

D3 Systems, Inc.

designs | data | decisions

Gender Dynamics and Health in Bangladesh

August 20, 2015



Bangladesh Health Sector

- Population of 158 million (2013 est.) and growing where 53 million still live below the poverty line.
- Health indicators have improved significantly over the past few years at a relatively low cost.
- Government and NGO pluralistic dual-effort to create effective women-centered programs.
- The country serves as a prime example that gender equality does in fact improve health outcomes.



Background

- In June 2015, D3 sponsored a nationally representative, face to face survey of male and female adults (n=1500) in all seven divisions of Bangladesh. The field provider was OrgQuest.
- The survey collected information in several areas related to gender equality with a focus on **access to healthcare, financial inclusion through mobile money, gender-based violence and perceptions of power and gender norms.**¹
- Information on public opinion and perspectives related to these topics were also included to provide deeper insight into the population.

1. Data from the Bangladesh 2015 Survey is available upon request from the Gender Research Initiative at D3.

Baseline Demographics (n=1500)¹

VARIABLE	MALE (n=750)			FEMALE (n=750)		
Age (mean years)	40.0			33.5		
Education (mean years)	6.1			6.3		
Region (%)	URBAN		RURAL	URBAN		RURAL
	24%		76%	24%		76%
Marital Status (%)	SINGLE	MARRIED	WIDOWED/ DIVORCED/ SEPARATED	SINGLE	MARRIED	WIDOWED/ DIVORCED/ SEPARATED
	17.6%	82.1%	0.3%	5.6%	90.9%	3.5%
Age at Marriage (mean in years)	23.5			16.6		

1 – Data was weighted to match population statistics from the Bangladesh National Census, 2011.

