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A Critique of the Concept of Empowerment in Global Health

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Abstract

A Critique of the Concept of Empowerment in Global Health

By Mary Ellen Grap

Background: Empowerment has become an increasingly popular term in global health literature and programming. The ways in which the concept is discussed, implemented, and measured vastly differ. The question, ‘what does empowerment of women and girls actually mean?’ remains ambiguous. Gaps in the literature exist concerning ethical implications, in addition to gaps of the necessary conditions before empowerment occurs, and the outcomes or consequences after implementation.

Methods: This thesis utilized the philosophical conceptual analysis methodology as an analytic model. The Walker & Avant method, in which model cases, borderline, and contrary cases are constructed was adapted to this analysis process. Cases were drawn from interviews with global health professionals and published literature.

Findings: Discussion from interviews provided a model case for how empowerment is currently being used and implemented by a local nongovernmental organization in India. A borderline line case was constructed from lessons learned from the Women’s Empowerment in Agriculture Index. A contrary case was formed from the concept of ‘control choice’ empowerment, demonstrated through reliance on decision-making as an indicator of empowerment. Additionally, measurement of empowerment was found to be a point of debate. Various potential ethical concerns were identified, such as unintended consequences of burdening women and potentials for disempowerment. Enabling environments were also identified as an antecedent for empowerment.

Discussion: The focus on individual levels versus community groups, and implications of ignoring larger social structures was discussed. The concept of ‘control choice’ empowerment, as seen in Menstrual Hygiene Management programs, could potentially disempower women when working within gender roles and unacceptable options. There were also outcomes of programs identified that were distinctly different from impact on gender dynamics, which is often seen as the intended target. There are several ethical implications for empowerment programming, such as the potential burdening of women.

Conclusions: From the findings and discussion, I concluded that empowerment should be viewed carefully and cautiously as one step in a much larger multi-phase journey to shift gender relations. I caution against viewing empowerment as the solution to gender inequalities without recognition of the wider schema of power dynamics.

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Chapter I. Introduction

Purpose Statement

The thesis will provide a critique of the concept of empowerment in global health programming.

Introduction

The term “empowerment” has been increasingly used in global health literature, with organizations like the Gates Foundation (calling for more empowerment focused programming to be integrated into global health practice (Eerdewijk et al., 2017)). However, the ways in which this concept is discussed, implemented, and measured vastly differ. While there is an increasing consensus that empowerment, specifically in programs encompassing women and girls, is important for success and increased positive health outcomes, what this actually looks like as an outcome remains ambiguous and understudied. Debate continues on whether defined endpoints are appropriate in the context of empowerment work and how to best measure domains of empowerment (Dworkin, Gandhi & Passano, 2017).

Additionally, empowerment as a concept in global health has been non-uniformly applied across sectors, such as sexual and reproductive health, public health nutrition, and water, sanitation, and hygiene (WASH). Empowerment is most commonly defined as “the expansion in people’s ability to make strategic life choices in a context where this ability was previously denied to them” (Kabeer, 1999). However, there are inherent ethical issues when making claims of empowerment due to the complexity of power dynamics and societal constraints. Global Health programs have to grapple with the kinds and scope of power that can be conferred in different settings, the consequences of interventions, and the reality of outcomes for those involved. Many leaders in the public health field refer to the process of empowerment as being part of the outcome. This thesis will continue to elucidate these ethical issues through conceptual

analysis and relevant descriptions of cases from global health programmers in varying settings. While there are numerous concepts to unpack, this thesis will focus on what it means for women and girls to be “empowered”, ethical implications of this work for researchers and implementers, underlying power dynamics, and examples of constraints due to enabling conditions.

Background

History

Empowerment is a popular term in the field of global health in modern times, from academia to program implementation. This category in global health research and programming did not originate in the development sector. The term “empowerment” began formally appearing in discourse among social workers and researchers in the 1970’s, with Barbara Solomon’s work *Black Empowerment: social work in oppressed community* (Calvés, 2009). In 1987 *Development, crisis and alternatives visions: Third World women’s perspectives* was published as a reflection from a network of researchers, activists and politicians in Bangalore, India, known as the DAWN feminists. This work sought to provide a perspective of empowering women that encompassed more than economic empowerment and basic needs. The DAWN feminists framed empowerment as a radical transformation of economic, political, legal, and social structures (Sen & Grown, 1987; Calvés, 2009).

In 1995 the 4th United Nations Conference for Women officially utilized the concept of women’s empowerment. The UN Conference painted an image of equal participation in society, decision-making processes, and access to power under the category of empowerment (United Nations, 1995). Following this conference, the term “empowerment” began to spread into popular language in bilateral development aid agencies (Calvés, 2009). In the early 1990’s and 2000’s the focus was on poverty, and organizations failed to reach a consensus on the definition

of empowerment. Many researchers and feminists found the term empowerment to be “taken hostage” by the development sector and the original emphasis on power to be stripped away. Incidentally, this caused a watering down of the complexities of power dynamics, including racism, class, patriarchal hierarchies, and the resulting layers of inequities (Calvés, 2009 & Sardenberg, 2009).

Current Uses

In 1999 Naila Kabeer published an article entitled *Resources, Agency, Achievements: Reflections on the Measurement of Women’s Empowerment. Development and Change*, in which she defines empowerment in what is still the most commonly accepted conceptualization. In this work, Kabeer promotes that the value of the concept of empowerment actually lies in the blurred nature of its definition. Empowerment is materialized as the ability to make strategic life choices, where such an ability was previously denied (Kabeer, 1999). The ability then to exercise this choice is related to three dimensions categorized as resources, agency, and achievements. Kabeer also enforces the point that this concept goes beyond basic needs and into social order and gender restrictions. Kabeer goes on to discuss the nature of power, and the constraints that abound in different contexts with varying structural restraints (Kabeer, 1999).

