Evidence Review on the Role of Male Engagement in Women’s Economic Empowerment (WEE) Programs

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Foreward

In partnership with graduate student researchers from Brigham Young University (BYU), and leveraging Grameen Foundation’s own literature review, this evidence review presents four different reports outlining the current research and evidence regarding the role of male engagement in WEE.

The first report (Evidence Review Summary) seeks to summarize key findings found in existing literature as well as readings that are influencing the work of Grameen Foundation, and that of our technical and in-country partners. The final three reports were developed by BYU graduate student researchers. Aleson and Ricks present positive outcomes that result from increasing a woman’s intra-household bargaining power and the male role in this transformation. Barham and Schenk draw on evidence from several middle- and low-income countries to demonstrate the most effective methods to integrate men at the household, community, and policy levels. Finally, Sheranian and Taylor provide a unique country-specific approach to women’s empowerment by recommending various interventions to improve male engagement.

Evidence Review Summary

Male engagement is associated with better health and economic outcomes, and is crucial to the success of programs that address issues ranging from maternal health to women’s economic empowerment (WEE) (Kassa, Abajobir & Gedfaw, 2014). Interventions have aimed to involve men in a variety of ways, at different levels, using a range of outcome measures (Dumbaugh et al., 2014). However, there is little agreement on how male engagement should be effectively measured and incorporated into programs. Growing evidence shows that men face socio-cultural barriers that prevent them from being involved in various sectors, such as maternal health and child care (Dumbaugh et al., 2014). For these reasons, understanding the evidence of interventions designed to promote active male engagement in high-, middle-, and low-income countries is important to our work at Grameen Foundation as it informs current and future programs.

Understanding the Rationale for Engaging Men

Gender equity work is complex and requires the involvement of women and men. At its core, efforts to engage men and boys focus on recognizing how social norms of power and gender can impact both men and women at the individual level, relationship level, and institutional or societal level (Glinski et al., 2018). Male engagement is necessary not only for WEE, but also to transform such norms and inequalities that cause harm. The following statistics highlight a few of the inequities that women endure:

- One in three females worldwide have experienced some form of violence (e.g. physical, sexual, etc) (Glinski et al., 2018). Furthermore, in Zimbabwe and other traditional cultures where polygamy is widely practiced, women in polygamous relationships are 73% more likely to suffer emotional abuse, 1.77 times more likely to suffer domestic violence, and 1.45 times more likely to suffer sexual violence compared to women in monogamous relationships (Wekwete, et al., 2014).
- Women and girls comprise two thirds of the world’s illiterate population (Glinski et al., 2018).
- Women carry out one to three more hours of household work each day compared to men. Ad-
ditionally, they often contribute two to ten times more time per day caring for children, elderly, and sick (Glinski et al., 2018). In 2018, 606 million women of working age said that they were unable to take on paid work because of unpaid care responsibilities (Promundo, 2019).

- Girls spend 40% more on unpaid work than boys of the same age, which means they have less time for school, homework, play and leisure (Promundo, 2019).
- Women are less likely to be involved in the formal employment sector, and even when they are, they earn 10 to 30 percent less than men (Glinski et al., 2018).
- Globally, only 21.8 percent of seats in national parliaments are held by women (Glinski et al., 2018).

In a world run by long-standing patriarchal norms, women are usually left to fill a limited number of roles in which they have little power and influence (Glinski et al., 2018). The consequences of these entrenched norms are evident by rates of violence against women, decreased educational attainment, greater burdens of unpaid labor, less formal employment, greater pay inequality and fewer women in decision-making roles. Power imbalances and hegemonic masculinity have significant ripple effects (Glinski et al., 2018). Jewkes et al. define hegemonic masculinity as “a set of values, established by men in power that functions to include and exclude, and to organize society in gender unequal ways; it combines a hierarchy of masculinities, differential access among men to power (over women and other men), and the interplay between men’s identity, men’s ideals, interactions, power, and patriarchy” (Jewkes et al., 2015). If left uninterrupted, hegemonic masculinity and patriarchy will continue to be reproduced and reinforced, as seen in Figure 1 (MEDA, 2020). However, Warner and Churchyard argue that traditional culture, such as that of Southern Africa, should not only be perceived as a barrier to gender equality, but also as a tool or conduit through which non-hegemonic, positive masculinities can be promoted in social contexts (Warner & Churchyard, 2019, p. 3). Nonetheless, women and girls must be supported by all genders to find a successful path to empowerment and to achieve equal status with men and boys.

Gender equity programming has begun transitioning to a focus on engaging men as stakeholders, co-beneficiaries, allies, and advocates for gender equity (Glinski et al., 2018; Nutrition International, 2019). Male engagement has been used as a strategy for gender equity in various programmatic areas (see “Where and How Male Engagement in Women’s Empowerment Takes Place” for a complete list). Sectors such as nutrition and maternal and newborn care have seen positive outcomes as a result of male engagement, and growing evidence supports the widespread use of male engagement practices in other sectors (Nutrition International, 2019). The following list highlights several positive outcomes of male engagement:

- Father involvement in maternal and newborn health services in low-income settings can reduce maternal workload and
increase postnatal healthcare attendance (Bello et al., 2018; Yargawa et al., 2015).

- Male engagement improves the early initiation of antenatal care (ANC), increases facility deliveries, postnatal checkups, and minimizes the risk of postpartum depression (Mamo et al., 2021).
- Father involvement in breastfeeding education and counseling led to an improvement in the initiation of breastfeeding and exclusive breastfeeding for the first 6 months in various developing countries (Mitchell-Box & Braun, 2013).
- Taking an active role in caregiving as a father can improve men’s own physical and mental health (Promundo, 2019).
- Male engagement has proven effective in reducing cardiovascular disease risk for male and female patients with type 2 diabetes and/or hypertension (Fort et al., 2015).

Male engagement is complex and can be difficult to achieve. For example, the following conclusions were identified as predictors of male engagement in ANC in Ethiopia: an increase in age difference between partners increased the odds of male partner involvement, while an increase in maternal age at marriage reduced the odds of male partner involvement; mothers with nearby private clinics were five times more likely to have an involved partner as compared to mothers with nearby public hospitals; the absence of an invitation to attend ANC appointments by healthcare providers reduced the odds of male partner involvement, and women who were more empowered were more likely to include their partner in ANC visits (Mamo et al., 2021).

However, men face various socio-cultural barriers that can prevent involvement. Participants of a study in Ghana identified various perceived barriers in relation to childbirth and childcare, concluding that some areas seemed inaccessible to men (e.g., delivery room, immediate care of the baby after birth) (Dumbaugh et al., 2014). A 39 year-old male stated that “Newborn care is done by the women who assist with the delivery. They do everything and if the man says something they would ignore it and laugh at you.” Further, a woman admitted that “men do not know anything about labor that is why we consult our mothers or anybody who has experience in childcare. If you rely on the men, you will die!” As a result of divisions of labor which place men and women in different physical spaces, both sexes share the belief that men are less able than women to assume a caretaking role or to be knowledgeable about it. Men reported little to no physical contact with their newborns, largely eliminating the opportunity for male engagement. Furthermore, when men were involved in newborn care, it was primarily via verbal support and supervision. Rather, men were expected to support their wife and children financially, which often required them to travel away from home. Finally, in some cases, health facilities were not welcoming to and/or prohibited men (Dumbaugh et al., 2014).

