



Government of Bangladesh



Chars Livelihoods Programme

Empowerment Baseline Survey 2010 (CLP2.1)

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MAXWELL
STAMP | **PLC**

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List of Acronyms and Abbreviations

ATP	Asset Transfer Project
CBO	Community Based Organisation
CLP	Chars Livelihoods Programme
CPHH	Core Participant Household
DEMO	Data Entry and Monitoring Officer
DFID	Department for International Development
FGD	Focus Group Discussion
FHH	Female Headed Household
GoB	Government of Bangladesh
IEP	Infrastructure and Employment Programme
IGA	Income Generating Asset
IML	Innovation, Monitoring and Learning
MHH	Male Headed Household
NGO	Non Governmental Organisation
UP	Union Parishad

Executive Summary

Empowerment describes the process of “enhancing a disadvantaged individual’s or group’s capacity to make choices and transform those choices into desired actions and outcomes” (Alsop & Heinsohn, 2005, p.5). Empowerment implies an increase in people’s control over their own lives, and is determined by a combination of agency and external environment.

The Chars Livelihoods Programme (CLP) recognises the inextricable link that exists between empowerment and poverty reduction. The programme therefore invests significant efforts in enhancing levels of empowerment amongst core participant households (CPHHs), by stimulating an increase in personal and collective agency, as well as by improving the external environment on the *chars*. The CLP pays particular attention to the empowerment of women and adolescent girls, as they are often the most vulnerable members of society and hence a priority group.

This baseline survey is part of a three-fold methodology, consisting of a panel survey, focus group discussions and longitudinal case studies, in which the overall objective is to enable CLP-2 to gain adequate insight into the impact of the programme on levels of empowerment. The survey was conducted between June and July 2010; among a sample of 410 cohort 2.1 CPHHs. Respondents were core participants of the programme, their husbands and daughters.

Results from this survey indicate that levels of empowerment amongst households, women and adolescent girls are low regarding a wide range of issues. Key findings include:

- 18% of the sampled CPHHs were characterised as female headed, compared to a national average of 10.82%;
- CPHHs’ knowledge of, and especially their access to basic services is very limited;
- Levels of group membership of CPHH members are very limited. Male household members are only members of an average of 0.07 groups, whilst the equivalent figure for females is even lower at 0.04 groups;
- CPHHs’ self-perceived levels of respect within the family and community are high (97.7% and 99% respectively);
- 89.7% of CPHHs reported feeling confident to remain on their *char* during the next flood. 95.7% of CPHHs reported feeling confident to cope with *monga* in the future, compared to a confidence level of 81.7% regarding future health shocks and 95.9% for the death of livestock;
- 9.2% of men were aware of the legal age of marriage for boys, compared to 21.6% of women. Awareness levels of the legal age of marriage for girls were higher at 69.6% and 67.5% respectively;
- The average age of marriage for females in CPHHs was just 14.31 years; the average age at which females became pregnant for the first time was 17.37 years;
- 56% of men were aware of the existence of a law against dowry, compared to 42.8% of women. Awareness levels of a law against domestic violence were 57.5% and 45.9% respectively;

- 72.7% of CPHHs reported having paid dowry for their daughter's marriage, compared to 67.9% of CPHHs reporting to have received dowry for their son's marriage. In the majority of the cases dowry demands have caused financial difficulties for the family of the bride;
- Verbal abuse is reportedly the most common form of violence suffered by women and girls. 32.2% reported knowing other females in their community who had suffered this type of violence;
- Women feel least confident to take part in a village *Shalish*¹ and to take large economic decisions alone. Adolescent girls feel least confident to go outside their village alone, to tell people outside their household that they have been sexually abused and that they will have a say in the choice of their husband;
- Women in male headed households have least influence on decisions related to large household assets;
- Son preference is stronger among women than men (30.6% and 20.4% respectively);
- Male preference exists regarding the allocation of health care, education and adult food intake;
- Women's self-perceived levels of respect by their husbands, in-laws and communities are high (99.1%, 95.2% and 98.7% respectively).

¹ *Shalish* is an informal village level judicial system in which village elders and the concerned parties gather to resolve local disputes.

1. Background

1.1 The Chars Livelihoods Programme and Empowerment

The Chars Livelihoods Programme (CLP) aims to improve the livelihoods, incomes and food security of at least one million extreme poor and vulnerable men, women and children living on the remote island *chars* of North-West Bangladesh. The cornerstone of CLP's holistic approach to poverty alleviation is the Asset Transfer Project (ATP), whereby participants receive a one-time transfer of investment capital for purchasing income generating assets (IGAs). This transfer is accompanied by intensive training and support over an 18-month period.

Empowerment describes the process of “enhancing a disadvantaged individual's or group's capacity to make choices and transform those choices into desired actions and outcomes” (Alsop & Heinsohn, 2005, p.5). Empowerment therefore implies an increase in people's control over their own lives.

The CLP recognises the inextricable link between empowerment and poverty reduction, and therefore invests significant efforts in enhancing the levels of empowerment of core participant households (CPHHs). Particular attention is paid to women and adolescent girls within these households, as they are often the most vulnerable members of society and therefore considered to be a priority group in terms of empowerment. CLP-2's incorporation of an empowerment module to the household monitoring includes aspects of the CLP-2 LogFrame, in which empowerment is made explicit. In comparison to CLP-1, CLP-2 adopts a more systematic approach towards monitoring and evaluating the process of empowerment throughout the programme.

At the household level, lack of empowerment is reflected in CPHHs' limited access to services, lack of income-earning power, vulnerability to different types of crisis (including seasonal hunger, known locally as *monga*), social exclusion, lack of influence in community decision-making processes, and limited knowledge of rights and entitlements. These issues are particularly relevant for the extreme poor female population on the *chars*, who face additional problems related to gender-based discrimination and violence, dowry and early marriage. Women usually lack decision-making power within the household and display low levels of self-confidence. Female headed households (FHHs) are especially vulnerable; they are twice as likely to be extremely poor than male headed households (MHHs) (Thomas, 2010, p. 2).

The following CLP-2 activities are aimed at empowering CPHHs, with a particular focus on women and adolescent girls:

- **Asset building and livelihoods**
 - distributing IGAs to female core participants under the ATP.
- **Infrastructure**
 - implementing an extensive cash for work scheme during *monga* (for which 33% of the job cards are reserved for women) and providing CPHHs with raised plinths, safe drinking water and sanitation.

Together these interventions will reduce CPHHs' vulnerability to crises like *monga*, floods and health shocks.

- **Encouraging social development**
 - improving *char* dwellers' linkages to basic services by establishing partnerships with the government and other organisations, and facilitating the formation and training of Village Development Committees, which will be responsible for advocating for quality service provision on the *chars*;
 - providing awareness training on violence against women and girls, dowry and early marriage to women, adolescent girls, men and adolescent boys;
 - organising couple orientation sessions on gender for CPHHs;
 - providing training on reproductive health and hygiene to adolescents;
 - training community counsellors to provide the *char* population with support in cases of violence and other problems affecting women and their communities.
- **Enterprise development**
 - providing training and support regarding homestead gardening and livestock rearing to core participants (primarily women);
 - supporting the development of other income generating activities (i.e. poultry rearing, milk and fodder production), by increasing household access to suppliers and markets, and raising productivity by introducing participants to technical innovations;
 - facilitating the formation of Village Savings and Loans Groups for women.
- **Health and education**
 - providing health services that specifically focus on women (i.e. family planning, maternal and newborn health care) through CLP2's own health project;
 - organising weekly social development group meetings for core participants (primarily women) during an 18 month period, in which they learn about issues such as health, hygiene, human rights and disaster management.

The aim of this integrated approach is to empower women and their households by raising their incomes, strengthening their asset bases, improving their social status, and increasing their knowledge of rights and responsibilities. Additionally, the programme aims to enhance levels of social capital amongst programme participants and contribute to a reduction in gender-based discrimination and violence, dowry and early marriage. This is expected to be reflected in improvements in nutritional status, levels of social inclusion and self-confidence, decision-making power, ability to cope with crises, and general well-being.²

² More detailed information regarding CLP2's approach to increasing levels of empowerment on the island *chars* is provided by the methodology paper titled 'Measuring and Monitoring Empowerment in CLP2' (July 2010), available on the CLP website or by emailing info@clp-bangladesh.org.

