

Integrating Gender and Nutrition within Agricultural Extension Services

Case Study
Bangladesh

Men's Perceptions of Their Roles and Involvement in Household Decisions around Food in Rural Bangladesh

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Family interview with Saha Moormu's family at Khamar Khori Kadam - Nijera Gori project area

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Introduction

Households include a number of decision-makers who hold varying beliefs about how family members should be involved with food—its purchase, preparation, distribution, consumption, and marketing. Households are complex and dynamic systems, involving gender and generational roles influenced by tradition, culture, circumstances, and historical changes. Taking on a household lens is compatible with a systems' perspective on agricultural development, such as an agricultural innovation systems framework that incorporates “all the actors in the system and their interactions”, as well as

institutions and policies that impact the system and its innovations (Davis & Sulaiman, 2014, p. 7).

Continued threats to human health and productivity such as hunger, climate change, poverty and malnutrition have the attention of farmers, scientists, and educators, who search for the keys to good health, food security, community resilience, and the sustainability of food systems. In this context, the interface between agricultural production and nutrition has gained considerable attention as the two work hand-in-hand in improving household health and well-being. However, improvements to agricultural production and technology alone will not automatically improve nutrition (FAO, 2012).



Group meeting of men at Bara Basail, cluster 18 in the Egiye Jai project area in Barisal. Photo: © S. Smith 2016

New approaches to agricultural extension call for engaging men and women farmers in participatory learning and supporting their empowerment in decision-making. These changes represent a markedly different approach to assisting farmers from technology transfer to capacity building and human development. Agricultural extension educators who recognize gender and generational differences in decisions around food preparation and marketing will be better prepared to identify the varying needs of household members and facilitate access to the education, training, and resources they need. This includes the capacity to develop, access, and use knowledge, skills, information, and resources (Babu & Joshi, 2015). In fact, the empowerment of members that might otherwise be invisible in agricultural systems can improve nutrition and ultimately, food security and resilience (Helen Keller International, 2014; Lefore, 2015; Muhammad, Maina, Pellerier, & Hickey, 2016; Sulaiman & Davis, 2012).

Gendered and Generational Interests

It is widely accepted that women are “major players in... household food and nutrition security” as well as other development objectives (IFAD, 2012, p. 10). Women are at the “nexus” of agriculture, nutrition, and health, where they are responsible for food production, preservation, processing, preparation, and allocation at meal time; and they spend more of their own income on household nutrition and health than men do (FAO, 2012). Women impact the entire household's nutritional status through the decisions they make, actions they take, and resources they access (FAO, 2012).

However, reaching only women with nutrition education will not necessarily improve their lives, as men and women make small and large household decisions together that affect the welfare of the entire household (FAO, 2012). FAO recommends that information should be

collected on how women *and* men are affected by and address nutrition issues. The goal of this case study is to make a contribution to discussions about how genders and generations participate in household decisions about food.



Group meeting of men at Nagori Sagori village in Nijera Gori project area Dinajpur. © S. Smith 2016

Two sometimes overlooked but influential positions in decisions about food in farming households are the husband/father and the mother/mother-in-law. This case study focuses on rural men's and mothers-in-law's involvement in household decision making around food preparation and purchases. The information provided here is based on field work in two areas where Caritas Bangladesh has agricultural outreach projects supported by Catholic Relief Services: in Egiye Jai (located in Barisal) and in Nijera Gori (located in Dinajpur).

Organization of the Case Study

This case study is organized as follows: The Background section first summarizes the issue of undernutrition in Bangladesh, underscoring the importance of addressing nutritional deficiencies for many of the people in this nation. The second part of the Background section considers the sociocultural context pertaining to gender and household decisions about food, noting that while traditional patterns are common, there is evidence of changes in gender roles as well. The

third part addresses implications of gender roles and expectations and household decision-making in Bangladesh farming household for agricultural extension. The section concludes by presenting a transformational lens for understanding men's and women's roles in farming households in Bangladesh.

The Methods and Procedures section describes how we went about conducting the field work at two rural sites. The next section, Lessons Learned, summarizes some key findings and suggests areas where additional information would be particularly useful to extension. The Conclusions section identifies several limitations of this particular field study and highlights a few suggestions for future work.