Moreover, ensuring that schedules align with men’s availability is important, and may differ by context. A program in Uganda found that to increase men’s engagement in reproductive, maternal, newborn and child health, it was important to extend clinic hours in urban areas, but for those living in rural areas, clinic hours needed to align with events such as market days to ensure men and women could join for clinic visits. In addition, programs should shift the burden from women inviting their husbands themselves, to men receiving invitations from the program organizers, but only after receiving consent from women. A thorough gender analysis should be completed prior to rolling out an initiative to avoid unintended consequences, such as women losing access to services while trying to achieve goals regarding engaging couples (“Increasing Male Engagement,” 2017).
Where and How Male Engagement in Women’s Empowerment Takes Places

Programmatic Areas

Male engagement is utilized in numerous programmatic areas, including WEE, gender equality with a focus on men’s roles, interests and needs, violence prevention, early pregnancy and HIV prevention, LGBTQ issues, fatherhood and caregiving (Nutrition International, 2019; “Increasing Male Engagement,” 2017), maternal and child health (Mamo et al., 2021; Bello et al., 2018), and family planning (“FPAs Pioneer Male...,” 1998).

Locations

Male engagement initiatives are most likely to take place in locations where discrimination against women is common, such as health facilities, homes, schools, sports, religious and public institutions, and media outlets (Nutrition International, 2019).

Activities

Types of activities may include individual counseling, group work with men, group work with women, gender assessments, research, policy or political engagement, campaigns, networking, media work, publications or website development, and capacity building activities (e.g., trainings, workshops, discussion groups, etc) (Nutritional International, 2019; ILO, 2014). For example, starting in the 1990s, Family Planning Associations (FPAs) began incorporating initiatives to involve men (“FPAs Pioneer Male...,” 1998). In Singapore, FPAs were designed to ensure women’s equity and enrich couples’ relationships. In Korea, FPAs produced and distributed printed materials to emphasize the necessity of empowerment for women. In Sierra Leone, FPAs introduced a program for men to prevent sexually-transmitted infections and to educate them on the socio-economic advantages of a small family. In Kenya, the FPA provided services for men in its clinics. In Morocco, Lebanon, and Tunisia, FPAs conducted research on male attitudes towards family planning and reproductive and sexual health. In India, the FPA established workplace units for the provision of family planning services and information to male workers. In Denmark and Sweden, FPAs began discussion groups for adolescent males and male youth concerning male sexuality and sex education. Finally, in St. Kitts, the FPA conducted male involvement workshops focusing on self-esteem, family life, and personal relationships.

Male Engagement Frameworks

The International Center for Research on Women (ICRW) identified three main ways the role of men and boys in gender equity and WEE is conceptualized in literature and programming (Glinski et al., 2018). First, men and boys are gatekeepers holding power in society. This recognizes that men hold the majority of positions of power and have historically upheld patriarchal norms rather than seeking universally beneficial norms. This approach may be especially effective among men and boys who view themselves as gatekeepers of tradition, and who therefore present a ready-made tool kit for their engagement (Warner & Churchyard, 2019, p. 5). Second, men and boys are allies or partners in the fight to achieve gender equity and equality. This framework is more inclusive because it envision a positive, culturally transformable role for men and boys; however, it does fail to acknowledge that achieving gender equality would improve the lives of the men
and boys themselves. Third, men and boys are stakeholders and co-beneficiaries. This illustrates men as participants in the process of creating standards of gender equity and equality, and sees men as benefiting from this process and from equitable societies (Glinski et al., 2018). Men and boys have the ability to produce or reverse discriminatory structures, norms and behaviors in their society through the various roles and attitudes that they adopt (Nutrition International, 2019).

**Best Practices**

There are a number of practices that illustrate how to best use male engagement programming to make significant contributions to achieve gender equity and WEE. The following practices have been identified through an extensive literature review.

It is essential that male engagement programming use messaging that discusses power imbalances, sets realistic expectations, and avoids focusing only on what men stand to gain from more equitable relationships with women (ICRW, 2018). A “soft approach,” which stresses the harm men experience from rigid gender norms, can be an effective tool to recruit male program participants, but it fails to fully address how power imbalances disproportionately benefit men (ICRW, 2018). As such, a “soft approach” should only be used as an intermediary step (ICRW, 2018).

Local tradition and culture can serve as building blocks for gender equality (Palitza, 2017). Sonke co-director Bafana Khumalo suggested, “start with what people know and what they accept” to gain mutual respect, and then “discuss ideas in a way that doesn’t put people in conflict with traditional values” (Palitza, 2017, p. 6).

The ICRW emphasizes that to meaningfully contribute to gender equity and thus improve WEE, programs should shift from a focus on gender sensitization to gender transformation (ICRW, 2018). Behaviors will be transformed only as male participants are involved in reflective activities where they are allowed to question and discuss gender norms, ultimately deciding for themselves how they want to practice a new behavior (ICRW, 2018). Additionally, programs should be intentional about addressing and exploring other systems of oppression such as racism, classism, heterosexism, etc. and how they may reinforce existing power structures (ICRW, 2018). Finally, the ICRW states that male engagement programming must be accountable to women (ICRW, 2018). In other words, programming should acknowledge women’s contributions to gender equity, and create opportunities to partner with women and women’s groups (ICRW, 2018; Promundo, 2010). Male engagement programming is further strengthened by using strategies that are integrated across various social ecological levels, specifically individual, community, institutional, and policy. Refer to ICRW’s brief report for greater detail (ICRW, 2018).

**Individual Level:**

1. Start young and adapt through life transitions
2. Use a gender-synchronized approach and provide men and women with safe spaces

Some programs involve men as direct support for their female partner’s economic empowerment, while other programs invite male family members to business training targeting women, create trainings aimed at challenging gender norms, or focus on decreasing gender-based violence or shifting patterns of sharing household work (ILO, 2014).
3. Promote alternative positive masculinities

Alternative positive masculinities include messaging that promotes men as agents of change rather than blaming and shaming (ICRW, 2018). Messaging should define men as equal collaborators in gender norm transformation, and never as saviors of women (ICRW, 2018).

**Community Level:**

1. Use male role models and advocates
2. Unpack gender norms among male facilitators and role models
3. Identify and collaborate with community influencers

Community campaigns to raise awareness can also be a strong tool to change gender attitudes and behaviors (ILO, 2014).

**Institutional Level:**

1. Acknowledge and address institutional hierarchies
2. Engage male leaders to create more gender-equitable workplace policies

**Policy Level:**

1. Promote the voices of female policymakers, but also listen to voices “from the ground.”

Evidence regarding male engagement at the policy level is not yet well developed, however, laws promoting male involvement in children’s education can provide indirect support for WEE (ILO, 2014).