1.2 CLP2's conceptual framework on empowerment³

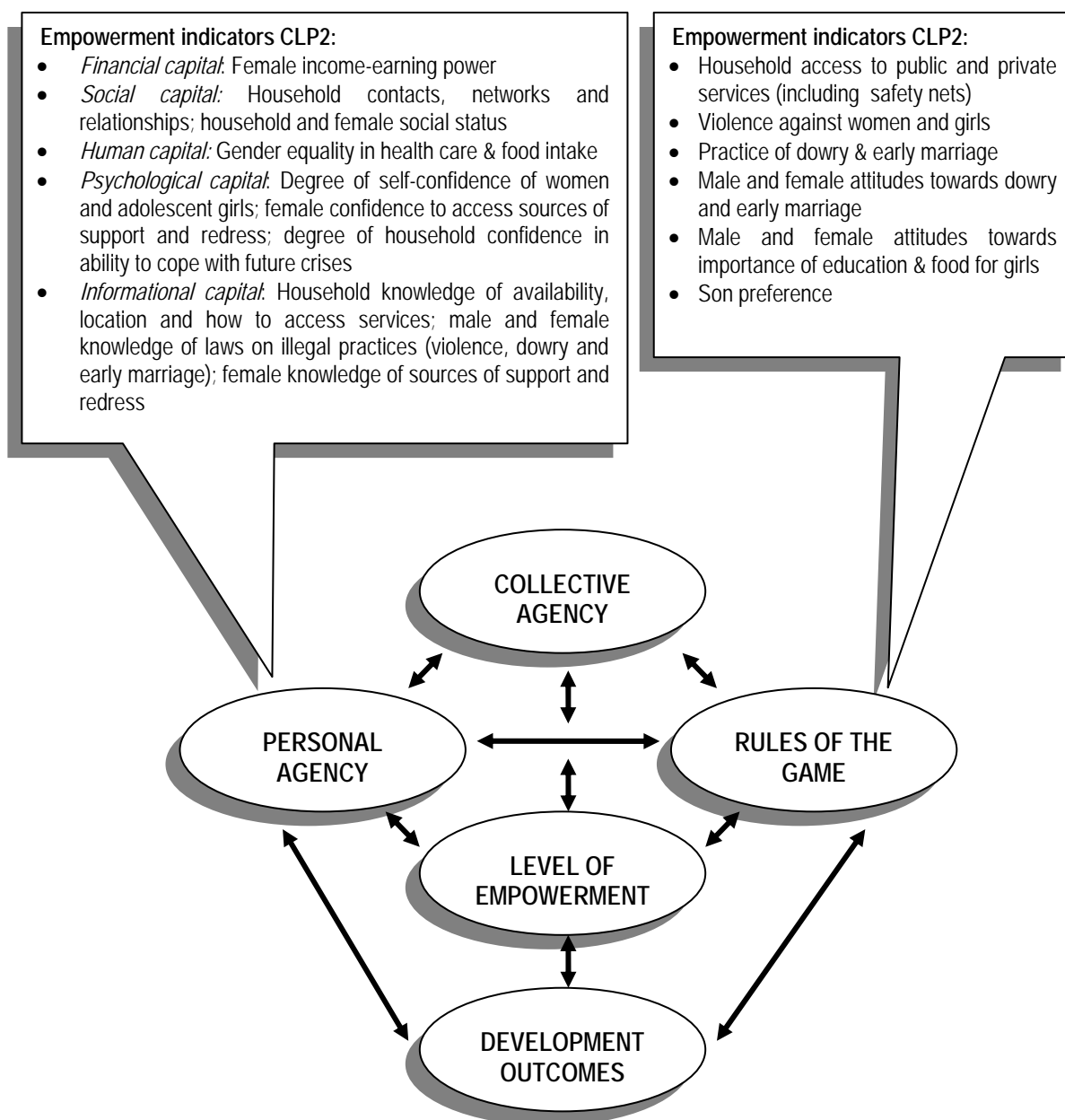
Levels of empowerment⁴ of individuals and groups are influenced by a combination of their 'agency' and external environment, or the 'rules of the game'. Agency refers to one's ability both to envisage options and make meaningful choices. Important indicators of agency are 'asset endowments', a term which refers to people's levels of various forms of capital; i.e. financial, social, human, psychological and informational. The external political, social and economic environment in which individuals and groups act, is governed by formal and informal institutions and conventions, which constitute the 'rules of the game'. Examples include laws, regulations, social norms, attitudes and customs (Thomas, 2010, p5-7), which "determine whether individuals and groups have access to assets, and whether these people can use assets to achieve desired outcomes" (Alsop & Heinsohn, 2005, p9).

Figure 1 provides an overview of how indicators of empowerment measured and monitored by CLP-2 relate to the conceptual framework outlined above.

³ More detailed information regarding CLP2's conceptual framework on empowerment is provided by the methodology paper titled 'Measuring and Monitoring Empowerment in CLP2' (July 2010), available on the CLP website or by emailing info@clp-bangladesh.org.

⁴ People's level of empowerment can be measured by assessing the extent to which (1) they have the opportunity to choose, (2) they use the opportunity to choose and (3) the extent to which their choice has the desired outcome (Alsop & Heinsohn, 2005, p 10)

Figure 1: Relations between CLP2's empowerment indicators and conceptual framework ⁵



1.3 Survey objectives

As explained in more detail in section 2.1, the survey is part of a three-fold methodology designed to enable CLP-2 to gain insight into the impact of the programme on levels of household and female empowerment. The objective of the empowerment survey is to collect quantitative data on Logframe indicators as well as other indicators of empowerment, in order to effectively assess the programme's impact and progress.

⁵ Figure 1 is adopted from Alsop and Heinsohn (2005) and Thomas (2010) and does not include gender equality in workloads and decision-making power – indicators relevant for empowerment and hence monitored by CLP2 - as they do not directly constitute part of people's agency or the 'rules if the game'.

By establishing a baseline for each cohort, CLP-2 will be able to compare cohorts according to their baseline status and effectively monitor change over time.

2. Methodology⁶

2.1 Approaches to measuring empowerment in CLP2

CLP-2 uses three approaches to measure and monitor empowerment: a panel survey, focus group discussions (FGDs) where required and longitudinal case studies. Each of these is described in detail in the methodology paper ‘Measuring and Monitoring Empowerment in CLP-2’ (July 2010).⁷ Together, this mix of quantitative and qualitative methods enables CLP-2 to triangulate findings and gain insight into the impact of the programme on levels of empowerment amongst CPHHs, with a particular focus on women and girls. Survey data will be used to determine core themes to be explored through the qualitative methods.

Through the panel survey reported on in this paper, information is collected on the following indicators:

- Household knowledge of and access to services
- Household contacts, networks and relationships
- Male and female decision-making power within the community
- Household confidence regarding ability to cope with future crises
- Early marriages
- Dowry practices
- Violence against women & girls
- Female self-confidence
- Female income-earning power
- Female decision-making power within the household
- Son preference
- Levels of gender equality regarding health care, food intake & workloads
- Attitudes towards the importance of education and food for girls
- Social status⁸

For each of the six cohorts in CLP2, data will be collected at baseline (i.e. just prior to when households receive their IGAs under the ATP), and annually thereafter (until the end of CLP2 in 2016).

⁶ More detailed information regarding CLP2’s methodology is provided by the methodology paper titled ‘Measuring and Monitoring Empowerment in CLP2’ (July 2010), available on the CLP website or by emailing info@clp-bangladesh.org.

⁷ This methodology paper is available on the CLP website or by emailing info@clp-bangladesh.org.

⁸ CLP2 measures social status by assessing the extent to which households and women feel respected by their families and communities.

2.2 Survey design and data collection

The empowerment baseline questionnaire was designed by the CLP's Innovation, Monitoring and Learning (IML) Division. The indicators for the empowerment survey were based on the CLP-2 Logframe indicators related to empowerment, as well as ideas from a series of 'empowerment' workshops organised by DFID's Social Development Advisor and inputs from a range of stakeholders (including future CLP-2 participants, DFID's Social Development Advisor, CLP's Social Development Consultant and Social Development Coordinator, and staff from BRAC). Before implementation, the questionnaire was field tested extensively.