Background

Nutritional Needs in Bangladesh

Economic and social development in Bangladesh, including increased wealth, reduced fertility, expanded secondary school enrollment among girls, and improved sanitation have been essential to improvements in nutrition in Bangladesh (Headey, Hoddinott, Ali, Tesfay, and Mekdim, 2015). However, poor nutrition is still “rampant”; and women and children 0–23 months have high rates of malnutrition (USAID & SPRING, n.d, p. 1). Based on nationwide surveys, the consumption of calories, proteins, and micronutrients is below the recommended levels; and micronutrient deficiencies and anemia are high among women and children¹ (USAID & SPRING, n.d, p. 1). Women's nutritional status has seen only slight improvement in recent years (National Institute of Population Research and Training, 2013). Undernutrition is a persistent problem with harmful outcomes for a large

proportion of children and women in Bangladesh (National Institute of Population Research and Training, 2013). Maternal and neonatal mortality remain high; food insecurity is a major challenge; and 30% of women are malnourished (USAID, 2010). In fact, lack of access to sufficient quantities of nutritious food, especially among pregnant women, is a key cause of undernutrition (USAID, 2010). According to the *2011 Bangladesh Demographic and Health Survey* (USAID, 2013), malnutrition contributes to acute and chronic problems in the short- and long-term, including child illness and death, impaired physical growth and mental development, lifelong physical and cognitive deficits, illness, and lost productivity.

Gender and Nutritional Decision-Making in Bangladesh

In Bangladesh, most household decisions are made by men (Rahman, Islam, Mostofa, & Reza, 2012). Women, particularly younger women, defer to men on most issues. Younger women have subordinate status that impacts their consumption practices, and other cultural practices also affect food distribution and restrictions within the family (Karim, 2014). Younger women are the last to eat, as limited food is distributed first to men, children, and the mother-in-law, even when women are pregnant (USAID, 2010). A small but intensive study of 30 women in the southern Barisal District found that, as was expected of them, “almost all women (90%) ate last in the household during mealtimes and received the smallest shares, while husbands, mothers-in-law and fathers-in-law took the first and larger shares of food, followed by other younger males” (Shannon et al., 2008, p. 835). While not uniformly the case,

¹ Micronutrients are the essential vitamins and minerals required in miniscule amounts by the body throughout the lifecycle, enabling the body to

produce substances essential for proper growth and development (e.g., iron, zinc, folate, Vitamin B12, vitamin A, and iodine (Cook, 2015; icddr,b, 2015).

“several mothers reported husbands, mothers-in-law, or both prohibiting women from taking extra shares of food during pregnancy. Other women stated that their brothers-in-law, sisters-in-law, or elder sons would take away any extra share the mother would serve herself” (Shannon et al., 2008, p. 835).

Traditionally, women's responsibilities in Bangladesh are focused on household-based production, child care, and elder care that consume their time and energy. Women's mobility is limited by these responsibilities and by social norms about family honor (Cole, Kantor, Sarapura, & Rajaratnam, 2014). The public sphere is considered men's domain (Schoen, 2015). Customarily, women cannot leave the home unless men accompany them, such as to health care clinics that could be a source of crucial antenatal nutrition information. Similarly, men handle market transactions not only as the shoppers but also the sellers at the market, including for women's produce (Rahman, Islam, Mostafa, & Reza, 2012; Schoen, 2015). In short, it appears that men mediate women's access to health information and resources, economic resources, markets, and their nutritional status (Rahman, Islam, Mostafa, & Reza, 2012).

Furthermore, food security issues such as food shortages or increases in food prices hit women the hardest. It is often the women who adjust their consumption to absorb the impact (Reid & Shams, 2013). Consequences for women's and children's mortality and health include high maternal and neonatal mortality and malnutrition rates, and greater susceptibility to disease, fatigue, and reduced work capacity (USAID, 2010). As a result, their involvement in their own food production or farm labor for income is diminished.