Additionally, CARE International developed six key elements for engaging men and boys in WEE initiatives. The elements are found below (McKeown et al., 2010):

1. Synchronization: Integrated across each element; coordinating approaches that engage men and boys in women’s and girls’ empowerment to ensure that work thoughtfully intersects with and complements one another to advance gender equality.
2. Conscientization: Structured spaces for men and boys to reflect on masculinities, gender, power and privilege in their lives.
3. Intimate Dialogs: Conversations with intimate partners, and within families to promote more open communication, equitable relationships, non-violence, support and trust.
4. Building the Base: A mix of individual outreach and regular meetings to share testimonies and strengthen relationships among male allies to build and expand social support and solidarity.
5. Stepping Out, Stepping Up: Capacity building and support to men to facilitate discussions and campaigns around gender and masculinity to transform social norms.
6. Alliances for Advocacy: This element focuses on linking with advocacy efforts led by women’s and feminist movements for social and policy change at local, regional and national levels.
Considerations

The primary challenge of male engagement in gender equity and WEE is finding an appropriate balance to effectively engage men and boys. Programs should not only avoid instrumentalizing men and boys as a pathway to WEE, but should also ensure that women and girls are not marginalized in the work (ICRW, 2018). The following considerations, as described by Nutrition International, should be carefully navigated when using engagement practices with men and boys (Nutrition International, 2019):

- **Shift in focus:** Be aware that a focus on men’s engagement runs the risk of decreasing the attention, investment, resources, practices and strategies that focus on women and girls.
- **Portrayal:** Avoid portraying men and boys in a stereotypical negative context. Rather, focus on what they can become (e.g., a nurturing family member, an agent of change to stop domestic violence or the early marriage of their daughter, etc.).
- **Tensions:** Challenging traditional gender norms, power imbalances and hegemonic masculinity may produce social tension and defensiveness on part of the male participants. Recognize that this reaction is normal, even for open-minded men. Welcome discussions around such tension in order to create a climate of self-reflection, respect, and mutual accountability.
- **Stigma:** Encouraging men to adopt new behaviors and roles that are traditionally seen as feminine may initially result in male participants being stigmatized, threatened, or mocked by other men. Be supportive of men who courageously challenge deeply rooted social norms in patriarchal and religious societies.

Conclusion

Engaging men in women’s empowerment programming requires a delicate balance. Lessons from literature suggest that: (1) men need to be invited to participate in WEE initiatives, but only after consulting women; (2) male engagement needs to be intentional -- skillful facilitation should ensure that they do not dominate an engagement; (3) men and women need to be engaged together to address rigid social norms, but men and women also need same-sex, safe spaces to explore sensitive topics; (4) childcare needs to be provided, and meetings need to be scheduled at a time when both men and women can actively participate, which may have important logistical and cost implications for programs; (5) both men and women need to explore negative impacts of social norms on gender-based biases, though it is important that men are not portrayed in stereotypical negative contexts; (6) while traditions for male and female roles should be challenged, they can also be leveraged as tools for social change; (7) efforts for male engagement need to be considered at the household, community and policy levels, with negative social norms addressed and positive masculinity modeled at all levels.
**References**


The Big Picture: Understanding the Male Role in Women’s Empowerment

Emily Aleson, Rachel Ricks

Aim

The following report breaks down current literature that discusses what is known about male engagement and its impact on women's empowerment and health, and how intra-household dynamics influence decisions. Possible solutions and recommendations are included to help Grameen Foundation and its partners develop programs that address these issues in rural, developing areas of the world.

Introduction

Historically, societies worldwide have functioned under patriarchal households, where men are the primary holders of decision-making power and authority over household matters. Though recent social progress has helped to highlight the significant role that women play within the household, many rural communities still revolve around the traditional patriarchal family dynamic. As such, the decision-making power of women is often compromised. A woman's bargaining power, measured by whether the mother jointly or unilaterally participates in making certain household decisions, is influenced by that woman’s education level, income, and assets (Schmidt, 2012; Doss, 2013). Many key development outcomes depend on a woman’s ability to allocate intra-household resources, such as education of the children, overall well-being and health of the family, use of contraceptives for family planning and access to health care services, and positive male engagement (Doss, 2013).

Women’s Bargaining Power

In rural parts of the world many women live in farming households and communities that are often dominated by men (Osanya et al., 2020). Consequently, women have little say about where income is used and what is planted. Opportunities for women to be engaged in agricultural development groups such as farmers’ groups, cooperatives, savings associations, women’s groups and youth groups, as well as opportunities for increased educational attainment, have shown positive impacts on a woman’s bargaining capacity in relation to her household farm (Osanya et al., 2020). Increased opportunities for employment or self-employment can lead to greater household income, resulting in greater household assets. The more assets (e.g. livestock) a family has, the more likely that decision making about its sale will fall to the woman (Osanya et al., 2020).

Schooling Outcomes

Women’s bargaining power has been linked to improved schooling outcomes, particularly among the female children (Afoakwah, Deng & Onur, 2020). In Sub-Saharan Africa, women’s bargaining power reduced the incidence and intensity of late school enrollment and grade repetition, which improved the overall quality and consistency of education (Afoakwah, Deng & Onur, 2020).
Health Outcomes

Overall familial and community well-being have also improved in areas where women have increased bargaining power in their homes. In areas of Bangladesh where Muslim women went against tradition by holding stronger roles in their household decision-making process, they saw greater fulfillment of basic family needs compared to areas where the households were strongly patriarchal (Schmidt, 2012). Economic trends suggest that when a woman’s intra-household bargaining power increases, household product consumption favors needs that promote child welfare (Schmidt, 2012). In other words, child health outcomes, such as a child’s height-for-age z-score, improve when women determine where family resources are allocated as they generally prioritize nutrition and basic needs of their family over alcohol and other self-serving pursuits (Schmidt, 2012).

In Tanzania, women’s bargaining power was correlated with the nutritional status of children under five (Mwaseba & Kaarhus, 2015). When men had exclusive control over agricultural production and sales at the household level, the nutritionally rich foods, such as dairy milk, were often sold at the market leaving nothing for the children (Mwaseba & Kaarhus, 2015). As such, if women are not engaged in conversations with their male partners about resource allocation and agricultural production, it can negatively impact child nutrition. In contrast, increasing a woman’s bargaining role can result in healthier children and healthier communities.

Furthermore, when a woman has more decision making ability over her own health care, and the financial means to get medical help, she is more likely to use contraceptive devices. Contraceptives have the potential to greatly reduce the number of unintended pregnancies, maternal deaths, and infant deaths that occur each year in developing countries, currently 54 million, 79,000 and 1.1 million, respectively (Juraqulova, 2020). In fact, a woman is 187 percent more likely to use a modern contraceptive device if she has both the financial means to receive medical service and the ability to make health-care decisions compared to a woman who does not have either or both of those choices (Juraqulova, 2020).