The literature surrounding empowerment is varied in the definitions, disciplines, and theories behind the concept, however much of it stems from the ideas put forth by Kabeer in 1999. Other researchers discuss the role of personal responsibility opposed to structural forces, and dangers of over-emphasis on individuals’ roles. Empowerment originating in elite western institutions poses the potential to impose certain ideological beliefs that a person’s health status is resulting from their own choices instead of inequalities imposed by structural forces (Traynor, 2003). The Food and Agriculture Organization of the UN published a legal brief in 2021 that

emphasized the enabling social conditions necessary to promote women's empowerment, specifically in agriculture. Through this brief FAO put the focus on the legal capacity of women, access to land resources, wage employment, and women's membership in cooperatives. The brief does not explicitly talk about the genesis, nature, or implications of power, but instead focus on legal capacity and freedom of movement as pathways to empowerment (FAO, 2021). This focus on resources and membership in community organizations has become a popular indicator for women's empowerment in global health in current times.

The Gates Foundation has declared their commitment to placing women and girls' empowerment at the center of development work (Gates, 2014). The Gates Foundation collaborated with KIT Gender to develop a conceptual model of women and girls' empowerment, which has become widely used and adopted by other organizations to operationalize the concept of empowerment (Eerdewijk et al., 2017). This framework defines empowerment as expanding choice and strengthening voice by transforming power relations. The authors also claim empowerment to be both a process and outcome, and do not define specific endpoints. The framework suggests key elements to be agency, institutional structures, and resources. Within agency there are subdomains of decision-making, collective action, and leadership. The domain of institutional structures includes subdomains of family, community, market, and state and illustrates connections within these through relations, norms, laws, and policies. Finally, the domain of resources includes the subdomains of bodily integrity, critical consciousness, and assets (Eerdewijk et al., 2017).

The authors also call upon men and boys to be actively engaged in this process of change and acknowledge that gender relations intersect with other social dynamics, including class, ethnicity, caste, religion, sexual orientation, and race. Types of power meant to be transformed

and delivered are discussed as power-over, power-to, and power-within. Power-to and power-within are categories meant to be delivered through empowerment work to create agency of women and girls, potentially as outcomes. The authors suggest that empowerment is successful when it challenges systemic constraints on the agency of women and girls, going beyond the individual level (Eerdewijk et al., 2017). This framework has been adopted by other organizations to operationalize empowerment in various settings (Sinharoy et al., 2022).

Examples of Empowerment Work in Global Health

Women's empowerment is commonly associated with sexual and reproductive health efforts. However, it is also seen as a potential important determinant for other fields such as nutrition and water, sanitation, and hygiene. There has been an increasing body of work researching the effects of utilizing domains of empowerment in public health nutrition programs. While, research typically focuses on the child's outcomes, more work is developing on outcomes solely focused on the woman (Afulani et al., 2017 & Jones et al., 2020). Decision-making is used as a proxy in these studies for women's relative bargaining power, as well as land access, control of income, leadership in the community, and time allocation for agriculture, (Jones et al., 2020; Harris-Fry et al., 2020; Crookston et al., 2021; Malapit et al., 2019).

The Women's Empowerment in Agriculture Index (WEAI) was developed to assess trends in women's empowerment in agriculture at a national level through household surveys, with two subindices. The first index focuses on empowerment in domains of decisions about agricultural production, access to and decision-making power about productive resources, control over use of income, leadership in the community, and time allocation (Malapit et al., 2019). The second index in the Gender Parity Index (GPI), which reflects the percentage of women whose achievements are at least as high as the men in their households (Malapit et al., 2019). The pro-

WEAI was later developed to create a project-level index to assess priorities for women's empowerment in agriculture in specific settings. This is a way in which local or external organizations may decide which communities to prioritize and within those communities which domains of empowerment. However, the results from the validation of this tool on the Building the Resilience of Vulnerable Communities in Burkina Faso project showed mixed results. The results also lacked clarity in articulating which domains should be prioritized, which included but not limited to education, agricultural loans, and gender-based discussions. The authors scored both men's and women's empowerment according to indicators and showed various trends in treatment versus comparison groups for both men and women both increasing and decreasing in empowerment throughout the course of the study (Crookston et al., 2021).

The water, sanitation, and hygiene sphere has been on a slower timeline in adopting empowerment domains into global health programming than other sectors such as nutrition and reproductive health. The Water for Women Fund published a brief to warn of potential areas of harm when incorporating women's empowerment work, focusing on survivors of violence, gender inequality, women's participation in programs, men's attitudes, and violence against women (Mott, 2019). In addition to the lack of consensus over the definition of empowerment, there is also inconsistency in the measurement of empowerment. A consistent framework to measure empowerment in global health programming is important in order to operationalize the theories of empowerment work (Sinharoy et al., 2022).

One example of work being done to create validated tools to measure empowerment is the Agency, Resources, and Institutional Structures scale (ARISE), which utilized the Van Eerdewijk et al. framework, widely adopted by the Gates Foundation, to develop scale items (Sinharoy et al., 2022). The definition of empowerment utilized for this scale development

emphasizes strengthening voice of women and girls through transforming power relations. The structuring of the framework was adapted for scale development, including exclusion of the market and state subdomains of institutional structures, as well as laws and policies. This was done to emphasize the underlying definition of empowerment specifically on adult women's empowerment at the individual, household, and community levels according to the authors. Two additional subdomains were developed as appropriate for sanitation from a systematic review of peer-reviewed literature related to empowerment in WASH. These subdomains included privacy and freedom of movement, placed in the resources and agency domains, respectively (Sinharoy et al., 2022).

