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Diagnosing Norms & Norm Change in Rural Bangladesh: A Qualitative Exploration of Gender-based
Social Norms & Women's Empowerment

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Abstract

Diagnosing Norms & Norm Change in Rural Bangladesh: A Qualitative Exploration of Gender-based Social Norms & Women's Empowerment

By Shivani Chandramohan

Background: Bangladesh has been significantly progressing in several indicators of women's empowerment, however rural regions continue to face issues surrounding gender inequality and health disparity, both of which can be tied to disempowerment. One such rural region, Sylhet Division, is reported to be the wealthiest region in Bangladesh and yet was ranked the lowest in women's empowerment and has the worst nutritional outcomes among women and children. Women's empowerment and related health outcomes can be affected by inequalities sustained by social norms. In order to change disempowering practices, it is important to identify the underlying social norms that motivate and perpetuate such practices and develop targeted interventions to address these perceptions.

Objective: This qualitative study aimed to diagnose gender-based social norms and document evidence of norm change over time in The Food and Agricultural Approaches to Reducing Malnutrition (FAARM) population, an intervention assessing the interaction between nutrition, gender, and empowerment in Sylhet Division, Bangladesh, using Christina Bicchieri's theory of social norms and model of norm change.

Methods: Twenty-six interviews and four sex-segregated focus group discussions were conducted with a total of sixty-three participants, consisting of both women (n=33) and men (n=30). Participants were sampled from the FAARM trial's intervention arm and were assessed on general perceptions of empowerment, ability to express different dimensions of agency, overall life events as well as community perceptions on norms and gender roles. Data were analyzed using thematic analysis.

Results: Evidence of social norms that informed three specific practices related to women's agency were identified through the analysis: decision-making, mobility, and financial independence. Social norms dictated the degree to which women were able to participate in house-hold decisions, the locations they were able to access, and their autonomy to spend finances through both empirical and normative expectations, in accordance with the framework. There was also evidence of advances in altering gendered social norms among the study population and the desire, among some, to abandon restrictive norms. Certain intersecting factors, such as education and employment, were identified as facilitators and barriers to women's empowerment and the related gendered expectations.

Discussion: Findings relate with existing norms literature and indicate social norms have a greater role in impacting behaviors, when compared to individual beliefs. It is essential to address these social expectations and perceptions in order to create effective and lasting change. Future studies and interventions aiming for developments in women's empowerment should combine awareness on the importance of norm-change with opportunities for jobs and education, in order to effectively overcome restrictions on women imposed by gendered social norms.

Keywords: social norms, women's empowerment, norm change, agency

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Chapter I: Introduction

In recent years there have been great strides in the domains of gender equality and increasing women's empowerment; however, many challenges continue to persist on a global level.^{1,2,3} Despite improvements, women continue to be subject to violence and harassment, are legally and socially restricted from having the same opportunities as men^{1,2,4} and continue to be paid less when compared to men in both developing and developed economies.^{1,2} Closing these existing gender gaps by providing women and girls with equal access to education, healthcare, technology and economic opportunity are central to reducing excess mortality of girls and women, diminishing gender differences on a household and societal level, and ultimately limiting gender inequality over time.^{2,3,4,5} Women's empowerment is crucial to catalyzing this change and achieving gender equality.⁶

Defining Empowerment

Empowerment is a process of change allowing individuals to gain control over their own lives, enabling them to make strategic life choices previously denied to them.^{6,7} Empowered women have increased self-worth, access to opportunities and resources, and decision-making power to make their own choices.^{7,8} Empowerment also allows women to attain and exercise autonomy in social, economic, and political arenas,⁹ providing them with the capacity to contribute to all areas of society.

Agency, an important component of the empowerment process, is the ability to pursue goals, take action, express voice, as well as influence and make decisions.^{6,8} An individuals' sense of agency is often assessed as an indicator of empowerment

and encompasses decision-making and autonomy in various areas that may challenge power relations.⁶ Expressions of agency facilitate change at an individual level and not only manifest as observable and measurable changes or actions, but also motives and purposes that catalyze this change.⁶ Hence, it is important to identify the reasons for collective behaviors that restrict women's agency, and why individuals engage in them.

Impact of Empowerment on Health

Women's empowerment also plays an important role in mental and physical health, as it drives maternal and child health outcomes.¹⁰⁻¹³ Evidence suggests empowerment increases women's access and use of health services, likelihood of receiving effective care, and participation in decision-making for health-seeking behaviors^{10,11,13} In many Low-and-Middle Income countries (LMICs), women are unable to access health services as they need men's permission to visit a health care facility and even with permission, often feel unsafe to visit a health care facility alone.⁸⁻¹⁶ This may be influenced by the presence of predominately male staff in most rural health systems, which perpetuates systems of inequality.¹²⁻¹⁶ Hence the process of empowering women is not controlled by women alone, as males tend to impact many aspects of empowerment.⁸⁻¹⁶

Involving men in women's empowerment is critical to attaining equality as the disempowerment of women is also a threat to men's health.^{3,7} Women are traditionally the gatekeepers of family health, and if women are healthy and have adequate knowledge about health-seeking behaviors, they can transmit this

knowledge to their families and more effectively take care of them.¹⁴⁻¹⁶ The disempowerment of women not only affects their own households but impacts health on a societal level as well.^{10,16} When women are unable to participate in leadership positions or contribute to national decisions and policymaking, both women and men receive less effective healthcare,^{4,10} along with other negative health outcomes.¹⁷⁻¹⁹

Social Norms & Gender

Women's empowerment and related health outcomes can be impaired by inequalities sustained by prevailing social norms.^{17,19} Social norms, or informal behavioral rules, tend to govern collective patterns of behaviors within communities.^{20,21} Social norms dictate behaviors through social expectations, compliance, and sanctions.^{8,20} The interaction between social norms and gender roles tends to be bidirectional. A women's inability to express agency and autonomy are often due to restrictive social norms based on limiting gender roles. Restrictive social norms can greatly shape various aspects of empowerment as they drive behaviors that hinder access to opportunities, resources and power.^{14,22} In patriarchal societies, social norms, particularly those dictating gender roles, perpetuate systems of inequality by limiting the rights and powers of women.^{8,23,24} This ultimately leads to the continued disempowerment of women.⁸ Additionally, studies show empowered women gain greater control of their expressions of agency, such as making their own decisions and choices, ultimately leading to changes in social norms.^{8,25} Therefore, it is essential to understand existing social norms and the mechanisms by which norms change as an important step towards this process of empowerment.^{26,27}

Study Context

Since 1990, Bangladesh has significantly progressed in several indicators of women's empowerment.^{28,29} Over the past decade Bangladesh has consecutively secured the first spot in gender equality among South Asian countries in the Gender Gap Index, a measure of disparities in gender-based equality developed by the World Economic Forum that focuses on four key areas: health, education, economics and politics.³⁰ The number of working women in Bangladesh increased from 16.2 million in 2010 to 18.6 million in 2016.³⁰ In 2017, Bangladesh ranked 47 out of 144 countries in the Global Gender Gap Index³⁰ – significantly improving its ranking of 100 out of 128 countries in 2007.³¹ These trends are reflective of national policies aiming to bridge the gender gap and provide more opportunities for the advancement of women.³² However, these achievements tend to represent improvements in urban areas rather than rural villages. Rural Bangladesh continues to face issues surrounding gender inequality and health disparity¹¹, both of which can be tied to disempowerment.^{6,14}

One such rural region is Sylhet Division, where the data used in this study were collected. According to the 2014 Demographic and Health Surveys (DHS), Sylhet Division is the wealthiest region in Bangladesh and yet has the worst nutritional outcomes among women and children.²⁸ Sylhet was also ranked the lowest in women's empowerment by the 2011-2012 Bangladesh Integrated Household Survey (BIHS) using the Women's Empowerment in Agriculture Index (WEAI).³³ Figure 1 shows the FAARM study site locations.

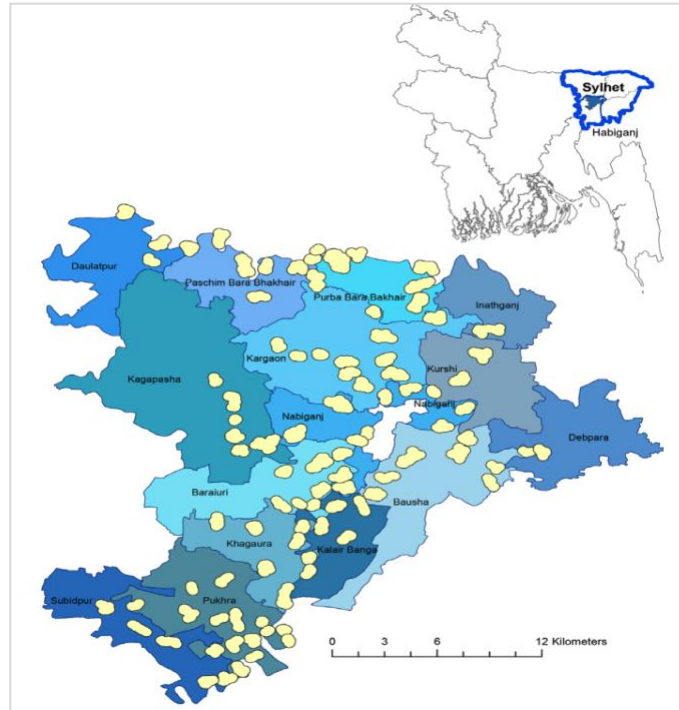


Figure 1. FAARM study site³³

Study Aim and Research Question

In order to change disempowering practices, it is important to identify the underlying social norms that motivate and/or perpetuate such practices.^{20,26,34} This qualitative study aimed to diagnose prevailing social norms that inform practices related to women’s empowerment in Sylhet Division, Bangladesh and examine norm change over time, as it relates to empowerment, using Christina Bicchieri’s theory of social norms and model of norm change.²⁰

The study aimed to address the following research question and sub-questions:

What are the prevailing social norms related to women's empowerment in Sylhet Division, Bangladesh?

- What characteristics influence the degree to which certain women are expected to abide by the prevailing social norm for a given gender- or empowerment-related practice?
- How have these social norms evolved over time?

Chapter II: Review of the Literature

Many social practices in Lower-and-Middle Income Countries (LMICs) are highly gendered such as female genital mutilation (FGM), child marriage, intimate partner violence (IPV), as well as other behaviors affecting women's empowerment.³⁵⁻³⁷ Components of existing social norms in relation to health and wellbeing outcomes in low-and-middle income countries have been examined by certain prior studies. For example, a study assessing IPV in Nepal found community-based expectations and perceptions were better predictors of women's risk of IPV when compared to individual-level measures of women's attitudes.³⁵ In the case of FGM in Senegambia, the results of a qualitative study found the practice is continuing due to social pressure from elders, rather than religious customs or perceived health benefits.³⁶ Similarly, a qualitative study identifying established norms in rural West Africa found the statement "everyone agrees" was the predominant reason for individuals engaging in normative behaviors regarding traditional gender roles.³⁷ While these studies demonstrate the utility of assessing social norms related to gender, there is a paucity of literature addressing the measurement of social norms and the shift in gendered social norms over time. Few studies have assessed existing social norms and extensively explored the changes in norms over time, particularly in the context of LMICs.³⁷

Diagnosis of Norms

Christina Bicchieri's theory of social norms and model of norm change will serve as the guiding framework for this qualitative study.²⁰ While different norms

theories exist in the literature, Bicchieri's theory specifically focuses on the stages and processes of norm change and attempts to identify what motivates collective patterns of behavior.²⁰ This model will be used to diagnose norms and identify changes in norms over time among the study sample.

Bicchieri defines social norms as a rule of behavior such that individuals prefer to conform to it on the conditions that they 1) believe a majority of people in their reference network conform to it (empirical expectation) and 2) believe most people in their reference network believe they ought to conform to it (normative expectation).²⁰ What separates a social norm from a moral rule, habit or custom is its interdependent and conditional nature, meaning other people's actions and opinions matter to one's choice. Hence, the social expectations (i.e., empirical and normative expectations) individuals have about the beliefs and behaviors of their reference network, or the range of people they care about when making decisions, is the driving factor of social norms.²⁰ Figure 2 below details how to diagnose a social norm within Bicchieri's framework.²⁰

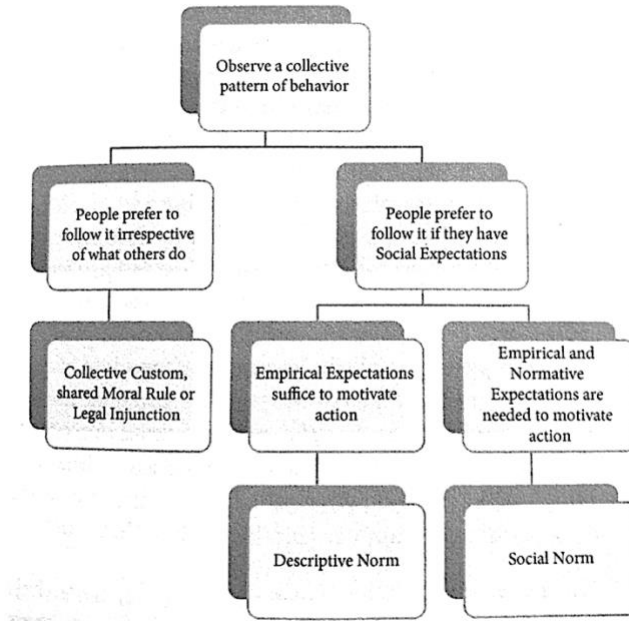


Figure 2. Framework of diagnosing norms²⁰

One distinguishing factor of social norms is the existence of sanctions.²⁰

Social norms are sustained by sanctions, as the threat of negative sanctions allow social norms to dictate gender roles. Sanctions are social enforcements of behavior, that can be negative or positive, and reiterate societal expectations.^{20,35} Social norms are sustained by sanctions, as the threat of negative sanctions allow social norms to dictate gender roles. As noted by Bicchieri, sanctions are crucial to diagnosing social norms as they highlight the existence of socially conditional expectations – which distinguish social norms from personal normative beliefs about what one ought to do. Personal normative beliefs may happen to be similar among individual members of a network but are not contingent upon the actions or perceived beliefs of others in the network and, therefore, do not constitute social norms.²⁰ The consequences of norm

transgressions, through sanctions, indicate strong normative expectations. If a behavior elicits a form of social condemnation this indicates the presence of a social norm.

Norm Change

Norms are constantly subject to change, and gradually evolve over time.^{20,21,25} Norm change occurs with the emergence of new norms and can be catalyzed by unforeseen forces such as disasters or war, policy, social movements, or directly working with communities to shift attitudes and perceptions.^{20,21,25} The capacity of norms in behavior change is deeply rooted in the inclination to belong to one's community and imitate others.²⁰ It is often challenging to address the cause and process of change for gendered social norms, as they are multifaceted in nature and can be a result of many different factors, however the process of changing social norms typically involves changing people's misperceptions of what others do.²⁰

A change in norms is essentially a change in social expectations.²⁰ Social norms are deeply rooted within communities and the emergence of new gender-based norms is a complex process requiring changes in social expectations and approval, among both men and women, as the process of empowerment is not controlled by women alone. Norm change can involve the creation of new norms or the abandonment of existing norms. Bicchieri details norm abandonment as a 6-step process consisting of: 1) Change factual and personal normative decisions, 2) Collective decision to abandon, 3) Trust/common belief, 4) Coordinated action, 5) Create empirical expectations, and 6) Abandon old normative expectations.²⁰ In order

to abandon maladaptive norms, members of the reference network must recognize the problems created by existing norms and have shared reasons to change. The figure below depicts the steps taken when abandoning a norm. Figure 3 depicts the steps taken when abandoning a norm.

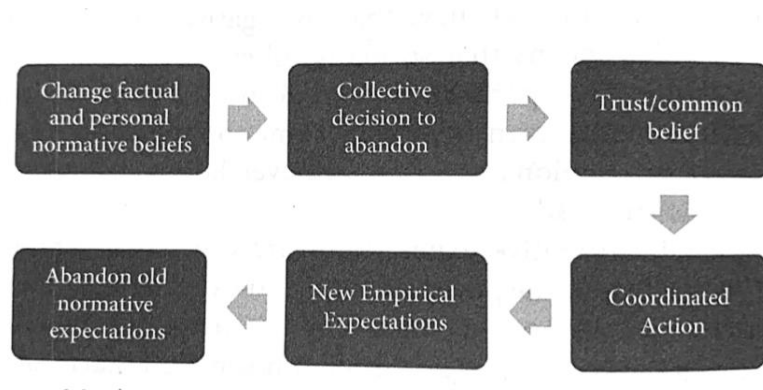


Figure 3. Framework of norm change²⁰

The predominance of existing studies in the realm of norm diagnosis and norm change provide evidence of changing specific behaviors through specific interventions and quantitative measures, rather than identifying norm changes in a community as a whole over time.³⁰ Though qualitative research can allow for identification of social norms, there is a gap in the existence of studies in this context.