Male Engagement

Positive male engagement has been shown to increase a woman’s confidence in attending health-care services on her own (Bello et al., 2019). Women who attended health care clinics, such as antenatal services, without their male partner were more empowered to make health decisions of their own, compared to women who attended health care visits with their male partner. Researchers suggest that the more empowered a woman feels to make decisions and navigate the healthcare system, the less likely she is to involve her male partner in such things as antenatal visits (Bello et al., 2019). However, others suggest that males who are positively engaged with their female partners will want to attend and be a part of family planning and other health care discussions and appointments (Schwenke et al., 2018). If both partners are equally engaged in health decisions and family planning, they are more likely to create a home environment that will improve the health of their partner and entire family (Schwenke et al., 2018).

Possible Solutions

One possible solution to engage men in women’s empowerment is through the use of policies that encourage healthy family dynamics. Multi-generational families living together were identified
as a direct, positive link to women’s empowerment in the Philippines (Bayudan-Dacuyuy, 2012). These findings suggest that a wife’s participation status in the home is positively influenced by the presence of either her parents or her partner’s parents (Bayudan-Dacuyuy, 2012). Specifically, researchers found that parents of the female partner significantly affected minor participation issues while parents of the male partner significantly affected more relevant financial concerns (Bayudan-Dacuyuy, 2012). Government policies and systems that reward multi-generational living could play a role in improving women’s empowerment to take part in intra-household decision-making.

Increasing a woman’s income can also improve her status within the home (Pollak, 2005). For example, a woman earns more bargaining power when her earnings are high because of a high wage rate; she does not earn more bargaining power if her earnings are high because she chooses to allocate more hours to working outside the home, which frequently results in less household production (Pollak, 2005). Another way to increase a woman’s income is through the use of microcredit loans, which are typically given to an individual to help them become self-employed or to grow a small business. These types of loans are perfect for borrowers in low income, rural countries (Microcredit, 2019).

When women contribute more cash income to their household they will ideally receive greater intra-household decision-making power. Household activities, though essential, do not bring as much prestige and recognition as does earning a cash income. Therefore, by enabling women to earn cash income for the family, microcredit interventions can impact a women’s empowerment by increasing their respect for self, and respect they receive from their partner (Osmani, 2007). Education is a clear roadmap that can help increase women’s empowerment. Literature indicates that when a woman’s education level increases, so does her engagement in decision-making. Educated women are able to work or be self-employed, leading to greater income and a healthy intra-household dynamic between partners (Osanya et al., 2020). The importance of female education needs to be emphasized, especially in rural communities, as it will give them the skills and knowledge to communicate with their partner about the health outcomes of their family.

Social groups can also improve women’s empowerment in the home by encouraging them to make decisions about the farm and agricultural production (Gender in Agriculture Sourcebook, 2009). Interventions using this kind of approach should be cautious about interpersonal violence. It is possible that in households where the female partner belongs to a social group, the decision-making power of the husband will be reduced, which could incite backlash. However, social groups can play a key role in encouraging the sharing of ideas and resources, empowering group members to replicate those ideas in their own households (Osyana et al., 2020).

**Recommendations**

Improving women’s empowerment is most effective when done at the grassroots level, as early as possible. The following recommendations highlight potential interventions that may help bolster intra-household equality by engaging both partners in the decision-making process:

1. Develop a local program that supports young girls in school, coupled with a college scholarship program. Doing so will remove financial barriers that prevent girls in areas of poverty from pursuing a higher education. This upstream approach will result in greater power equality in current and future generations of households.
2. Advocate for higher wages for working women. In addition to public support systems that are
set up to support the entry of women into the working market, there should also be an assurance of equality in pay.

3. Use microcredit loans to provide financial support for growing or starting businesses. With adequate guidance and support, women can use the funds to build up commerce, support the wellbeing of family, purchase more land, and seek out necessary medical treatment.

4. Create social groups and incentivize both women and men to attend these gatherings. With support from community members, these groups encourage household partnership about nutritional and financial matters.

5. Develop interventions aimed at educating men about gender equality and the sharing of roles. These interventions can include female partners and should address cultural and societal norms, intra-household barriers to equal partnerships, better communication, equality in the roles of the family, finances, and the importance of female decision-making.

References


Empowering Women Through Male Engagement at the Family-, Community-, and Policy-level

Shannon Barham, Charisse Schenk

The World Bank estimates that women run 8 to 10 million official small and medium businesses in developing countries worldwide (World Bank, 2021). An ever-increasing number of female entrepreneurs in these nations helped decrease the amount of poverty and hunger throughout many countries; even so, women face various obstacles in growing their business due to a lack of capital, strict social constraints, and limited skill and time (World Bank, 2021). Further, the World Bank has linked these barriers to gender inequality, which results from a lack of education, skills, and time, as well as unfavorable social norms. Thus, engaging men in the process of empowering women to overcome these barriers is an important way to help women continue to make an impact through their entrepreneurial endeavors. Though the compilation is not comprehensive, below is an arrangement of studies and interventions in which men were involved in women’s empowerment. Note: The title of each study is listed, followed by a brief description of how men were involved, and the study results. These studies are divided into the following three sections: engaging men at the household level, community level, and policy level.

Engaging Men at the Household Level

Impacts of the Gender and Entrepreneurship Together Ahead (GET Ahead) Training on Empowerment of Female Microfinance Borrowers in Northern Vietnam

GET Ahead is a program that provides female microfinance borrowers with nine training sessions, including six about business development and three about gender relations (Huis et al., 2019). For this study, researchers measured the trainings’ effect on personal empowerment, intra-household decision-making power, relational friction, and whether involving husbands made the training more effective.

Researchers randomly assigned 187 lending centers in Vietnam to one of three interventions: (1) Female borrowers who received a loan and had access to training to which their husbands were invited; (2) Female borrowers who received a loan and had access to a women-only training (husbands were not invited); and (3) Female borrowers who received a loan and no training. Researchers found that inviting husbands to the training had no effect on women’s personal empowerment, relational friction, or intra-household decision making. Of note, only 24% of all invited husbands participated in the training, and although the percentage of women who attended each training remained fairly constant (approximately 83%), the percentage of husbands who attended decreased with each module (39% attended module one, and 7% attended module nine) (Huis et al., 2019).

This program was fairly effective at improving women’s empowerment, but less so at engaging men. The approach of inviting men to training meetings that were originally meant for women did not appear to attract men to the program, and those who did attend the first training sessions steadily lost interest over time. An interesting finding from the study is that the gender training
modules were potentially more likely to explain improvements in women’s empowerment than the business training modules (Huis et al., 2019). Workshops that directly address gender issues may be important in improving intra-household and personal empowerment. This study was not specifically designed to test the different impacts of gender versus business training, so long-term research is needed.