Recent studies indicate that gender disparities are critical to household nutritional status. Some research shows that women's empowerment scores are associated with higher levels of

available calories and household dietary diversity (Sraboni, Malapit, Quisumbing, & Ahmed, 2014). As women have increased access to and control of resources, food security and household nutrition improve (Schaetzel, Antal, & Guyon, 2014). Sraboni et al. (2014) cite “a growing body of empirical evidence” indicating the positive effects of women's control of resources, such as increases in the share of household budget allocated to food and improvements in children's nutrition and education (p. 12). Finding ways to help women maintain autonomy (Haque et al., 2013) and control income from household production could aid in improving household nutrition (Schaetzel, Antal, & Guyon, 2014).

Although in both theory and practice, women do contribute to decisions, they also generally have a low level of *control* over household income that reduces their real influence over men's purchase decisions in the market. This pattern reflects the cultural pattern for decision-making in general, where men have greater power and authority (National Institute of Population Research and Training, 2013).

Importantly, customary practices affect men and women differently, and some beliefs may be harmful, especially to pregnant women. Even when educational information reinforces the nutritional value of certain foods, such as fish and lentils, “mothers-in-law and other household elders were reported to be key [reinforcers] of these [customary food avoidance] practices” (Shannon et al., 2008, p. 838). In fact, 85% of pregnant women had “no control over what food items were bought at the market” (Shannon et al., p. 834). Even when women had some modest earnings, “decisions about household expenditures usually were made by the husband, father, or mother-in-law” (Shannon, p. 834).

When women are able to make decisions about food and feeding (with better education and control over income), they have increased access to food supply and purchase more nutritious

foods. As a result, the entire family's nutrition improves, with long-term positive consequences across generations (Reid & Shams, 2013, USAID, 2010). Likewise, when men accompany women to antenatal care they are supporting women's rights and improving utilization and adoption of healthy nutritional practices during pregnancy that are associated with reduced neonatal and maternal mortality (Rahman, et al., 2012). Cultural practices and beliefs enacted or challenged by household members, even within socially acceptable frameworks, can dramatically impact nutritional outcomes.

While the existing literature has described cultural practices prescribing that men are responsible for decision-making (Shannon et al., 2008), there is also some evidence that, in several ways, this pattern may be more nuanced than it first appears. Socioeconomic factors, such as male outmigration and severe poverty, influence household decisions and disrupt traditional patterns. Men and women may control different types of agricultural production and in some cases, men may not be involved in decisions about how women use their income. Labor may in fact may not be as split by gender as commonly assumed (Sraboni, Malapit, Quisumbing, & Ahmed, 2014). Women's changing status as a result of increasing education and access to economic resources may be shifting the power relations at home and complicating family dynamics (Karim, 2014). In fact, household dynamics pertaining to decision

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making might best be described as “complex” (Schaetzel, Antal, & Guyon, 2014, p. 9).

Gender, Nutrition, and Agricultural Division of Labor Nutrition: Implications for Extension

Recent research results provide useful information about gender in agricultural households in Bangladesh. In a two-region study in Khulna and Barisal in southwestern Bangladesh (Schaetzel, Antal, & Guyon, 2014a; 2014b) the division of responsibilities and associated decision-making varied by gender: Women had the most responsibility for decisions about home gardening and livestock production, including the use of income generated from livestock sales and men, for row crops. In fact, some men reported they had no input on women's production. Importantly, women's control of homestead production of crops and livestock could translate into improved health and nutrition for their families. Despite the general acceptance of women's authority over homestead products, men and women said they *jointly* decided on *purchases* to be made with this income, most likely because men are the ones to go to market, where ultimately decisions about spending are made, but also because men are usually the primary decision-makers (Schaetzel, Antal, & Guyon, 2014a). And, while men usually purchased essential food items (rice, cooking oil, onions) along with household necessities (medicines, soap), they could make their own decisions about how to use extra money. They might buy more of those items the household regularly uses, add higher quality, nutrient-dense food to their market basket, or, as was often the case, buy tastier and more popular items particularly sweets such as cakes and biscuits (Schaetzel, Antal, & Guyon, 2014b).