³⁰ Particularly, there is a gap in the availability of qualitative studies applying social norms measurement frameworks to diagnose norms in a given population. This qualitative study aimed to diagnose prevailing social norms that inform practices related to women’s empowerment in Sylhet Division, Bangladesh and examine norm change over time, as it relates to empowerment, using Christina Bicchieri’s theory of social norms and model of norm change.²⁰

Chapter III: Student Contributions

Overview of the FAARM Intervention

Hellen Keller International implemented a homestead food production (HFP) program from 2015 to 2019 in rural Bangladesh to focus on women's and children's nutrition outcomes through trainings and asset distribution to support home gardening, poultry rearing, as well as improved nutrition and hygiene practices.³³ The Food and Agricultural Approaches to Reducing Malnutrition (FAARM) study was a 1:1 cluster-randomized trial aiming to evaluate the impact of the HFP program on undernutrition among participating communities in Sylhet Division, Bangladesh.³³ The FAARM trial was designed to assess the synergistic interaction or overlap between nutrition, gender, and empowerment.

Student Contribution to Thesis

Dr. Sinharoy provided the research question for this study. Under her supervision and guidance, I developed the codebook, qualitatively analyzed the dataset using MAXQDA, and performed thematic analysis. I wrote this thesis and developed all figures and tables with guidance and feedback from Dr. Sinharoy and Dr. Comeau.

Methods

Participant Sampling

This sub-study was conducted in Sylhet Division, Bangladesh from 2018-2019, and uses qualitative data to examine prevalent social norms among the FAARM trial population. Participants who were previously enrolled in the FAARM trial's intervention arm and resided in the intervention regions were eligible for inclusion in this sub-study. This consisted of married women from different village clusters with a self-reported age of below 30 years on the first visit in 2015, along with their spouses. Participants were also intentionally sampled from both Muslim and Hindu communities, as it was originally hypothesized that norms and conceptualizations of empowerment may differ by religion. Participants were recruited by local field staff using purposive sampling methods for participation in life history interviews, in-depth key informant interviews with village model farmers, and sex-segregated focus group discussions through two rounds of data collection.

Data Collection Procedures

The life history interviews were semi-structured and took place inside participants' homes. General perceptions of empowerment, family structure, social norms, and participants' overall life events were explored in the qualitative interviews. Focus group discussions were conducted to assess community perceptions surrounding the ability to express different dimensions of agency as well as norms, gender roles, and women's empowerment. Focus group discussions took place in open spaces such as courtyards. Life histories and focus group discussions were led

by two trained research staff, one facilitator and one note taker, and were conducted in Bengali. The interview and focus group guides were developed by the International Food Policy Research Institute (IFPRI) to assess empowerment factors in the context of agricultural interventions. Example questions include: “In households where men and women make most decisions together, how are women in those households perceived by other women and men in their community?”, and “Why are certain decisions over production made together or alone? (*See Appendix 1 for complete Interview Guide*).

Data Management and Analysis

IRB approvals for the study were acquired in both Germany and Bangladesh. Written consent was obtained from all participants at the start of the FAARM trial in 2015 and verbal informed consent was obtained from each participant prior to the start of each interview or focus group discussion. Demographic data were also collected via paper survey before each focus group discussion and interview. Data collected included age, marital status, number of children, age of children, cluster, and religion. The interviews and discussions lasted for approximately one to two hours, and were audio recorded. Recordings were later transcribed verbatim by a research team member/field staff and then translated into English by an independent translator. Following translation, all documents were de-identified and stored in a password protected online Emory Box folder.

Transcripts were reviewed and memos were written to record first impressions of the data. After reviewing the transcripts, a codebook was developed using both

deductive and inductive codes. Christina Bicchieri's theory of social norms and model of norm change²⁰ and the conceptual model of women and girl's empowerment, as designed by KIT and the Bill & Melinda Gates foundation⁸, informed the development of the deductive codes. Inductive codes were based on concepts which emerged from the data. Transcripts were imported into MAXQDA, where codes were assigned to relevant segments of the interviews. Data were analyzed using thematic analysis, themes were developed using the coded data to identify expectations related to gender empowerment as well as instances of norm change.

References

1. Davidson PM, McGrath SJ, Meleis AI, et al. The health of women and girls determines the health and well-being of our modern world: a white paper from the international council on women's health issues. *Health Care for Women International*. 2011;32(10):870-886.
2. Markel E, Gettliffe E, Jones L, Kim L, Miller E. The social norms factor: How gendered social norms influence how we empower women in market systems development. . Published online 2016.
3. Weber AM, Cislighi B, Meausoone V, et al. Gender norms and health: insights from global survey data. *Lancet*. 2019;393(10189):2455-2468. doi:10.1016/S0140-6736(19)30765-2
4. Chant S. *Gender, Generation and Poverty*. Edward Elgar Publishing; 2007.
5. Pearse R, Connell R. Gender norms and the economy: insights from social research. *Feminist Economics*. 2016;22(1):30-53.
6. Kabeer N. Gender equality and women's empowerment: A critical analysis of the third millennium development goal 1. *Gender & Development*. 2005;13(1):13-24.
7. Kabeer N. Resources, agency, achievements: reflections on the measurement of women's empowerment. *Development & Change*. 1999;30(3):435-464.
8. Van Eerdewijk A, Wong F, Vaast C, Newton J, Tyszler M, Pennington A. White Paper: A Conceptual Model of Women and Girls' Empowerment. Amsterdam: Royal Tropical Institute (KIT). Published online 2017.
9. Eyben R. Supporting pathways of women's empowerment: a brief guide for international development organisations. Published online October 2011.
10. Remme M, Vassall A, Fernando G, Bloom DE. Investing in the health of girls and women: a best buy for sustainable development. *BMJ*. Published online June 2, 2020:m1175.
11. Mainuddin A, Ara Begum H, Rawal LB, Islam A, Shariful Islam SM. Women Empowerment and Its Relation with Health Seeking Behavior in Bangladesh. *J Family Reprod Health*. 2015;9(2):65-73.
12. Shooshtari S, Abedi MR, Bahrami M, Samouei R. Empowerment of women and mental health improvement with a Preventive approach. *Journal of Education and Health Promotion*. 2018;7(1):31.

13. Ahmed S, Creanga AA, Gillespie DG, Tsui AO. Economic status, education and empowerment: implications for maternal health service utilization in developing countries. *PLoS One*. 2010;5(6):e11190. Published 2010 Jun 23. doi:10.1371/journal.pone.0011190
14. Heise L, Greene ME, Opper N, et al. Gender inequality and restrictive gender norms: framing the challenges to health. *Lancet*. 2019;393(10189):2440-2454. doi:10.1016/S0140-6736(19)30652-X
15. Schoppe-Sullivan SJ, Altenburger LE, Lee MA, Bower DJ, Kamp Dush CM. Who are the Gatekeepers? Predictors of Maternal Gatekeeping. *Parent Sci Pract*. 2015;15(3):166-186. doi:10.1080/15295192.2015.1053321
16. Pratley P. Associations between quantitative measures of women's empowerment and access to care and health status for mothers and their children: A systematic review of evidence from the developing world. *Soc Sci Med*. 2016;169:119-131. doi:10.1016/j.socscimed.2016.08.001
17. Maiorano D, Shrimankar D, Thapar-Björkert S, Blomkvist H. Measuring empowerment: Choices, values and norms. *World Development*. 2021;138:105220.
18. Huis MA, Hansen N, Otten S, Lensink R. A three-dimensional model of women's empowerment: implications in the field of microfinance and future directions. *Front Psychol*. 2017;8:1678.
19. Taukobong HFG, Kincaid MM, Levy JK, et al. Does addressing gender inequalities and empowering women and girls improve health and development programme outcomes? *Health Policy Plan*. 2016;31(10):1492-1514.
20. Bicchieri C, Norms in the wild. How to diagnose, measure, and change social norms. 2017.
21. Cislighi B, Heise L. Gender norms and social norms: differences, similarities and why they matter in prevention science. *Sociol Health Illn*. 2020;42(2):407-422.
22. Elson D. Gender relations and economic issues. *Focus Gend*. 1993;1(3):6-12. doi:10.1080/09682869308519974
23. Schuler SR, Lenzi R, Badal SH, Nazneen S. Men's perspectives on women's empowerment and intimate partner violence in rural Bangladesh. *Culture, Health & Sexuality*. 2018;20(1):113-127.
24. Clinton Foundation, Bill & Melinda Gates Foundation, The Economist Intelligence Unit, WORLD Policy Analysis Center. No Ceilings: The Full Participation Report. <http://www.noceilings.org/>.

25. Cislighi B, Denny EK, Cissé M, et al. Changing social norms: the importance of “organized diffusion” for scaling up community health promotion and women empowerment interventions. *Prev Sci*. 2019;20(6):936-946.
26. Kabeer N. Gender equality and women’s empowerment: A critical analysis of the third millennium development goal 1. *Gender & Development*. 2005;13(1):13-24.
27. Bicchieri C, Lindemans JW, Jiang T. A structured approach to a diagnostic of collective practices. *Front Psychol*. 2014;5.
28. National Institute of Population Research Training, Mitra and Associates, ICF International. Bangladesh Demographic and Health Survey 2014. Dhaka, Bangladesh. Published online 2016.
29. Schuler SR, Rottach E. Women’s empowerment across generations in bangladesh. *Journal of Development Studies*. 2010;46(3):379-396.
30. World Economic Forum. The Global Gender Gap Report 2017. Published online 2017.
31. Hausmann R, Tyson LD, Zahidi S. The global gender gap index 2007. The global gender gap report. 2007:3–27.
32. Hossain N. The sdgs and the empowerment of bangladeshi women. In: Chaturvedi S, Janus H, Klingebiel S, et al., eds. *The Palgrave Handbook of Development Cooperation for Achieving the 2030 Agenda*. Springer International Publishing; 2021:453-474.
33. Wendt AS, Sparling TM, Waid JL, Mueller AA, Gabrysch S. Food and Agricultural Approaches to Reducing Malnutrition (Faarm): protocol for a cluster-randomised controlled trial to evaluate the impact of a Homestead Food Production programme on undernutrition in rural Bangladesh. *BMJ Open*. 2019;9(7):e031037.
34. Costenbader E, Cislighi B, Clark CJ, et al. Social norms measurement: catching up with programs and moving the field forward. *Journal of Adolescent Health*. 2019;64(4):S4-S6.
35. Clark CJ, Ferguson G, Shrestha B, et al. Social norms and women’s risk of intimate partner violence in Nepal. *Social Science & Medicine*. 2018;202:162-169.
36. Shell-Duncan B, Moreau A, Wander K, Smith S. The role of older women in contesting norms associated with female genital mutilation/cutting in Senegambia: A factorial focus group analysis. Puebla I, ed. *PLoS ONE*. 2018;13(7):e0199217.
37. Mackie G, Moneti F, Shakya H, Denny E. What are social norms: how are they measured? Published online 2015.

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Chapter IV: Journal Article

Introduction

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An individual's sense of agency is often assessed as an indicator of empowerment and encompasses decision-making and autonomy in various areas that may challenge power relations.⁶ Expressions of agency facilitate change at an individual level and not only manifest as observable and measurable changes or actions, but also motives and purposes that catalyze this change.⁶ Hence, it is important to identify the reasons for collective behaviors that restrict women's agency, and why individuals engage in them.

Impact of Empowerment on Health

Women's empowerment also plays an important role in mental and physical health, as it drives maternal and child health outcomes.¹⁰⁻¹³ Evidence suggests empowerment increases women's access and use of health services, likelihood of receiving effective care, and participation in decision-making for health-seeking behaviors^{10,11,13} for both them and their families, as women are traditionally the gatekeepers of family health.^{3,14-16} The disempowerment of women not only affects their own households, but impacts health on a societal level as well.^{10,16} When women are unable to participate in leadership positions or contribute to national decisions and policymaking, both women and men receive less effective healthcare,^{4,10} along with other negative health outcomes.¹⁷⁻¹⁹

Social Norms & Gender

Women's empowerment and related health outcomes can be impaired by inequalities sustained by prevailing social norms.^{17,19} Social norms, or informal

behavioral rules, tend to govern collective patterns of behaviors within communities.^{20,21} Social norms dictate behaviors through social expectations, compliance, and sanctions.^{8,20} The interaction between social norms and gender roles tends to be bidirectional. A women's inability to express agency and autonomy are often due to restrictive social norms based on limiting gender roles. Restrictive social norms can greatly shape various aspects of empowerment as they drive behaviors that hinder access to opportunities, resources and power.^{14,22} In patriarchal societies, social norms, particularly those dictating gender roles, perpetuate systems of inequality by limiting the rights and powers of women.^{8,23,24} This ultimately leads to the continued disempowerment of women.⁸ Additionally, studies show empowered women gain greater control of their expressions of agency, such as making their own decisions and choices, ultimately leading to changes in social norms.^{8,25} Therefore, it is essential to understand existing social norms and the mechanisms by which norms change as an important step towards this process of empowerment.^{26,27}

Components of existing social norms in relation to health and wellbeing outcomes in low-and-middle income countries have been examined by certain prior studies. For example, a study assessing intimate partner violence (IPV) in Nepal found community-based expectations and perceptions were better predictors of women's risk of IPV when compared to individual-level measures of women's attitudes.²⁸ In the case of female genital mutilation (FGM) in Senegambia, the results of a qualitative study found the practice was continuing due to social pressure from elders, rather than religious customs or perceived health benefits.²⁹ Similarly, a qualitative study identifying established norms in rural West Africa found the

statement “everyone agrees” was the predominant reason for individuals engaging in normative behaviors regarding traditional gender roles.³⁰

While these studies demonstrate the utility of assessing social norms related to gender, there is a paucity of literature addressing the measurement of social norms and the shift in gendered social norms over time. Few studies have assessed existing social norms and extensively explored the changes in norms over time, particularly in the context of LMICs.³⁰ The predominance of existing studies in this realm provide evidence of changing specific behaviors through specific interventions and quantitative measures, rather than identifying norm changes in a community as a whole over time.³⁰ Though qualitative research can allow for identification of social norms, there is a gap in the existence of studies in this context.³⁰ Particularly, there is a gap in the availability of qualitative studies applying social norms measurement frameworks to diagnose norms in a given population.

Diagnosis of Norms

Christina Bicchieri’s theory of social norms and model of norm change will serve as the guiding framework for this qualitative study.²⁰ While different norms theories exist in the literature, Bicchieri’s theory specifically focuses on the stages and processes of norm change and attempts to identify what motivates collective patterns of behavior.²⁰ We used this model to diagnose norms and identify changes in norms over time among the study sample.

