that husbands and wives share the responsibility for making all important decisions

³ In error, this question was not asked to the husbands.

There was near-universal agreement that a husband and wife should jointly decide how to spend money, although women and mothers-in-law felt were more likely than husbands to “strongly agree” with this.

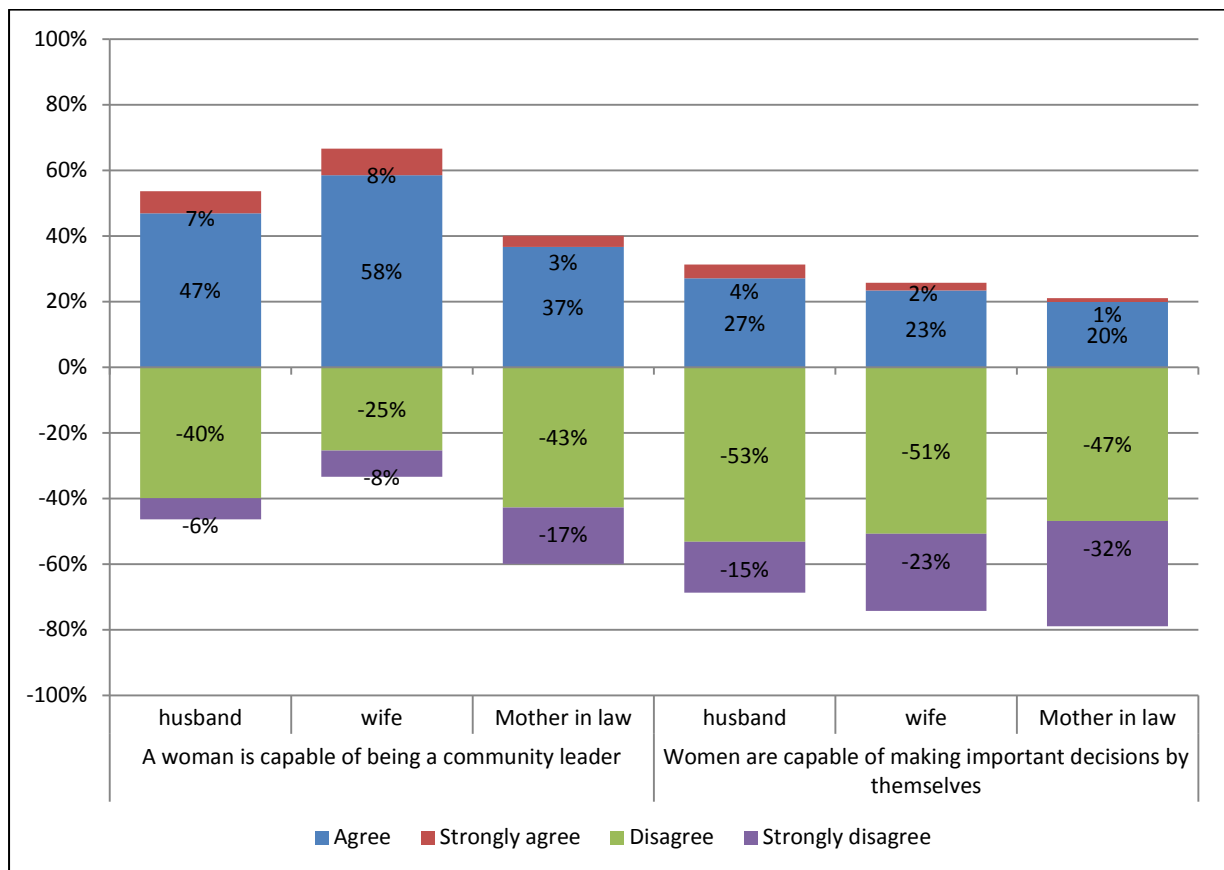
	Wife		Husband		Mother-in-law	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Strongly agree	369	46	240	29.9	190	43.5
Agree	426	53.1	542	67.6	240	54.9
Disagree	7	0.9	18	2.2	5	1.1
Strongly disagree	0	0	2	0.2	2	0.5
Total	802	100	802	100	437	100

There was a clear generational gap about implications of “weakness” if a man consults his wife on decisions. While about half of mothers-in-law saw consulting wives as unmanly, the majority of younger women (83%) and husbands (74%) disagreed. Still, 31.5% of husbands felt they could not respect their wife’s opinion if she disagreed with him, raising questions about whether “consultation” in many cases means simply informing wives of foregone decisions. While husbands and mothers-in-law were closely aligned in the belief that a man should always have the final word on household decisions, about half of the women disagreed or strongly disagreed with this male prerogative.