Schaetzel et al. (2014a) also found that, even though both men and women were similarly motivated to cultivate certain crops for their

nutritional value, they had other, different reasons for choosing crops and livestock. Because women had not had access to inputs and training previously, their interests were influenced by having someone teach them the skills to grow certain crops, and having access to inputs such as seeds. Men, on the other hand, expressed more concerns about the cost, labor, and risk involved. This may be because men have typically already received technical assistance and inputs and therefore are looking for other information (Schaetzel, Antal, & Guyon, 2014a). In addition, we would suggest that men may also be motivated by the need to fulfill their social roles, wherein men are held responsible for the rice cultivation that feeds their families and provides a major source of household income.



Extended family participating in a household interview near Barisal (Caritas Egiye Jai project). © S. Smith 2016

Consequently, information that will help ensure they can provide this staple food and a reliable income supply to meet their families' needs, is particularly salient. Thus, even assumptions embedded in agricultural extension programs, have implications for household decisions, productivity, and health. Understanding men's

and women's needs, roles, and the complementarity of their work could benefit the entire household.

We suggest that an emphasis on technical issues in agricultural production may overlook the complex human processes described here that have to do with the family, community, and societal factors that affect production, distribution, purchase, and control of food and income. Cultural and intra-household factors must be considered in outreach targeted at improving agricultural production for better household nutrition. As noted by Shannon et al. (2008), "More immediate changes need to address these gaps through the incorporation of husbands, mothers-in-law, and other key household figures in behavioral change messages" (p. 837). In addition, current income-generation schemes for women through microcredit, skills training, home gardening, and agricultural extension need to be continued and expanded upon, with better integration into existing nutrition and reproductive health programs (p. 837).

Constructive Men's Engagement in Nutrition Decisions through Gender Transformative² Intervention

Recently, the *household-level or whole family approach* introduced above has maintained that collaboration within the household is necessary to address the interests of all household members and improve production outcomes (IFAD, 2014; Sulaiman & Reddy, 2014; Rahman, Islam, & Mostafa, 2012.). The assumption is that individual household members have different interests and often do not operate as a cohesive and uniform unit that jointly makes decisions

² Gender-transformative: Where both men and women are helped as more gender-equitable relationships are promoted. A transformative approach identifies ways of engaging men and women

to examine, question, and change institutions and norms that perpetuate inequalities (INGENAES Gender Glossary).

about needs, goals, and use of resources (IFAD, 2014). As covered previously in this report, men do not necessarily have the same preferences as women but control resources, resulting in a gender gap in decisions that may reduce household productivity, food security, and nutritional well-being.

Agricultural production is fundamentally bound up in the social context, where gender and culture influence who has access to inputs and land, and control market sales and income. Some observers propose that where social norms award control of economic resources and household decisions to men *understanding men's roles in decisions will be important to determining how to offer educational programs and interventions* (Rahman, Islam, & Mostafa, 2012). The information presented above on control of resources and household decision-making suggests that the Bangladesh context would appear to be just such a setting. For example, in an analysis of women's antenatal health status in rural Bangladesh, Rahman, Islam, & Mostafa (2012) note that connecting men to all aspects of antenatal care is essential to improving women's health. Men control family economic resources and decisions that affect women's nutritional status and women's movement outside of the household to markets and clinics. Women's nutritional status, "especially during pregnancy, may depend heavily on partners and male relatives" (p. 8). Similarly, income under the control of women seems to translate into positive health and nutrition (Schaetzel, Antal, & Guyon, 2014).

But what motivates men to purchase nutritional foods? What motivates them to share decision-

making? Why would they encourage production and marketing by women and, furthermore, grant them more control over their assets? For instance, men in one study knew that vegetables were nutritious and that sweets were not but chose to buy these treats anyway (Schaetzel, Antal, & Guyon, 2014). Instead of food purchasing being determined solely by knowledge about nutrition and rational choices about nutritional quality, *emotional factors played a major role*. First, when it came to what was good for children, the most important motivation for men was making the child happy; this made fathers happy, too (Schaetzel, Antal, & Guyon, 2014). Another important motivation was being a good husband, as reflected in purchasing what the wife requested and buying quality produce of good value. They also seemed to be influenced by what they thought was valued by others. For example, vegetables were perceived to be of less value and therefore might be avoided (Schaetzel, Antal, & Guyon, 2014).