Menstrual Hygiene Management (MHM) is another area of WASH that has historically been underprioritized, not only in the realm of empowerment work, but in global health generally. As part of the conversation on closing the gender gap and advancing women's rights, researchers in the MHM sector of global health have been calling for sanitation policies and strategies that explicitly include MHM (Joshi et al., 2015). Menstrual Hygiene Management has historically been viewed as mainly a hygiene problem and as an empowerment barrier (Joshi et al., 2015). Inadequate school facilities, hygiene practices, and menstrual products have been claimed a contributing factor to absenteeism among school-aged girls in the global south. Evidence, however, has not been shown to provide a sufficient foundation for these claims. Menstruation has been a medicalized concept globally, and therefore has been met with interventions that focus on these aspects in the hopes to empower girls. Feminist researchers have questioned such initiatives that claim menstruation should not be a taboo topic, and then explicitly teach girls how to deal with menstruation discreetly. The understanding of MHM as solely hygiene problem does

not account for the socialized and sexualized aspects of menstruation, which may play a larger role in gender parities than the medicalized aspects (Joshi et al., 2015).

While often being an ignored aspect of global health, the most common interventions surrounding MHM claim to empower school-aged girls by reducing absenteeism, while working within the constraints of patriarchal and social norms. It is commonly thought that provision of adequate WASH facilities can act as source of empowering women. However, this ignores dynamics involving decision-making, authority in the community, and greater social norms and expectations. The empowerment in WASH Index is another measurement tool developed to address these issues by using indicators of empowerment at the individual, household, and community levels (Dickin & Bisung, 2019). The United States Agency for International Development (USAID) additionally published a technical brief concerning gender equality and empowerment in WASH in 2020. This brief stated that women and girls can become key actors in water and sanitation if barriers to leadership opportunities, training, jobs, and promotions are reduced in communities. USAID purports that increasing representation of women in water governance processes will in turn increase agency, control, voice, and authority in decisions concerning water, sanitation, and hygiene. USAID suggests interventions can promote this by addressing barriers in local government WASH policies, enabling women to secure financing in water and sanitation projects, promoting female-friendly sanitation and MHM education, and supporting water service providers to hire women (USAID Water and Development, 2020).

Gaps in Knowledge & Significance

The body of literature encircling empowerment has become vast and varied since the term became popular in development work in the 1990's. While there have been numerous conceptual frameworks, indices, and briefs to theorize and operationalize empowerment, gaps

remain in language about endpoints, education, enabling environments, and ethical implications. There are implicit claims made in the action of empowerment work that requires further inspection. While limited, some critiques of empowerment work have proposed the idea that the approach that has historically been taken since the movement was coopted by the development sector has removed power from the centerpiece of empowerment (Parpart et al., 2002 & Sardenberg, 2009). Since the 1990's women have been encouraged to take on a plethora of tasks to essentially empower themselves that have essentially not questioned the status quo but taken burdens off men without shifting power dynamics in actuality (Parpart et al., 2002 & Khader, 2018). An example of this phenomenon can be seen in many microfinance programs. These economic empowerment interventions have seen mixed results and some controversy in potential harms in certain contexts (Parpart et al., 2002; Kennedy et al., 2014; Hamad & Fernald, 2015). In some of these interventions women have been able to take on more responsibility, but this has not been coordinated with an increase in status. This translates to so-called "empowered women" receiving blame for economic and social problems. Additionally, while women may take on financial activities, male partners rarely increase share of household chores. Furthermore, if women have to rely on children to take on a share of household tasks because of the time constraints placed on women, there may be unintended consequences for the next generation (Parpart et al., 2002; Khader, 2018). These issues beg the question, are women and girls really being "empowered", and what does that mean?

Empowerment is often seen as a process and an outcome in and of itself. While this is a there are advantages to this broad statement that allows contextualization, there are issues that arise as well with the nature of undefined outcomes. With a lack of consensus or focus on ultimate endpoints there can be unintended consequences, such as the burdening of women. This

stems from an action-oriented view of ‘choice’ in the conceptualization of empowerment (Khader, 2018). This suggests that the “deliverance” of power through programs by global health programmers and researchers may be in juxtaposition to changes in policies, social norms, and other larger structural changes. There is also an implicit claim that “we” as the global health community have the necessary standing, status, capacities to deliver power in the way the various empowerment frameworks suggest.

Additionally, there exist relational aspects of empowerment in global health programming that have yet to be thoroughly explored. The educational system often sets up students to go out into the world with notions of creating great power shifts and immense social change that is potentially not feasible in these types of programs. By making large claims of empowerment without thoroughly analyzing existing power structures and the social norms in which they exist an inevitable failure is posed. This is a failure not only to the students making up the next generation in global health leadership, but the communities in which they work. Additionally, these concepts to increase women’s participation in positions of power are taught by institutions upholding a gender gap in senior leadership and faculty (Yount et al., 2020). This clearly illustrates the irony of “empowering” women and girls without actually challenging the status quo. There is a lack of knowledge on how this plays out in the field of global health, in and across different sectors.

There is a foundation of enabling environments necessary for claims of empowerment to carry legitimacy. These include political, social, economic, and cultural constraints. While these pillars of society are acknowledged in most frameworks of empowerment, there is less known on how they actually interact in real-time programs (Parpart et al., 2002). Additionally, acknowledgment and action are distinct in language but not consistently in practice. While

frameworks, such as the model developed by KIT Gender discuss the importance of challenging systemic barriers, there is still a lack of information on how these different areas affectively interact (Eerdewijk et al., 2017).

Empowerment is often used as a category for global health programs that are meant to capture various initiatives that focus on women and girls. This term has become increasingly popular to use as a buzzword for numerous types of programs, which can cause a lack of distinction in empowerment programs opposed to other types of global health work (Parpart et al., 2002). The question as to why this categorical term is needed and what it adds to the actual work has been another gap in discussion surrounding empowerment.