While a consultative or joint decision-making process seems to be an important value for all family members, there is significantly less respect for women’s independent decision-making capacity. Husbands, wives, and mothers-in-law were generally doubtful about women’s capacity to make important decisions on their own. In contrast, fully two-thirds of women thought that women were

capable of being community leaders, while just over half of their husbands thought so. Mothers-in-law were least likely to believe in women’s leadership capacity.



UNCONTESTED NORMS

To understand which statements generated the greatest intra-household controversy and conflict, the statements were analyzed to look at degrees of difference between a) wives versus husbands; b) husbands versus mothers-in-law; and c) wives versus mothers-in-law. The analysis highlighted a few key ideas that almost everyone in the community and within the household could agree with. These statements represent the gender norms that would be most difficult to challenge but that could be used in arguments for other changes.

Motherhood is womanhood. The statement to which all stakeholders responded most affirmatively was “a woman’s greatest happiness in life comes from being a good mother and a good wife.” This illustrates that a woman’s sense of identity is defined primarily by her relationship to others, and that motherhood is central to her identity and her life’s fulfillment. Conditioned to be altruistic and serving, women may be unmoved by the language of rights or the idea of autonomy. However, the argument of “good motherhood” could be used to help them push for changes that they do appear to desire, including more equal food distribution and greater control over household decisions.

Across the community, almost half of men believe or strongly believe that they can take care of children as well as women, but wives and mothers-in-law—whose identities are fundamentally defined by their motherhood roles—doubt men’s child-caring abilities. While Nobo Jibon aims to challenge stereotypes about women’s “natural” inferiority, it can also work with women and men to expand the limited views of men’s capacity to care and nurture.

Decisions should be made jointly. Another statement on which there was very strong agreement among family members was “a husband and wife should decide together on how to spend money.” Despite the evidence from other parts of the survey that women have limited actual decision-making authority, there is strong cultural belief that financial decisions should be jointly decided, and that men should not make unilateral decisions. This cultural norm is a positive starting point for encouraging more equal decision-making participation on questions of financial and savings management.

Mobility should be restricted. Another ingrained belief about which there was minimal controversy is the restriction on women’s mobility. Only 5% of intra-household respondent pairs registered any disagreement with the statement, “A woman should not step out of the homestead without the permission of her husband.” This mobility restriction obviously has a correlation to the ability of women to make child-care decisions (for instance, taking the child to the health center), but it also has implications for women’s project participation and shows that getting husbands’ buy-in is important first step to women’s project participation. Indeed, qualitative evidence from gender analysis within the Nobo Jibon project illustrate that many of the women leaders faced disapproval from their husbands if they ran late at Village Development Committee (VDC) meetings. It also suggests that while extreme-poor women do not face the same mobility restrictions as less-poor women, their mobility comes at a social price: defying the cultural ideal that women’s place is at the homestead, fulfilling her life’s happiness of being a good wife and mother.

IMPLICATIONS AND RECOMMENDATIONS

This report captures the baseline status of the Nobo Jibon IPTT indicators measuring “Increased equity within households and communities.” The attitudes and practices illustrate a dominant belief system that sees women as fundamentally inferior to men and servile toward men. The predominant view grants the head of household final authority on decisions regardless of their wives’ views and seems to grant men impunity from judgment within their home, regardless of their actions. The dominant norms define men as breadwinners and decision makers and women as mothers and wives, whose duty is to serve others. The predominant beliefs restrict women’s mobility, question their capacity to make independent decisions, and doubt their leadership ability. The norms define women’s place as in the home except in cases of economic necessity. Behavior norms are evidently held in place by the threat of violence, which is a highly acceptable form of control over women’s mobility and even their freedom to disagree with their spouse.

In the decision-making domain, women have negligible authority, including over their own health-care or that of their children. It is also clear that other family members (presumably the husband’s parents or older relations) have an influential role in both child-care and maternal-care decisions. Given that husbands’ and mothers-in-law’s knowledge levels of nutrition are so low, it is evident that targeting women alone with health-care and nutrition advice can be highly ineffective and inefficient from a programmatic standpoint.