The empowerment baseline survey was conducted in June and July 2010. Data were collected by CLP's Data Entry and Monitoring Officers (DEMOs). The sample for this survey consisted of 410 cohort 2.1 CPHHs. This is the same sample as that used for the socio-economic and nutrition status survey. Of the 410 sampled CPHHs, 22 households could not be interviewed due to absence at the time of the survey, bringing the total number of interviewed households to 388.

Respondents were core participants of the programme and, where present, their husbands (53.4% of households) and any adolescent girls residing in the home (14.7% of households). Some of the survey questions were directed at females only, some at males only and others at both male and female participants.

3. Results

Section 3.1 briefly outlines the basic household characteristics of CLP2.1 CPHHs included in the survey. Section 3.2 focuses on households' knowledge of and access to services, and in section 3.3 households' contacts, networks and relationships are explored. In section 3.4, attention is paid to households' confidence regarding their ability to cope with future crises, and section 3.5 outlines participants' knowledge, attitudes and practices regarding illegal practices (early marriage, dowry and domestic violence). Sections 3.6 and 3.7 focus on levels of female self-confidence, as well as women's income-earning and decision-making power. Section 3.8 outlines the prevalence of son preference in CLP2.1 CPHHs, as well as the levels of gender equality regarding education, health care, food intake and workloads. In section 3.9, women's social status at baseline is briefly discussed.

3.1 Basic household characteristics

The average age of women participating in the survey was 33 years, compared to 33.5 years for their husbands.

18% of the sampled households were characterised as female headed ⁹ (compared with 17% for the overall cohort 2.1 population), a relatively high proportion in comparison with the national average of 10.82% (BBS, 2009, XIX).

⁹ CLP defines female headed households as households in which women are the main decision-makers.

Table 1 provides an overview of the marital status of female respondents. The overwhelming majority of women (83%) reported being married; 11.1 % reported being widowed; and the remaining 5.9% reported being either unmarried, separated, abandoned or divorced.

Very different data on marital status were found when considering only female household heads. The majority reported being widowed (58.6%), with a further 25.8% reporting being either separated, abandoned or divorced; and 2.9% reported being unmarried. The remaining 12.9%, who reported being married, are likely to represent the common scenario whereby the husband is absent due to migration, making the woman the de-facto decision-maker of the household.¹⁰

Table 1: Marital status of female respondents, overall and from FHHs

	Married	Unmarried	Separated	Abandoned	Divorced	Widowed
% of total female participants	83	0.8	0.5	2.6	1.8	11.1
% of female participants from FHHs	12.9	2.9	2.9	12.9	10	58.6

3.2 Household knowledge of and access to services

As outlined in section 1.2, a major problem facing *char* dwellers is their limited access to both public and private services including primary and secondary education, health workers, loans and social benefits such as pensions and allowances. This is caused by various factors, including poor service provision by the government and NGOs on remote island *chars*, and people’s limited knowledge of the existence of services and how and where to access them.

Table 2 gives an overview of CPHHs’ knowledge levels regarding important public and private services (including safety nets), and the extent to which they are accessing them. The data show that sampled CPHHs have very limited access to basic services.¹¹

¹⁰ These data strongly correspond with data on CLP1.4 households, of which 59% of the female household heads were widowed, 26% either separated, abandoned or divorced, 1% unmarried and 14% married (Conroy, 2009, p 6).

¹¹ Annex I provides detailed insight into the reasons for not accessing the services listed in table 2.

Table 2: Household knowledge of and access to public and private services (including safety nets)

Service	% of HHs that know service exists and where/how to access it	% of HHs that have accessed service in the last six months ¹
Primary education (public)	91.8	33.1
Primary education (private)	80.7	30.4
Secondary education (public)	55.4	4.2
Secondary education (private)	40.7	12.0
Government health workers	86.9	46.6
NGO health workers	35.6	30.4
Village doctor (quack)	96.1	80.4
Traditional birth attendant (dai)	99.0	4.8
Birth registration	73.5	24.6
Death registration	4.4	0
NGO support ²	69.8	5.5
Micro finance ³	63.7	2.8 ¹²
Village Shalish	99.7	2.3
UP Shalish	85.8	0.6
Government livestock extension	27.1	1.9
Government agricultural extension	47.9	18.8
Vulnerable Group Development (VGD) card	82.5	7.8
Vulnerable Group Feeding (VGF) card	66.5	0.8
Old age pension	93.3	2.8
Widow pension	92.8	1.1
Disability allowance	59.0	0
Pregnant and breast-feeding allowance	12.4	4.2
Primary school allowance	91.5	25.6
High school allowance	43.8	0.6
College allowance	9.8	2.6

¹ Applicable base: Households that know service exists and where and how to access it, needed to access it in the last six months and are eligible.

² 'NGO support' does not include support provided by CLP through IMOs.

³ 'Micro finance' does not include CLP Village Savings and Loans Groups.

3.3 Household contacts, networks and relationships

Household contacts, networks and relationships are important indicators of the extent to which households are socially included/excluded and of their levels of social capital. As such, the survey measured CPHHs' group membership and contact with influential people, as well as the frequency with which they are invited to social events. Social status of households was also measured by asking them how respected they felt within their wider family and community.

¹² An important reason for not accessing micro finance services is households' expected incapacity to repay loans.

Figure 2 provides an overview of the groups that are most common on the island *chars*, and the extent to which they exist in the sampled cohort 2.1 villages.

Figure 2: % of sampled cohort 2.1 villages in which groups exist

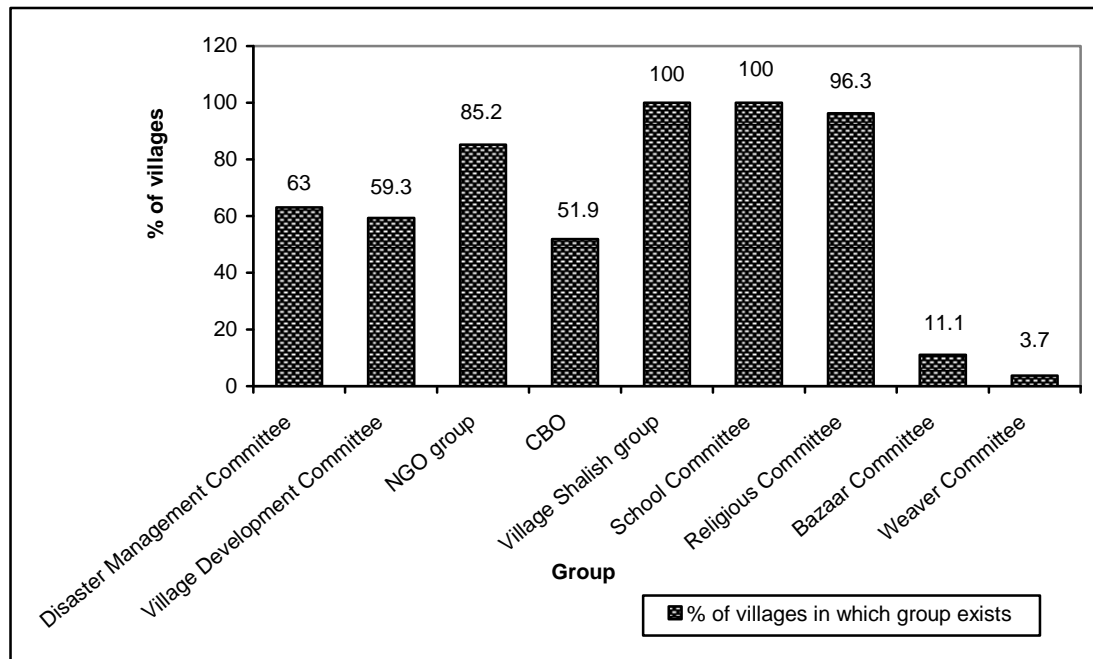
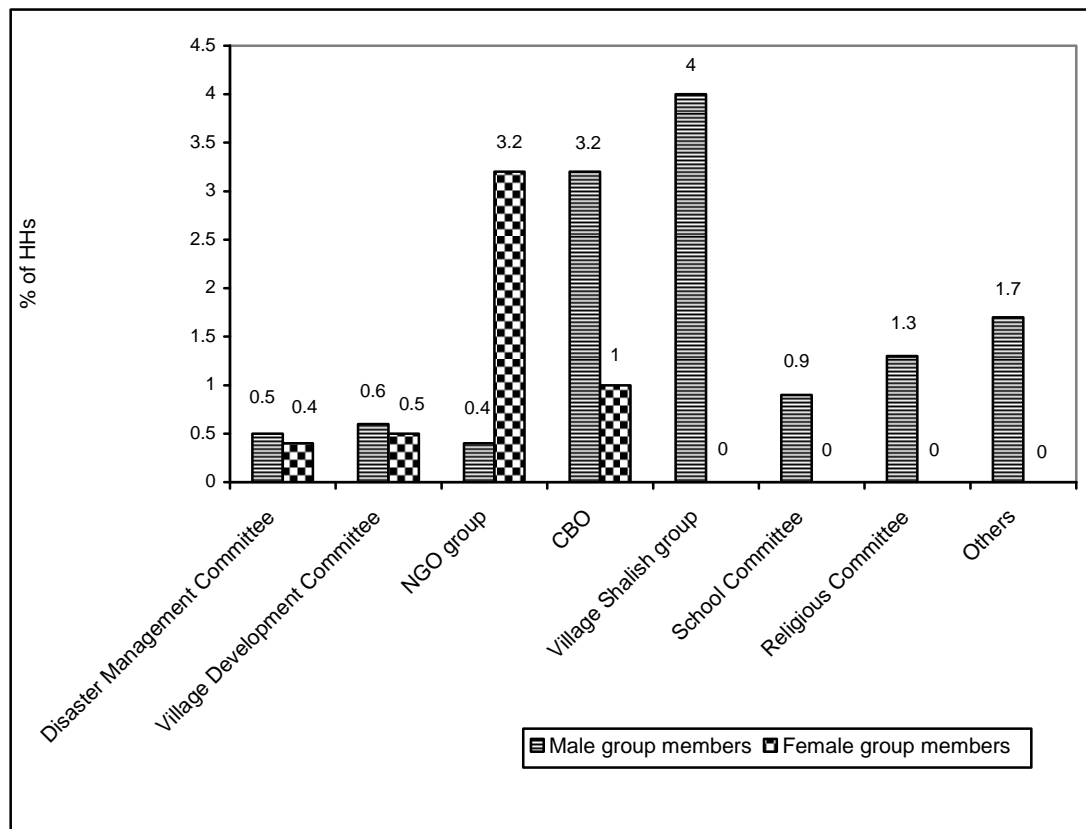