A critical review of the concept of empowerment in global health programming is needed because there are potential consequences if the kinds of “power” and the scope or level able to be transferred to women in public health programs is overestimated. If this is the case, then there will need to be fundamental revisions to the logic and goals of programs. These potential issues could include the burdening of women and girls through increased responsibilities without sufficient power shifts in the household and community, inadvertently disempowering women (Khader, 2018). This has been seen before in certain microfinance empowerment interventions, where there have been issues with physical abuse shifting to monetary control and manipulation, in addition to facing greater violence (Khalid & Choudhry, 2021). Additionally, the resulting consequences on the next generation of women and girls need to be reviewed to ensure the gender gap is closing across sectors and contexts and not just shifting into different relations. Additionally, the raising of expectations of communities in an unrealistic way could manipulate and disrespect communities, benefitting researchers and academics and not the women and girls these programs are meant to be targeting (Parpart et al., 2002).

Cultivating curricula in global health education with idyllic notions may inadvertently set up students to be part of a problem of good intentions with poor outcomes. This involves going into communities with intentions of large change and potentially causing more harm by assuming positions of greater power, but not being able to actually deliver these transformational concepts (van Ryn & Fu, 2003). Additionally, a current debate in the realm of empowerment operationalization is whether measurement tools should be contextualized or standardized. It is important that there is a critical analysis of the concept creating the foundation for these measurement tools to be able to develop, adapt, and utilize tools that accurately and validly assess meaningful programs of empowerment (Cross et al., 2019). Creating these tools without a critical review of the underlying concept poses a threat of measurement missing elements of programs that could be harmful or inadequate for the goals they champion.

Chapter II. Methods

Study Design

This study utilized the philosophical conceptual analysis methodology as an analytic model. This type of analysis uses principles of philosophy to analyze a concept through model cases, border cases, and opposing cases. This method was modeled after the steps put forward by Walker and Avant for a conceptual analysis in the field of nursing. The steps these authors recommend include the following:

- 1) Determining the aims of the analysis
- 2) Identifying uses of the concept of interest
- 3) Determining defining attributes of the concept
- 4) Constructing a model case of the concept
- 5) Constructing a borderline, related and contrary case of the concept

- 6) Identifying antecedents and consequences
- 7) Defining empirical referents

(Walker & Avant, 2011).

This process is meant to be iterative and continuous, so that steps of the design may be happening simultaneously and repeatedly. This study tailored this method to a critique of empowerment by looking first at the historical roots of the concept. Research studies and works of literature were examined for current uses of the concept from relevant database searches. Additionally, interviews with global health professionals were conducted to serve as sources of description of relevant cases of empowerment use in programming. These cases were used along with literature review to determine model, contrary, and borderline cases as shown in the Walker & Avant method. The intention of including these interviews was to gather perspectives of current professionals in the areas of academia and research, public health policy advisement, specifically in human rights, and local program management and implementation. These professionals were selected for interviews to span the areas of academia, international nongovernmental organization, intergovernmental representation, and local in-country nongovernmental organization. The cases extracted from interviews, as well as studies published in scientific journals were then categorized under the various topics presented as model cases, borderline cases, and contrary cases. Additionally, comparisons were drawn, and themes extracted in reference to the background material. However, conclusions cannot be generalized from these case studies, as they cannot represent the entirety of the field. For the duration of this thesis the interviewees will be identified by the following manner:

- Representative from academic and implementation work with an International Non-governmental Organization: Interviewee #1 / (Interview #1, Academia & Program Implementation)
- Representative from public health policy advisement and work with Intergovernmental Organizations: Interviewee #2 / (Interview #2, Policy Advisement)
- Representative from work with in-country Non-Governmental Organization (SSDC): Interviewee (Interview #3, SSDC Consultant)

These sources were also used to explore conceptual use, power dynamics, delivery of programs, gaps and barriers, and ethical considerations from their perspectives. This review from literature and limited interviews was focused and specific to the gaps of knowledge addressed in Chapter I of this thesis.

Chapter III. Findings & Discussion

Results

Current Uses of Empowerment

Several themes among current uses of the concept of empowerment emerged from case studies found in literature and from three interviews conducted with professionals in the global health space. Background research demonstrated that empowerment is not universally defined, and methods are ever evolving. Therefore, a 'model' case is not meant to demonstrate a perfect example of empowerment programming, but an example that illustrates how empowerment is being utilized by organizations in program implementation. A borderline case is meant to show a case in which certain common aspects of empowerment are utilized but may show disconnects and challenges in other domains. A contrary case is chosen to illustrate ways in which

empowerment programming may have foundational issues, ethical concerns, and potential failures in implementation and outcomes.

Current Uses: Model Case

A model case concerning the current uses of empowerment was extracted from an interview conducted with a public health practitioner with experience working with the Sundarban Social Development Centre (SSDC) located in West Bengal, India. SSDC works in the areas of health, education & awareness, child protection, environment, disaster management, and livelihood programming. The mission statement of the organization is to “uphold the human dignity of the poor and marginalized through the process of empowerment” (“SSDC”, 2019). Through the interview the “process of empowerment” was further described as a process that is implemented by the organization in every area of work and in the same manner. This is a process that revolves around the principle of “equity, equality, justice” (Interview #3, SSDC Consultant). This involves increasing women’s participation in the process, and through that process the dynamics are meant to evolve with the journey as an enabling process. This change is meant to first occur internally, and then contribute to change in the social processes. The next step involves the local structures, such as governance. Through getting women involved in this process SSDC seeks more long-term change. SSDC also targets adolescents and teenagers as key groups, as the future leaders both in households, economic processes, and political processes, which is also an effort to disrupt intergenerational poverty. Interviewee #3 stated, “It is a lifecycle approach, where one of the key target groups they try to engage with are the adolescents, the teenage population, who will be mothers, will be adults and will take part in the family processes, social processes, economic activities” (Interview #3, SSDC Consultant). This

often involves educational and behavioral activities. SSDC additionally tries to ensure the engagement of men and boys to address social norms (Interview #3, SSDC Consultant).