Whereas previous gender and development approaches may have side-stepped or overlooked men's unique experiences (Karim, 2014), some current methods emphasize gender transformative processes of empowering women and men as economic, social, and political actors in a process of social and behavior change *to overcome gender constraints* (IFAD, 2014; Sulaiman & Reddy, 2014). Such schema broadens the scope of men's participation within the family to include more caregiving and parenting and other behavior changes for men and women (Sulaiman & Reddy, 2014; Reid & Shams, 2013; USAID, 2010) but most importantly, *that result in greater equality for women*. From this perspective, it becomes essential to involve men in

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interventions that aim to empower women in improving their lives and the lives of their families (Karim, 2014). This begs the question: Why do some men take up the cause of equality for women?

At least theoretically, change depends on men's and women's *awareness* of inequities, *willingness* to question the beliefs and behaviors that maintain gender inequities, and engagement in *actions* to improve relationships and livelihoods by overcoming gender constraints (Sulaiman & Reddy, 2014, Reid & Shams, 2013). Some research finds that social and behavioral changes rest on multiple factors, including the availability of respectable alternative role models for men's behavior; community discussions and support; beneficial outcomes of equitable relationships, such as family financial security and an improved couple relationship (more love and understanding); and structured opportunities to converse about gender roles and inequalities as a family and/or in the larger community (CARE International, n.d.). However, this is a transformation in *household dynamics* (IFAD, 2014) resulting from a systems change that moves beyond traditional gender roles.

Our position is that a greater understanding of the *processes that engage men at the household level*, where major decisions about food and money are made, would provide useful information to guide agriculture and nutrition interventions. For instance, a large percentage of husbands in rural Bangladesh—three fourths of a study sample of 480—knew that their wives were supposed to eat more nutritious food during pregnancy than before. However, the study did not capture information about how men mediated food and nutrition decisions; and less than one-third of men were involved in antenatal care that would include visits to clinics where nutrition information and supplements would be available (Rahman, Islam, & Mostafa, 2012). Questions remain about how best to

involve and engage and motivate men as proponents for women when this challenges the very essence of alignments in traditional relationships between men and women.

In summary, knowledge about the beliefs and perceptions of various decision makers about their roles in food preparation and marketing is valuable. Agricultural extension programs can use this information to tailor and target food and nutrition messages, making these relevant and useful to the decision-maker.

Field Work

This first goal of this project was to describe rural men's perceptions of their involvement in household decision making, particularly around food preparation and purchases. This is important because men living in farming communities in rural Bangladesh influence the entire household's nutritional health in several key ways. Men market their own as well as women's produce, purchase items at the market, and may have certain preferences for what they and their families should eat, thereby influencing decisions about what is prepared and put on the table for household consumption.

In keeping with a systems perspective, this field study also identified mothers-in-law as playing a key role in household food-related decisions. The study focused on perceptions of their involvement in household decision-making, particularly around food preparation and purchases. Some researchers suggest that younger wives rarely make decisions alone, but do so in consultation with other actors, especially their mother-in-law. If older women are significantly involved in day-to-day food decisions, they influence household nutritional well-being. This also has implications for agricultural education programs that might target nutrition education to this audience.

Finally, the field work helped identify how agricultural extension programs might incorporate education about nutrition and decision making in their outreach programs. These interpretations

are based on information about how men and women are involved in decisions and their preferences for where and how to receive nutrition information.



Meeting with Mahadevpur village (Jhank para) meeting with elderly women in Nijera Gori project, Dinajpur - with S. Smith, October 2016

Study Area and Samples

This field work took place in Barisal and Dinajpur Districts in villages participating in the two projects carried out by the NGO Caritas and funded by CRS. With support from CRS, Caritas offers these comprehensive agricultural extension projects, using animators (extension agents) to deliver information on agricultural production to villagers in these locations. Egiye Jai means “moving forward”. The project covers eight ‘low-lying inland villages of Rajihar union of Barisal district. The main objectives of the project are “to improve gender equality and food security through increasing the quantity, improving the quality of year-round homestead

production, promoting equitable control of household income and increasing women’s participation in marketing homestead products, and improving household dietary consumption patterns of households in the project area.”³ Nijera Gori is a food security project that covers eight villages in Dinajpur district with the aim of enhancing food security of moderate and extremely food insecure people through improved gardening, livestock, and aquaculture training that will build income and assets to purchase food year round.⁴

The study authors met with the Barisal and Dinajpur animators to explain the field work and request their assistance in locating participants.