Bicchieri defines social norms as a rule of behavior such that individuals prefer to conform to it on the conditions that they 1) believe a majority of people in

their reference network conform to it (empirical expectation) and 2) believe most people in their reference network believe they ought to conform to it (normative expectation).²⁰ What separates a social norm from a moral rule, habit or custom is its interdependent and conditional nature, meaning other people’s actions and opinions matter to one’s choice. Hence, the social expectations (i.e., empirical and normative expectations) individuals have about the beliefs and behaviors of their reference network, or the range of people they care about when making decisions, is the driving factor of social norms.²⁰ Figure 1 below details how to diagnose a social norm within Bicchieri’s framework.²⁰

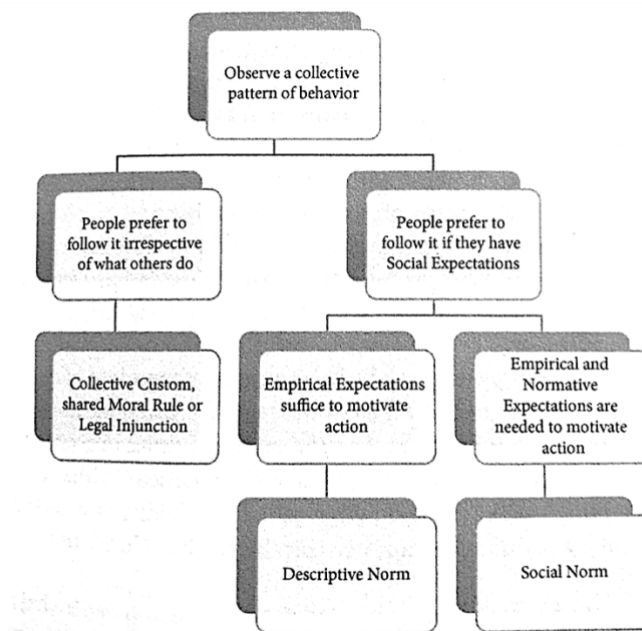


Figure 1. Framework of diagnosing norms²⁰

One key indicator of social norms is the existence of sanctions.²⁰ Social norms are sustained by sanctions, as the threat of negative sanctions allow social norms to dictate gender roles. Sanctions are social enforcements of behavior, that can be

negative or positive, and reiterate societal expectations.^{20,31} Social norms are sustained by sanctions, as the threat of negative sanctions allow social norms to dictate gender roles. As noted by Bicchieri, sanctions are crucial to diagnosing social norms as they highlight the existence of socially conditional expectations – which distinguish social norms from personal normative beliefs about what one ought to do. Personal normative beliefs may happen to be similar among individual members of a network but are not contingent upon the actions or perceived beliefs of others in the network and, therefore, do not constitute social norms.²⁰ The consequences of norm transgressions, through sanctions, indicate strong normative expectations. If a behavior elicits a form of social condemnation this indicates the presence of a social norm.

Norm Change

A change in norms is essentially a change in social expectations.²⁰ Social norms are deeply rooted within communities and the emergence of new gender-based norms is a complex process requiring changes in social expectations and approval, among both men and women, as the process of empowerment is not controlled by women alone. Norm change can involve the creation of new norms or the abandonment of existing norms. Bicchieri details norm abandonment as a 6-step process consisting of: 1) Change factual and personal normative decisions, 2) Collective decision to abandon, 3) Trust/common belief, 4) Coordinated action, 5) Create empirical expectations, and 6) Abandon old normative expectations.²⁰ In order to abandon maladaptive norms, members of the reference network must recognize the

problems created by existing norms and have shared reasons to change. Figure 2 depicts the steps taken when abandoning a norm.

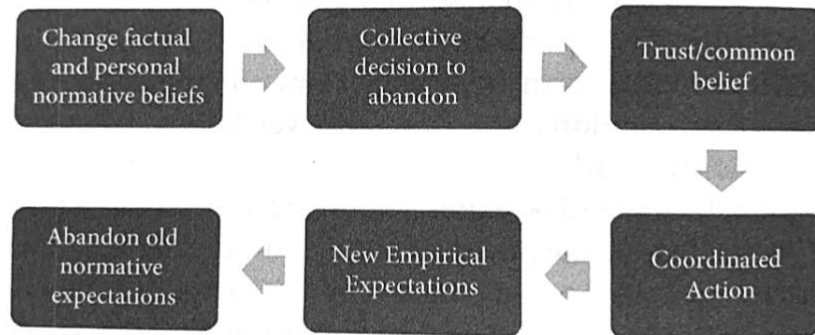


Figure 2. Framework of norm change²⁰

Study Context

Since 1990, Bangladesh has significantly progressed in several indicators of women’s empowerment.^{32,33} Over the past decade Bangladesh has consecutively secured the first spot in gender equality among South Asian countries in the Gender Gap Index, a measure of disparities in gender-based equality developed by the World Economic Forum that focuses on four key areas: health, education, economics and politics.³⁴ The number of working women in Bangladesh increased from 16.2 million in 2010 to 18.6 million in 2016.³⁴ In 2017, Bangladesh ranked 47 out of 144 countries in the Global Gender Gap Index³⁴ – significantly improving its ranking of 100 out of 128 countries in 2007.³⁵ These trends are reflective of national policies aiming to bridge the gender gap and provide more opportunities for the advancement of women.³⁶ However, these achievements tend to represent improvements in urban

areas rather than rural villages. Rural Bangladesh continues to face issues surrounding gender inequality and health disparity¹¹, both of which can be tied to disempowerment.^{6,14}

One such rural region is Sylhet Division, where the data used in this study were collected. According to the 2014 Demographic and Health Surveys (DHS), Sylhet Division is the wealthiest region in Bangladesh and yet has the worst nutritional outcomes among women and children.³² Sylhet was also ranked the lowest in women's empowerment by the 2011-2012 Bangladesh Integrated Household Survey (BIHS) using the Women's Empowerment in Agriculture Index (WEAI).³⁷

Description of Program

Hellen Keller International implemented a homestead food production (HFP) program from 2015 to 2019 in rural Bangladesh to focus on women's and children's nutrition outcomes through trainings and asset distribution to support home gardening, poultry rearing, as well as improved nutrition and hygiene practices.³⁷ The Food and Agricultural Approaches to Reducing Malnutrition (FAARM) study was a 1:1 cluster-randomized trial aiming to evaluate the impact of the HFP program on undernutrition among participating communities in Sylhet Division, Bangladesh.³⁷ The FAARM trial was designed to assess the synergistic interaction or overlap between nutrition, gender, and empowerment.

Study Aim and Research Question

In order to change disempowering practices, it is important to identify the underlying social norms that motivate and/or perpetuate such practices.^{20,26,38} This qualitative study aimed to diagnose prevailing social norms that inform practices related to women's empowerment in Sylhet Division, Bangladesh and examine norm change over time, as it relates to empowerment, using Christina Bicchieri's theory of social norms and model of norm change.²⁰

The study aimed to address the following research question and sub-questions:

What are the prevailing social norms related to women's empowerment in Sylhet Division, Bangladesh?

- What characteristics influence the degree to which certain women are expected to abide by the prevailing social norm for a given gender- or empowerment-related practice?
- How have these social norms evolved over time?

Methods

Participant Sampling

This sub-study was conducted in Sylhet Division, Bangladesh from 2018-2019, and uses qualitative data to examine prevalent social norms among the FAARM trial population. Participants who were previously enrolled in the FAARM trial's intervention arm and resided in the intervention regions were eligible for inclusion in this sub-study. This consisted of married women from different village clusters with a self-reported age of below 30 years on the first visit in 2015, along with their spouses. Participants were also intentionally sampled from both Muslim and Hindu communities, as it was originally hypothesized that norms and conceptualizations of empowerment may differ by religion. Participants were recruited by local field staff using purposive sampling methods for participation in life history interviews, in-depth key informant interviews with village model farmers, and sex-segregated focus group discussions through two rounds of data collection.

Data Collection Procedures

The life history interviews were semi-structured and took place inside participants' homes. General perceptions of empowerment, family structure, social norms, and participants' overall life events were explored in the qualitative interviews. Focus group discussions were conducted to assess community perceptions surrounding the ability to express different dimensions of agency as well as norms, gender roles, and women's empowerment. Focus group discussions took place in open spaces such as courtyards. Life histories and focus group discussions were led

by two trained research staff, one facilitator and one note taker, and were conducted in Bengali. The interview and focus group guides were developed by the International Food Policy Research Institute (IFPRI) to assess empowerment factors in the context of agricultural interventions. Example questions include: “In households where men and women make most decisions together, how are women in those households perceived by other women and men in their community?”, and “Why are certain decisions over production made together or alone?” (*See Appendix 1*).

Data Management and Analysis

IRB approvals for the study were acquired in both Germany and Bangladesh. Written consent was obtained from all participants at the start of the FAARM trial in 2015 and verbal informed consent was obtained from each participant prior to the start of each interview or focus group discussion. Demographic data were also collected via paper survey before each focus group discussion and interview. Data collected included age, marital status, number of children, age of children, cluster, and religion. The interviews and discussions lasted for approximately one to two hours, and were audio recorded. Recordings were later transcribed verbatim by a research team member/field staff and then translated into English by an independent translator. Following translation, all documents were de-identified and stored in a password protected online Emory Box folder.

Transcripts were reviewed and memos were written to record first impressions of the data. After reviewing the transcripts, a codebook was developed using both deductive and inductive codes. Christina Bicchieri’s theory of social norms and

model of norm change²⁰ and the conceptual model of women and girl's empowerment, as designed by KIT and the Bill & Melinda Gates foundation⁸, informed the development of the deductive codes. Inductive codes were based on concepts which emerged from the data. Transcripts were imported into MAXQDA, where codes were assigned to relevant segments of the interviews. Data were analyzed using thematic analysis, themes were developed using the coded data to identify expectations related to gender empowerment as well as instances of norm change.

Results

Participant Characteristics

In total, ten individual life history interviews³⁹, sixteen in-depth interviews, and four sex-segregated focus group discussions were conducted through two rounds of data collection. This consisted of sixty-three participants, thirty-three women and thirty men. A detailed breakdown of sample characteristics and demographic data can be found in Appendix 2.

Key Themes

Two key themes emerged from the analysis to explain the existing social norms as they relate to empowerment, and the process of norm change within the study population. The emergent themes included diagnosis of norms as they relate to empowerment, and norm change.

Diagnosis of Norms as they Relate to Empowerment

Dimensions of Agency

This analysis focused on diagnosing and assessing social norms that informed three specific practices related to women's agency. The three most recurring dimensions, as identified in the analysis, include a women's autonomy in: decision-making, mobility, and financial independence.

Decision Making

Decision-making involves a woman's ability to freely make her own choices. Social norms dictated the degree to which women were able to participate in household level decisions. For example, childcare and healthcare were viewed as areas women were allowed to participate in and even lead the decision-making process, whereas decisions around household purchases, agricultural production, etc., were seen as outside of the women's realm. Most participants reported decisions were often jointly made with their spouses; however, men were ultimately given the final say. Regarding women's ability to make their own decisions, men and women reported limitations on women's ability to participate in household decision-making: *"On this matter, everyone says that women in our area can't take decisions alone. (8) You can say there is no example of it"* (Male, FGD). This statement sheds light on the existing empirical expectations surrounding women's ability to engage in decision-making, as it indicates most people in the reference network conform to it.

There were also prevalent normative expectations in this regard, detailing how people in the community expected women to behave. For example, when discussing independence in decision-making a participant stated, *"the newly married women should not do that. They have to listen to their husbands and in-laws in that period of life"* (Female, KII). As there is evidence of both empirical and normative expectations concerning women's decision-making, this is an example of a social norm. If social expectations are absent, then norms would not be engaged in or followed, as there would be no push for individuals to conform to the norms.

The data also provided evidence of sanctions – further strengthening the diagnosis of decision-making as a social norm. Sanctions, in the name of honor, drive gendered normative behaviors and serve as an impediment to change. When asked what happens to a woman who breaks these norms and gender roles, both men and women stated they would only criticize them and there would be no verdict or judgement, such as in the form of a community hearing. However, respondents also mentioned they will maintain a “hollow” relationship with such “bad women” and avoid interacting with them. *“The people of the society would spread bad comments about those women. They will say that this woman is bad. Whoever socializes with her will become bad as well”* (Female, FGD).

Mobility

Mobility refers to a women’s freedom of movement and the norms related to mobility suggest women generally are restricted from leaving the house unless they obtain permission, are escorted by a male family member, go in a group for religious gatherings, or have an important cause. Women reported their mobility was restricted as they were expected to complete household tasks whereas men were responsible for tasks outside of the home. Women were often restricted from making trips to the market, the doctors’ office to seek non-urgent medical treatment, and their parents’ homes if they went alone. As a result, though decisions relating to food and health were considered to be in a woman’s domain, often it was men who implemented these decisions as they had access to these locations. *“No. (smiling) it is not permitted*

[for women] to go just in front of the house, let alone the marketplace” (Female, LH).

We were able to identify prevalent empirical and normative expectations related to women’s mobility, detailing how people in the community expected women to behave. For example, the prevalent empirical expectations include, *“even now, 80% [of] women don’t go to market” (Male, FGD).* In regard to normative expectations, many women and men made statements such as, *“women should not go outside” (Male, KII)* and *“We can go many places, many houses but they [women] can’t. Because of their honor they can’t live like men” (Male, LH).*

In terms of women’s mobility, safety was rarely mentioned as a concern. Sanctions, in the form of what others will think and say, were the main cause of women’s lack of freedom of movement. *“If women go to the places where they should not go the people of the society would say that the women are bad and their ancestors were also bad. [...] But if they go with their guardians then people would think that they are good women” (Male, FGD).*

A family’s honor among society appeared to be solely dependent on the actions of the women of the family. Women had to bear this burden, and as a result, a woman could not risk these sanctions. Deviating from established norms can compromise their future – such as putting their marriage at stake, *“as a boy, someone can go anywhere as no one would say anything bad about it. But if a girl does that, people would say bad things about it. The society would say bad things as well” (Female, LH).* These informal sanctions, which often took place in the form of mocking or gossip, can seem harmless but tended to have dire ramifications for

women. Sanctions, in the forms of damage to one's honor and virtue, were discussed across most of the interviews, even though it was never explicitly asked about in the interview guides. In societies where a person's honor is their highest form of reputation, engaging in non-normative behaviors can tarnish prospects of marriage, result in social shaming, and essentially devoid women of a peaceful life.

“If anyone goes out without taking permission from their parents it's a matter of honor. If, my daughter goes outside and anyone tease her, it become a matter of shame for me. If I see that, going that place can become good for her then I will give her permission to roaming around but if I see that can't be good at that time, I can't permit it” (Female, FGD).

Financial Independence

In terms of financial independence, or a women's ability to have control over their own economic resources,⁸ study participants indicated women often did not have control over the finances of the household as men were the primary income earners. Some women reported engaging in income-generating activities (IGA) such as tailoring or selling eggs from poultry. While they were able to spend money on minor purchases for their children, they needed to consult their husbands on all other purchases. Empirical expectations as they relate to financial independence suggested women needed their husband's permission to spend money, for example, *“They do not allow us, even to spend 2BDT. (L) What we need, they bring. (G)” “Can't spend even 1 taka. (F) We can keep it but cannot spend it. (E)” (Female, FGD).* The existing

normative expectations complement these statements, “*Wife can’t alone decide to spend husband’s income. (6) Wife cannot spend husband’s income without permission. She has to inform the reason; like- buying vegetable, or anything else*” (Male, FGD).

Women have to maintain this responsibility of “good” behavior in fear of social sanctions, and this expectation to conform to norms around control over finances can greatly limit a women’s ability to be independent. For instance, one woman explained that women who work were looked down upon, as men believed it indicated that they (the men) were incapable of providing for their family. Men also mentioned they would feel bad if their sisters or wives had to work jobs. “*The people would have said why the sisters would work outside despite having four brothers*”, “*It is a matter of honor and respect. The man would make fun of them*” (Male, LH). There were also negative terms associated with independent women, “*I have already said long legged women can spend their money themselves*” (Interviewer notes: “*Long-legged woman*” is a local name/phrase of women who go outside of the household frequently. People look at that woman negatively by calling her “*long-legged*”). (Male, FGD).

The table below details social norms and expectations present in the study population, and their respective sanctions.

Examples of existing Social Norms present in the Study Population			
Social Norm	Empirical Expectation	Normative Expectation	Sanctions
Decision-Making	- Women usually take all decisions in household works. [...] The women of the locality will never be able to take their own decisions without the consent of their guardians (Male, FGD).	- A woman should take permission and take someone with her (Male, FGD). - Women can't take any major decisions. Many are able to take minor decisions (Male, FGD).	-Q: If a woman from a family like that makes such a decision, what would they say about her? Would they say bad things about her? A: They would say bad things about her. She has to ask for permission from her in-laws. She can do that if they agree with her (Female, FGD).
Mobility	- Women usually take permission before going anywhere after their marriage (Male, FGD).	- Women do not have any works outside, that's why they should stay in the household (Male, LH). - A woman should take permission and take someone with her (Male, FGD). - Our sisters couldn't go where we could go. Why would they go outside? They should be remained covered (Male, LH).	- If they [women] go to the marketplace people would comment that the woman is bad. Everyone tries to rectify the women. The women who go to marketplace are neglected by all (Female, LH). - Those women who go to marketplace or go somewhere alone, the other women say about them that those women are really not good. They do not respect their husbands, parents, father-in-laws and mother-in-laws, they do not veil and lead a vulgar life. (5,8) The other women of the locality think that those women who go to marketplace do not respect their elder brothers, elder sisters or brother-in-laws (Female, FGD). - People will condemn that that wife has gone alone there (Female, FGD).
Financial Independence	- Women work at the home. (Female, FGD). - I take the decisions about the earnings outside home. How I earn, how I spend – these things. However, women help to earn inside home. My wife takes the decision about the earnings inside home (Male, FGD).	- Women's works should be done by women (Female, FGD). - Women should work like women do, but they cannot go outside of the house [to work] (Male, KII). - How the earning should be spent is decided by me usually. She too tells me it is my responsibility to run the family. I should decide how the money would be spent. I give her what is needed (Male, LH).	- Q: Suppose, I am earning and don't ask my husband. I spend that independently. [...] What will happen if I don't ask anyone? A: This will not be good. There will no peace in family. (C) Elders are neither respected nor consulted; following own desire is not good. People will comment on this. (D) Q: If such thing happens, how are those women treated? A: [...] We shall not think her as good (F) (Female, FGD).