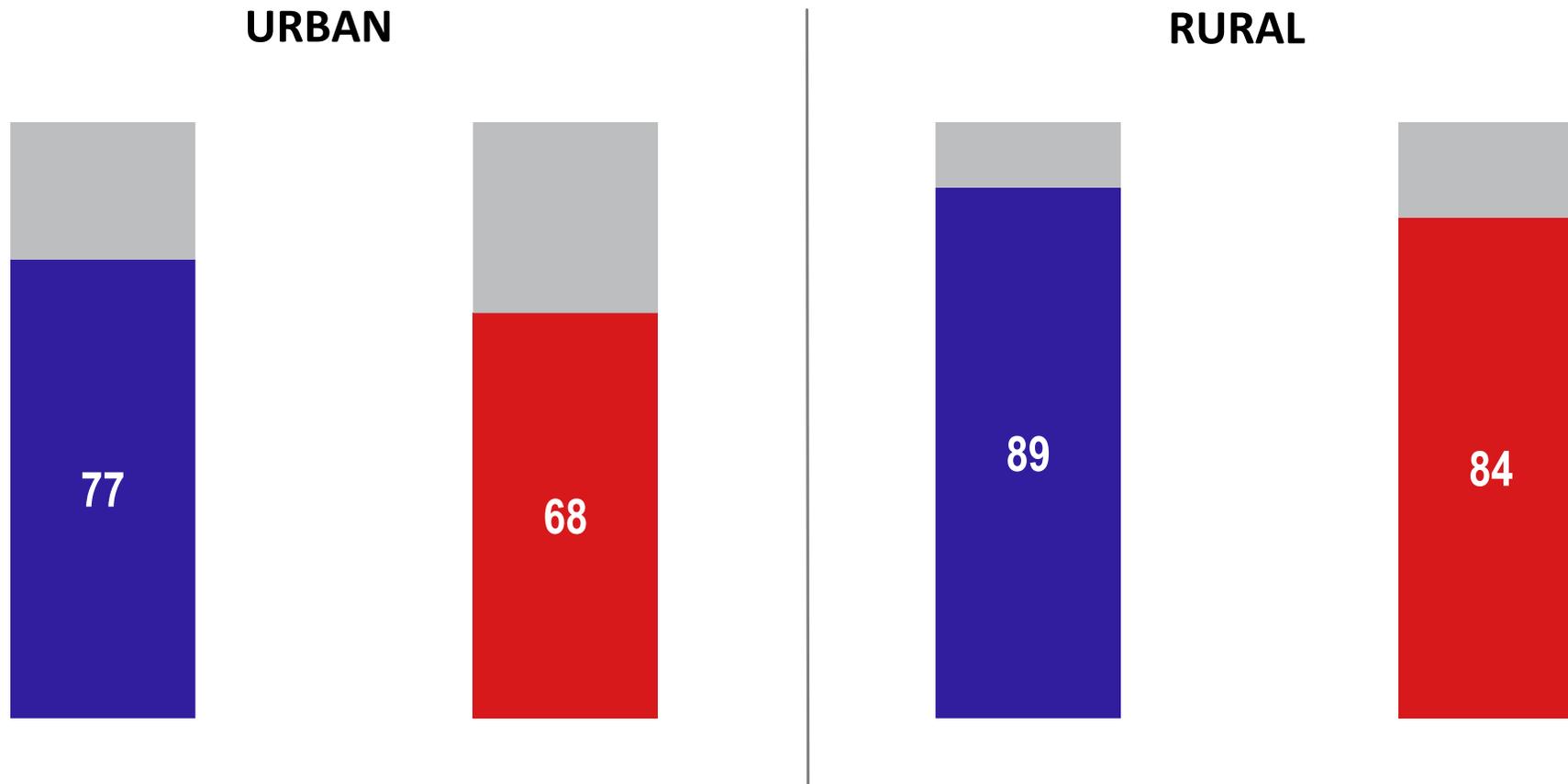
Research Questions

- What are the differences, if any, in spousal agreement [married individuals] on contraceptive use in urban versus rural Bangladesh?
- Is a Bangladeshi woman's household decision-making ability correlated with her education and/or wealth? What factors contribute to her decision-making ability?
- What is the relationship between a woman's household decision-making power and her ability to use contraceptives?
- What is the difference, if any, in perceptions of physical violence between genders and urban/rural status in Bangladesh?