Current Uses: Borderline Case

A borderline case of current uses of empowerment reflects the disconnect between academia and programming, which can be seen in the Women's Empowerment in Agriculture Index (WEAI). The WEAI was developed at the University of Oxford with support from Feed the Future and USAID. The tool was developed to measure empowerment, agency, and inclusion of women in agriculture. It is comprised of two indices, the first with five domains and the second to measure percentage of women whose achievements are at least as high as the men in their households (Alkire et al., 2013). While the tool is extensive and has been utilized by several studies to analyze which domains should be focused on based on the empowerment scores it provides, the tool has also been shown to be quite lengthy and burdensome in practically for implementers and participants (Yount et al., 2019). While researchers have the weight of fully encompassing theory in tool development in their priorities, implementers have to also prioritize the effects of limited resources and participant fatigue (I1, 2022). This can lead to a breakdown between theory and practice. This demonstrates a borderline case where a tool for empowerment programming is being utilized by global health practitioners, but with some difficulties and breakdown in the implementation.

Current Uses: Contrary Case

Through review of literature a contrary case was identified as the use of 'control choice' empowerment. The definition by Kabeer which is commonly used to describe empowerment highlights the concept of choice (Kabeer, 1999). There is a distinction between making choices and having choices, however by highlighting the concept of choice there is a risk of viewing

empowerment as shown only through actions or “achievements”, while missing the fact that the options to choose from may remain unacceptable (Khader, 2018). This idea was exemplified through interview #1, which highlighted the potential problems with focusing on the number of decisions made by a woman as an indicator of empowerment, shown as a threshold for women’s empowerment in scales such as the WEAI. Interviewee #1 said, “...the WEAI, there’s a threshold to determine if women are empowered or disempowered, and it’s the number of decisions that they’re involved in...somehow decision making is how empowerment is measured in a lot of situations without ever asking the woman, do you want to be involved in this decision?” (Interview #1, Academia & Program Implementation). Additionally, measuring women’s preferences can become complicated and difficult to draw conclusions about empowerment from. Interviewee #1 said, “women’s preferences are influenced by culture, are influenced by norms; and so women may say no I don’t want to be involved in anything because they feel like that’s not their role, and so does their preference really reflect empowerment or not? It becomes very complicated to measure these things” (Interview #1, Academia & Program Implementation).

An additional finding related to these concepts is the possible conflation of improving individual women’s lives versus improving gender relations, which seems to be appearing as empowerment has become more of a buzzword. As interviewee #1 said, “I think programs need to focus more on norms...we all want to be gender transformative but if you haven’t identified what the norms are in the place, you’re working then how are you going to transform anything?” (Interview #1, Academia & Program Implementation). In addition, when speaking about an empowerment program in agriculture and maternal and child nutrition, interviewee #1 stated, “those programs have the advantage of working, for better or worse, in already existing gender

norms, where its already the woman's job to be growing vegetables, looking after her child's nutrition...it's easier to get community buy in because you're not challenging any existing structures or norms, for better or worse, by helping women be better at the things that already kind of their job" (Interview #1, Academia & Program Implementation).

Measurement of Empowerment

The measurement of empowerment was found to be a point of contention through both research and interviews. Currently, there is a debate between whether specific and contextualized measurement tools or universal and standardized tools are more effective and appropriate (Cross et al., 2019 & Yount et al., 2019). There are several examples of both, such as the Gender Empowerment Measure (GEM), Gender-Related Development Index (GDI), Women's Empowerment in Agriculture Index (WEAI), Women's Empowerment in Nutrition Index, Women's Empowerment in livestock Index, and the MUSE (Measuring Urban Sanitation and Empowerment) scales and indices which are currently in the process of validation (Yount et al., 2019 & Sinharoy et al., 2022). In addition, Interviewee #3 reported that in-country NGOs often are lacking in any explicit scientific monitoring and evaluation approaches due to limitations with numbers of staff and funding, which is an area where international organizations may be able to provide more assistance without interfering with the local context for implementation.

There have been issues identified with both universal tools, as well when only utilizing localized scales and indices. Additionally, Interviewee #1 discussed that many of the outcomes associated with women's health that are measured are children's health outcomes. In the field of nutrition there has recently been more of a shift to focus specifically on women's health outcomes from programs incorporating empowerment, such as in a study done in East Africa to specifically examine associations between intrinsic and instrumental agency and women's own

nutritional status (Jones et al., 2020). A participant who has experience in both academia and program implementation said, “it is important to have something that’s generalizable, something that’s comparable, something you can take to a global level to say this is what’s happening...when we compare these places, this is the place that needs the most attention; otherwise I don’t know how you would make decisions if you have one hundred different tools and how do you decide which one is giving you the priority information?” (Interview #1, Academia & Program Implementation)

Ethical Implications/Gaps

Through the review of literature and interviews conducted it was found that there is a large gap in the examination of ethical implications or concerns regarding empowerment work in global health. One area that was found to be a potential ethical dilemma through the research conducted in this thesis is the idea that translation of theory of empowerment into program implementation creates a conception of empowerment that lies in choice. The expansion of choice is highlighted in Kabeer’s definition of empowerment which is commonly adapted in programs (Kabeer, 1999). While she has an in-depth and nuanced explanation of choice in her articles, it has also often been translated into practice as control choice instead of option choice. As Khader discusses in her work, control choice looks at the measurement of specific actions, while option choice strips back the action into possessing the capability to choose something, whether or not that results in selecting a measurable option (Khader, 2018).