³ Caritas Bangladesh Newsletter, April-June 2013, www.caritasbd.org/pub_img/archive/newsletter/1375691278newsletter_162.pdf; also see Caritas Bangladesh Annual Report 2014-2015, p. 162, <http://www.caritasbd.org/2014-15/ecd.pdf>

⁴ See Caritas Bangladesh Annual Report 2014-2015, p. 161, <http://www.caritasbd.org/2014-15/ecd.pdf>

The animators wanted to include participants that represented a cross-section of Hindu, Muslim, and, in Dinajpur, tribal villagers. Thus, the sample was composed of Muslim, Hindu, and tribal adult men, older women, and households that receive information and technical assistance on agricultural production from the Caritas projects and who agreed to participate in the discussions.

Methodology and Procedures

Methods included: (a) semi-structured group discussions with men heading households; (b) semi-structured group discussions with older women (mothers' in law) about their roles in household decision-making; and (c) individual household interviews focused on women's and men's perceptions of men's involvement in decision-making and their views of the value of agricultural extension nutrition education.

The study authors worked together to develop questionnaires, which were available in English and Bangla. Interviews were conducted in Bangla and translated to English. The translator accompanied the team and translated from Bangla to English; for three interviews in a tribal village, the translator spoke the tribal dialect and translated to English. Interviews were held in a central area of the village or a household courtyard. Five group interviews were held with 10-12 men of varying ages; and five group interviews were held with 8-12 women who were mothers-in-law, also of varying ages. These groups were asked questions about household members' roles, involvement in food decisions, and whether they received information about healthy foods.

Participants in the household interviews typically included the husband and wife, the husband's mother, and sometimes his father; children were usually also present. However, two families were joint households consisting of the older generation and their adult sons and daughters-in-law,

along with their children. Interview questions concerned the household composition, attitudes toward men's involvement in food-related decisions and market sales and purchases, how they would each like to get nutrition information, and how decision-making has changed since their parents' generation.

Extensive notes were taken and interviews were recorded. The researchers compiled field notes following the day's work and discussed findings so as to clarify points, check the usefulness of interview questions, and explore the themes, which are presented below.

Lessons Learned

Men are involved in decisions about food marketing that is relevant to extension education. Men expressed an interest in receiving education about healthy food as it relates to decisions about what to purchase in the market. They would like to be able to make informed decisions about purchasing healthy vegetables.

Men have specific requests for how to receive educational information. They emphasized that this should be delivered in locations convenient to their work in the fields or in a group setting in the village. They also emphasized meeting with a group of men (rather than in households) so they could share information and remind each other of what they learned. They expressed an interest in print materials, as well as verbal information.

Mothers-in-law do not always control food decisions and extension education can be adjusted. Contrary to our expectations and widely held cultural beliefs, mothers-in-law did not uniformly control meal preparation and food distribution. Older women were involved in a variety of ways in decisions. In some cases, they supervised their son's wife's meal preparation and food distribution, but in other cases they had

a peripheral role, providing snacks for grandchildren but not supervising food preparation and distribution. One reason is that, as life expectancy has increased, mothers who live longer also tend to become frailer; meanwhile, younger women assume the nutritional decisions of the household. Extension education directed at women should take these differences into account. More research is needed to better understand how older women, and older men, are involved in food-related decisions.



The Caritas and INGENAES team members post near the Nijera Gori project office area, October 2016

Household decisions are the foundation of for food security.