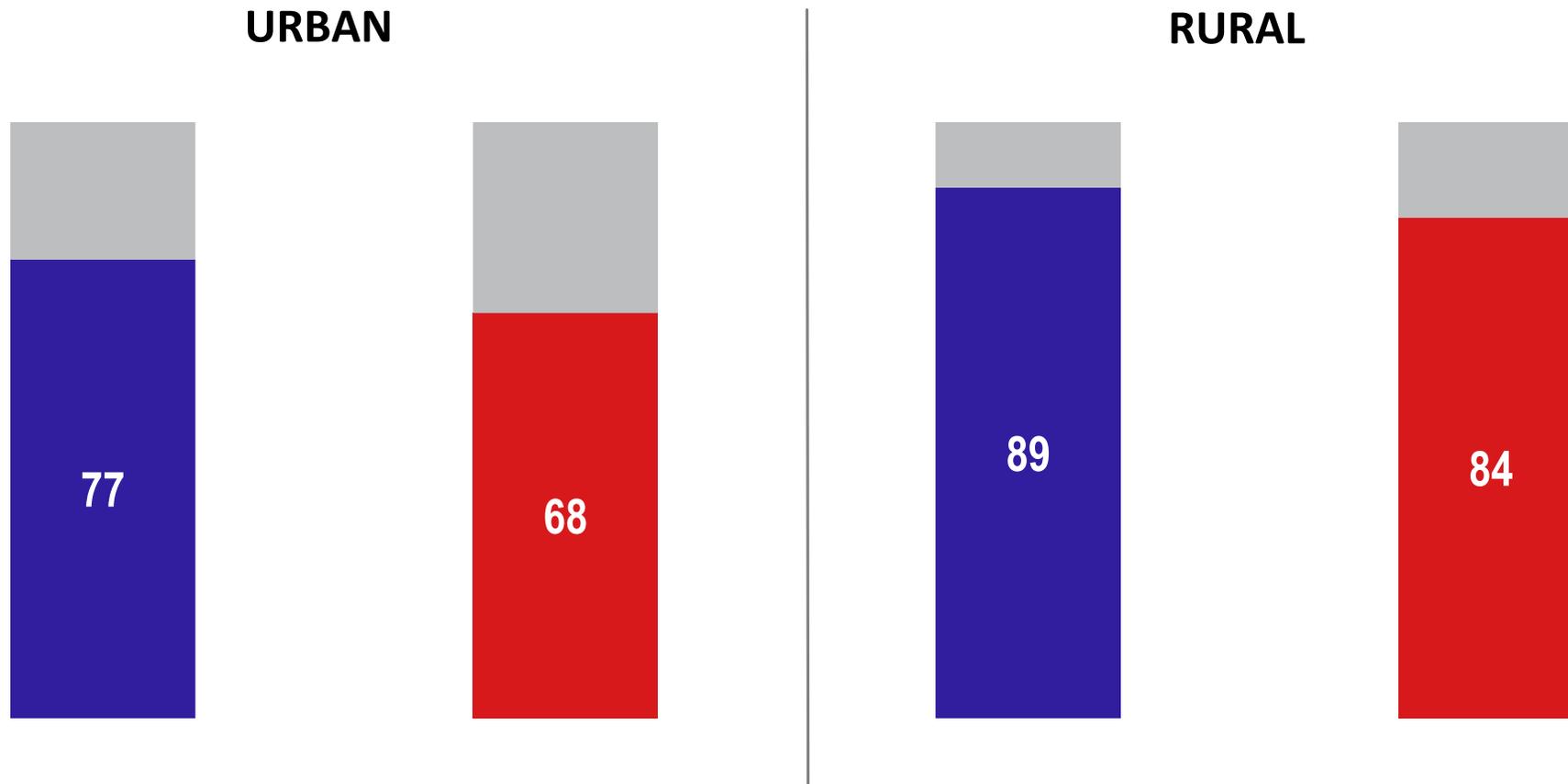
Gender-based Violence, Perceptions of Power and Gender Norms

Percentage of **men** and **women** who agree that...
A man's job is to earn a living; A woman's job is to
look after the home and family.*