At the same time, the variation in views within the community and the actual practices of household members illustrates the wide range and contestability of norms. In practice, for example, men are comfortable with and already engaged in some forms of domestic support, while many women and men are comfortable with women working outside the home. Although they are culturally conditioned to be obedient and docile, women do want more control and authority within the household. This serves as an important reminder that the voice of the household head is not representative of all members of the household, and that dominant gender norms are not unchallenged within a given community.

The survey helps illustrate the complexity of gender relations and some of the challenges of transforming norms. Gender is a dimension of power and privilege; challenging unequal structures and practices asks others to give up certain family or community privileges. For instance, grandmothers, who gain household status and authority through the marriage of their sons, are obviously not aligned with younger women on many issues. They may feel threatened, sidelined, or vilified by activities that bypass them and are directed at empowering young mothers. Engaging husbands and grandmothers, understanding their own values, and respecting their experience are essential to create consensus and momentum for change.

Gender is also a marker of identity and questioning those norms can be uncomfortable. For instance, asking women to take self-care measures, such as eating more at meals, taking rest, or asking for time and household support to continue breastfeeding, contradicts a lifetime of self-knowledge that women look after others first and serve their husband at all times. Appealing to other treasured parts of their identity—their role as mothers—can help mothers ask for things that they themselves desire (better nutrition and rest, more control over household decisions) for the sake of their children. Supporting strong role models in the community—both men and women—is also important for community members to see and accept alternative gender practices.

The gender strategy may be more successful if it builds on values that are commonly held in the community (such as the belief that families should decide together how to spend money); if it presents the rewards of more equitable relations (for instance, healthier children, or less pressure on men to make decisions alone); or if it highlights existing discrepancies between what people believe to be the norm, and the range of what people actually do. The last section of this gender baseline survey points out several key points that can be leveraged during the course of the Nobo Jibon program period. It also identifies cautionary areas, where Nobo Jibon staff may need to take extra steps to ensure equitable outcomes.

LEVERAGING FAMILY MEMBER SUPPORT FOR NUTRITION

The gender baseline survey clearly illustrates that nutrition and health decisions are not made by mothers alone and that all family members need to be engaged in nutrition and health activities. In particular, knowledge on the duration of breastfeeding is very poor; improving men's and mothers-in-laws' knowledge of this practice is essential for women to receive full support from their families during the six months after delivery. Another nutrition education point to stress with men, in particular, is knowledge of food sources of micronutrients. As the primary food purchasers, men need to understand the nutritional value of foods and affordable sources of nutritious foods.

Engaging men in MCHN. The survey shows that there is strong willingness and actual practice of men providing household support to wives during and after pregnancy—including with typically female tasks, such as cooking and washing. In addition, the attitudes section shows that men themselves seem to have greater willingness to engage in domestic work than women give them credit for. Men themselves are less likely than women to consider it embarrassing for men to support with household and child-rearing tasks.

The practices show that the majority of household support is provided after pregnancy but that it is mainly restricted to fetching water. Further support from family members may be needed during pregnancy, so that expectant mothers can get adequate rest and nutrition. In addition, as knowledge of the appropriate duration of breastfeeding improves, family members will need to provide additional support through the full six months of breastfeeding, which may pose a challenge to many families. It is important that Nobo Jibon staff recognize men's willingness to engage in child-support tasks and that they actively encourage their participation.

Providing small incentives could improve men's attendance at ANC visits, which are critical contact points for improving nutrition knowledge and for giving husbands specific guidance on how to support their wives. In addition to providing direct help with household work, husbands can influence the practices of their own mothers. Recognizing the husbands' influence within the household, Nobo Jibon staff can encourage husbands to intercede with their own mothers to ensure that their wives get rest, adequate nutrition, and sufficient time to practice exclusive breastfeeding.

EXPOSING INTRA-HOUSEHOLD BARGAINING AS A TRAINING TOOL

The gender baseline report can be a useful tool for Nobo Jibon managers, because it clearly illustrates the inequality in decision-making power and conflicting interests and beliefs within the household. In project implementation, failure to recognize power disparities at the intra-household level can lead to default deference to the (generally male) head of household, who is assumed to make the most rational decision for the benefit of the family members.