Figure 3 gives a gender breakdown of the level of group membership of the sampled CPHHs. The overall level of group membership amongst CPHHs is very limited, especially for women. Whilst on average, 5.7 groups exist in each village, male household members are only members of an average of 0.07 groups, whilst the equivalent figure for females is even lower at 0.04 groups. Unlike men, no women are members of Village *Shalish* groups, School Committees, Religious Committees or ‘other groups’ (which include the bazaar and weaving committee). The most common groups for women to be members of are NGO groups and even then, the percentage is limited to 3.2% of women in CPHHs.¹³

¹³ It must be noted that this analysis of the different groups of which males and females are a members of is not very meaningful, due to the small numbers involved.

Figure 3: % of households who have a male or female in a village group ¹

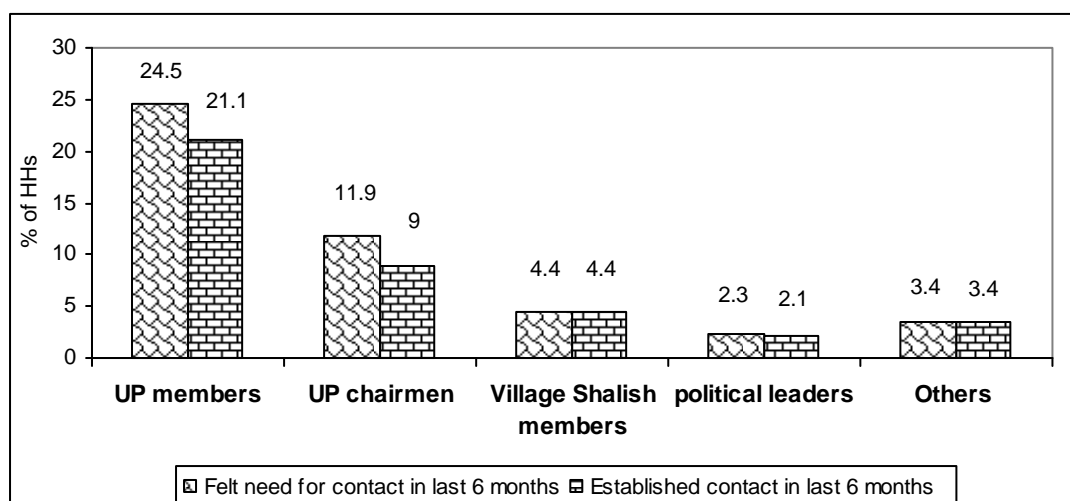


¹ Applicable base: Households with male/female members old enough to be included in groups.

Respondents were also asked about their level of participation in any groups that they were members of, but meaningful analysis of this data cannot be undertaken as the numbers who reported being members of groups are very small.

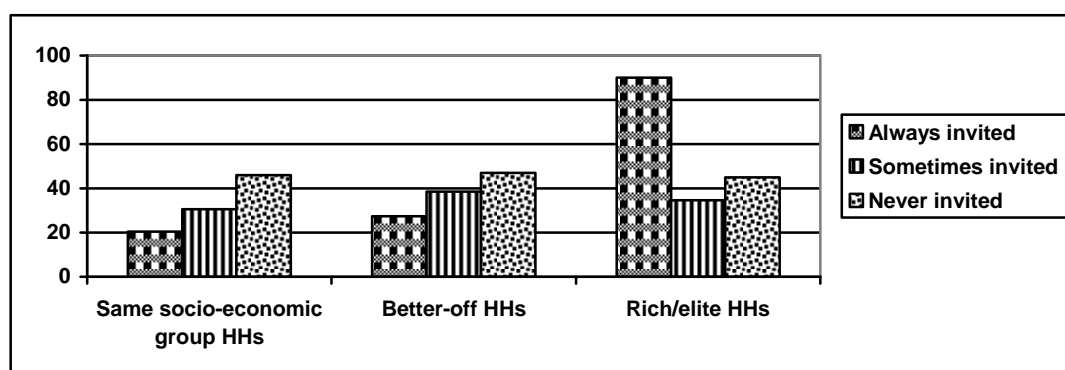
Figure 4 provides insight into households' level of contact with influential people. A distinction was made between the extent to which CPHHs felt the need to contact influential people and whether they had actually done so during the last six months. Data show that CPHHs felt the need to contact UP members and chairpersons but did not follow these through.

Figure 4: Household level of contact with influential people during the last six months ¹⁴



Figures 5 and 6 demonstrate the frequency with which surveyed households have been invited to social events during the last six months. Distinctions were made between (i) social events in the community, such as religious meetings and (ii) social events at household level, with other households of different or similar socio-economic status. ¹⁵

Figure 5: Frequency of invitations to social events at the household level in the last six months ¹

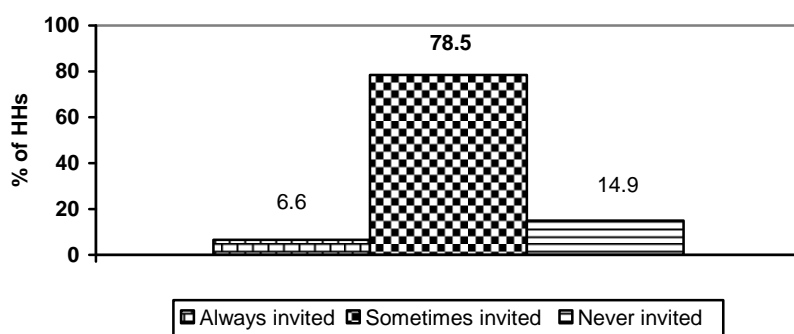


¹ Applicable base: Households where social events have taken place in the last 6 months.

¹⁴ 'Others' include: rich people, block supervisors, Infrastructure and Employment Project supervisors, moneylenders, teachers, *Thana Nirbahi Officers* and *UP Shocibs*.