Table 1. Evidence of social norms among study population

Intersecting Factors

The previous quotes were selected to show evidence of social norms among the study population, specifically related to what aspects of agency women do not have control or choices over. Despite the existence of restrictive social norms, intersecting factors also played a role in influencing the degree to which individuals were expected to follow certain social norms. For certain segments of society, depending on their marital status, education, employment, location and socio-economic status, there were different sets of empirical and normative expectations. These intersecting factors aid in influencing social norms and can serve as either facilitators or barriers to women's empowerment, depending on the context.

Marital Status

Participants reported the behavior of a wife was seen as a reflection of her husband, and thus many wives were bound to their husband's rules and standards. *"It will be bad if I travel around this and that (locality). Now I am a wife. If I do that then people will say, 'See, the wife of ...has come to chitchat'. For that I have to care about my dignity"* (Female, LH).

Some women did not see these practices as being restrictive, and instead accepted these behaviors as a part of the role of a wife. *"Women can go anywhere if their husbands take them"* (Female, FGD). For instance, the role of a wife, especially a newlywed, was very restricted and limited. *"You have to take permission before going anywhere. Say, I need to go to that house, first I have to take permission from my mother-in-law. It happens when you are married"* (Female, LH).

However, in contrast, women who were not wives, such as unmarried or widowed women, did not appear to have as stringent of restrictions as the same norms did not apply to them. For example, one participant explained, “*The woman, who does not have husband, makes her own decision*” (Male, FGD). Similarly, women whose husbands worked abroad also had more decision-making authority, mobility, and financial independence as they had no choice but to do all the tasks themselves.

Education & Employment

In the case of education and employment, both were seen as crucial factors facilitating women’s autonomy, and this was a common theme throughout the interviews. It was often suggested women will be able do everything a man does if they are educated or employed. Women who were more highly educated and women who were engaged in an IGA had a different set of social expectations than less educated and unemployed women.

For example, education can play a role in allowing a woman to make her own decisions, “*The literate people can make decision alone, I mean, the people who have education, they can make decision alone*” (Female, KII). Similarly, employment and education were important contributors to women’s mobility, and this was recognized by both men and women. Women mentioned they often could not step outside of the house if they do not have a purpose, but if they were going to school, college, or a job, they would be allowed to go outside without permission or an escort, “*Those who have jobs can travel alone*” (Female, FGD). Education also played a role in granting a woman independence, as participants suggested,

“Education is the reason for the increase of their [women’s] freedom. Women’s tendency to achieve has increased because of education” (Male, FGD).

Employment and education also played a role in enabling a women’s control over her finances. For example, one participant stated, *“A girl can run a family if she has good education and employment”* (Female, FGD). A participant mentioned that in cases where women earned a supplemental income, they were able to use their personal income on items for themselves or their children, providing them with a source of autonomy. *“My wife raises cocks. Sometimes there is some spending that is needed for the children. My wife spends that from her earning”* (Male, LH). Women also expressed that they wouldn’t be limited to household chores and could live life on their own terms, if employed or educated.

Location

As discussed earlier, residing in a rural location was a barrier to women’s empowerment as there was a more restrictive code of conduct expected to be followed in rural areas. Participants reported those living in towns had different expectations for women, and they were allowed to move freely and make their own independent choices with less judgement. When asked about the origin of the existing expectations around women’s mobility, participants responded, *“it has been running since the age of our ancestors. This code is based on their social norms. This exists only in villages. But you can roam anywhere in towns”* (Female, FGD). Rural women had accepted that one cannot refute mobility-related norms in rural contexts. They mentioned they could not have any aspirations, or even go shopping, as they were

from the village and those aspirations were limited to urban women. *“They go for shopping. This is the scenario of the cities. [...] The village women hardly go to the marketplaces. They go if they want it badly”* (Female, KII).

Socio-Economic Status

Similarly, women who were from very rich and very poor families had specific social expectations that were different from those for women from the middle class. The rich were exempt due to either their education or urban location and those facing extreme poverty could leave their homes to work as they had to earn for their families. *“Moreover, people will not accept it if women go outside. But the poor women can go outside because they do not have any other option to earn income”* (Female, FGD).

Norm Change

Norm Abandonment

Based on the data, it appeared the process of change, though slow, was in progress among the study population. At the time of the study, the course of norm change in Sylhet seemed to be representative of the process of norm abandonment. Participants reflected on changes they witnessed from the time they were children, compared to the present.

Step one, changing factual and personal normative beliefs, reflects changes on a personal level. Factual beliefs relate to non-social consequences of certain behaviors.^{20,40} A representation of factual beliefs in favor of women's agency includes, "*we have a future if we do job*" (Female, FGD). This step reflects altering personal normative beliefs, or an individuals' views on what is "good" and what they should do. Most women mentioned they regretted not receiving an education, and they stated it was because of a lack of awareness of the benefits of education. They stated they did not have good role models and were not pushed by their families and hence did not focus on their education when they were children but aim to change this for their children. Similarly, the overall trend of increased education among women appears to have facilitated changes in beliefs regarding women of the new generation and their ability to make their own choices, "*We thought about our honor before. Nowadays an educated girl knows about her right, she can come on strong about not marrying a particular person if she already has chosen another man. We could not do that back then*" (Female, LH).

The collective decision to abandon, involves a decision to change among the reference network as a whole. Among the study population, the data showed no clear evidence of a collective decision to abandon traditional gender roles. However there seemed to be a drive to abandon certain norms regarding women's employment, which was reflected in the valuing of education and the desire to alleviate poverty. *"We have only one target. We want our children not to suffer like us. We want to educate our children. This is what our target is"* (Female, KII). All respondents stated they wanted to make these changes for their future generations. They also valued having two working members in a family in order to better support their children. For example, a male participant stated, *"In today's age, it is difficult to sustain without both husband and wife working. But many changes occurred compared to the past. [...] This change has been going on since 20 years. (4) There were no garment factories in the past. But, now, both husband and wife are working with having kids. (4,8) They work at garment factories in Dhaka"* (Male, FGD).

The third step, trust/common belief refers to the belief that abandoning the norm is indeed beneficial and can be witnessed through statements such as *"People are being educated slowly. And now, some say that women are running the country, their views have to be considered"* and *"women and men have equal rights"* (Female, FGD). These quotes indicate that people were starting to believe women were capable and deserving of these changes. Participants reported they believed these changes in women's empowerment were good overall for their families and the country. One participant also stated, *"If the women go out, they can do anything"* and (Female, KII).

Coordinated action, or steps taken towards the common goal of norm abandonment, were being implemented with the help of government programs and initiatives by non-profits. According to respondents, “*Bangladesh government given them [women] equal rights now*” (Male, LH).

“But now the government of Bangladesh is ensuring gender equality. Now there is no problem. Because of the environment. Getting a job was very hard for a woman before. But the number of jobs increased over time and now women can live their lives with their children by doing these jobs. They can now earn their living by doing jobs. [...] Now there are garment factories and different private companies where they can get jobs. They can now earn their living in some way” (Male, KII).

However, there was a lack of evidence detailing coordinated action for change within the communities themselves. At the time of study, change was being driven by perilous situations such as poverty, however, there was no proactive push for changing gendered social expectations for women. “*Because of poverty. Women are forced to go out to work because of deficiency in the family*” (Male, KII).

Step five (new empirical expectations), to reiterate this step from the framework, men and women need to witness more examples of empowered women in order to change any misleading preconceived notions that such women are “bad”. This requires the creation of new empirical expectations, representing changes in their society. If individuals witness new trends in empirical expectations, they will likely slowly change prior misconceptions. Participants reported, “*In our area, in Habigonj,*

many women go different places like circus and political meeting. Currently women are playing important role in our area, I mean, they are not staying behind now”
 (Male, LH).

Participant responses relating to changing empirical expectations on dimensions of agency, such as decision-making, mobility, and financial independence are detailed in the table below:

Dimension of Agency	Examples of changing empirical expectations in the Study Population
Decision Making	<p><i>“Because everyone understands that it is better to have discussions together People are realizing this slowly. (A)People are realizing now that women are also human. (B No family ever progresses without woman. Some families are developed entirely by women. [...] A family is built upon woman”</i> (Female, KII).</p> <p><i>“It’s changing slowly. At the past, men didn’t connect with women in the family. Presently, it is changing, even it is little”</i> (Female, FGD).</p>
Mobility	<p><i>“Women’s movement have increased than previous”</i> (Male, FGD).</p> <p><i>“[Women] are now going to the marketplaces. But it was not the same before. As it is ‘Digital Bangladesh’, the women are free here. They go to marketplaces to buy culinary produce. That’s the reason”</i> (Male, KII).</p>
Financial Independence	<p><i>“Presently, a husband will be glad if his wife gets employed”</i> (Male, FGD).</p>

Table 2. Examples of Changing Empirical expectations

There was also evidence of changed empirical expectations as a result of government programs and policies, *“Now, everything is improved, they see different programs, the government also improving, I do not see anything else [...] now, the number [of empowered women are] increasing. [...] seeing the TV programs. Different NGOs providing training, therefore, now no woman stays at home now”*

(Male, KII). Another participant reported, women's views were starting to be prioritized because *“the literacy rate of the country is increased, people have jobs, they have to go in different places. Mobility has changed now a days. Environment also changed”* and *“Now, women have more power. [...] Now, Bangladesh has digitized, government has taken many steps. Women's literacy has increased, job opportunity has increased for women in different sectors- for these reasons”* (Male, KII). Similarly, the presence of women in leadership positions in Bangladesh's political sphere created positive examples of empirical expectations, *“Why more women are going out now? A: Because the government is run by a woman now. We follow our government”* (Female, KII).

Overall, participants mentioned there were more empowered women now (at the time of the study) compared to the time when they were children, *“People in the past didn't allow women to do anything they want. Now women can do anything. Women now understand what would be good and what would be bad for them. They help each other to change their situation”* (Female, KII). However, participants recognized that only a few women within their reference network fit these categories. *“Everybody says, on this matter, that 10% women of our area are now working or employed [...] Q: Are they going outside more? A: Hasn't it increased? Now they go to the cities for their jobs”* (Male, FGD).

The final step, the abandonment of old normative expectations, was still in progress. An empowered woman was defined by most participants as, *“educational qualification is high, they do job, they earn money- these are empowered women”*

(Male, KII). Most respondents had positive perceptions about empowered women, who could make and implement their own choices, and believed an increase in empowered women was beneficial for society. They stated, *“I want them to get jobs. They would be able to make their own future if they do jobs. I want, women will receive education. Their economic condition will be improved in all terms”* (Male, KII). While participants agreed that women should be empowered, employed, and educated, there was no drive for women to actively change their normative expectations surrounding traditional gender roles.

“There is nothing to think bad about the men whose wives are doing jobs. Women from reputed families are doing NGO jobs. [...] There is no problem if women do jobs. But they have to be modest and in veil at their work. (7,8) No one thinks negatively about the men whose wives are doing jobs” (Male, FGD).

Future Aspirations

Most of the men and women interviewed indicated a strong desire for future change. They stated without their current elder generation (such as their parents) they would be the future elders and hence will be able to allow and advocate for changes to occur. They wanted their daughters to be educated, employed, and empowered as they believed *“women take the society forward”* (Male, FGD). They recognized things were changing, and also understood the need for change – but felt they were still bound by certain norms due to the persistence of their community elders. In

particular, one male respondent mentioned *“I want their [women’s] betterment, I hope their condition will be better in future. At that time elders will not exist. Our generation will replace them. There will none to criticize them. There will no one to criticize them if they return home from work at dusk. Women will be work freely then”* (Male, KII).

While there was no evidence of each specific step of norm abandonment for each dimension of agency among the study population, there was evidence of change in regard to some aspects of women’s empowerment. Most of this change was steered by the desire to improve participant’s current economic conditions, and often resulted in changes to some norms, however these changes may not be indicative of increased women’s empowerment across rural Sylhet. It is also important to note that while most participants aspired for future change and believed women were capable of being empowered, these statements were not reflective of the beliefs they had of women within their own households. This shows the strength of a social norm: while participants had positive perceptions of women empowerment overall, they did not believe these were attainable for themselves or their wives due to social expectations.

Discussion

This study contributes to knowledge on experiences of women in rural Bangladesh, as they relate to social norms and empowerment. Findings suggest there are prevalent social norms dictating aspects of decision-making, mobility, and financial independence. Evidence indicates, both men and women were not ready for women to abandon norms as a whole, but merely specific aspects of each norm. Certain intersecting factors, such as education, employment, marital status, socio-economic status and location (i.e., urban vs. rural) were identified as characteristics that could influence the degree to which women were expected to abide by gendered social norms and social expectations. For instance, women could make decisions if their husbands were abroad, leave the house if they were going to work or school, and earn an income to support their family under dire situations. These factors served as both facilitators and barriers to women's empowerment and related practices.

There have also been advances in altering gendered social norms among the study population, and there was a desire, among some, to abandon restrictive norms. Most study participants had a positive perception of empowerment and empowered women but believed that empowerment was unattainable by the current generation, and instead were hopeful this change could occur for their daughters and granddaughters. Participants also recognized education and employment as a woman's path to attaining empowerment but struggled to alter existing community beliefs and seek opportunities. However, overall, the divide between women and men seemed to have reduced and participants stated more people were starting to view both genders as equals.

Despite these advancements, there continued to be strongly held beliefs surrounding a woman's honor, particularly that a women's engagement in non-normative behaviors can bring dishonor on both her and her family. Similarly, many participants distinguished between behaviors and social expectations for "good" and "bad" women. These findings are in accordance with the existing norms literature as they indicate that though individuals may have different personal beliefs, social norms continue to have the final say in terms of governing behaviors.

Limitations of the study include the original sampling frame, which aimed to select women based on their "empowerment status" as identified through quantitative surveys but was not applied to participant recruitment methods. Instead, participants were recruited through purposive sampling methods rather than utilizing a specified inclusion criterion. Additionally, interview guides used in the study were developed by IFPRI for use across various countries and hence, were not specifically contextualized for use in Bangladesh. Social desirability bias may have also influenced participants' responses. The study's strengths include the use of qualitative methods to inform the analysis, as well as the incorporation of data from both men and women as empowerment studies often do not include men. This paper also fills existing gaps by contributing to the body of literature on social norms diagnosis and measurement.

The use of Bicchieri's framework to guide this analysis is both a strength and limitation of the study as this is the first time the framework is used in this approach. Limitations include that the framework has not been tested in this context and as a

result, often steps in the framework are not precisely reflective of people's experiences with social norms change. There are often overlaps between steps and while the framework depicts the process of abandonment as being linear, it seems to be more reflective of an iterative process. Consequently, the process of norm abandonment is difficult to measure. More research is needed to determine if the framework is appropriate to measure norms, in this and other contexts, or whether revisions to the framework are needed.

Social norms can be challenging to address as they are multifaceted. As noted by Bicchieri, in terms of changing social norms, legal scales are advantageous tools for change.²⁰ Bangladesh has taken initiative in many such measures and has proven to be quite successful in eliciting a change in perceptions, as witnessed among study participants' responses. However, many public health interventions that focus solely on changing the environment and opportunities fail, as steps aren't taken to alter pre-existing beliefs and perceptions.^{20,41} Existing research indicates when there is a change in social expectations *and* individuals are provided with an opportunity for change, there is a greater outcome in terms of social norm change, as it allows for a simultaneous change in both normative and empirical expectations.^{20,42} Studies also suggest that this may not be an easy task, as norms may be deeply embedded into a cultural framework, and instead recommend that studies reframe health behaviors with a new set of norms.⁴²

Women's empowerment in the context of LMICs is overshadowed by restrictive social norms and aspects of gender inequality resistant to change. Identifying existing social norms, and how they continue to change is crucial to

designing appropriate interventions to empower women, bring about gender equality, and improve health outcomes. Future studies and interventions aiming for developments in women's empowerment should combine awareness on the importance of norm-change with opportunities for jobs and education, in order to effectively overcome restrictions on women imposed by gendered social norms. It is essential to address these perceptions and social expectations to create lasting change.