**The impact of husbands’ involvement in goal-setting training on women’s empowerment: first evidence from an interview among female microfinance borrowers in Sri Lanka**

In this study, researchers invited female microfinance borrowers and their partners to attend a training session about goal setting and income generation (Huis et al., 2019). Couples were randomly assigned into one of three groups. The first group received goal-setting training and were then advised to set goals together as partners. The second group received goal-setting training and were told to set goals individually, and the third group did not receive any goal-setting training (control group). Researchers found that although the training sessions helped women set better goals, they had no statistically significant effect on women’s empowerment. Researchers noted that their sample size was small, so subtle changes in empowerment may not have been detected (Huis et al., 2019).

Researchers hypothesized that allowing men and women to work jointly in goal setting would be an effective, indirect way to renegotiate gender roles in income generation. However, this did not appear to be the case. The researchers suggested that directly addressing gender power imbalances is more effective than an indirect approach. They also identified five limitations to their study that may help inform future programs (Huis et al., 2019):

1. The training should have focused on gender power disparities and established roles attached to individual gender.

2. The training consisted of a single training session. If several sessions were incorporated over an extended period of time, patterns of empowerment among women may have occurred.

3. Couples had been married over 10 years and the couples may have already formed concrete decision-making habits and gendered roles within their marriage. Targeting younger, newer couples may be a more effective approach.

4. Due to the husband being present, the wife may have conformed to social norms to be acquiescent and may not have demonstrated signs of empowerment.

5. The sample size of the study was small, thus limiting the ability to observe empowerment among couples.

**Inviting Husbands in Women-only Solidarity Groups: Evidence from Southern Mexico**

In this study, women who were involved in a microfinance solidarity group were given the opportunity to invite their husbands to be part of the solidarity group (Allen et al., 2010). Of the women involved, only 4.4% of women chose to invite their husbands. The researchers did not determine exactly why uptake was so low, but they suggested that the women likely did not want to sacrifice their own financial autonomy. Interestingly, the women who did invite their husbands were more
likely to have reported fighting with their husbands about loans in the past (Allen et al., 2010). These women also reported lower intra-household decision-making power. This suggests that the women who were more likely to invite their husbands may have had husbands who were more dominant than those who chose not to invite their husbands. The results from this study suggest that inviting husbands into borrowing groups is likely not an effective way to reduce household financial tension or increase women’s empowerment in the home. These results underscore the importance of consulting with women before involving men in economic empowerment activities.

Engaging Men at the Community Level

*Journeys of Transformation: A Training Manual for Engaging Men as Allies in Women’s Economic Empowerment and ‘I can do women’s work’*

**Reflections on engaging men as allies in women’s economic empowerment in Rwanda**

CARE International and Promundo joined forces in Rwanda and conducted two pilot studies involving women in voluntary savings and loans programs (VSLs) (Slegh et al., 2012; Slegh et al., 2013). They created a training program on gender, health, and business, based on formative research done with participants. Over a 16-week period, 30 VSL participants either participated in VSL training as usual or VSL plus male education. In the comparison group, women were offered 16, two to four hour-long weekly VSL training sessions covering three main topics: business, health, and Rwandan laws and policies regarding gender-based violence (GBV) (Slegh et al., 2012). These trainings specifically challenged gender norms and practices. The experimental group received the same training sessions together with their husbands/partners, and there was an added component of men-only meetings. This allowed space for both genders to express their opinions and feelings openly.

Male participants in the experimental group reported positive changes in attitudes toward women and increased intra-household cooperation with their wives (Slegh et al., 2013). CARE stated that these changes were made through at least three different pathways (Slegh et al., 2012; Slegh et al., 2013).

**Pathway #1: Trainers offered a role model for men to emulate**

The trainers and meeting facilitators were respectable men who personally engaged in cooking, cleaning, and caring for children. During the training sessions, men practiced these tasks and were given homework to do at their own homes. The participants, in turn, demonstrated the activities in their own households and with time, other men in their neighborhoods started to do the same. When a positive intervention is modeled and becomes the norm, greater participation and acceptance is generated.

**Pathway #2: Understand men’s role in their communities**

A main factor in successfully empowering women through male involvement is understanding what men perceive to be the social norm and their perception of what their behavior should look like. Understanding these norms is a starting point for interventions that can change men’s attitudes. Further, offering programs with topics that men value is important (i.e., improving relationships with children and wife, improving financial wellbeing). Implementing interventions that
encourage men to have a positive attitude toward their role as caregivers are more likely to be effective when community-based interventions are given in conjunction with women’s empowerment initiatives.

Pathway #3: Allow opportunities for couples to practice working together

When couples were given opportunities to practice working together during training sessions, the couple grew in their ability to trust each other in making household decisions. One man stated, “In one of the sessions my wife had to lead me with my eyes closed. I had to trust her, and she did it well. I realized that my wife can be a leader and now she is the manager of a banana beer shop and we are doing well (Slegh et al., 2012).”

Follow-up surveys suggest that women in both the comparison and experimental groups experienced economic improvements, but the experimental group had larger gains in income. In the experimental group, some men expressed greater willingness to collaborate with their wives in economic matters, household work, family planning, and childcare. These intra-household benefits were observed in both groups, but to a greater and more far-reaching extent in the experimental group.

Gender norms, poverty, and armed conflict in Coˆte D’Ivoire: engaging men in women’s social and economic empowerment programming

The Yale School of Public Health, in conjunction with the International Rescue Committee, carried out a randomized controlled trial in Côte D’Ivoire between 2010 and 2012 (Falb et al., 2014). Groups of women were either organized into village savings and loans associations (VSLAs), or VSLAs plus gender dialogue groups (GDGs). In the GDGs, women and their male partners or male family members were invited to participate in an 8-session educational program. In order to incentivize male participation, recruiters emphasized that the GDGs would address household financial wellbeing. Although financial wellbeing was the main focus of the training, each session emphasized gender equality, women’s contributions to the household, and non-violent approaches to conflict (Falb et al., 2014).

The researchers described the GDGs in the following way: “GDGs create an opportunity for bringing together VSLA members and their spouses to reflect on their financial decisions and goals, the value of women in the household, and alternatives to violence. While the overall focus of GDGs is household financial well-being, each session is designed to raise underlying issues that condemn IPV and challenge participants to equalize the balance of power between themselves and their spouses. These discussions in turn provide an opportunity to promote women’s participation in household decision-making and encourage a shift towards more equitable spousal power relations (Falb et al., 2014).” GDGs were led by two facilitators, one male and one female.

In qualitative interviews, men reported that they learned how to cooperate with their wives and make financial decisions together. The researchers were primarily interested in whether this type of intervention would reduce intimate partner violence, which it did, but the qualitative data also suggest that VSLAs plus GDGs may be a feasible way to address harmful gender norms and improve female empowerment (Falb et al., 2014). A key takeaway from this study is the importance of packaging training sessions or programs in a way that is attractive to men, and in turn using the
programs as a way to engage men and women in dialogue about effective spousal communication, the value of women, and alternatives to violence.