An example of this was discussed by Interviewee #1. Women’s decision-making is a key aspect in the threshold that determines whether a woman is empowered or disempowered in the Women’s Empowerment in Agriculture Index. The threshold is based on the number of decisions women are involved in making. However, in some contexts, women have a preference not to be

involved in every decision because the amount of additional work and burden it creates, as well as decision fatigue. Yet, decision making is how empowerment is measured in a lot of situations without ever asking the woman if she wants to be involved in this decision. Additionally, women's preferences are influenced by culture and social norms, which implies there is also the possibility that a woman may say she does not want to be involved in a decision because she feels it's not her appropriate role or the decision may pose a risk for the woman. Therefore, their preference may or may not reflect empowerment. These issues within the concept of option choice make it very complicated to measure decision-making as a domain of empowerment or not. One method discussed to combat this issue appears in current work about human capabilities. This theory concerns what people are capable to do and to be, as well as if they have the *option* to make the decision (Interview #1, Academia & Program Implementation). This could be another way forward to address some of the ethical concerns in measuring empowerment work, especially when global health practitioners may be looking at what choices "should" be made through a western lens.

Antecedents and Consequences

In the conceptual analysis method presented by Walker and Avant antecedents are events that must occur prior to the occurrence of the concept in question and consequences are events happening as a result of the occurrence of the concept. For this critique enabling environments and the role of constraints were found to be antecedents of empowerment. The consequences depend on how the concept of empowerment is conceptualized, whether it is through action choice, option choice, or another method.

I will first discuss what was found to be the antecedent for empowerment: enabling environments. This was identified through a case study discussed by Interviewee #2. There are

certain barriers to programs in empowerment that are foundational aspects of society that must be in place for claims of empowerment to hold any legitimacy. These foundational aspects are also something that can be targeted through building collective action and raising critical consciousness. However, many different aspects of society must be conducive to change for this to be effective.

A case study discussed by Interviewee #2 highlighted this antecedent for empowerment. In 1999 it was illegal for a woman to get a tubal ligation without signed consent from her spouse in Costa Rica. Activists tried to promote change through congress, however this did not gain traction. Due to this failure in congress, the president made an executive decree permitting women to get a tubal ligation without consent. This meant the change in policy was swift. However, this change in policy did not result in change in implementation. Providers remained widely opposed to granting women permission for a tubal ligation without a spouse's consent, and therefore women were still facing the same issues twenty years later through social pressure, spousal pressure, and norms. Effectively, the social environment was not conducive to this change. Interviewee #2 stated, "This is a case where you have a policy, its funded, its well known by service providers, its well known by users; but because it did not go hand in hand with an education process of the communities, of the service providers...20 years later you still see problems in implementation, coordination, and making the rights respected" (Interviewee #2, Policy Advisement). This demonstrates how there are needs both in realms of the ability for policies, societal structures, and social norms to shift in order for an action meant to "empower" women and girls to take any root or have legitimacy.

In response to this failed policy change local women's groups have taken it upon themselves to educate women of their rights and make the social change. While technically there

was an added choice through policy, there was still work to be done to make it a real option because of societal norms. Without explicit policies, implementation of empowerment is near impossible for wide scale change when considering human rights, women's health, and gender transformation. Enabling environments are an antecedent in this way to the occurrence of the concept of empowerment as a choice-generating phenomenon.

The exact consequences or events that happen as a result of the occurrence of the concept of empowerment are something widely unknown and unstudied. Impact is often seen as part of the process in the conceptualization of empowerment and therefore are widely undefined. Intermediate outcomes are seen commonly as expansion of choice as previously discussed. For the purposes of this critique, I will look at results for consequences as outcomes seen in programs that may be unintended or have ethical implications. A case of this was identified in the area of Menstrual Hygiene Management (MHM). The treatment of menstruation in global health is an example of why using empowerment as a term to categorize programs instead of qualifying programs by what they are doing could be problematic. The majority of MHM interventions focus on medicalized views of menstruation, such as providing period products including reusable pads and painkillers, and in some WASH in Schools (WiNS) interventions girls only toilets. These interventions are portrayed as “empowering” school-aged girls because these provisions are meant to curb absenteeism due to menstruation. These types of interventions paired with some type of reproductive health education are the most common programs in place surrounding menstruation, as seen in many analyses (Hennegan & Montgomery, 2016).

However, research has shown that while these aspects may have a place in management of menstruation, they do not actually contribute to the main issues surrounding power dynamics and so-categorized “empowerment” when it comes to menstruation. There is a sexualization of

menstruation in many contexts which stems from social norms, a lack of inclusion in policies or practices, and more of the enabling environments or antecedents to empowerment. Therefore, categorizing these interventions as “empowerment” is misleading and actually could hold a consequence of disempowerment. This is because these programs provide a message against shame and holding menstruation as a taboo subject, the programs also specifically teach girls to manage their menstruation in a discreet manner. While there is practicality to these programs, categorizing them as empowerment is problematic because it exaggerates the claim that adolescent girls will overcome education and empowerment barriers by receiving sanitary pads and painkillers, instead of actually addressing what has been discussed previously as the antecedents to empowerment (Joshi et al., 2015). An unintended consequence of empowerment focused on exercising choice can in reality be a reflection of choosing from unacceptable options. These options remain part of the architecture of gender norms and inequalities.

Discussion

Several findings generated from the case studies examined in the literature and interviews require further elucidation and discussion. While there are many aspects of the findings that could be elaborated on, this discussion will focus on the current uses of empowerment as presented in the case study on in-country programming, the conceptualization of choice in empowerment, and the implications of the antecedents and consequences of empowerment. There are several public health implications from these cases that propose critique of the conceptualization of empowerment.