Disclosure statement

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Chapter V: Public Health Implications

This study contributes to knowledge on experiences of women in rural Bangladesh, as they relate to gender based social norms and empowerment. Findings suggest there are prevalent social norms dictating aspects of decision-making, mobility, and financial independence. Evidence indicates, both men and women are not ready for women to abandon norms as a whole, but merely specific aspects of each norm. Certain intersecting factors, such as education, employment, marriage status, socio-economic status and location were identified as characteristics that can influence the degree to which women were expected abide by gendered social norms and social expectations. For instance, women can make decisions if their husbands are abroad, leave the house if they are going to work or school, and can earn an income to support their family under dire situations. These factors served as both facilitators and barriers to women's empowerment and related practices.

There have also been advances in altering gendered social norms among the study population, and there is a desire, among some, to abandon restrictive norms. Most study participants have a positive perception of empowerment and empowered women, but believe it is unattainable by the current generation, and instead are hopeful this change can occur for their daughters and granddaughters. Participants also recognize education and employment can serve as a woman's path to attaining empowerment, but struggle to alter existing community beliefs and seek opportunities. However, overall, the divide between women and men seems to have reduced and participants stated more people are starting to view both genders as equals.

Despite these advancements, there continues to be strongly held beliefs surrounding a woman's honor, particularly that a women's engagement in non-normative behaviors can bring dishonor on both her and her family. Similarly, many participants distinguished between behaviors and social expectations for "good" and "bad" women. These findings are in accordance with the existing norms literature as they indicate that though individuals may have different personal beliefs, social norms continue to have the final say in terms of governing behaviors. This is an example of pluralistic ignorance, where individuals may have the same beliefs individually but are unaware the rest of the community feels this way as well, and as a result, individual members do not want to be the first actor of change.

Future Directions

Findings from this qualitative study can be used to inform future interventions targeting behavior change for practices relating to health and women's empowerment. Many factors can influence empowerment, namely socio-economic status, educational attainment, and employment can all be directly linked to a women's empowerment status. Future studies and interventions aiming to increase the empowerment status of women should include mechanisms through which empowerment can be changed. This includes, but is not limited to, providing women with educational opportunities, long-term skill sets, or working with policymakers to develop policies supporting women's advancement. As noted by Bicchieri, in terms of changing social norms, legal scales are advantageous tools for change.²⁰ Bangladesh has taken initiative in many such measures and has proven to be quite

successful in eliciting a change in perceptions, as witnessed among study participants' responses.

Social norms can be challenging to address as they are multifaceted. Many public health interventions that focus solely on changing the environment and opportunities fail, as steps aren't taken to alter pre-existing beliefs and perceptions.^{20,41} As a result, underlying perceptions that perpetuate social norms need to be identified as the first step towards changing existing behaviors that impact empowerment. Existing research indicates when there is a change in social expectations *and* individuals are provided with an opportunity for change, there is a greater outcome in terms of social norm change, as it allows for a simultaneous change in both normative and empirical expectations.²⁰

Future studies and interventions should combine awareness on the importance of norm-change with opportunities for jobs and education, in order to effectively combat restrictions on women imposed by gendered social norms. Community-level changes need to also be implemented rather than focusing on individual beliefs and behaviors. This includes eradicating beliefs surrounding sanctions, honor, and labelling women as "good" or bad". Similarly, perceptions of men need to also be altered as well, as they influence and play an important role in aspects of women's empowerment. It is essential to identify existing practices and address perceptions on social expectations in order to create lasting change.

Recommendations to Improve Future Studies and Public Health Practice

- Researchers and public health practitioners should consider integrating gender when designing public health interventions to understand the local context of gender as well as how gender impacts health-seeking behaviors and practices.
 - Theoretically informed questions relating to gender based social norms need to be included to identify existing perceptions and how this impacts health.
 - This can be applied across various public health topics such as nutrition, tuberculosis and WaSH to understand why and how health seeking behaviors vary among genders, especially in settings where women have limited mobility or decision-making authority.
- Healthcare providers, community health workers, researchers and public health educators need to be attentive to existing gender dynamics and generational differences that may affect health behaviors in communities and advocate for community-based interventions combining men and women of different generations.
 - While individual understanding may be distinct, perceptions are linked to family and generational beliefs. Hence it is important to identify and address different levels and types of gender dynamics, while maintaining and celebrating aspects of tradition and culture, to improve health outcomes.
 - Gender equity focused topics are crucial to eliminating bias and diagnosing the existence of social norms.

- Different community activities such as performances, speakers, and events can be used as a means of altering community perceptions on existing gender based social norms.

Strengths & Limitations

Limitations of the study include the original sampling frame, which aimed to select women based on their “empowerment status” as identified through quantitative surveys, was not applied to participant recruitment methods. Instead, participants were recruited through purposive sampling methods rather than utilizing a specified inclusion criterion. Additionally, interview guides used in the study were developed by IFPRI for use across various countries and hence, were not specifically contextualized for use in Bangladesh. Social desirability bias may have also influenced participants’ responses. The study’s strengths include the use of qualitative methods to inform the analysis, as well as the incorporation of data from both men and women as empowerment studies often do not include men. This paper also fills existing gaps by contributing to the body of literature on social norms diagnosis and measurement.

The use of Bicchieri’s framework to guide this analysis is both a strength and limitation of the study as this is the first time the framework is used in this approach. Limitations include the framework has not been tested in this context and as a result, often steps in the framework are not precisely reflective of people’s experiences with social norms change. There are often overlaps between steps and while the framework depicts the process of abandonment as being linear, it seems to be more

reflective of a cycle with no particular order. Consequently, the process of norm abandonment is difficult to measure. More research is needed to determine if the framework is appropriate to measure norms, in this and other contexts, or whether revisions are needed, as this is the first time the framework is used in this approach.

Conclusion

Women's empowerment in the context of LMICs is overshadowed by restrictive social norms and aspects of gender inequality resistant to change. Identifying existing social norms, and how they continue to change is crucial to designing effective and appropriate interventions to empower women, bring about gender equality, and improve health outcomes as closing existing gender gaps are central to reducing the excess mortality of women.²⁻⁵

References

1. Davidson PM, McGrath SJ, Meleis AI, et al. The health of women and girls determines the health and well-being of our modern world: a white paper from the international council on women's health issues. *Health Care for Women International*. 2011;32(10):870-886.
2. Markel E, Gettliffe E, Jones L, Kim L, Miller E. The social norms factor: How gendered social norms influence how we empower women in market systems development. . Published online 2016.
3. Weber AM, Cislighi B, Meausoone V, et al. Gender norms and health: insights from global survey data. *Lancet*. 2019;393(10189):2455-2468. doi:10.1016/S0140-6736(19)30765-2
4. Chant S. *Gender, Generation and Poverty*. Edward Elgar Publishing; 2007.
5. Pearse R, Connell R. Gender norms and the economy: insights from social research. *Feminist Economics*. 2016;22(1):30-53.
6. Kabeer N. Gender equality and women's empowerment: A critical analysis of the third millennium development goal 1. *Gender & Development*. 2005;13(1):13-24.
7. Kabeer N. Resources, agency, achievements: reflections on the measurement of women's empowerment. *Development & Change*. 1999;30(3):435-464.
8. Van Eerdewijk A, Wong F, Vaast C, Newton J, Tyszler M, Pennington A. White Paper: A Conceptual Model of Women and Girls' Empowerment. Amsterdam: Royal Tropical Institute (KIT). Published online 2017.
9. Eyben R. Supporting pathways of women's empowerment: a brief guide for international development organisations. Published online October 2011.
10. Remme M, Vassall A, Fernando G, Bloom DE. Investing in the health of girls and women: a best buy for sustainable development. *BMJ*. Published online June 2, 2020:m1175.
11. Mainuddin A, Ara Begum H, Rawal LB, Islam A, Shariful Islam SM. Women Empowerment and Its Relation with Health Seeking Behavior in Bangladesh. *J Family Reprod Health*. 2015;9(2):65-73.
12. Shooshtari S, Abedi MR, Bahrami M, Samouei R. Empowerment of women and mental health improvement with a Preventive approach. *Journal of Education and Health Promotion*. 2018;7(1):31.

13. Ahmed S, Creanga AA, Gillespie DG, Tsui AO. Economic status, education and empowerment: implications for maternal health service utilization in developing countries. *PLoS One*. 2010;5(6):e11190. Published 2010 Jun 23. doi:10.1371/journal.pone.0011190
14. Heise L, Greene ME, Opper N, et al. Gender inequality and restrictive gender norms: framing the challenges to health. *Lancet*. 2019;393(10189):2440-2454. doi:10.1016/S0140-6736(19)30652-X
15. Schoppe-Sullivan SJ, Altenburger LE, Lee MA, Bower DJ, Kamp Dush CM. Who are the Gatekeepers? Predictors of Maternal Gatekeeping. *Parent Sci Pract*. 2015;15(3):166-186. doi:10.1080/15295192.2015.1053321
16. Pratley P. Associations between quantitative measures of women's empowerment and access to care and health status for mothers and their children: A systematic review of evidence from the developing world. *Soc Sci Med*. 2016;169:119-131. doi:10.1016/j.socscimed.2016.08.001
17. Maiorano D, Shrimankar D, Thapar-Björkert S, Blomkvist H. Measuring empowerment: Choices, values and norms. *World Development*. 2021;138:105220.
18. Huis MA, Hansen N, Otten S, Lensink R. A three-dimensional model of women's empowerment: implications in the field of microfinance and future directions. *Front Psychol*. 2017;8:1678.
19. Taukobong HFG, Kincaid MM, Levy JK, et al. Does addressing gender inequalities and empowering women and girls improve health and development programme outcomes? *Health Policy Plan*. 2016;31(10):1492-1514.
20. Bicchieri C, Norms in the wild. How to diagnose, measure, and change social norms. 2017.
21. Cislighi B, Heise L. Gender norms and social norms: differences, similarities and why they matter in prevention science. *Sociol Health Illn*. 2020;42(2):407-422.
22. Elson D. Gender relations and economic issues. *Focus Gend*. 1993;1(3):6-12. doi:10.1080/09682869308519974
23. Schuler SR, Lenzi R, Badal SH, Nazneen S. Men's perspectives on women's empowerment and intimate partner violence in rural Bangladesh. *Culture, Health & Sexuality*. 2018;20(1):113-127.
24. Clinton Foundation, Bill & Melinda Gates Foundation, The Economist Intelligence Unit, WORLD Policy Analysis Center. No Ceilings: The Full Participation Report. <http://www.noceilings.org/>.

25. Cislighi B, Denny EK, Cissé M, et al. Changing social norms: the importance of “organized diffusion” for scaling up community health promotion and women empowerment interventions. *Prev Sci*. 2019;20(6):936-946.
26. Kabeer N. Gender equality and women’s empowerment: A critical analysis of the third millennium development goal 1. *Gender & Development*. 2005;13(1):13-24.
27. Bicchieri C, Lindemans JW, Jiang T. A structured approach to a diagnostic of collective practices. *Front Psychol*. 2014;5.
28. Clark CJ, Ferguson G, Shrestha B, et al. Social norms and women’s risk of intimate partner violence in Nepal. *Social Science & Medicine*. 2018;202:162-169.
29. Shell-Duncan B, Moreau A, Wander K, Smith S. The role of older women in contesting norms associated with female genital mutilation/cutting in Senegambia: A factorial focus group analysis. Puebla I, ed. *PLoS ONE*. 2018;13(7):e0199217.
30. Mackie G, Moneti F, Shakya H, Denny E. What are social norms: how are they measured? Published online 2015.
31. Kuang J, Ashraf S, Shpenev A, Delea MG, Das U, Bicchieri C. Women are more likely to expect social sanctions for open defecation: Evidence from Tamil Nadu India. *PLOS ONE*. 2020;15(10):e0240477.
32. National Institute of Population Research Training, Mitra and Associates, ICF International. Bangladesh Demographic and Health Survey 2014. Dhaka, Bangladesh. Published online 2016.
33. Schuler SR, Rottach E. Women’s empowerment across generations in bangladesh. *Journal of Development Studies*. 2010;46(3):379-396.
34. World Economic Forum. The Global Gender Gap Report 2017. Published online 2017.
35. Hausmann R, Tyson LD, Zahidi S. The global gender gap index 2007. The global gender gap report. 2007:3–27.
36. Hossain N. The sdgs and the empowerment of bangladeshi women. In: Chaturvedi S, Janus H, Klingebiel S, et al., eds. *The Palgrave Handbook of Development Cooperation for Achieving the 2030 Agenda*. Springer International Publishing; 2021:453-474.
37. Wendt AS, Sparling TM, Waid JL, Mueller AA, Gabrysch S. Food and Agricultural Approaches to Reducing Malnutrition (Faarm): protocol for a cluster-randomised controlled trial to evaluate the impact of a Homestead Food Production programme on undernutrition in rural Bangladesh. *BMJ Open*. 2019;9(7):e031037.

38. Costenbader E, Cislighi B, Clark CJ, et al. Social norms measurement: catching up with programs and moving the field forward. *Journal of Adolescent Health*. 2019;64(4):S4-S6.
39. Bazeley P. *Qualitative Data Analysis: Practical Strategies*. Thousand Oaks: Sage Publications. 2013.
40. Vaitla B, Taylor A, Horn J, Cislighi B. Social Norms and Girls' Well-Being – Integrating Theory, Practice, and Research. Published online 2017.
41. Yamin, Fei, Lahlou, Levy. Using social norms to change behavior and increase sustainability in the real world: a systematic review of the literature. *Sustainability*. 2019;11(20):5847.
42. Edberg M, Krieger L. Recontextualizing the social norms construct as applied to health promotion. *SSM - Population Health*. 2020;10:100560.

Appendix

Appendix 1: Interview Guides

Round 1 FGD & Interview Guides

Tool	Purpose	Respondents: Minimum number per site selected for qualitative work	p#
Activity D. Focus group: Local understanding of empowerment	<ul style="list-style-type: none"> – To elicit local understanding of empowerment, and to validate the pro-WEAI, especially for the new domains. 	<ul style="list-style-type: none"> – 1 FGD of 8 to 12 adult women – 1 FGD of 8 to 12 adult men <i>If there is considerable ethnic, livelihood, income or other heterogeneity within the sample site, then additional focus groups should be done by ethnic/income/livelihood group</i> – Projects may wish to conduct separate groups for project participants and non-participants to learn how the project is viewed 	31
Activity E. Semi-structured interview: Life histories	<ul style="list-style-type: none"> – Life stories of men and women of different empowerment status to understand perceptions and experiences of women’s empowerment within the context of agricultural intervention projects and to validate elements within the pro-WEAI survey tool. 	<ul style="list-style-type: none"> – 2 empowered women – 2 disempowered women (Ideally, these should be chosen to be “typical” of that category, not outliers) In addition, it would be useful to include <ul style="list-style-type: none"> – 2 empowered men – 2 disempowered men 	41

Activity D: protocols for Focus Group Discussions on various empowerment topics

Purpose:

Focus Group Discussions (FGD) are group interviews with a defined and narrow focus. They provide a rich and in-depth perspective on a well-defined topic. The goal of the focus group is to not to identify one “right” answer but to see which views are more widely held and to clarify their meaning. FGDs are particularly helpful for relatively quickly exploring the general dimensions of a topic.

The purpose of this focus group discussion is to elicit local understanding of empowerment, and to validate the pro-WEAI, especially for the new domains. As with Key Informant Interviews, the detailed and contextual information resulting from the FGD, if properly done, is helpful for both identifying critical topics on which more information should be solicited in survey work and for interpreting quantitative results.

Overview of the FGD guide:

The questions provided here are intended as a guide, not as a rigid questionnaire. We have set out a general order of topics, but this should not be followed rigidly: if the flow of conversation goes toward a different topic, follow that line of conversation. If the conversation goes too far off of the topics of the focus group, bring it back.

In the guide below, the general topic area is given in the first column. The second column has a general question and suggested follow-on probes. These follow-on probes (indented questions in the right hand column) can be considered as prompts rather than specific questions, depending on how the discussion progresses. When possible, the facilitator should be sure to probe how different categories of women (e.g. life cycle, marital status, ethnicity, class, education, whether she has children, etc.) may have divergent experiences and opinions.