¹⁵ Examples of social events at the household level are weddings, funerals and celebrations related to the birth of a child. Examples of social events at the community level are religious discussions. It is important to note that figure 6 only includes community events for which a personal invitation was required. It therefore excludes events which were open to the general public, and which were for example announced using microphones and posters.

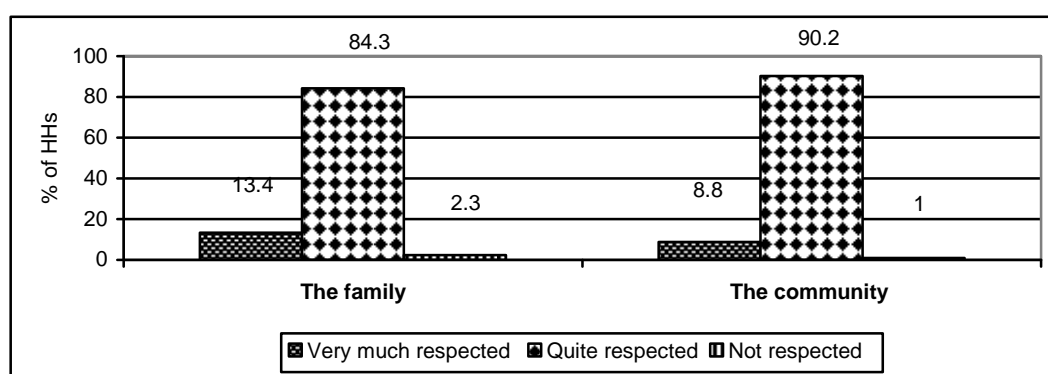
Figure 6: Frequency of invitations to social events at the community level in the last six months ¹



¹ Applicable base: Households where social events have taken place in the last 6 months.

Finally, figure 7 presents households’ self-perceived levels of respect as an indicator of social status. The vast majority of households reported feeling respected, either ‘very much’ respected or ‘quite’ respected, by their wider family (97.7%) and their community (99%).

Figure 7: Households’ self-perceived levels of respect within the family and community



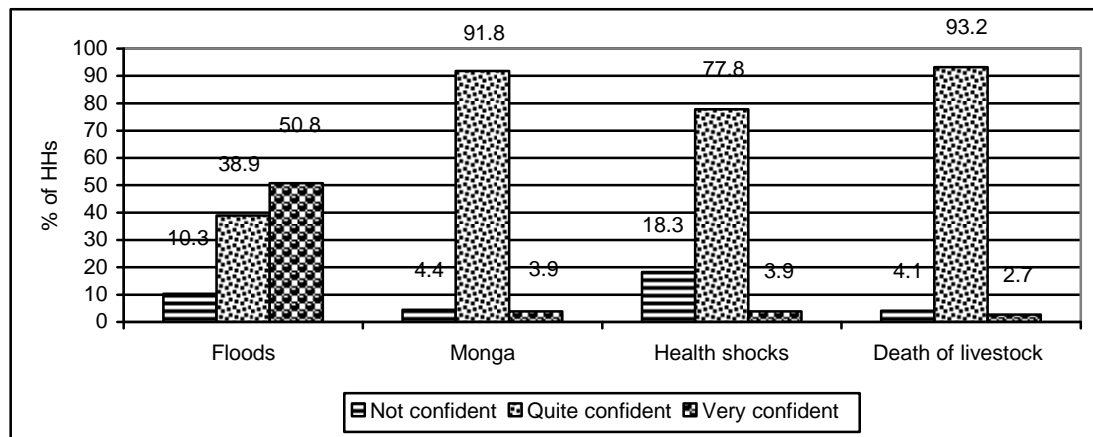
3.4 Household confidence regarding ability to cope with future crises

As outlined in section 1.2, *char* dwellers are vulnerable to crises, such as floods, *monga*, health shocks and the death of livestock, which can have devastating effects on livelihoods and wellbeing. CLP-2 implements various activities aimed at reducing these vulnerabilities. Plinth raising allows households to remain on the *chars* during flooding, the Infrastructure and Employment Project (IEP) supports households during *monga*, the health project and CLP’s work to strengthen *char* dwellers’ linkages to health services provided by the Government of Bangladesh (GoB) and NGOs improve their ability to deal with health shocks, whilst the Livestock Services Providers (LSPs) trained and supported by the CLP help to reduce livestock morbidity and mortality. Furthermore, the ATP and market development activities increase households’ economic ability to cope with crises. Thus it is expected that participation in the programme will be accompanied by an increase in households’ confidence in their ability to successfully deal with such crises.

Figure 8 provides an overview of the levels of household confidence regarding their ability to cope with future crises. Overall, it can be observed that households feel least

confident about their ability to deal with health shocks. The high levels of confidence in their ability to cope with *monga* (95.7%) and flooding (89.7%)¹⁶ could be attributed to the fact that many cohort 2.1 CPHHs are from villages in which the programme has already been working under CLP-1, thus they are likely to have already participated in the IEP and may have already had their plinths raised (Mascie-Taylor, 2010, p1).

Figure 8: Levels of household confidence regarding their ability to cope with future crises¹



¹ Applicable base death of livestock: Households who own livestock.

3.5 Illegal practices: knowledge, attitudes and practice

Reduction of violence against women and girls, as well as other illegal practices, like early marriage and dowry are important objectives of the CLP. The output level indicator 4.2 of the Logframe sets the target as a reduction of at least 50% in reported violence against women, early marriage and illegal dowry practices by December 2016.

In this section, the baseline status of cohort 2.1 CPHHs' knowledge, attitudes and practices regarding illegal practices will be discussed.

3.5.1 Early marriage

As outlined in section 1.1, CLP 2 aims to increase awareness regarding violence against women, early marriage and dowry, by organising weekly social development group meetings for core participants and providing awareness training to the male and female population of the island *chars*. Output level indicator 4.2 of the Logframe states that, by December 2015, 50,000 women and girls will understand their rights.

At baseline, 9.2% of the interviewed men were aware of the legal age of marriage for boys (21 years), compared to 21.6% of the interviewed women. Figures regarding the awareness of the legal age of marriage for girls are more encouraging: 69.6% of the

¹⁶ To measure households' confidence regarding their ability to cope with floods, they were asked how confident they were to remain on the *chars* during such an event.

interviewed men at baseline were aware that the legal age of marriage for girls is 18 years, compared to 67.5% of the interviewed women.

Table 3 shows the reported incidence of early marriages and under aged pregnancies in sampled households. Data show that 90.6% of all the female respondents in CPHHs reportedly married below the legal age of marriage, with their mean age at marriage being only 14.03 years. 84.5% of their daughters married below the legal age of marriage, compared to 83.8% of their daughter-in-laws. Their mean age at marriage was slightly higher (14.67 and 15.08 years respectively), but still far below their legal age of marriage (18). Data also show that men are generally much older than women at the time of marriage, with the average age differences in years being 7.72 for core participants and their husbands, 6.25 for daughters and their husbands, and 4.56 for sons and their wives. Both women’s young age at marriage and the often significant age difference between husbands and wives, provide important explanations for the high incidence of under aged pregnancies on the *chars*.