To foster more equitable decision making, Nobo Jibon staff from all three Strategic Objectives can facilitate exercises that expose the disparities in intra-household control and help family members consider the implications for overall household well-being. The widely accepted statement that “men and women should always decide together about how to spend money” is a strongly held gender norm that can be leveraged in the training process. In addition, there is strong support for the idea that women's opinions can be respected (even if she disagrees with her husband) and that there is no shame for a man to consult his wife on decisions. Building on these beliefs, the Nobo Jibon team should test key phrases and concepts (such as “partnership”) that can replace the idea of the unquestioned, authoritative head of household. The key phrases or concepts can be integrated into messages and activities across all of the Strategic Objectives.

Build decision-making confidence. Despite the cultural approval for a consultative approach to household management, there is universal doubt about women's capacity to make important decisions. This attitude is internalized by women and is in turn reflected in the limited actual practice of women's leadership or involvement in key household decisions. Activities and messages that affirm women's capacity will be fundamental to changing their actual control over household decisions.

Nobo Jibon's distribution of assets and income-generating inputs directly to women presents an opportunity to elevate women's intra-household status. However, unless the cultural belief about women's capacity is challenged, women are likely to remain in subordinate positions, taking on additional work without the benefit of final say over their own contributions. Nobo Jibon can create activities and exercises that illustrate women's capacity, experience, and confidence to make decisions independently. In the livelihoods component, giving women additional skills on marketing and numeracy, helping them establish direct contact with the market actors, providing ownership certificates for assets provided by the project, and establishing female role models in the SO2 sector can help change the perception about women's capacity.

RECOGNIZING THREATS TO GENDER EQUITY STRATEGY

Although Nobo Jibon does not outline activities specifically to address women's rights or domestic violence, the normalization of violence against women underpins women's low status and can greatly impede women's ability to participate freely in the project activities or to adopt new nutrition, health, and livelihoods practices. Exposing and questioning the normality of domestic violence is fundamental to supporting women's confidence, decision-making capacity, and agency. On all questions about situations that justify violence against women, women (the targets of violence) were significantly more likely than their husbands or mothers-in-law to state that violence was justified.

This implies that the topic may be taboo and shameful to admit to, but women's experience of violence is far too common. The report also clearly shows that Nobo Jibon should take special effort to work with women from joint families, where women have less decision-making influence and where tolerance of violence is far greater than in nuclear families.

Nonetheless, the majority of men and mothers-in-law at least verbally *disagree* with the justification of violence. This is a positive starting point that can be used to advance broad and public condemnation for violence. The Nobo Jibon project can use tools such as community theater, training group discussions with all family members, and youth group activities to openly discuss the issue and present alternative practices, monitoring mechanisms, and support systems for women. The activities and messages can channel the apparent shame around the practice toward the perpetrators, again using themes such as "partnership" to replace the authoritative head-of-household norm. The gender champions, women leaders, and religious figures can play critical roles in identifying effective messages and concepts to subvert the normality of violence against women.

OPPORTUNITIES TO ADVANCE WOMEN'S AGENCY

Examining the intra-household attitudes and practices shows a few key areas in which women's beliefs are clearly in conflict with those of other household members. In particular, women strongly believe that women have the right to work outside the home (regardless of economic need of the household). In contrast to their other family members, women also strongly believe that men should not automatically have the final authority over decisions in the household. Finally, women are more likely than their husbands or mothers-in-law to believe that women can be community leaders.

These data suggest that an empowerment agenda of Nobo Jibon is not externally driven; that women themselves seek greater agency and authority within the households and better representation within the community. Supporting women in these areas would represent true empowerment, in Kabeer's definition of "an expansion in people's ability to make strategic life choices in a context where this was previously unavailable to them" (12). Happily, the agendas identified by the women merge with the existing activities of Nobo Jibon, which aims to increase women's decision-making control, income-generating opportunities, and community leadership.

However, because these areas are also domains of conflict and potential backlash against women, Nobo Jibon must also incorporate positive messages and strategies that enable other family members to see the benefit of women's greater agency. These activities may include pre-negotiations with husbands and mothers-in-law to enable women to participate in meetings, project-wide media messaging, and ceremonies celebrating women's leadership and accomplishments.

To demand and make change, women need role models, social support, and access to information. In addition to establishing opportunities for dialogue between family stakeholder groups, creating opportunities for women to speak among themselves about these issues can create solidarity and illustrate that their beliefs are valid. To expand women's knowledge base and social networks, Nobo Jibon should establish links to other organizations working on women's rights and empowerment.

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