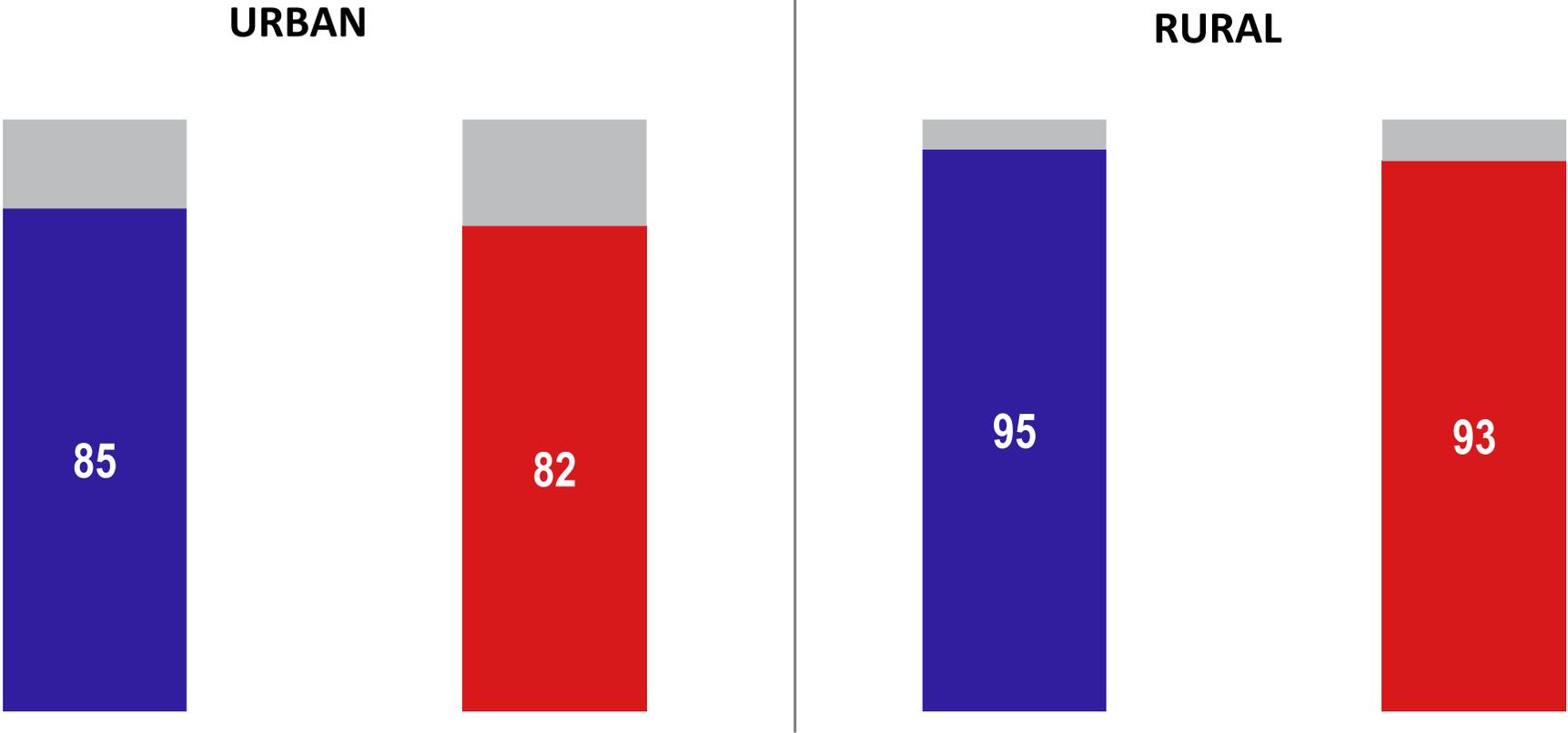
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