

Engaging Rural Women in Conservative Contexts HKI's Experience in Bangladesh

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Helen Keller International has been working in Bangladesh for over 35 years, helping communities – especially women – increase food security, access income, improve nutrition and prevent blindness. Gender is integrated in all projects, empowering women in the areas of food security and nutrition. However, the social value attributed to the practice of 'purdah's often poses an obstacles to women's involvement in our initiatives. This bulletin collects the personal experiences of our nutrition and gender field officers and how they overcame constraints to engaging women in our project activities.

The Context

In Bangladesh, traditional social practices reinforce women's disempowerment and the poor nutritional status of women and children. The general undervaluation of women's domestic work, together with their restricted mobility, lack of income and lack of education, justifies the norm that production and household decision making are male domains. In HKI's Homestead Food Program (HFP), women are involved in home gardening, small livestock production, nutrition education and behavior change trainings. However, in the process of engaging women, our field staff often face several social constraints.

Social Norms and Family Disapproval

In male-dominated societies, like Bangladesh, women's role is normally confined within the household. In most cases, their participation in activities outside the house is not appreciated in the local context, and it requires the approval of a family member, either the husband or the in-laws.



Religious misbeliefs

Usually at the start of a project, many female participants refuse to get involved fearing that the training would compromise their own religious beliefs and values.

Distance and Women's Mobility

The poor travel options in the field, coupled with women's limited mobility and lack of control over financial resources, are often major obstacles to their ability to reach distant training venues.

Household Work

Rural women's workload in the house is extensive, from childrearing to collecting water, preparing food and caring for the sick. In our initial gender project orientations, field staff report that rural women's daily workload

amounts up to 18 hours a day. They have no “free” time and it is very challenging for them to dedicate time to additional commitments, such as project-related training.

Lack of Education and Decision-Making

Lack of education and inability to participate in decision making within the household are usually key factors in women’s reluctance to take part into trainings. Women’s upbringing as “good daughters, wives and mothers” entirely dedicated to the family, harms their level of confidence and ability of seeing themselves as producers, income-generators and decision makers.

HKI’s Approach to Engaging Women in the field

Women’s involvement requires careful considerations and planning at different levels. A baseline survey identifying norms, attitudes and practices, can help inform best practices to engage women and a gender strategy for the project. This includes looking at women’s and men’s roles in a specific location, and plan activities to avoid the so-called “women’s time burden”. Additionally, considerations around arranging the training location close to women’s residential areas and in safe spaces, would positively contribute to women’s participation.

However, in HKI’s experience in Bangladesh, we found that participatory approaches both at household and community levels have largely contributed to women’s empowerment. To overcome social barriers like those mentioned in this document, it is essential to sensitize local community representatives, government frontline workers and religious leaders on the importance of empowering women, not just as a social gain but for improved food security and nutrition outcomes. At household level, HKI has recently begun to integrate participatory behavior change approaches that include both women and other main decision makers of the household, such as men and in-laws. Through participatory household approaches all family members learn the importance of supporting women in their domestic chores and the economic and health gains from women’s contribution to production and participation in nutrition education. This is achieved by enabling participants to develop their own critical literacy and challenge existing gender discriminating practices that hinder positive social change and improved household health.

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