While we have tried to specify how questions should be asked of male and female groups, some questions may need to be modified for all-male groups.

The guide also discusses how participants should be selected and covers key aspects for organizing effective FGDs and should form part of the facilitators’ training.

Time required per FGD: Approximately 2 hours.

Facilitation Technique:

Good facilitation is absolutely critical to good focus group discussions. Sometimes, the conversation can be lively with many divergent opinions expressed; in other groups, participants may be more timid and require the facilitator to establish a safe environment and employ probing questions. Facilitators should be trained together to ensure consistency across the way that facilitation in different groups is handled. The facilitators need to be able to get the different participants talking, to bring out a range of perspectives, to follow up on comments to elicit what motivates participants’

statements, and to review and gain concurrence about the positions expressed by the group in the summary period. They need to understand that the goal is to explore and document differences, even as they are seeking consensus.

Participant selection:

Focus group participants do not need to have expert knowledge; rather they have experiences, beliefs, and perceptions which help to clarify why people are acting or reacting as they are. Groups of 8 to 12 are optimal size, with separate groups for women and men in each community. If the project is interested in impact on particular groups, then additional focus groups may be needed (e.g. with rich and poor, young and older, etc.).

Separate groups for project participants and non-participants is useful, if resources allow it. This is particularly important in settings where there is tension between participants and non-participants (e.g. who was selected). In some cases, it may be fine to include participants and non-participants in one group, as long as they are some of each in the same group.

The focus group typically brings together people that share some similar characteristics related to the topic under discussion. If the topic is land tenure rights, for example, it is common to have a FGD with people who all own land in one group and people who do not own land in another to better understand each group's beliefs and practices around access, control, and ownership and what each of the terms means to them.

Individuals in a focus group interact with other participants in a way that creates new ideas and sometimes influences previously held opinions. The respondents are, in the process of their discussion, actively shaping the research results. Because focus groups can shape opinions, focus group participants should be different from those selected for in-depth interviews. If anyone from the in-depth interviews is to be included in focus groups, the focus groups should be held after rather than before in-depth interviews to avoid this "contamination" effect.

Field staff roles during the FGD:

Focus Group Discussions require at least two people: one facilitator and one note taker. Experience in qualitative research, excellent listening and facilitation skills, and the ability to connect with and manage a group are essential qualities for the focus group facilitator. It is usually easier for a facilitator to establish rapport if they are of the same gender as the focus group participants. In highly sex-segregated societies, this is especially important.

Good note taking by the note taker is also essential. Take notes verbatim (using the exact words of the participants) as much as possible, noting down participant characteristics when possible. The participant roster that has key characteristics of the participants (see below), can be used in the notes to refer to the speakers' number on the roster. Key words used in a local language should be recorded in that language

and translated/explained in English in parentheses. Significant non-verbal reactions (e.g. body language, laughter) and tone of statements should also be recorded.

It is also useful to have a “gatekeeper” who tries to keep others from intruding on or disrupting the privacy of the meeting, and handle logistics that may arise. This person does not require qualitative research training (e.g. another staff member or local resource person may be able to play this role).

Field logistics:

To save on transport costs, field teams may wish to conduct the key informant interviews during the same visit as the focus groups. However, FGDs must be scheduled when the respondents have time (up to 2 hours).

It is strongly preferred to hold the focus group discussion in a site where the group will not be disturbed or listened to by others. It may be necessary for women to bring small children with them (having something to entertain the children while keeping any volume to a minimum is very helpful).

When possible, it is recommended to audio record the interview, then transcribe and translate the interviews. However, if recording makes participants uncomfortable, where full transcription and translation is not possible, a recording will still be useful as a backup to the notes. The respondents’ informed consent for the recording must be given before making any recording. Whether or not there is a recording, the enumerator should take detailed notes. If someone expresses something particularly well, note that as a quote. Noting down participant characteristics is very useful (e.g. young woman, etc.). This can also be done by noting down names or numbers for participants while they speak that can then be matched with participant characteristics from the FGD roster.

If photographs are taken, this also needs to be included in the informed consent.

Instructions for running the FGD:

- As participants gather, create a roster of participants recording their name, age, and other relevant characteristics (e.g. project beneficiary, local leader, etc.)
- Seat the group members so that they can all see and hear each other and the facilitator (e.g. in a loose circle).
- Have the focus group facilitators introduce themselves. Have group members introduce themselves.
- Explain the purpose of the project.
- Explain the purpose and schedule of the focus group session.
- Explain that the session will be tape recorded (if it will be) and/or that a note-taker will capture the discussion. In addition, notes will be captured on flipcharts or chalkboards. The tape recorder cannot be used if participants object so detailed note-taking is essential.

- Read the informed consent statement and obtain a verbal agreement from each participant. If they do not consent, do not put any pressure on them, but they cannot be included in the group.
- Establish expectations for group behavior. It is important to stress that topics raised within the group should be treated confidentially by all participants, so that people can feel comfortable expressing themselves without concern that there will be any punishment or penalties for any individual.
- Common ground rules include:
 - Maintain confidentiality
 - Participate as much as possible
 - There are no right or wrong answers; the intention is just to understand people's different experiences and opinions
 - Do not interrupt one another
 - Respect other peoples' right to their opinions
 - Turn off cell phones

Post-FGD:

Data entry and management:

- All notes should be labeled by location, type of group, number and gender of people participating, date, and topic of the discussion. Names of facilitators and recorders should all be included. Record and take note of the starting time and ending time of each FGD.
- As soon as possible, enter all notes taken during the FGD and captured on charts or notebooks into a computer. Take photos of flipchart notes when possible.
- If a recording was taken, upload the recording to a computer as soon as possible. Fully transcribing the discussions is highly recommended whenever resources allow for it.
- Facilitators and recorders can read the notes together to address any questions, omissions, or confusion about what was said, especially around translations and meanings of key terms.

Analysis:

The data generated by these questions can be analyzed to understand:

- Do men and women have the same or different views of empowerment?
- How are differences or similarities explained by the FG participants?
- How have these views changed over time?
- Have these views changed as a result of project interventions?
- What barriers keep women from participating in decisions about agricultural production that they would like to take part in?
- What supports women to be able to participate in decisions about agricultural production that they want to take part in?
- What barriers keep women from participating in decisions about income that they would like to take part in?
- What supports women to be able to participate in decisions about income that they want to take part in?

- What are the key categories that influence women’s divergences in experiences (e.g. age, marital status, ethnicity, class)?

Questions of how things have changed over the reference time period are not intended to examine project impacts per se, since this would also be asked at baseline, but rather to get a sense of change over time – which can then be used to contextualize the changes the project might bring about.

ORAL INFORMED CONSENT

My name is _____, and I am coming from the _____ *insert project/institution name* office. We are conducting a research study to understand the status of women in your community.

Since you are (or are not) [Circle the appropriate choice] a beneficiary of the project we are asking you to participate in this study. Your participation would be in a focus group discussion other beneficiaries from your community. In this discussion, you will be asked about the roles and responsibilities of women in your community. This discussion will last for _____.

This discussion is for research purposes only, and all the information obtained will be kept safe in our files. We ask all group members to respect other’s privacy and not tell people outside the group what was said in the group, but we cannot be sure this will not happen so others may learn something about you. You will not be identified in any presentation of the study reports. With your permission, we would like to audio record the group discussion.

Your participation in this study is completely voluntary, and you may leave the discussion at any time. Also, you are free to refuse to answer any questions that you feel are not appropriate or that make you feel uncomfortable. You may ask us any questions about the study at any point during the discussion. Your participation or non-participation in the focus group will not affect any services you currently receive from any of the _____ *insert the services provided to project participants* _____ in any way.

There is no anticipated discomfort for those contributing to this study, so risk to participants is minimal – but as stated above, others outside the group may learn something about you. Although you may not directly benefit from taking part in this study, the information you provide may lead to improved programs and services in the community.

There is no direct compensation for your participation.

You can have a copy of this form, if you want. Do you have any questions?
[Check whether the participants has understood the question and any part of the informed consent.]

If you have any concerns about this study, you may contact:

xxxxx +1-xxx-xxxxxx xxxxx@gmail.com	xxxxx Address +1-xxx-xxxxxx
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Do you agree to participate in this study? *[If YES, indicate below that the oral informed consent has been obtained. Then proceed with the question below regarding audio recording. If they refuse, thank them for their time and dismiss them.]*

Oral informed consent received

Do you agree to be audio recorded? *[If YES, indicate below. If any of the participants responds "NO", proceed with the focus group without recording.]*

Consent to audio record interview received

Signature of interviewer: _____ Date: _____

_____/_____/_____

Background information

A1	Name of site/community/village	
A2	Date (dd,mm,yyyy)	
A3	Name of facilitator	
A4	Name of note taker	

Characteristics of the Respondents

Co de	Name	Sex	Age	Marital status	Ethno-religious group	Project beneficiary Y/N

** Ethnic, religious and/or caste group, as relevant (can be filled in by the note taker if known)*

Topic: General Understanding of Empowerment

Introduction	Can you tell me a bit about women in your community? What do most women do here? (allow free listing; if only domestic tasks are listed, ask “Do any women work for income, or work outside the house?”)
Local definitions of empowerment	How would you describe a woman in your community who is able to make important decisions in her life and to put those into action? <ul style="list-style-type: none"> - What is this woman like? What is her life like? - How is this different than a man?
Local perceptions of empowered men and women	Are there many women like that in your community? Why/why not? How are these women regarded: By other women? By other men? <ul style="list-style-type: none"> - What do you think a husband would think if his wife was like this? - Is it harder or easier for women to make important decisions and act upon them at different points in their lives?
<i>Community members’ perceptions of their own empowerment relative to other communities (This section is optional)</i>	<i>Do you think there are more women like that in this community compared to other communities in the area? Why or why not? What about men? Do you think there are many men like that in this community compared to other communities in the area? Why or why not?</i>
Community members’ perceptions of their own empowerment change over time	Do you think the number of empowered women has changed since XXXX time/event (pick a memorable event 10-15 years ago as a reference point, e.g. something that happened in national politics that everyone will recall)? Why or why not?

Topic: Specific Dimensions of Empowerment

A. Mobility	<ul style="list-style-type: none"> • What kinds of places can women from your community go by themselves? <ul style="list-style-type: none"> - Are there places women would like to go but cannot? - Are there place they can go only if they are accompanied by their husbands? - Are there places where a woman can go but must ask for permission from her husband (if she has one) or a family member? - Are there places women should never go? - Who sets the rules of where women can go? - Does it make a difference if a woman is single (unmarried, separated, widowed) or married? Or
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	<p>if she has children? What about if her husband is away?</p> <ul style="list-style-type: none"> - Does it make a difference if a woman is young or old? • Are there some women in the community who do not follow these conventions? Why, and under what circumstances, do they do so? <ul style="list-style-type: none"> - What do/would women in the community think of such women? - What do/would men in the community think of such women? - Would women face any consequences within the home or community for going where they should not? • Do women travel more or less than in the past [refer to reference event cited above]? <ul style="list-style-type: none"> - What situations within the community and beyond might be causing this change?
<p>B. Decisionmaking related to production and household reproduction</p>	<ul style="list-style-type: none"> • Which agricultural decisions do men and women make together, if any? <ul style="list-style-type: none"> - When men and women in a household make a decision together, how much influence does each person have and who has the final say? • What are the most common topics of disagreement? How is disagreement resolved? Are there any decisions related to production that women make alone? Which ones? <ul style="list-style-type: none"> - Are there any that men make alone? Which ones? • Why are certain decisions over production made together or alone? • In households where men and women make most decisions together, how are women in those households perceived by other women and men in their community? And how are men in those households perceived by women and men in their community? • Do you think that the ways production decisions are typically made are good or would you like to see these change? Why? <ul style="list-style-type: none"> - Have the ways women and men make decisions about production changed in your community since [reference event from above]? • Who makes decisions about who does domestic work (e.g. cooking, cleaning, collecting water and firewood) and care for household members (young,

	<p>sick, and/or old)?</p> <ul style="list-style-type: none"> - Are there any circumstances in which a husband will help his wife with household chores? Are there any households where this happens in your community? - What do women/men think of a woman whose husband helps her with household chores? - What do women/men think of a man who helps his wife with household chores?
<p>C. Decision-making related to income</p>	<ul style="list-style-type: none"> • Do men and women make decisions over the use of income together? If so, which sources of income? <ul style="list-style-type: none"> - What does it mean to make decisions together? How much influence does each person have and does any one person have the final say? What are the common sources of disagreement, and how are they resolved? - Do husbands and wives always know the income that their spouse brings in? • Do women/men make decisions over the use of income alone? If so, which sources of income? <ul style="list-style-type: none"> - Why are there differences between the decisions over income which men and women make together and decisions over income taken alone? • Do you think the ways decisions over income are made in your community are good or would you like to see these change? Why? • Are there some households where women earn high incomes? What are the characteristics of these households and/or women (e.g. older women, widows, first wives, etc.)? <ul style="list-style-type: none"> - How are these women perceived by other women and men in your community? - How are their husbands perceived by women and men in your community? • Do you think that the amount of income earned by women and by men in a household affects their

	relationship? If so, how?
<p>D. Decision-making related to health, care and food</p> <p>[Note: the following can be used as examples of healthcare decisions when training interviewers, but the focus group participants should be permitted to come up with their own list) (e.g. what to do when sick, go to health service, rest when sick/pregnant, have a/another baby)</p> <p>Note: In pretest, if this open listing doesn't work, then start with a list of key decisions e.g.</p>	<ul style="list-style-type: none"> • What are the most important decisions related to healthcare that a household makes? • Do women and men make any of these together? If so, which ones? <i>(The following probes are optional, depending on how long the FGD has been)</i> <ul style="list-style-type: none"> - How would joint decision-making over health care look? How important is a woman's preference in these decisions? And would any one person have the final say? • Which of these decisions do men make alone? • Which of these decisions do women make alone? • Whose decision is it normally whether or not to use a contraceptive method and which method to use? • Do you think the ways decisions are made over health and childbearing in your community are good or would you like to see these change? Why? • Do women and men make any decisions about household food together (e.g. what is reserved/purchased/prepared/eaten and by whom)? If so, which ones? • Do women and men make any decisions about child feeding together (e.g. when/what/how much to feed a child)? If so, which ones? <i>(The following probes are optional, depending on how long the FGD has been)</i> <ul style="list-style-type: none"> - How would joint decision-making over food

do women and men decide together when to go to the doctor, when to take their children to the doctor, etc.	<p>look?</p> <ul style="list-style-type: none"> - How important is a woman's preference in these decisions? And would any one person have the final say? • Which of these decisions do men make alone? • Which of these decisions do women make alone? • Do you think the ways decisions are made about food and feeding in your community are good or would you like to see these changes? Why?
Closing question	<ul style="list-style-type: none"> • What would you like to see in women's future in your community?

Optional questions: The following questions are optional for focus groups, but may be useful for projects to understand the context that affects the impact of their interventions. These should be covered in Key Informant Interviews. Add them to focus groups only if the project would find it useful to get a range of perspectives.

Topic	Questions
Shocks	<ul style="list-style-type: none"> • What are the major sources of shocks in this community? • When [name the shock] happens, does it affect men and women differently? In what ways is the effect different? • How does concern about shocks affect what people do/don't do to prevent or prepare for them?
Inheritance patterns	<ul style="list-style-type: none"> • Do women in your community generally inherit land or other family goods? Why/why not? Do you think the system of inheritance is good or would you like to see it change?
Marital patterns	<ul style="list-style-type: none"> • What are the major types of marriage or unions in this community? (<i>possibilities include civil and religious marriages, polygamous marriages, consensual unions—living together</i>) <ul style="list-style-type: none"> - Which of these to women prefer? Why? - How do women and men typically come together to form a union in your community?

Activity E: protocol for Semi-Structured Interview for Life Histories

Purpose:

Life-history method allows the researcher to identify and document patterns of individuals and groups, by exploring a person's micro-historical (individual) experiences within a macro-historical (history of the time) framework (Hagemaster 1992). Life-history information challenges the researcher to understand an individual's current attitudes and behaviors and how they may have been influenced

by experiences and decisions made at another time and in another place. The purpose of the life-history method is to understand perceptions and experiences of women's empowerment within the context of agricultural intervention projects and to validate elements within the pro-WEAI survey tool.