Current Uses

There were several illuminating points that arose from the interview concerning the work of SSDC. One of the key factors was the context the organization is situated in and because of

this the principle of equity, equality, and justice as core to the organization. SSDC views empowerment as an evolving and enabling process, which is illustrated around involving women in program, social, and political process. Ultimately, this is seen as change internally which then leads to women contributing to the social and cultural processes. In addition, the organization views involving other stakeholders as key to this process, which includes governance. SSDC also takes a lifecycle approach by engaging with adolescents to continue the process. This is an effort to sustain change and has implications for the consequences of empowerment. Focusing on the generations which will influence more of the household dynamics as they become parents, as well as leaders in governmental and societal structures. An interesting aspect pointed out about this target population is that it may be an easier shift in social norms because there does not need to be an extensive de-learning process, which may be needed for adults. In most of SSDC's programs the organization also tries to engage boys and men in the process. This may also contribute to shifting social norms to create an environment more conducive to real shifts in power dynamics. These lessons learned in the approach of SSDC to target adolescents, boys, and men to shift social dynamics has implications for the antecedents to empowerment. These lessons suggest it may take a multi-phase approach to create enabling environments needed prior to creating change in gender dynamics. However, these phases may be distinctly different to empowerment programming in and of itself.

An interesting influencing factor of the work of SSDC is their location in the Sundarbans, which is a large mangrove forest spanning the border between Bangladesh and India, with about 60% of the Sundarbans in Bangladesh and 40% in Bengal, India. This is a fragile ecosystem that is prone to natural disasters. The most vulnerable populations are typically the most affected by these disasters. When a disaster happens there are difficulties in incorporating these pillars of

“empowerment” typically used in programming, and therefore relief distribution and long-term recovery support may not take into account gender relations and is an area identified as needing improvement (Interview #3, SSDC Consultant).

Barriers to the success of programs in this area were identified largely as education, economics, participation, and larger geopolitical and social structures. A relevant point was that the focus is largely on individual levels. However, in contexts such as in Bengal, local political organizations have great influence on the decision-making process. Therefore, it would be wise to invest not only on the individual level but also on the group and community level. One consequence of focusing on the individual level versus the community level is that this effect is felt in policy and governance shifts. When an individual is elected to a place of authority in the society there may be some years of progress in issues of gender relations and power, however when a new person comes into the position they may or may not have been sensitized to these issues. If these are not community-level value shifts then dynamics may regress. This begs review of the principle of agency and the operationalization of agency as choice. If everything comes down to an individual’s choice than the larger structures at play may be unaffected and the only choices to be made remain from unacceptable options.

Additionally, an interesting aspect of this type of empowerment programming in this particular setting is the view of long-term impacts. The consequences of empowerment are something that are not typically explicitly stated and tend to differ greatly. One long-term impact discussed was the effect on disrupting the cycle of intergenerational poverty. In this particular setting the main economic activity is agriculture, which requires migration during certain seasons. Empowerment programming is seen as a way to create other options than only focusing on agriculture, providing different kinds of trainings, diversifying sources of income, leading to

women being able to have their own income sources, ultimately contributing to household income and potentially breaking the cycle of poverty.

This potential outcome of empowerment programming is a relevant aspect to the critique of the concept of empowerment because it shows outcomes that are not specifically gendered. While these potential impacts are positive, they are distinct from the gender equality that is often assumed to be the long-term impact. This is a potential issue with the notion that empowerment leads to a change in gender dynamics because in reality the outcomes may not change a woman's position or status in the household or community. However, these goals and definitions are vaguely defined so it is not possible to say what the endpoints of an empowerment program should technically be. While this is helpful to be able to contextualize this concept, it makes answering the question of what empowering a woman or girl means complicated and near impossible to answer universally.

Another interesting finding that requires further explanation is the measurement of empowerment, in theory and in practice. While many tools and indices were previously discussed, I am going to focus on measurement in the context of the case study of SSDC. Through the discussion monitoring and evaluation were identified as a challenge for local organizations. Documenting in a quite scientific manner is not often done due to resources. While there is some quantitative participation data collected, such as how many people attend a program, how many utilize services, number of participants with different kinds of employment, etc., there is little in the way of qualitative data documenting the process and experience of participants. This is an area where international organizations may lend support with training, tools, key indicators, and resources.

There are key ethical implications to consider not only for these international organizations but for the local organizations as well. It is important to recognize the root idea of these programs which is trying to change local dynamics. This is done by using the youth and the woman. In the course of that process there needs to be transparency with actual goals, gaining consent and approval from participants, and making sure to give understanding and overview of what they are ultimately to do and what benefits are expected for participants. In addition, the organization should avoid pressuring people to participate, but rather invest in those who are keen to join programs and through them reach other members of the population who may have felt some sort of opposition. It may be more acceptable or palatable to absorb messages or behaviors that come from neighbors or peers than if comes from program implementers, and in this way seeks to mitigate ethical issues with imposing different values on a community. Additionally, it was discussed that programs should not create negative impacts on a participant's economy, family life, mental health, or safety. These are critical areas particularly because participants in these types of programs are often more vulnerable members of the society (I3, 2022). These ideas have key implications in the concept of empowerment being both the process and the outcome because there is a particular challenge in being transparent in goals of programs when endpoints cannot be well defined.

Ethical Implications

The aforementioned ethical implications become additionally relevant when examining the underlying 'choice' conceptualization of empowerment. There are several implications from the finding that the operationalization of empowerment is commonly presented as choice empowerment. While this may not be the intention of the underlying theories, this is how the concept has been commonly operationalized. This involves the schematic of resources, agency,

and achievements. This highlights an exercise of choice, seen in scales such as the WEAI which uses a threshold of numbers of decisions made as a large part of categorizing a woman as empowered (Interview #1, Academia & Program Implementation). A relevant question then is what does disempowerment mean? In control-choice theory disempowerment would be something that impedes a person from doing something they want to do. Therefore, empowerment is the removal of this barrier to make that choice. However, this does not include factors such as the acceptability of options to choose from, the behaviors of others, and relative inequalities (Khader, 2018). Effectively, an increase in exercising choices does not necessarily mean women's status relative to men's status is being improved. A woman could increase the choices she exercises and still be disempowered.