Table 3: Reported incidence of early marriages and under aged pregnancies in CLP2 CPHHs ¹

	Mean age at marriage	% married underage	Mean age 1 st pregnancy	% underage when pregnant for the 1 st time
Core participant	14.03	90.6	17.39	58.0
Daughter	14.67	84.5	17.09	60.8
Daughter-in-law	15.08	83.8	17.64	53.0
Husband core participant	21.75	42.0	-	-
Husband daughter	20.92	56.3	-	-
Husband daughter-in-law (son)	19.64	72.8	-	-

¹ Applicable base: Households where marriages and pregnancies have occurred

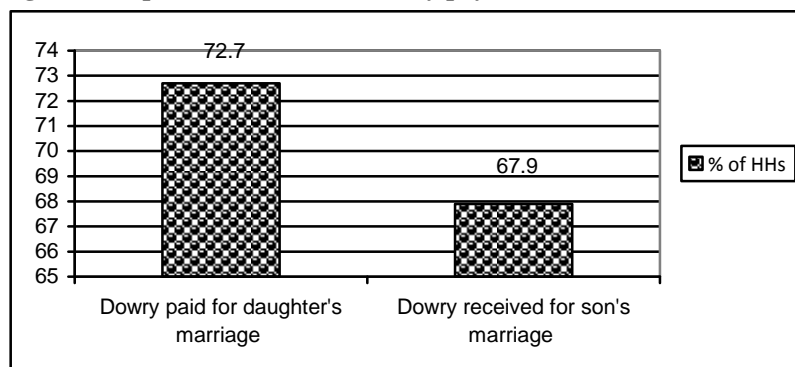
Respondents were also asked about their expectations for their sons’ and daughters’ marriages in the future. Their responses are promising, with the desired mean age at marriage (both for boys and girls) and women’s first pregnancy being considerably higher than the situation in practice. The desired mean age of marriage for daughters, daughters-in-law, sons and sons-in-law is 18.08, 17.49, 23.48 and 22.80 years respectively. The desired mean age for daughters and daughters-in-law when becoming pregnant for the first time is 21.14 and 20.53 years respectively.

3.5.2 Dowry

At baseline, 56% of the interviewed men were aware of the existence of a law against dowry, compared to 42.8% of the women.

Figure 9 presents the reported incidence of dowry payments in sampled households.

Figure 9: Reported incidence of dowry payments in CLP2.1 CPHHs ¹



¹ Applicable base: Households in which marriages occurred.

Dowry payments often financially cripple the family of the bride, pushing extreme poor households further into destitution. 64.1% of the female respondents report that their marriage to their husbands caused financial difficulties for their families. 76.3% of the interviewed households report that they themselves have faced financial problems as a result of dowry demands for the marriage of their daughters. Only 50.9% of the households report that dowry demanded by them for the marriage of their sons caused financial difficulties for the family of the bride. ¹⁷ The validity of this figure is questionable, especially when comparing it to the abovementioned figures, which can be explained by the fact that respondents who are aware of the existence of a dowry law may feel hesitant to share this sensitive information with outsiders.

When asking respondents about their expectations for the future, 84.9% of the households with daughters reported they expect to pay dowry for their marriage, compared to only 29.1% of the households with sons reporting that they expect to receive dowry. ¹⁸ Again, this latter figure is questionable, for the same reasons outlined above. Of all households that expect to pay dowry in the future for the marriage of their daughters, 88% expect that this will cause financial difficulties for the family.

3.5.3 Domestic violence

At baseline, 57.5% of male respondents are aware of the existence of a law against domestic violence, compared to 45.9% of female respondents.

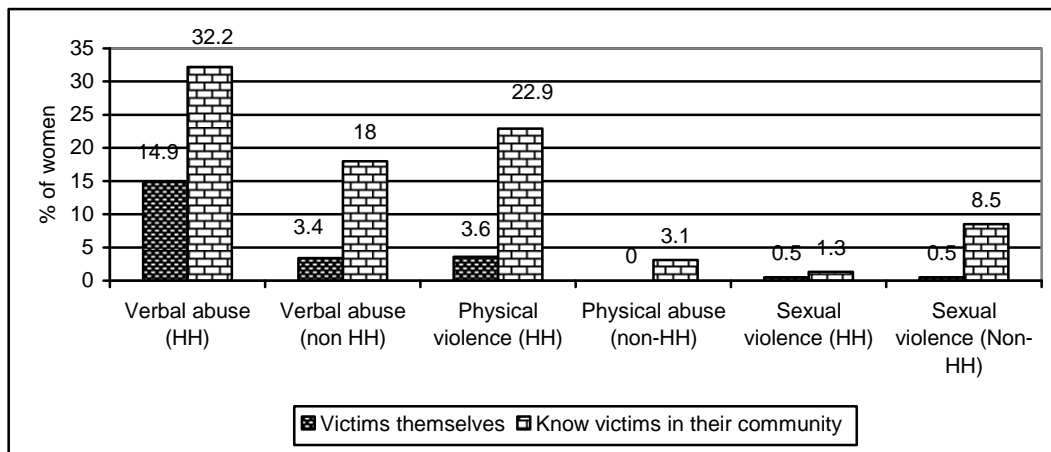
Figure 10 provides insight into the reported incidence of violence against women and girls in cohort 2.1 households and communities during the last three months. A distinction is made between verbal, physical and sexual violence/harassment, as well as between violence inflicted by household members and non-household members. In all categories, the percentage of women reporting to be victims of violence

¹⁷ These figures exclude households in which no dowry was paid.

¹⁸ For CLP1.4 households at baseline these figures were 95% and 14% respectively.

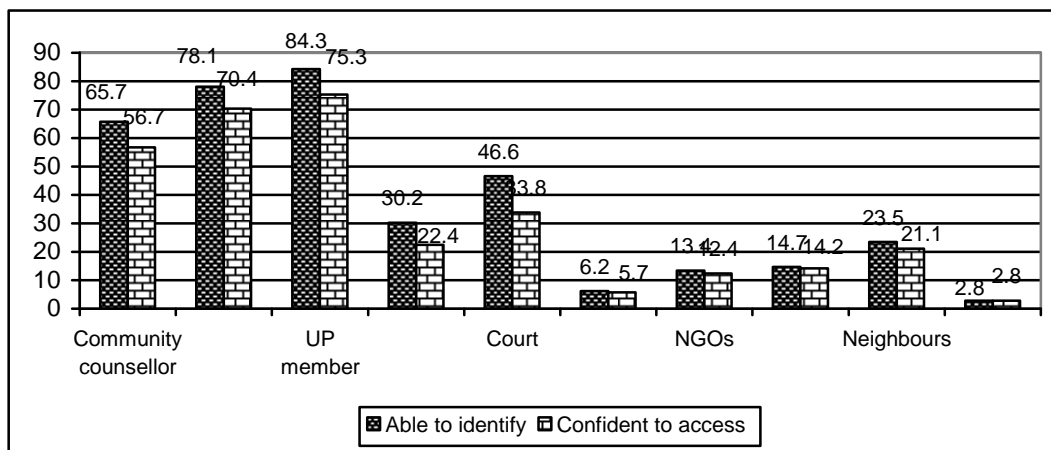
themselves is significantly lower than the percentage of women reporting to know victims of violence in their community. This gap indicates that incidence of violence in the personal sphere might to a certain extent be under-reported. Based on the data however, it can be concluded that verbal and physical abuse by household members is the most common form of violence experienced by women and girls in cohort 2.1 households and communities. 1.8% of the women reported having been unable to work or go outside during the last three months as a result of injuries from violence.

Figure 10: Incidence of violence against women and girls in CLP2.1 household and communities during the last 3 months



Through its Social Development activities, CLP 2 not only aims to increase people’s knowledge regarding the existence of a law against domestic violence, but also works to increase their awareness of the sources of support and redress that exist. Figure 11 shows the extent to which female respondents can identify and feel confident to access different sources of support and redress. On average, women can identify 3.65 sources of support and redress, and feel confident to access 3.15.

Figure 11: % of women who can identify and feel confident to access different sources of support and redress



3.6 Levels of female self-confidence

Table 4 gives an overview of the levels of self-confidence of female core participants in relation to different aspects of their lives. Women feel least confident to take part in a village *Shalish*, followed by taking large economic decisions alone and taking action against violence/abuse by their husbands or family members.

Table 4: Levels of self-confidence amongst female core participants

Area of self-confidence	Level of self-confidence (% of women)		
	Very confident	Quite confident	Not confident
To talk to men who are not members of your family	42.3	54.4	3.3
To talk to men who are not members of your village	21.6	58	20.4
To take small economic decisions alone (i.e. buy a sari or buy/sell poultry)	31.2	42.5	26.3
To take large economic decisions alone (i.e. buy/sell livestock or land)	4	24.1	71.9
To convince your husband to buy you a sari ¹	41.5	44.3	14.2
To convince your husband to buy/lease livestock or land ¹	8.0	51.7	40.3
To go outside your village alone	25.8	35.3	38.9
To go to a doctor or health care facility inside your village alone	43.8	33	23.2
To take part in a village <i>Shalish</i>	0.5	10.6	88.9
To take a loan	12.7	50.9	36.4
To take action against violence/abuse by your husband or other family members ¹	5	43	52
To take action against violence/abuse by outsiders	15.2	70.5	14
That you can take care of your family in case your husband gets sick, dies or leaves you ¹	9.3	75.9	14.2

¹ Applicable base: Women with husbands.