**Engaging Men at the Policy Level**

*Involving Men in Reproductive Health: Contributions to Development*

Often, women’s empowerment programs involve men as either clients or as partners in empowering women, but gender equality and women’s empowerment are only achieved when men are involved as agents of positive change (Greene et al., 2006). Men can be agents of change when effective policies are made at the programmatic, organizational, and national levels, and when these policies normalize positive masculinity. As part of a 2004 report given to the UN Millenium Project, Greene et al. summarized various policies that were helpful in encouraging men to forego harmful gender norms. They found that in general, policies and interventions should focus on helping men understand inequalities due to gender, and that they should take into consideration the social realities of how males and females relate to each other (Greene et al., 2006). A link to the full report is found in Appendix A. Programs are most successful when they pay attention to the relationships between women and men, including power balances, social norms, and the well-being of partner relationships. If policies and programs can show how gender inequalities cause negative effects on men, women, and children, men are more likely to evaluate their own actions and behaviors and seek healthier alternatives that promote gender equality. Demonstrating examples of positive masculinity is essential in encouraging gender equality.

**Recommendations**

Based on these studies, the authors compiled a few recommendations about involving men in women-focused empowerment initiatives. Recommendations are grouped into three general categories: Approach, meaning the general way a program goes about engaging men; Content, referring to the specific material discussed in training or educational sessions; and Practical Considerations, or things external to the curriculum itself that impact the feasibility of successfully engaging men.

**Approach**

Most successful interventions considered men in the design of the program or initiative, rather than involving men as an afterthought. In the cases in which men were simply invited to the meetings or loan groups that were intended for women, men were unlikely to participate at all, and if they did, very few stayed in the program for its duration. Generally, asking questions like the following can guide the creation of a successful program: What will we offer that will benefit both women and men? How can we attract men to our program? What changes do we want to see among males? What gender norms, if addressed, could allow for greater female empowerment?

In these studies, taking a direct, gender-transformative approach proved to be more useful than indirect methods of addressing women’s empowerment. The key to a gender-transformative approach is engaging both sexes in conversations about gender, distribution of power, and decision-making. These conversations can be incorporated naturally during training sessions that address household finances. A toolkit on using the gender-transformative approach in agriculture is freely available online (see Appendix A). Where possible, integrating household-, community-, and policy-level approaches to engaging men in women’s empowerment is useful. For example,
some programs invited multiple partners within the community to be involved in a program, so men were engaged at both the family/household level as they went through the program with their wives, and at the community level as they met with other couples in the community to participate in discussions about gender norms and household finances.

One final consideration is the importance of consulting women before involving men and taking a formative approach to program development, where possible. Each community has unique gender norms, and groups of women may have varying opinions on how and to what extent they want their husbands and male relations involved. Failure to obtain this perspective and failure to involve men at all can lead to increased violence, conflict, or anger within households.

**Content**

As mentioned in the previous section, including an element of gender-transformative curriculum is most likely to improve female empowerment measures and decrease household tension. Simply offering knowledge, whether about health, finances, goal setting, or entrepreneurship, is not as effective at increasing women’s empowerment at the household level. Additionally, in qualitative interviews, men frequently mentioned that they appreciated learning nonviolent ways of communicating with their partners. Teaching communication and conflict resolution skills can be another important way to increase intra-household cooperation, which may result in more decision-making power for women. Because gender and related topics can be sensitive, including a mixture of women-only meetings, men-only meetings, and meetings with both sexes present can allow participants to share their feelings freely. Finally, program planners should consider assigning “homework” to participants in order to encourage active learning and to solidify new topics.

**Practical Considerations**

In cases where both men and women are invited to meetings, consider offering childcare and holding meetings outside of normal work hours. This will make it more feasible for men to attend. Also, these studies revealed the importance of packaging services in such a way that incentivizes men to participate; one program found that advertising their program as a way to improve household finances was useful in attracting men (Falb et al., 2014). Another theme that came up regularly was the importance of choosing well-qualified facilitators to conduct meetings. Especially with regard to gender-transformative discussions, it is essential to have facilitators who are trained in conflict resolution, gender norms, and making sure everyone feels comfortable sharing their thoughts. In some cases, programs employed both a female and a male facilitator. The final practical recommendation that came from these studies is the importance of determining how empowerment outcomes will be measured. If measurement and evaluation can be considered at the initial stages of program planning, more data regarding the connection between male engagement and women’s empowerment can be collected and disseminated.

**Limitations**

These examples and recommendations are the result of an extensive literature search, but they are not exhaustive. In this document, the authors focused mainly on programs that dealt with finances and economic empowerment, and few studies that engaged men in women’s reproductive and sexual health were included. Further, only one of the studies referenced here tracked long-term effects. Most of the studies mentioned were homogeneous in that they involved inviting men to
training workshops and meetings. Other, less traditional approaches such as media campaigns, drama performances followed by discussion groups, and large-scale community efforts might also be effective ways to engage men in women’s empowerment (Huis et al., 2019).

Conclusion

Engaging men in women’s economic empowerment is both possible and essential. As the examples mentioned above demonstrate, not every method of involving males is effective, and special care should be given when designing programs that will attempt to involve men in women’s empowerment. While this document contains various examples and recommendations that may be useful to the Grameen Foundation and its partners, this review is not comprehensive, and the information provided here may be complemented by the reports referenced in Appendix A.

References


# Appendix A: Links to More Resources

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Organization</th>
<th>Description</th>
<th>Link</th>
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<tbody>
<tr>
<td>Involving Men in Reproductive Health: Contributions to Development</td>
<td>UN Millennium Project</td>
<td>A report given to the UN provides a comprehensive overview of how men have (or have not) been considered in reproductive health programs. May provide insights and patterns for male involvement in many areas, not just sexual and reproductive health.</td>
<td><a href="http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.175.8829&amp;rep=rep1&amp;type=pdf">http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.175.8829&amp;rep=rep1&amp;type=pdf</a></td>
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Intra Household Dynamics: Male Engagement and Women’s Empowerment in Rural India

Emma Sheranian, Mary Taylor

India, especially rural India, has a historically patriarchal culture that influences decisions about Indian women’s livelihood every day. The gender disparities that naturally appear in patriarchal societies are evident in the statistics; for example:

- The gender wage gap in India is 34% (Chapman & Mishra, 2019),
- Working-aged women are half as likely to work as working-aged men (Waris & Viraktamath, 2013),
- Only 53% of women have a bank or savings account they use,
- 46% of women have a personal mobile phone (Indian Ministry of Health and Family Welfare, 2017),
- Female literacy is 54% of the population (Waris & Viraktamath, 2013), and
- Girls typically average 1.2 years of schooling compared to 3.5 years for boys (Waris & Viraktamath, 2013).