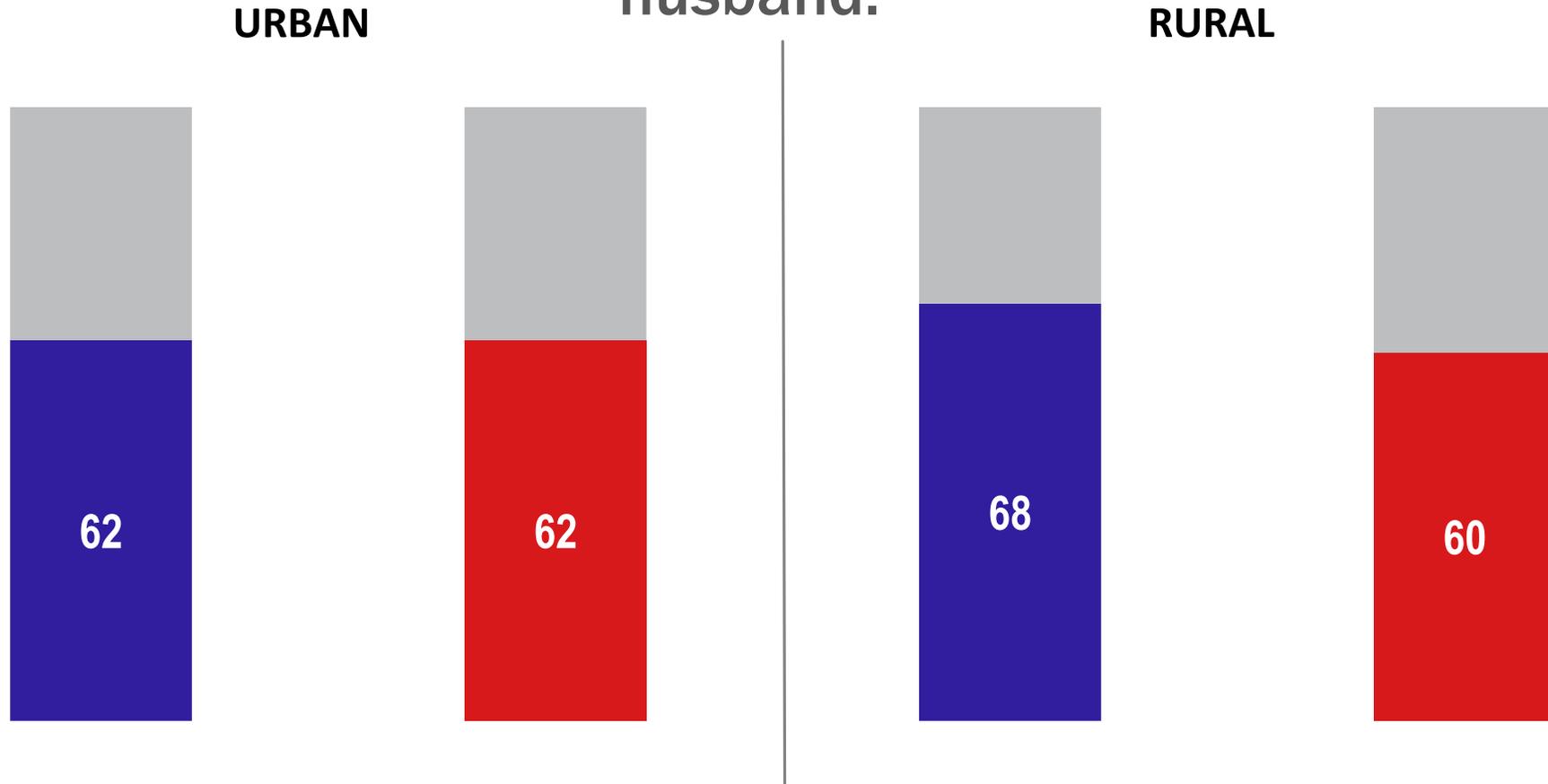