Table 5 shows the levels of self-confidence of adolescent girls. As they often face different challenges to those of adult women, different issues related to their situation were discussed. Data show that adolescent girls feel least confident to go outside their village alone, followed by telling people outside of the household that they have been sexually abused and that they will have a say in the choice of husband.

Table 5: Levels of self-confidence amongst adolescent girls

Area of self-confidence	Level of self-confidence (% of adolescent girls)			
	Very confident	Quite confident	Not confident	No answer
To walk around the village alone	54.6	33.3	21.1	0
To go outside the village with other women/girls	19.3	45.6	35.1	0
To go outside the village alone	14.1	21.1	64.9	0
To talk to female strangers	24.6	47.4	28.0	0
To talk to male strangers	3.5	26.3	43.9	0
To talk to adolescent boys	15.8	40.4	43.9	0
To tell female relatives that you are having your period	17.4	28.3	47.8	6.5
To tell female relatives that you have been sexually harassed/abused	17.9	33.9	44.6	3.6
To tell outsiders (except female friends) that you have been sexually harassed/abused	10.7	28.6	57.1	3.6
To tell outsiders (except female friends) about problems at home (i.e. violence or ill treatment)	7.0	43.9	45.6	3.5
That you will have a say in the choice of your husband ¹	16.7	27.1	56.3	0
That you will have a say in the age at which you marry ¹	19.6	43.1	37.3	0
That you will have a say in when you have your first/next child	22.8	45.6	21.1	10.5
That you will have a better future than your mother	45.6	36.8	17.5	0

¹ Applicable base: Unmarried adolescent girls.

3.7 Women's income-earning and decision-making power

33.2% of all female respondents reported that they usually contribute to the household's in cash or in-kind income. A disaggregation by gender of household head reveals a striking difference: 21.8% of females from male headed households and 84.3% for those from female headed households.

Women's involvement in decision-making processes within the household serves as an important indicator of their empowerment. Tables 6 and 7 provide insight into women's economic and non-economic decision-making power within the household. A distinction is made between male and female headed households.

Tables 6 and 7 reveal two key facts related to female headed households: that women in female headed households are much more likely to be the sole economic decision-makers than their counterparts in male headed households, and that it is more likely for other people (like family and community members) to be involved in decision-making processes in female headed households. This is particularly the case for large decisions, such as the purchase/sale of large household assets and the marriage of children.

Table 6: Women's influence in economic decision-making processes at the household level

	Main decision-maker (% of households)							
	Wife alone		Husband and wife jointly		Husband alone		Others	
	MHH	FHH	MHH	FHH	MHH	FHH	MHH	FHH
The use of money earned by wife ¹	17.4	91.5	70.0	3.4	11.6	0	1.4	5.1
The use of household savings ²	6.8	86.8	71.8	7.3	21.1	0	0.3	5.9
Taking a loan ²	6.5	87.1	75.4	4.8	17.4	0	0.2	8.1
The use of loans ²	4.4	72.9	66.6	5.7	28.0	0	1.0	8.5
Small household assets (i.e. poultry, eggs, milk)	28.8	91.4	63.3	1.4	7.3	0	0.6	7.1
Large household assets (i.e. livestock, land) ³	1.2	51.3	60.8	10.2	35.4	0	2.7	38.5
Buying food items for the household	9.5	85.5	72.9	4.4	16.1	0	1.6	10.1
Buying small non-food items for the household (i.e. kerosene, matches, candles, batteries)	33.4	92.9	59.6	1.4	6.0	0	0.9	5.7
Buying clothes for household members	5.7	78.6	60.0	7.1	32.5	0	1.9	14.3
Spending money on children's education ⁴	9.6	87.1	76.3	6.4	10.1	0	4.0	6.4
Spending money on health care for household members	5.7	80	70.0	4.3	23.0	0	1.3	15.7

¹ Applicable base: Women who earn their own income.

² Applicable base: Women from households with savings/loans (in past/present).

³ Applicable base: Women from households with large households (in past/present).

⁴ Applicable base: Women with children.

Table 7: Women's influence in non-economic decision-making processes at the household level

	Main decision-maker (% of households)							
	Wife alone		Husband and wife jointly		Husband alone		Others	
	MHH	FHH	MHH	FHH	MHH	FHH	MHH	FHH
The use of contraceptives ¹	17.0	7.1	76.1	71.4	3.6	0	3.2	21.4
When to have children ¹	5.0	7.8	82.6	82.4	12.1	7.8	0.3	2
The marriage of children (age and partner) ²	2.0	13.3	67.7	31.1	22.2	15.6	8.1	40

¹ Applicable base: Women with husbands.

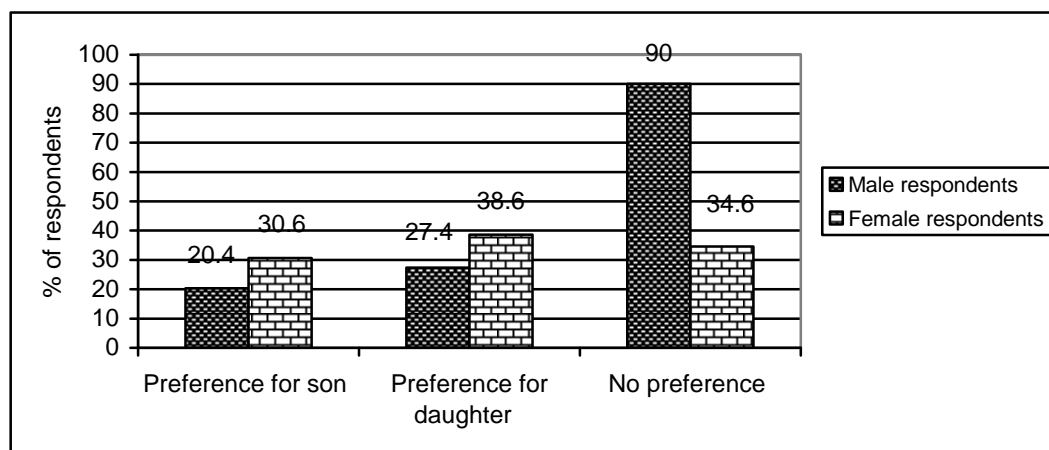
² Applicable base: Women with married children.

Female respondents were also asked whether they felt they had a say in the choice of their husbands. Only 11.9% replied saying 'yes', which indicates the very limited influence that women have over such a life-defining decision.

3.8 Son preference and gender equality regarding education, health care and food intake

Son preference, a stark marker of gender inequality, is a common phenomenon in Bangladesh. Figure 12 shows the extent to which it is reported to exist in cohort 2.1 households, with a distinction being made between male and female respondents.

Figure 12: The incidence of son/daughter preference in cohort 2.1 households



Gender inequality is often also reflected in household members' access to education and health care. Figures 13 and 14 provide insight into the attitudes of male and female respondents towards the importance of education and food allocation for boys and girls. Attitudes are considered to be important predictors of people's behaviour, and hence can be considered a good indicator of the levels of gender equality regarding these issues.