Additionally, women’s health is adversely affected by the traditions of patriarchy; maternal mortality rates in India are the second highest in the world. Further, sex selection via ultrasound tests are common among wealthier households, made apparent by lower female birth rates and higher female infant mortality (Waris & Viraktamath, 2013). The evidence points to worse conditions for women in rural and poor communities by restricting girls’ mobility, reinforcing gender biases, and increasing practice of female sterilization (Iyer et al., 2007; Ramaiaik et al., 2018, Singh et al., 2019). This evidence supports the need for better methods to empower Indian women.

The United Nations (UN) has identified seven ways to promote and empower women, called the UN Women’s Empowerment Principles. These include (1) leadership promoting gender equality, (2) equal opportunity, inclusion, and non-discrimination, (3) health, safety, and freedom from violence, (4) education and training, (5) enterprise development, supply chain, and marketing practices, (6) community leadership and engagement, and (7) transparency, measuring, and reporting (UN Development Fund for Women, 2020). These seven principles act as a guide to governments, international businesses, and nonprofit organizations that aim to empower women. Applying these principles to programs created to empower Indian women may improve their quality of life and upward mobility.

Although the status of women has been improving in India, patriarchal norms still dominantly influence women’s decision-making abilities on different issues. In 2015, only 63% of married Indian women participated in decisions about their personal health care, important household purchases, and visiting relatives (Indian Ministry of Health and Family Welfare, 2017). Further, decision-making about health affects men and women differently; boys are more likely to receive better nutrition, education, and wealth than girls (Aurino, 2014; Gaudin, 2011). Some studies in India have demonstrated that educating males about women’s empowerment and gender dynamics can improve a woman’s situation and decision-making ability (Gupta & Santhya KG, 2020). Education that empowers women may influence intra-household dynamics and decision-making,
which then affects further education, healthcare, and economic participation decisions within the household. Possible solutions for increasing women’s empowerment through intra-household dynamics may include the education and enlightenment of males about gender, advocacy, and policy efforts, and the proper use of microfinancing.

**Women’s Empowerment**

*Education*

Education of both women and men can improve their respective situations. The gender disparities of education in India are prominent, and more so in rural areas (Waris & Viraktamath, 2013). For example, literacy is a crucial part of education, yet around 245 million Indian women cannot read or write; the female literacy rate in India is 54% (Lahoti & Swaminathan, 2016). Despite the progress made in the past 25 years, only 27% of women aged 20-29 have 10 or more years of education, compared to 39% of men the same age (Waris & Viraktamath, 2013). Education is an indicator of women’s empowerment (Shafiq et al., 2019) and can improve child nutritional status in the short and long term, as well as improve other women’s situations through a diffusion effect (Akter & Chindarker, 2020). The diffusion effect refers to the process by which empowerment gain spreads from one empowered woman to other female members in the same household (Imai et al., 2014). Culturally, educational attainment for women is influenced by the expectations and value placed on education by parents, or more accurately, by male parental figures. Weak educational aspirations of parents for their daughters are related to enforcing traditional gender roles in India. Conversely, high educational attainment of parents is associated with more autonomy, encouragement of aspirations, and changes to traditional gender roles in girls (Ramanaiik et al., 2018). Some gender education programs have found that changing boys’ traditional attitudes, beliefs, and practices about gender roles can improve women’s empowerment (Gupta & Santhya, 2020). Little evidence exists about intra-household dynamics, but logic suggests that improving education among women and men in India would balance the decision-making abilities in a family. For example, traditional gender roles are minimized as the two partners receive more education, and greater equality between the partners becomes apparent. In other words, the female partner acquires more decision-making ability and is less submissive to the male partner. Overall, education is a key player of women’s empowerment in seeking more education, healthcare, or economic participation.

*Healthcare*

Many measurements of women’s health regard maternal or pregnancy-related health. In India, maternal mortality is the second highest in the world, with close to 125,000 mothers dying per year (Waris & Viraktamath, 2013). Additionally, one-third of Indian babies are born with low birth weights. These numbers may be influenced by early marriages (e.g., in rural areas, 60% of girls are married before the age of 18 and 60% have children before 19), malnutrition, or lack of healthcare during pregnancy (Waris & Viraktamath, 2013). Forced female sterilization is also practiced in almost every rural part of India (Singh et al., 2019). Women are disproportionately affected by a lack of proper healthcare, especially in rural areas (Roy & Chaudhuri, 2008). For example, only 63% of married women make healthcare decisions about their own reproductive health (Indian Ministry of Health and Family Welfare, 2017), a number that decreases with lower socioeconomic status (Seal, 1994). Additionally, there are gender disparities in dietary diversity; boys are more likely to be given protein and vitamin-rich foods than girls, which hinders girls’ de-
Development and reinforces traditional gender roles (Aurino, 2014). However, if a woman has more decision-making ability, overall child nutrition improves (Shafiq et al., 2019), and the woman is more likely to make decisions about her own health and to use contraceptives (Singh et al., 2019). In fact, women who are empowered to take part in agricultural decisions have significantly higher dietary diversity than women who do not have that decision-making ability (Gupta et al., 2019). By empowering and educating women to participate in intra-household decision-making, both the health of the mother and the child[ren] are enhanced.

**Economic Participation**

The nature of economic participation for Indian women is defined by the informal, unskilled, and unpaid labor that women perform. This labor may include collecting fuel or water, working unpaid on family farms, weaving, and/or keeping poultry. The female labor force in India is just 27%, compared to 96% of men; however, 66% of work accomplished by Indian women is unpaid labor, compared to 12% of unpaid work by men (Chapman & Mishra, 2019). Even when Indian women are paid, their labor is worth one-third less than a man’s labor (Waris & Viraktamath, 2013). Legislation was recently passed which addresses women’s employment in rural areas. Known as the National Rural Employment Guarantee Act (NREGA), it provides at least 100 days of guaranteed wage employment per year to each household that participates (NREGA, 2005). Women must make up one-third of all the participants. Evaluation of NREGA showed that women were more likely to make decisions about their own labor when given the chance compared to before (Tagat, 2020). Higher decision-making power, however, is typically attributable to traditional roles of the woman as a housewife; greater decision-making power is only allowed under the supervision of the husband or the mother-in-law, the primary decision-makers (Singh et al., 2019). One cultural view reveals that female labor force participation may negatively impact their partner’s social standing, which can result in husbands opposing women’s employment (Deninger et al., 2020). Economic participation for women may only be beneficial to the economy of India if they are educated and acquire skilled jobs (Lahoti & Swaminathan, 2016). Nonetheless, when a woman participates in the labor force, she experiences an increase in income, bargaining power, and intra-household decision-making participation about health, education, and consumption expenditures (Deninger et al., 2020). Both education and economic empowerment are necessary for improving the lives of women in India.