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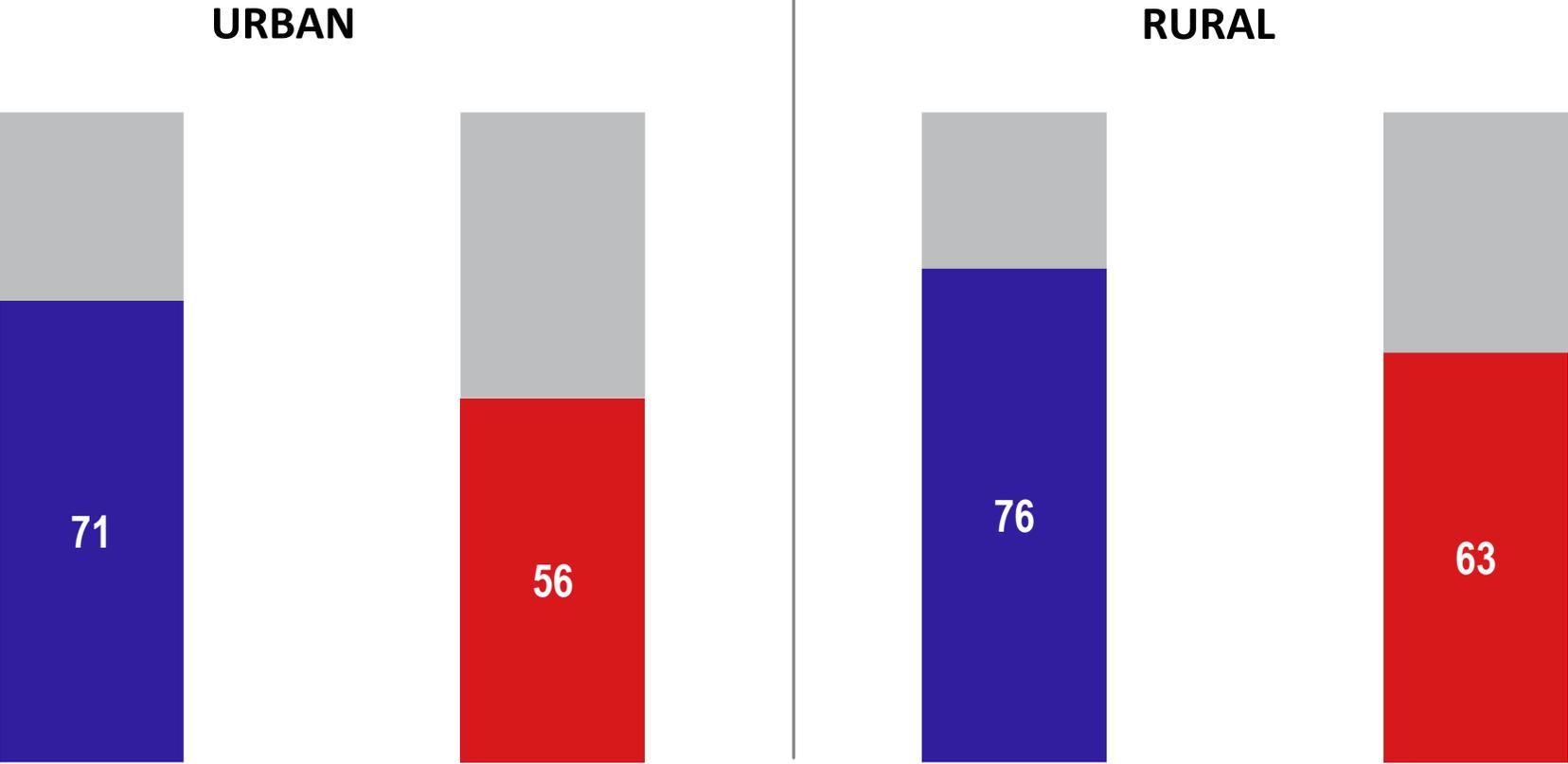
Percentage of **men** and **women** who agree that... A woman should obey her husband no matter what.