Technique:

During the interview, the researcher should be careful to avoid "yes or no" questions, but to get the respondent to tell "the story of his or her life" in his or her own words, as in a narrative method. It is common practice to begin the interview with the subject's earlier childhood or specific time point and to proceed chronologically to the present, as to build up the life story and reflections over time. A balance should guide questions for focus and coverage and the development of flow and depth (Goodson, 2008).

Flow <-> focus

Depth <-> coverage

That is, the concerns and responses of the life storyteller should be flowing or deepening, prompted intermittently by questions to gain focus and coverage. Familiarizing yourself with the topics and questions to be addressed will help to maintain this balance. In order to set the scene for storytelling, it is important to build trust and rapport quickly with the respondent. This may be done at the start by explaining carefully the process and use of the life history interview. Also, easier or more light-hearted questions have been placed initially, in order to build up to discussions on more difficult or serious topics.

Note: For any individual interview, not all of the questions will be relevant. Use your judgement based on the events and activities that are being described.

Sample selection:

Life histories prioritize depth and quality of the interviews over quantity. For the subsample of communities selected for qualitative research, ask several community members to identify several "empowered" women/men and "disempowered" women/men in their community, and select from those who are program participants. In each site we would want at least:

- 2 empowered women
- 2 disempowered women

Ideally, it would be good to also have
2 disempowered men and 2 empowered men

We would want a few more if we are going back to these same people at endline (to allow for attrition). Projects may further want to split these by program participants/nonparticipants. If program only deals with women then participant men is not a category

In order to get a final sample of this size, we should ask for nominations of twice as many in each category, to allow for unavailability/no response.

The field team can then do a purposive sample from among those selected, to check on availability, and work down through the list if some are not available. The point of this selection is to find people who are somewhat representative of that category, but are still able to tell their story.

Field staff:

Field staff need to have a background in qualitative research, and be able to establish rapport with the respondents. In South Asia, this is likely to require female teams to interview women, and male teams to interview men. In Africa, it will depend on the context, and how sex-segregated the society is. However, because the interviews need to be conducted in private, it will generally be better if at least one woman is present to interview women.

There should be a 2-person team for the interviews: one to ask questions, and one to take notes. The interviewer asking questions needs to be good at establishing rapport, keeping the conversation flowing, and knowing where to probe. The interview guide should be interpreted as a guide, not a formal questionnaire with every question to be read. The note-taker needs to take detailed notes, with as much verbatim as possible. Both need to understand the concepts that underlie the questions, and be able to listen for points related to these concepts. If the session is recorded, it may be possible to do without a note-taker, but then someone (ideally the interviewer) needs to transcribe the interview.

Time required: 2 hours (to be confirmed).

Field work:

To save on transport costs, field teams may wish to conduct the life histories during the same visit as the focus groups. However, life history interviews must be scheduled when the respondents can spend several hours, which may require evening interviews, or return visits to complete the life history.

Because of the sensitivity of the questions being asked, it is important that the life histories be conducted in private, without other family or community members present. This is even more important than is the case for the surveys. If a private interview is not possible, note who is present during the interview (including children).

In some cases, especially for women, it may be necessary to conduct the interview while she is doing some other task (e.g. preparing food). It is often useful for establishing rapport if the interviewer can help with the task (e.g. chopping vegetables). This is not usually possible for the note-taker.

If possible, it is good to do an audio recording of the interview. The respondent's informed consent for the recording must be given before making any recording. If the respondent is very uncomfortable with being recorded, be ready with detailed note-taking.

Method: Life history and narrative analysis

Data entry and management

- Handle notes, recordings, and computer files to ensure confidentiality
- Ideally, recording and transcription, translation to be entered into computer
- Translation of notes and entry into computer
- Go over and finalize notes as soon as possible (ideally, same day) as the interview

Instructions: Introduce yourself, the purpose of the study, and read informed consent statement.

ORAL INFORMED CONSENT

My name is _____, and I am coming from the _____ *insert project/institution name* office. We are conducting a research study to understand the status of women in your community.

Since you are (or are not) [Cross out as appropriate] a beneficiary of the project we are asking you to participate in this study. In this interview, you will be asked questions about your life, your family members, your roles and responsibilities in your household and your views about women's empowerment (being able to make important decisions in her life and to put those into action).

This discussion is for research purposes only, and all the information obtained will be kept safe in our files. You will not be identified in any presentation of the study reports. With your permission, we would like to audio record the group discussion.

Your participation in this study is completely voluntary, and you may leave the discussion at any time. Also, you are free to refuse to answer any questions that you feel are not appropriate or that make you feel uncomfortable. You may ask us any questions about the study at any point during the discussion. Your participation or non-participation in the interview will not affect any services you currently receive from any of the _____ *insert the services provided to project participants* _____ in any way.

There is no anticipated discomfort for those contributing to this study, so risk to participants is minimal. Although you may not directly benefit from taking part in this study, the information you provide may lead to improved programs and services in the community.

There is no direct compensation for your participation.

You can have a copy of this form, if you want. Do you have any questions?
[Check whether the participants has understood the question and any part of the informed consent.]

If you have any concerns about this study, you may contact:

XXXXX +1-XXX-XXXXXX XXXXX@gmail.com	XXXXX Address +1-XXX-XXXXXX
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Do you agree to participate in this study? *[If YES, indicate below that the oral informed consent has been obtained. Then proceed with the question below regarding audio recording. If they refuse, thank them for their time and dismiss them.]*

Oral informed consent received

Do you agree to be audio recorded? *[If YES, indicate below. If participant responds "NO", proceed with the interview without recording.]*

Consent to audio record interview received

Signature of interviewer: _____ Date: _____
 _____/_____/_____

A. Background information

A1	Name of site/community/village	
A2	Date (dd,mm,yyyy)	
A3	Name of facilitator	
A4	Name of note taker	

B. Characteristics of the respondent

B1	Name of respondent	
B2	Sex	
B3	Age	
B4	Marital status	
B5	Ethno-religious group*	
B6	Primary occupation	
B7	Secondary occupation	
B8	Level of education completed	
B9	Length of time lived in the community	

* *Ethnic, religious and/or caste group, as relevant (can be filled in by the note taker if known)*

LIFE STAGE/QUESTIONS

A. **Topics:** General understanding of empowerment (dimensions); Gender roles/norms; Mobility

Childhood and adolescence

When were you born?

Where did you grow up as a child?

What was your mother like, as you were growing up? What kinds of work did she do?

What was your father like, as you were growing up? What kinds of work did he do?

How would you describe yourself as a child?

[Optional questions in italics to reduce time if needed]

What were some particularities in how you were raised because you were a girl/boy, if any? Examples?

What were some things you could/could not do because you were a girl/boy? How did you feel about that?

Where were some places you could/could not go (by yourself or accompanied by others) because you were a girl/boy? How did you feel about that?

What did you want to be or do when you grew up? Did you have someone you wanted to become like, and why?

Did you receive any formal education? If so, what kinds of school did you go to?

Were you a good student? What did you like/not like about school?

How far did you go in school (level of schooling completed), and why?

What dreams and goals did you have for your life when your schooling ended?

In your opinion, when did you become an “adult”? What happened then?

B. **Topics:** General understanding of empowerment (dimensions); Gender roles/norms; Mobility; Decision-making related to production, income-earning, health, care and foods; Household harmony/ intra-HH dynamics; Response to shocks; Self-efficacy; Group participation

Adulthood

Who do you live with now?

(if ever married) How did you meet your spouse/partner? What did you like about him/her?

(if ever married) When did you get married? How did you feel getting married?

How many children did you want to have? Did you and your spouse/partner talk about having children, and why?

How many children do you have? When were they born?

How do you feel about raising your children? What was/is the best part, and why? The hardest part, and why?

Do you raise your girl/boy children differently? If so, how? Why?

In your opinion, which are the most important decisions to be made for assuring your children’s good health and nutrition? How much influence do you have in making those decisions?

How is your relationship with your spouse/partner? How does he/she treat you? Any examples? How does that make you feel?

How often do you sit down to talk about something with your spouse/partner, and why? What do you and your spouse/partner talk about?

How are decisions usually made in your household (related to the household, yourself, your spouse/partner, your children, etc.)? What are some decisions you make on your own? What are some decisions you make together with your spouse/partner? How do you feel about how decisions are made in your household? Would you like to have more/less influence on making the decisions, and why? What is keeping you from having more/less influence on making the decisions? (**Probe for decisions related to income-generating work/activities, agricultural production process, use of production outputs, use of income, what foods to purchase, foods to prepare, foods you can eat, foods children can eat, your health, children's health, child care, etc.**)

In the past five years, have there been changes on how decisions are made in your household? What caused those changes? On what topics have the decision-making changed?

In the past five years, what were the biggest disagreements you have had with your spouse/partner? What happened as a result? How were they resolved?

In the past five years, has your relationship with your spouse/partner changed? If so, how? Has your relationship with other household members changed? If so, how?

In the past five years, what are the most difficult things that have happened to you? How did you deal with them?

Please tell me about any work you do for income. What do you like or not like about it? How is your income used?

Do you belong to any groups inside or outside your community, and why? How do you participate in these groups? What are some benefits to participating in these groups? What are some difficulties/challenges to participating in these groups?

What are some things you can/cannot do because you are a woman/man? Are there certain women/men who can do/not do those things? Why? How do you feel about that?

FOR WOMEN: Are there any things you would like to do, but cannot because you are a woman? Why? Under what conditions could you do those things? What would happen if you did those things?

Where are some places you can/cannot go (by yourself or accompanied by others) because you are a woman/man? How far away from home is that? Are there certain kinds of women/men who can go/not go to those places? How do you feel about that?

FOR WOMEN: Are there any places you would like to go (alone), but cannot because you are a woman? Why? How far away from home is that? Under what conditions could you go to those places? What would happen if you went to those places?

C. **Topics:** Local definition of empowerment; Household harmony/ intra-HH dynamics; Group leadership

The Present/Self

How would you describe yourself as a person today (*nowadays, not necessarily this particular day*)?

How are you treated in your community, and why? Do you feel that you have influence in your community, and why? Would you like to have more influence in your community, and why/why not? What would help you to have more influence in your community?

What do you think the “turning points” (most influential experiences) that have shaped you as a person have been in your life? What were you like before then?

How would you describe an empowered woman/man? OR How would you describe a woman in your community who is able to make important decisions in her life and to put those into action?

Do you consider yourself like that, and why or why not?

Do you consider yourself more/less empowered than other women/men in your community, and why?

Have your views of your own ability to make your own ability to make important decisions changed over time? If so, what caused those changes? (**Probe for any influence of program/project interventions*)

Are there some things in your life now (something you have or are doing or circumstances) that help you feel more empowered?

What are some things or circumstances that would make you more empowered, if you had them?

D. **Topic:** Aspirations; Life satisfaction

The Future/Self

What are your concerns for the future?

How do you see yourself in the future, and why?

What do you look forward to?

Analysis

The data generated by these questions would be analyzed to understand:

- Same or different views of empowerment between men and women
- Explanations for similarities or differences
- Changes in views over time
- Changes in views influenced by or as a result of the project interventions (**at endline*)

References/Further reading

Hagemaster, J.N. 1992. Life history: a qualitative method of research. *Journal of Advanced Nursing*. 17(9):1122-8.

Round 2 Life Histories & KII Interviews

Life Histories

A. Background information

A1	Name of site/community/village	
A2	Date (dd,mm,yyyy)	
A3	Name of facilitator	
A4	Name of note taker	

B. Characteristics of the respondent

B1	Name of respondent	
B2	Sex	
B3	Age	
B4	Marital status	
B5	Ethno-religious group*	
B6	Primary occupation	
B7	Secondary occupation	
B8	Level of education completed	
B9	Length of time lived in the community	

* *Ethnic, religious and/or caste group, as relevant (can be filled in by the note taker if known)*

LIFE STAGE/QUESTIONS

A. **Topics:** General understanding of empowerment (dimensions); Gender roles/norms; Mobility

<p>Childhood and adolescence</p> <p>When were you born?</p> <p>Where did you grow up as a child?</p> <p>What was your mother like, as you were growing up? What kinds of work did she do?</p> <p>What was your father like, as you were growing up? What kinds of work did he do?</p> <p>How would you describe yourself as a child?</p> <p>[Optional questions in italics to reduce time if needed]</p> <p><i>What were some particularities in how you were raised because you were a girl/boy, if any? Examples?</i></p> <p><i>What were some things you could/could not <u>do</u> because you were a girl/boy? How did you feel about that?</i></p> <p><i>Where were some places you could/could not <u>go</u> (by yourself or accompanied by others) because you were a girl/boy? How did you feel about that?</i></p> <p>What did you want to be or do when you grew up? Did you have someone you wanted to become like, and why?</p>

Did you receive any formal education? If so, what kinds of school did you go to? Were you a good student? What did you like/not like about school?
How far did you go in school (level of schooling completed), and why?
What dreams and goals did you have for your life when your schooling ended?
In your opinion, when did you become an “adult”? What happened then?

B. **Topics:** General understanding of empowerment (dimensions); Gender roles/norms; Mobility; Decision-making related to production, income-earning, health, care and foods; Household harmony/ intra-HH dynamics; Response to shocks; Self-efficacy; Group participation

Adulthood

Who do you live with now?

(if ever married) How did you meet your spouse/partner? What did you like about him/her?

(if ever married) When did you get married? How did you feel getting married?

How many children did you want to have? Did you and your spouse/partner talk about having children, and why?

How many children do you have? When were they born?

How do you feel about raising your children? What was/is the best part, and why? The hardest part, and why?

Do you raise your girl/boy children differently? If so, how? Why?

In your opinion, which are the most important decisions to be made for assuring your children’s good health and nutrition? How much influence do you have in making those decisions?

How is your relationship with your spouse/partner? How does he/she treat you? Any examples? How does that make you feel?

How often do you sit down to talk about something with your spouse/partner, and why? What do you and your spouse/partner talk about?

How are decisions usually made in your household (related to the household, yourself, your spouse/partner, your children, etc.)? What are some decisions you make on your own? What are some decisions you make together with your spouse/partner? How do you feel about how decisions are made in your household? Would you like to have more/less influence on making the decisions, and why? What is keeping you from having more/less influence on making the decisions? (**Probe for decisions related to income-generating work/activities, agricultural production process, use of production outputs, use of income, what foods to purchase, foods to prepare, foods you can eat, foods children can eat, your health, children’s health, child care, etc.*)

In the past five years, have there been changes on how decisions are made in your household? What caused those changes? On what topics have the decision-making changed?

In the past five years, what were the biggest disagreements you have had with your spouse/partner? What happened as a result? How were they resolved?

In the past five years, has your relationship with your spouse/partner changed? If so, how? Has your relationship with other household members changed? If so, how?

In the past five years, what are the most difficult things that have happened to you? How did you deal with them?

Please tell me about any work you do for income. What do you like or not like about it? How is your income used?

Do you belong to any groups inside or outside your community, and why? How do you participate in these groups? What are some benefits to participating in these groups? What are some difficulties/challenges to participating in these groups?

What are some things you can/cannot do because you are a woman/man? Are there certain women/men who can do/not do those things? Why? How do you feel about that?

FOR WOMEN: Are there any things you would like to do, but cannot because you are a woman? Why? Under what conditions could you do those things? What would happen if you did those things?

Where are some places you can/cannot go (by yourself or accompanied by others) because you are a woman/man? How far away from home is that? Are there certain kinds of women/men who can go/not go to those places? How do you feel about that?

FOR WOMEN: Are there any places you would like to go (alone), but cannot because you are a woman? Why? How far away from home is that? Under what conditions could you go to those places? What would happen if you went to those places?

C. **Topics:** Local definition of empowerment; Household harmony/ intra-HH dynamics; Group leadership

The Present/Self

How would you describe yourself as a person today (*nowadays, not necessarily this particular day*)?

How are you treated in your community, and why? Do you feel that you have influence in your community, and why? Would you like to have more influence in your community, and why/why not? What would help you to have more influence in your community?

What do you think the “turning points” (most influential experiences) that have shaped you as a person have been in your life? What were you like before then?

How would you describe an empowered woman/man? OR How would you describe a woman in your community who is able to make important decisions in her life and to put those into action?

Do you consider yourself like that, and why or why not?

Do you consider yourself more/less empowered than other women/men in your community, and why?

Have your views of your own ability to make your own ability to make important decisions changed over time? If so, what caused those changes? (**Probe for any influence of program/project interventions*)

Are there some things in your life now (something you have or are doing or circumstances) that help you feel more empowered?

What are some things or circumstances that would make you more empowered, if you had them?