Figure 13: The perceived importance of education for boys and girls

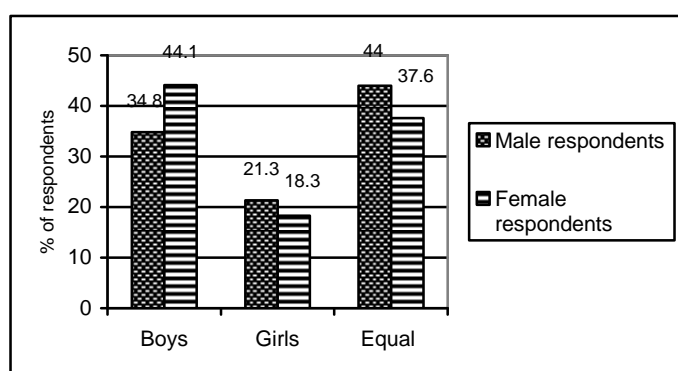
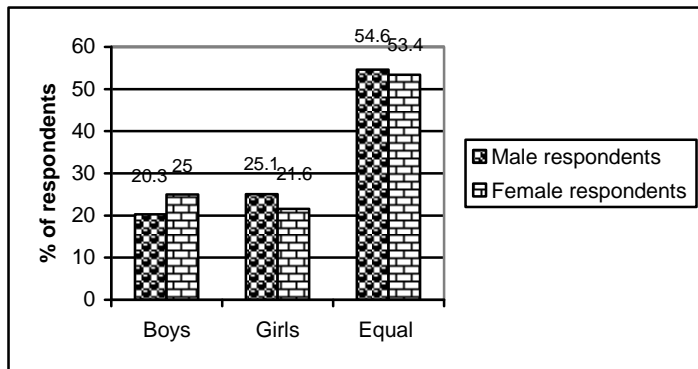
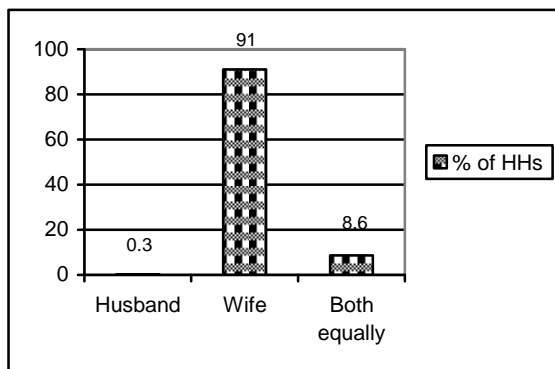


Figure 14: The perceived importance of food allocation for boys and girls



Female core participants were also asked who is most likely to eat less or nothing in case of food shortages; themselves or their husbands. Figure 15 shows that women in the great majority of the households (91%) are more vulnerable to food shortages than men, indicating a strong gender inequality in this regard.

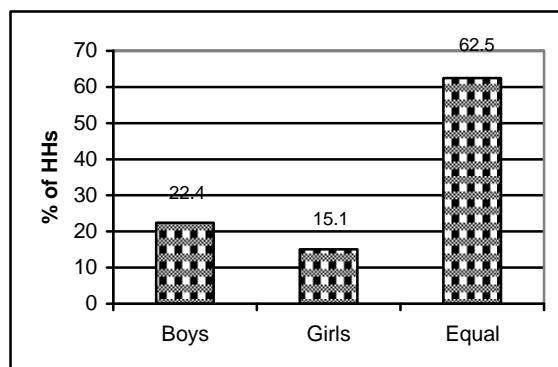
Figure 15: Reported household member who is most likely to eat less or nothing during food shortages ¹



¹ Applicable base: Households with husband present, respondent is the female participant (male should not be present for this question).

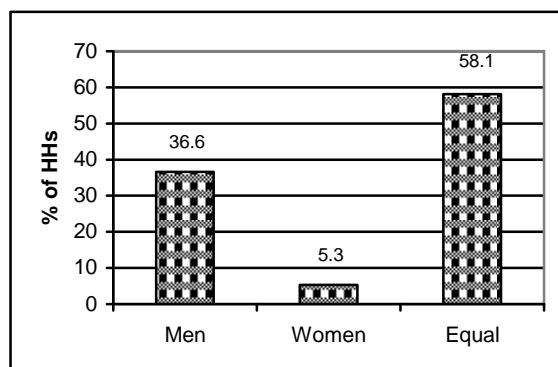
Figures 16 and 17 show the extent to which health care for boys and men is treated as more, less or equally important as health care for girls and women. Although the majority of the households reported treating male and female members equally concerning their health care, out of those that did not, a much higher percentage prioritised males rather females, especially for adult healthcare (87.4% male preference versus 12.6% female preference).

Figure 16: Perceived importance of healthcare for girls and boys ¹



¹ **Applicable base:** Households with both sons and daughters. Respondent is the female participant (male should not be present for this question).

Figure 17: Perceived importance of healthcare for men and women ¹



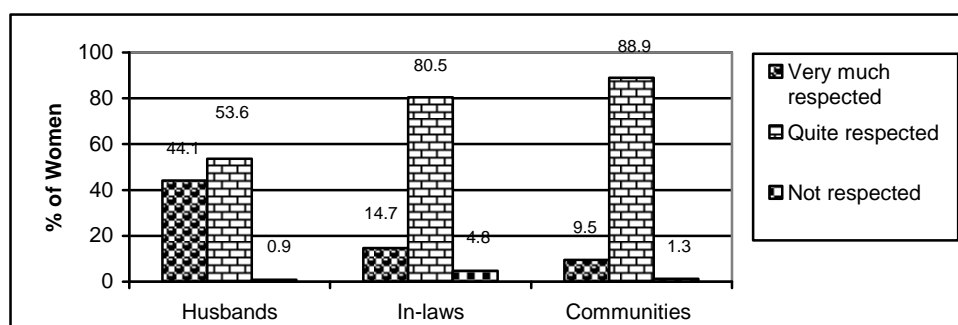
¹ **Applicable base:** Households with husbands. Respondent is the female participant (male should not be present for this question).

3.9 Female social status

Figure 18 shows the extent to which women feel respected by their husbands, in-laws and communities, which is used as an indicator of their social status.

Data show that women feel least respected by their in-laws. Furthermore, differences between women's and households' self-perceived levels of respect by their communities (90.2% and 91.2% respectively) are negligible, indicating minor differences between male and female household members in this respect.

Figure 18: Women’s self-perceived levels of respect by their husbands, in-laws and communities ¹



¹ Applicable base respect by husbands: Women with husbands.
 Applicable base respect by in-laws: Women with family-in-law.

4. Conclusion

Prior to entering CLP, levels of empowerment amongst CPHHs can be characterised as low. Particular areas of concern are households’ restricted knowledge of, and access to, certain basic services (including social safety nets), their extremely limited participation in social and community groups, and their exclusion from social events organised by better-off households in their communities.

Levels of empowerment of female household members can also be characterised as low. At baseline, households frequently report the incidence of early marriages and under aged pregnancies, as well as low levels of female self-confidence and decision-making power in certain areas such as large household assets. Furthermore, male preference can be observed regarding health care, education and adult food intake.

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Annex I: Reasons for non-access of services (including safety nets) ¹

Service	Reasons for not accessing service in last six months					
	No need	HH does not meet criteria	Service too expensive	Service too far away	Others (specify)	No answer
Primary education – public	84.9	0.4	1.7	8.8	4.2	0
Primary education – private	90.0	0.5	1.8	1.8	6.0	0
Secondary education - public	95.1	0	1.0	2.4	1.5	0
Secondary education - private	94.2	1.4	2.9	0	1.4	0
Government health workers	96.6	0	0	2.8	2.8	0
NGO health workers	92.4	1.1	0	1.1	9.8	0
Village doctor (or quack)	97.3	0	2.7	0	0	0
Traditional birth attendant ('dai')	100.0	0	0	0	0	0
Birth registration	85.1	0	0	2.8	12.1	0
Death registration	100.0	0	0	0	0	0
NGO support (except micro finance and support provided by CLP through IMO's)	23.4	0.4	0	0	65.2	10.9
Micro finance (except CLP VSLA)	49.0	0	46.4	0	5.0	0
Village Shalish	99.7	0	0	0	0.3	0
UP Shalish	99.7	0	0.3	0	0	0
Government livestock extension	97.1	1.0	0	1.9	0	0
Government agricultural extension	34.4	45.7	0	0	19.9	0
Vulnerable Group Development (VGD) card	1.4	43.7	6.8	0	47.8	6.4
Vulnerable Group Feeding (VGF) card	0.8	52.0	0	0	67.7	9.7
Old age pension	0	88.1	0	0	10.5	1.4
Widow pension	0.3	91.3	0	0	7.0	1.1
Disability allowance	0	97.4	0.4	0	2.2	0
Pregnant and breast-feeding allowance	4.3	80.4	0	0	15.2	0
Primary school allowance	3.0	83.0	1.1	0	12.1	0.8
High school allowance	5.9	91.1	0	0	2.4	0.6
College allowance	0.9	97.3	0	0	1.8	0

¹ The reasons for non-access mentioned in this Annex exclude those related to a lack of knowledge. For micro finance services, the category 'service too expensive' refers to households' expected incapacity to repay loans.