Therefore, it is possible for consequences of empowerment programming to perpetuate gender inequality. An example identified in the consequences findings of this thesis lies in menstrual hygiene management programs. The most commonly deployed interventions for menstrual hygiene management as discussed in the findings of this thesis are programs that are typically labeled as “empowering” but arguably do nothing to improve gender norms (Joshi et al., 2015). In these programs the management of menstruation is seen as a barrier to education. Therefore, removing this barrier through the provision of sanitary pads and painkillers is meant to provide a choice for adolescent girls to exercise, reducing absenteeism and therefore improving education and empowering these girls.

I propose that this is providing an array of options that are still unacceptable, not addressing outside behaviors and influences, and actually perpetrating gender inequalities. There are challenges of sexualization, shame, and confusion that perpetuate patriarchal norms. However, if empowerment is operationalized as choice than these issues are not distinctly disempowering.

Additionally, the foundational concepts underlying MHM revolve solely around women being able to be productive, within the status quo of gender relations. Therefore, the watering down of theory into an over emphasize on choice in empowerment could potentially actually disempower women. Additionally, this begs the question if the goals of empowerment are the same as the goals of gender transformation. These topics seem to be conflated in marketing and popular media of empowerment programming, while the theories behind them appear to be distinct concepts. While empowerment may provide a piece of gender transformation in society, it is dangerous to leave gender transformation up to these programs, particularly in the way they are being operationalized.

Antecedents & consequences

The antecedents and consequences identified in findings require further discussion. The policy change on permission for tubal ligation in Costa Rica teaches us that empowerment requires groundwork to occur before claims of empowerment can have any legitimacy. In Costa Rica the policy change happened, effectively creating a ‘choice’ for women which would be categorized as empowerment. However, this executive decree held no real option for women in an environment where other pressures overwhelmed the policy change. Over twenty years of being “empowered” without a change in status among gender relations led to grassroots women’s groups taking matters into their own hands to fight for effective enactment and enforcement of their rights.

This constitution of antecedents needed for empowerment provides two lessons in empowerment programming in global health. The first lesson was also drawn from the case study of SSDC in Bengal, India. This lesson is that greater investment and prioritization of local organizations, political groups, women’s grassroots organizations, and local governing bodies

would be prudent for greater and more sustained impact. Focus on the individual is not enough for the claim of empowerment to have legitimacy in a community. Collective consciousness and collective action have proven to be effective in creating change in Latin America and should receive more funding and attention in research and implementation of global health programs.

The second lesson we can learn from this case study is that presence of an option does not equal empowerment. There are antecedents to empowerment that need to occur, which include an array of enabling environments. These enabling environments needed and requiring change may be both universal and very specific to contexts. I argue that this demonstrates empowerment as one piece in what would be a multiple phase societal shift to transform gender relations. While feminist theory and many empowerment theorists do not necessarily argue contrary to this point, the operationalization and marketing of empowerment does. There is a specific harm in viewing empowerment as gender transformative because without additional necessary phases this can disempower women and create more of a burden without changing power dynamics.

Additionally, there are vast ethical implications for global health practitioners to impose values and beliefs viewed as “empowering”. There is a great leg of work that needs to be done instead of, before, and after attempts at empowering, to provide legitimacy to this work. Here in lies the main critique of the concept; somewhere throughout the history of empowerment being introduced into the development sector the feminist theory became watered down and the concept viewed as the solution, while I argue it is one step in a vast and complex journey towards improvement of gender relations.

Limitations

A limitation of this thesis was the limited number of interviews conducted. More interviews would have been helpful in examining a wider array of perspectives and drawing comparisons across case studies. I attempted to address this limitation by selecting interviewees from different types of organizations (INGO, local-level NGO, academia, inter-governmental) to represent differences across the field. Another limitation is researcher bias, bringing my experiences into this work. I attempted to address this bias by utilizing reflexivity throughout the research and seeking a variety of types of research and interviews.

Additionally, time constraints posed a limitation on seeking various case studies. This was mitigated by attempting to make the cases that were gathered from different areas, such as in policy, different areas of the world, and multiple sects of global health. An additional limitation is the complexity and volume of theories, concepts, and potential issues in this area of global health. Therefore, many aspects that could have various implications on empowerment in global health programming had to be set aside for the purposes of this thesis. These could be explored in future directions and continued work. While there are limitations, this research is still valuable to provide insight into a gap in the body of work on empowerment which lies in examining ethical implications of this concept.

Conclusions

Despite these limitations, in what proceeds I have been able to show a plausible critique on the concept of empowerment. I have shown a model, contrary, and borderline case for how the concept of empowerment is operationalized. The antecedents have been proposed as enabling environments, and potential consequences have been explored. A demonstrated conflation between empowerment and gender transformative programming has been identified and has

implications for assessing power as a commodity that can be handed to a woman by an outside person or organization. There is also a distinction between types of choice presented, implemented, and monitored. The types of choice measured have implications for how we deem empowerment programming to be a success, which may be a different result in theory than in reality. The operationalization of empowerment into control choice creates a set of programming that sounds progressive, while remaining palatable so as not to actually disrupt the status quo. This is a watering down of theory and intersectional feminism, which undermines the vast areas of human experience in which power operates and shifts. I conclude that empowerment should be viewed carefully and cautiously as one step in a much larger journey to shift gender relations. Viewing empowerment as the solution to gender inequalities without recognition of the wider schema of power dynamics in which this concept lies should be cautioned against.

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