D. **Topic:** Aspirations; Life satisfaction

The Future/Self

What are your concerns for the future?

How do you see yourself in the future, and why?

What do you look forward to?

Key Informant Interviews Male

Topic: General Understanding of Empowerment

Introduction	Can you tell me a bit about women in your community? What do most women do? (allow free listing; if only domestic tasks are listed, ask “Do any women work for income, or work outside the house?”)
Participant’s perception on empowerment	How do you define women empowerment? / What is your perception of ‘empowered women’?
Local definitions of empowerment	How would you describe a woman in your community who is able to make important decisions in her life and to put those into action? <ul style="list-style-type: none"> - What is this woman like? What is her life like? - How is this different than a man?
Local perceptions of empowered men and women	Are there many women like that in your community? Why/why not? How are these women regarded: By other women? By other men? <ul style="list-style-type: none"> - What do you think a husband would think if his wife was like this? - Are there different points in women’s lives where it is easier to make important decisions and act on them? When? - Are there some points when it is harder to make important decisions and act on them? When? What are some examples of this?
Community members’ perceptions of their own empowerment change over time	Do you think the number of empowered women has changed since your time and your children’s time? Why or why not?

Topic: Specific Dimensions of Empowerment

E. Mobility	<ul style="list-style-type: none"> • What kinds of places can women from your community go by themselves? <ul style="list-style-type: none"> - Are there places women would like to go but cannot? Why? - Are there place they can go only if they are accompanied by their husbands? Why? - Are there places where a woman can go but must ask for permission from her husband (if she has one) or a family member? In which places? Why? - Are there places women should never go? Why? - Who sets the rules of where women can go? Why? - Does it make a difference if a woman is single (unmarried, separated, widowed) or married? Or if she has children? What about if her husband is away?
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	<ul style="list-style-type: none"> - Does it make a difference if a woman is young or old? Why? • Are there some women in the community who do not follow these conventions? Why, and under what circumstances, do they do so? <ul style="list-style-type: none"> - What do/would women in the community think of such women? - What do/would men in the community think of such women? - Would women face any consequences within the home or community for going where they should not? • Do women travel more or less than in the past [refer to reference generation cited above]? <ul style="list-style-type: none"> - What situations within the community and beyond might be causing this change?
<p>F. Decision-making related to production and household reproduction</p>	<ul style="list-style-type: none"> • Which homestead agricultural decisions do men and women make together, if any? <ul style="list-style-type: none"> - When men and women in a household make a decision together, how much influence does each person have and who has the final say? • What are the most common topics of disagreement? How is disagreement resolved? Are there any decisions related to production that women make alone? Which ones? <ul style="list-style-type: none"> - Are there any that men make alone? Which ones? • Why are certain decisions over production made together or alone? • Think of households where the husband and wife are making decisions together. How would others in the community think of the women in those households? How would others in the community think of the men in those households? • Do you think that the ways production decisions are typically made are good or would you like to see these changes? Why? <ul style="list-style-type: none"> - Have the ways women and men make decisions about production changed in your community since [reference event from above]? • Who makes decisions about who does domestic work (e.g. cooking, cleaning, collecting water and firewood) and care for household members (young, sick, and/or old)? <ul style="list-style-type: none"> - Are there any circumstances in which a husband will help his wife with household chores? Are there any households where this happens in your community? - What do women/men think of a woman whose husband helps her with household chores?

	<ul style="list-style-type: none"> - What do women think of a man who helps his wife with household chores? - What do men think of a man who helps his wife with household chores?
<p>G. Decision-making related to income</p>	<ul style="list-style-type: none"> • Do men and women make decisions over the use of income together? If so, which sources of income? <ul style="list-style-type: none"> - What does it mean to make decisions together? How much influence does each person have and does any one person have the final say? What are the common sources of disagreement, and how are they resolved? - Do husbands and wives always know the income that their spouse brings in? • Do women/men make decisions over the use of income alone? If so, which sources of income? <ul style="list-style-type: none"> - What are the factors that motivate people to make decision jointly? (the sources of income and sources of spending) • What are the factors that motivate people to make decision alone? (the sources of income and the sources of spending) Do you think the ways decisions over income are made in your community are good or would you like to see these changes? Why? • Are there some households where women earn high incomes? What are the characteristics of these households? Of the women themselves (e.g. older women, widows, first wives, etc.)? <ul style="list-style-type: none"> - How are these women perceived by other women in your community? By men in your community? - How are their husbands perceived by women and men in your community? • Do you think that the amount of income earned by women and by men in a household affects their relationship? If so, how?
<p>H. Decision-making related to health, care and food [Note: the following can be used as examples of healthcare decisions when training interviewers.</p>	<ul style="list-style-type: none"> • What are some important decisions related to healthcare that a household makes? • Do women and men make any of these together? If so, which ones? <i>(The following probes are optional, depending on how long the FGD has been)</i> <ul style="list-style-type: none"> - How would joint decision-making over health care look? How important is a woman's preference in these decisions? And would any one person have the final say? • Which of these decisions do men make alone? • Which of these decisions do women make alone? • Whose decision is it normally whether or not to use a

<p>Note: In pretest, if this open listing doesn't work, then start with a list of key decisions e.g. do women and men decide together when to go to the doctor, when to take their children to the doctor, etc.</p>	<p>contraceptive method and which method to use?</p> <ul style="list-style-type: none"> • Do you think the ways decisions are made over health and childbearing in your community are good or would you like to see these changes? Why? • Do women and men make any decisions about household food together (e.g. what is reserved/purchased/prepared/eaten and by whom)? If so, which ones? • Do women and men make any decisions about child feeding together (e.g. when/what/how much to feed a child)? If so, which ones? <p><i>(The following probes are optional, depending on how long the FGD has been)</i></p> <ul style="list-style-type: none"> - How would joint decision-making over food look? - How important is a woman's preference in these decisions? And would any one person have the final say? <ul style="list-style-type: none"> • Which of these decisions do men make alone? • Which of these decisions do women make alone? • Do you think the ways decisions are made about food and feeding in your community are good or would you like to see these changes? Why?
<p>Closing question</p>	<ul style="list-style-type: none"> • Think about when your granddaughters will be your age. What do you think the future will be like here for women at that time? What do you hope? What do you hope will happen? Why?

Key Informant Interviews Female

Topic: General Understanding of Empowerment

<p>Role as VMF</p>	<p>Could you please tell me about your group (when did this group form, number of members of this group, the activities of group etc.)</p> <p>How do you feel being a group leader of this group (challenges, benefits)</p>
<p>Introduction</p>	<p>Can you tell me a bit about women in your group? What do most women do? (allow free listing; if only domestic tasks are listed, ask "Do any women work for income, or work outside the house?")</p>
<p>Participant's perception on empowerment</p>	<p>How do you define women empowerment? / What is your perception of 'empowered women'?</p>
<p>Local definitions of empowerment</p>	<p>How would you describe a woman in your group who is able to make important decisions in her life and to put those into action?</p> <ul style="list-style-type: none"> - What is this woman like? What is her life like?

	- How is this different than a man?
Local perceptions of empowered men and women	<p>Are there many women like that in your group? Why/why not? How are these women regarded: By other women? By other men?</p> <ul style="list-style-type: none"> - What do you think a husband would think if his wife was like this? - Are there different points in women's lives where it is easier to make important decisions and act on them? When? - Are there some points when it is harder to make important decisions and act on them? When? What are some examples of this?
Community members' perceptions of their own empowerment change over time	Do you think the number of empowered women has changed since your time and your children's time? Why or why not?

Topic: Specific Dimensions of Empowerment

I. Mobility	<ul style="list-style-type: none"> • What kinds of places can women from your community go by themselves? <ul style="list-style-type: none"> - Are there places women would like to go but cannot? Why? - Are there place they can go only if they are accompanied by their husbands? Why? - Are there places where a woman can go but must ask for permission from her husband (if she has one) or a family member? In which places? Why? - Are there places women should never go? Why? - Who sets the rules of where women can go? Why? - Does it make a difference if a woman is single (unmarried, separated, widowed) or married? Or if she has children? What about if her husband is away? - Does it make a difference if a woman is young or old? Why? • Are there some women in the community who do not follow these conventions? Why, and under what circumstances, do they do so? <ul style="list-style-type: none"> - What do/would women in the community think of such women? - What do/would men in the community think of such women? - Would women face any consequences within the home or community for going where they should not? • Do women travel more or less than in the past [refer to reference generation cited above]?
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	<ul style="list-style-type: none"> - What situations within the community and beyond might be causing this change?
<p>J. Decision-making related to production and household reproduction</p>	<ul style="list-style-type: none"> • Which homestead agricultural decisions do men and women make together, if any? <ul style="list-style-type: none"> - When men and women in a household make a decision together, how much influence does each person have and who has the final say? • What are the most common topics of disagreement? How is disagreement resolved? Are there any decisions related to production that women make alone? Which ones? <ul style="list-style-type: none"> - Are there any that men make alone? Which ones? • Why are certain decisions over production made together or alone? • Think of households where the husband and wife are making decisions together. How would others in the community think of the women in those households? How would others in the community think of the men in those households? • Do you think that the ways production decisions are typically made are good or would you like to see these changes? Why? <ul style="list-style-type: none"> - Have the ways women and men make decisions about production changed in your community since [reference event from above]? • Who makes decisions about who does domestic work (e.g. cooking, cleaning, collecting water and firewood) and care for household members (young, sick, and/or old)? <ul style="list-style-type: none"> - Are there any circumstances in which a husband will help his wife with household chores? Are there any households where this happens in your community? - What do women/men think of a woman whose husband helps her with household chores? - What do women think of a man who helps his wife with household chores? - What do men think of a man who helps his wife with household chores?
<p>K. Decision-making related to income</p>	<ul style="list-style-type: none"> • Do men and women make decisions over the use of income together? If so, which sources of income? <ul style="list-style-type: none"> - What does it mean to make decisions together? How much influence does each person have and does any one person have the final say? What are the common sources of disagreement, and how are they resolved? - Do husbands and wives always know the income that their spouse brings in? • Do women/men make decisions over the use of income alone? If so, which sources of income?

	<ul style="list-style-type: none"> - What are the factors that motivate people to make decision jointly? (the sources of income and sources of spending) • What are the factors that motivate people to make decision alone? (the sources of income and the sources of spending) Do you think the ways decisions over income are made in your community are good or would you like to see these changes? Why? • Are there some households where women earn high incomes? What are the characteristics of these households? Of the women themselves (e.g. older women, widows, first wives, etc.)? <ul style="list-style-type: none"> - How are these women perceived by other women in your community? By men in your community? - How are their husbands perceived by women and men in your community? • Do you think that the amount of income earned by women and by men in a household affects their relationship? If so, how?
<p>L. Decision-making related to health, care and food</p> <p>[Note: the following can be used as examples of healthcare decisions when training interviewers.</p> <p>Note: In pretest, if this open listing doesn't work, then start with a list of key decisions e.g. do women and men decide together when to go to the doctor, when to take their children to the doctor, etc.</p>	<ul style="list-style-type: none"> • What are some important decisions related to healthcare that a household makes? • Do women and men make any of these together? If so, which ones? <i>(The following probes are optional, depending on how long the FGD has been)</i> <ul style="list-style-type: none"> - How would joint decision-making over health care look? How important is a woman's preference in these decisions? And would any one person have the final say? • Which of these decisions do men make alone? • Which of these decisions do women make alone? • Whose decision is it normally whether or not to use a contraceptive method and which method to use? • Do you think the ways decisions are made over health and childbearing in your community are good or would you like to see these changes? Why? • Do women and men make any decisions about household food together (e.g. what is reserved/purchased/prepared/eaten and by whom)? If so, which ones? • Do women and men make any decisions about child feeding together (e.g. when/what/how much to feed a child)? If so, which ones? <i>(The following probes are optional, depending on how long the FGD has been)</i> <ul style="list-style-type: none"> - How would joint decision-making over food look?

	<ul style="list-style-type: none"> - How important is a woman's preference in these decisions? And would any one person have the final say? • Which of these decisions do men make alone? • Which of these decisions do women make alone? • Do you think the ways decisions are made about food and feeding in your community are good or would you like to see these changes? Why?
Closing question	<ul style="list-style-type: none"> • Think about when your granddaughters will be your age. What do you think the future will be like here for women at that time? What do you hope? What do you hope will happen? Why?

Appendix 2: Participant Characteristics

Table 1. Round 1 FGD Participant Characteristics

Gender	Religion	Code	Age	Number of Children	Age of Children
Female	Hinduism	A	24	2	6 years, 5 years
		B	25	0	0
		C	25	2	9 years, 6 years
		D	26	2	7 years, 4 years
		E	26	2	8 years, 4 years
		F	24	2	8 years, 5 years
		G	22	2	4 years, 5 Months
		H	20	1	1 Year
	Islam	A	19	1	2 Years, 5 months
		B	20	1	2 years, 3 months
		C	22	2	12 Years, 5 years
		D	23	2	12 Years, 5 years
		E	25	2	4 Years, 17 months
		F	22	4	9 Years, 7 Years, 4 Years, 2 Years
		G	22	1	4 Years
		H	26	2	12 Years, 7 years
		I	26	2	7 Years, 4 Years
		J	27	4	13 Years, 12 Years, 9 Years, 4 Years
		K	30	3	11 Years, 9 Years, 3 Years
		L	20	2	4 Years, 15 Months
Male	Hinduism	1	20	2 Sons	1= 2 Years, 2= 1 Month
		2	30	No Children	N/A
		3	36	2 Sons, 2 Daughters	1=12 Years, 2= 10 Years, 3= 8 Years, 4= 6 Years
		4	40	2 Daughters	1= 7 Years, 2= 1 Years
		5	37	2 Daughters	1=7 Years, 2= 4 Years
		6	28	1 Son	3 Years
		7	26	1 Son, 1 Daughter	1= 8 Years, 2= 5 Years
		8	36	1 Son, 1 Daughter	1=2 Years, 2= 1 Month

		9	30	2 Sons	1= 8 Years, 2= 4 Years
	Islam	1	25	2 Sons	1= 12 Years, 2= 8 Years
		2	29	2 Sons	1= 10 Years, 2= 4 Years
		3	28	2 Sons, 2 Daughters	1=12 Years, 2= 10 Years, 3= 8 Years, 4= 6 Years
		4	27	2 Sons	1= 4 Years, 2= 2 Years
		5	28	2 Sons	1=8 Years, 2= 2 Years
		6	27	1 Son	4 Years
		7	30	1 Son, 1 Daughter	1= 5 Years, 2= 2 Years
		8	33	2 Sons, 1 Daughter	1=7 Years, 2= 3 Years, 3= 2 Years

Table 2. Round 1 IDI Participant Characteristics

ID	Gender	Religion	Occupation	Age	Education	Village	Duration in Village
LH1	Female	Hinduism	N/A	30	Class 5	Kurishail, Madhobpur	10 years
LH2	Female	Hinduism	N/A	31	Class 4	Madhabpur, Korgaon	16 years
LH3	Female	Islam	Housewife, Tailor	28	Class 4	Adittyapur, Nabiganj	14 years
LH4	Female	Islam	N/A	26	Class 3	Adittyapur, Nabiganj	6 years
LH5	Female	Islam	Housewife	28	Class 4	Kanaipur, Nabiganj,	11 years
LH1	Male	Hinduism	Agriculture, Day labor	40	Class 1	Khorishail	40 years
LH2	Male	Hinduism	Agriculture, Day labor	38	Class 8	Madhobpur	38 years
LH3	Male	Islam	Day Labor, Driver (tom-tom)	27	None	Adittipur	27 years
LH4	Male	Islam	Agriculture, Business	41	None	Adittipur	36 years
LH5	Male	Islam	Agriculture, Fish Business	33	None	Nobigonj, Hobigonj	33 years

Table 3. Round 2 LH Participant Characteristics

ID	Gender	Religion	Occupation	Age	Education	Duration in Village
LH1	Female	Islam	Housewife	30	Class 5	15 years
LH2	Female	Islam	Housewife	27	Class 4	12 years
LH3	Female	Hinduism	Housewife	27	None	15 years
LH4	Female	Islam	Housewife	30	None	10 years
LH1	Male					
LH2	Male					
LH3	Male					
LH4	Male					

Table 4. Round 2 KII Participant Characteristics

ID	Gender
KII 1	Female
KII 2	Female
KII 3	Female
KII 4	Female
KII 1	Male
KII 2	Male
KII 3	Male
KII 4	Male