**Possible Solutions**

**Gender Education**

India is not the only country that struggles with women’s empowerment. Around the world many people are looking for solutions, especially surrounding the effect of male involvement and intra-household dynamics. One way to improve women’s empowerment is through gender education for men, especially in patriarchal societies similar to India’s. Gender education aims to help girls and boys understand how the construction of masculinities and femininities (models which assign social roles) influence their lives, relationships, life choices, careers, and societies (Asiyanbola, 2005). According to the UN, a growing body of research shows that males as young as three years old are in search of masculine models for an example of how they should act (United Nations, 1996). Men who grow up in patriarchal societies likely adopt societal norms of suppressing women; males who do not have an equitable gender example were more likely to have an inflated, hypermasculine view of manhood leading to future violence, which only perpetuates the problem.
in society (United Nations, 1996). In Nigeria, a country with strong patriarchal gender roles, researchers implemented a gender education program for males as Nigerian women typically have little to no education and are expected to maintain domestic duties (Asiyanbola, 2005). Gender expectations were visible in every socioeconomic class, so researchers determined that their program participants may benefit from a gender education intervention to further empower women. Using women’s intra household decision making as the measurement for the study, researchers found that when men received education on gender the rate of female decision making in the home increased (Asiyanbola, 2005). Increasing gender education and awareness among men can increase women’s empowerment.

Another example of women’s empowerment through male education is Women for Women International (WFWI). WFWI is a nonprofit organization that works to support and uplift women around the world who are in disadvantaged circumstances (WFWI, 2020). This organization claims that one of their most successful programs is their Men’s Engagement Program which aims to change gender norms and inequalities through educating men to be allies and advocates of the women in their families and communities (WFWI, 2020). Since 2002 they have educated over 26,000 men across 6 countries, and have found improvement in women’s empowerment by training and educating leaders within communities (WFWI, 2020). Creating programs that educate men about women’s empowerment and equity in the household may be an effective solution to improving intra-household decision-making.

Advocacy

Advocacy for women is another solution that has demonstrated improvements in female empowerment. As previously stated, many of the equality issues that lie within women’s rights and empowerment stem from patriarchal societies that have existed for generations. Understandably, many countries around the world have patriarchal laws and policies that are sustained within their society and culture. Such patriarchal societies negatively affect a woman’s upward mobility (Guarnieri & Rainer, 2018). One approach that institutions may take to improve equity is to advocate for new legislation to change existing laws (Guarnieri & Rainer, 2018). Many countries have passed laws for equal opportunity for men and women in education and the workplace, which has improved economic empowerment. Other laws have been passed to eliminate fear within household dynamics, including legal protection against domestic violence and a woman’s right to file for divorce (Guarnieri & Rainer, 2018). For instance, one group of researchers studied two colonies in Cameroon, Africa -- one ruled by the United Kingdom and the other by France. In the British territory, there were policies and laws in place that made education a requirement, often leading to future paid employment for women. In the French colony, they had no policies supporting women’s education or rights. Women in British territories were 30% more likely to have paid employment compared to their counterparts in the French territory. However, with the increase of women’s paid employment, levels of domestic abuse increased, possibly because of male backlash (Guarnieri & Rainer 2018). As such, laws protecting women from violence and discrimination are a crucial component of women’s empowerment.

Financial Resources

Microfinance, the practice of giving financial services to groups that would otherwise not have access, typically via small business loans, is an effective way to empower women (Al-shami, Razali, & Rashid, 2017). Some researchers in Malaysia questioned whether access to and use of
microfinance led to an increase in empowerment, welfare, and decision making of women. They compared women who had access to microfinance services to those who did not; their results demonstrated that access to microfinancing positively affected a woman’s monthly income and increased her intra-household decision-making power (Al-shami, Razali, & Rashid, 2017). These decisions included family mobility, daily expenditures, children’s schooling, health expenditures, and finances (Al-shami, Razali, & Rashid, 2017). Microfinance indirectly influences a woman’s intra-household decision-making power, and when used correctly, can be a powerful tool for women’s empowerment.

Some areas of India have already taken advantage of the benefits of microfinance. In the Punjab state, researchers found that microcredit had a large impact on the women of rural Punjab. Researchers identified a significant positive relationship between women who used microcredit and their overall empowerment and control over their own lives (Kapila, Singla, & Gupta, 2016). This program was unique because they used self-help groups to unite women with similar goals and eventually gave them access to microfinance services. These groups educated both men and women about how to handle money and develop business skills that led to success (Kapila, Singla, & Gupta, 2016). By educating both men and women, the partners shared an equal, active role in the household, which led to a stronger female voice in intra-household decisions. Adding support and education to microfinance services yielded the best overall outcomes (Kapila, Singla, & Gupta, 2016).

**Recommendations**

The authors’ first recommendation to the Grameen Foundation is to implement gender education programs that create male advocates for women empowerment. By creating a program that educates influential men in communities the Grameen Foundation works in, Grameen may create a cultural shift surrounding women’s empowerment, and consequently increase the male role in women’s empowerment. Such education should include information about existing gender inequalities, the importance and benefits of women’s empowerment, and specific steps for engaging men to become advocates for the women around them. Educating men changes the way they were socialized to think about women, allowing them to help women improve their upward mobility.

The Grameen Foundation should also consider the existing laws and policies of the countries they work in to determine which policies require effort to improve women’s empowerment. Laws that promote equity and education for women, protect them from violence, and give autonomy are essential for women’s empowerment. Once empowerment policies are drafted, Grameen should formulate Health Impact Assessments (HIA) and disseminate the information to stakeholders in the community who can push the legislation forward. HIAs are used to understand potential health effects of a policy, program or project on a given population, usually vulnerable or disadvantaged in nature (World Health Organization, 2021). Recommendations produced for decision-makers should aim to reduce negative health effects and maximize positive health effects. Creating relationships and partners within the legislative community may promote foundational change that affects a large number of women.

The authors’ last recommendation is to create a program for both the men and women of the household. This program may be a support group in which the household learns to manage money together, create a business plan, and receive support from others in the group. The men and women should receive microcredit at the end of the program to promote male engagement in women’s empowerment and intrahousehold decision making.
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About Us

Grameen Foundation

Grameen Foundation USA (Grameen) is a global nonprofit organization that helps the world’s poorest people achieve their full potential by providing access to essential financial and agricultural information and services that can transform their lives. In 2016, Grameen and the global non-profit Freedom from Hunger joined forces under the banner of Grameen Foundation. The integration of the two organizations brings together Grameen’s expertise in digital innovation to end poverty and Freedom from Hunger’s rich experience providing the world’s poorest women with self-help tools to reduce hunger and poverty. Grameen is headquartered in Washington, D.C., with offices in the U.S., Asia, Africa, and Latin America. For more information, please visit www.grameenfoundation.org or follow us on Twitter: @GrameenFdn.

Brigham Young University

Faculty and graduate student researchers for this collaboration come from the Masters of Public Health (MPH) program in Brigham Young University’s Department of Public Health. The program consists of 20 faculty members and admits approximately 20 graduate students each year. The mission of the BYU MPH program is to develop future public health leaders who drive change that improves the health and well-being of communities, families, and individuals. To this end, the program prepares students to conduct public health surveillance, and to plan, implement, and evaluate public health programs and policies that focus on at-risk populations in both domestic and international settings. For more information, please visit https://ph.byu.edu/mph