Percentage of **men** and **women** who agree that... A woman cannot refuse to have sex with her husband.*



Percentage of **men** and **women** who agree that... A woman should tolerate if her husband beats or hits her in order to keep her family together.*



Decision-Making Ability and Reproductive Autonomy

Measuring Decision-Making Ability

- Who usually makes decisions about visits to your family or relatives?
- Who usually makes decisions about your work outside the home (i.e., whether you will work outside the home, where you will work, how long you will work, at what payment, etc.)?
- Who in your household decides what purchases are made to meet daily household needs like food, clothing, and cleaning supplies?
- Who controls assets (i.e., savings, land, and livestock) in your household?

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Measuring Reproductive Autonomy

- Who has the most say about whether you use methods to prevent pregnancy?
- Who has the most say about what type of method you would use to prevent pregnancy?
- If you became pregnant but it was unplanned, who would have the most say about whether you would raise the child, seek adoptive parents, or have an abortion?
- Who has the most say about when you have a child in your life?

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Scale Modeling

Decision-Making Ability

Reproductive Autonomy

1 = Self

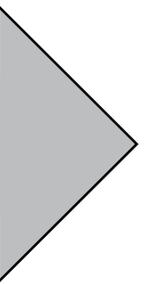
2 = Joint decision with spouse

3 = Spouse or other

4 = More Autonomy

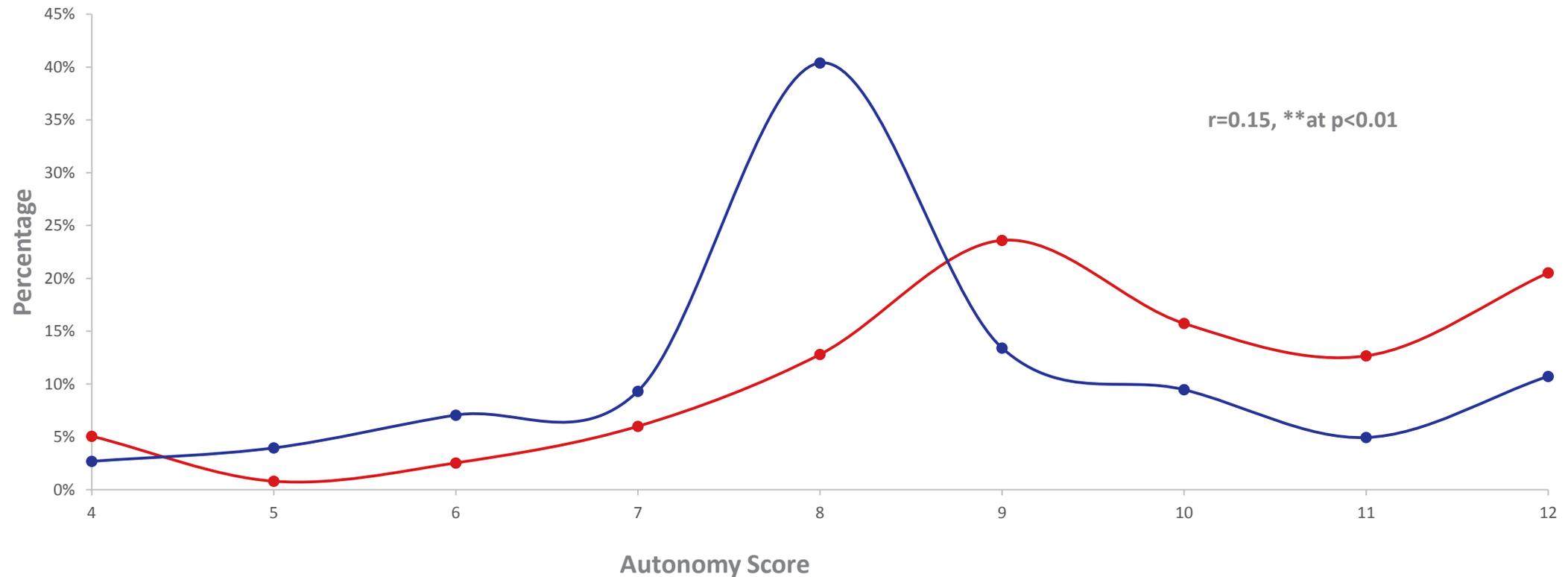
8 = Joint Spousal Decision

12 = Less Autonomy



Does **decision-making** in the household translate to reproductive autonomy?

A woman's decision-making ability in the household is correlated with reproductive autonomy, primarily the use of contraceptives.



Does decision-making in the household translate to reproductive autonomy?

- From our data, a woman's autonomy in the household is correlated with her ability to make her own decisions regarding reproductive health, primarily the use of contraceptives.
- Regional trends demonstrate that women have both lower social status and autonomy than men, which is associated with less control over their reproductive health.
- Cross country research has verified the association between women's autonomy and contraception use (Saleem et al). Improving women's education has been seen as one way to increase their status and autonomy.

Conclusions

- Rural men maintain the most conservative views and the urban women maintain the most progressive views on social issues.

In Bangladesh, women who lived in communities where most men agreed with one or more rationales for wife beating were more likely to experience violence.

– Demographic and Health Survey 2011 (DHS)

- Justifying spousal violence is lower compared to data in Bangladesh DHS.
- Gender inequality and skewed gender power dynamics is perpetuated by both men and women in Bangladesh.

Future Research

- Individual household level data between married couples.
- In-depth interviews for qualitative data.
- Reaching consensus about what defines a woman's autonomy in a country-specific, local context – who defines it?
- Applying scientifically rigorous survey data to program implementation to ensure effectiveness.