While some men we interviewed stated that food security had been achieved, as they were able to eat two or three meals a day compared to once daily (or less) in the past. However, food security may not have been met for their wives and children, depending on the distribution of food among family members. Within the same household, family members make decisions about who gets what food and how much they are allotted. For example, one tribal village husband reported that he encouraged his wife to take food as per her need but she always gave the bigger piece to her husband first. It is noteworthy, however, that most men and women in the household interviews reported that the entire family ate the evening meal

together; this could provide an opportunity for more equitable distribution of food among members than the customary practice of feeding men and children first with women eating whatever food remains. One necessary step, however, is that women—older and younger—must be willing to provide food equitably to all family members, including themselves. Experiential activities have been used elsewhere to shed light on basic cultural values and traditions in an intergenerational forum (Colverson, 2016; Helen Keller International Bangladesh, n.d.). While these experiences could be powerful in helping families realize inequitable food distribution and its impacts, additional training from the “new extensionist model” would best prepare them for facilitation, reflective learning, and mediation when offering programs on culturally-challenging material (see Davis & Sulaiman, 2014).

Social changes impact decision-making and extension can respond. Like the rest of the world, Bangladesh is undergoing significant social changes that can reverberate through families, affecting food production and security and household decision-making and relationships.

One of the most interesting findings was that many men believed that gender roles have changed. When men were asked to compare how their mother and father made decisions with how they and their wife make decisions, they overwhelmingly responded that their fathers were responsible for virtually all household decisions. In contrast, these men perceived that in their own families, they and their wives shared decisions. It is important to note, however, that while men in groups seemed to present at least a shift toward more equitable relationships, household-level responses suggested that most men assumed the responsibility for most major decisions. An investigation of transformations in gender roles in household decision-making would add insight into who

pursues change and why. In addition, culturally sensitive training on shared decision-making could be used to facilitate more equitable processes between men and women, particularly around crucial financial decisions such as budgeting and household resource management. Animators could use parents' firm interest in providing for an education for their children as a motivator for savings and, in particular, encourage women's savings. With access to an income from household-level agricultural production, women are better able to provide the fees necessary for children to attend school or to purchase other necessities while husbands pay for school.

More investigation of nutritional quality is needed. Interestingly, some Caritas project beneficiaries believe that they have achieved food security because, unlike when they were children, they are able to eat two or three times a day. However, the nutritional value of foods consumed may be poor. Furthermore, food safety risks due to poor food handling may also compromise health and nutrition.

Conclusion

We proposed at the beginning of this study that households are complex and dynamic, composed of different genders and generations with varying roles, expectations, and beliefs. We were able to explore household roles and found that decisions about food, like other family decisions, involve various family members in different roles and change across the life cycle. We documented that men are indeed interested in healthy foods and have some specific ideas about their roles in relation to healthy food and nutrition. We also observed that mothers-in-law are not a monolithic group, but that their roles vary, depending in part on age. We also pointed out several ways extension education programs for agriculture and nutrition can be offered to meet the unique needs of the husband/father and the

mother/mother-in-law. These findings support previous reports indicating that a *household-level or whole family approach* helps to address the interests of all household members and improve outcomes through collaboration (IFAD, 2014; Sulaiman & Reddy, 2014; Rahman, Islam, & Mostafa, 2012.).

There are several important limitations to this case study that should be noted. One is that it was conducted over a span of two weeks; clearly more time is needed to gather more information to better understand the issues raised here and the multidimensional aspects of decision-making around nutrition. Fortunately, the second author's expertise (first language Bangla, professional background in agronomy, familiarity with the projects and culture) allowed us to gather a great deal of information quickly. Another limitation is that the time frame did not permit in-depth interviews with animators and this is something that would deepen the understanding of the communities and two food security projects and test ideas about the recommended extension interventions. Nevertheless, the findings show the importance of understanding household decision-making when offering extension agricultural and nutrition education programs.

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Annex: Semi-Structured Script for Meetings with the Men

Thank you for being here today! I am so happy to be here! I am from a state in the U.S. called Florida. There I teach about families and how they work together to get things done and what would make their lives better. I am here to find out more about families in Barisal/Dinajpur. In this group, we will talk about your ideas about your family and your family's nutrition and health. This information will help CRS and Caritas to determine how they can best help you and your family.

We are going to take turns so that everyone in the room has a chance to answer the questions. I will be working with our translator to ask questions. We are going to take notes so we make sure to write down everyone's ideas. In addition, if you allow we will record your responses through a voice recorder to make sure we have everything you said.

If there is anyone who does not want to respond to any question, please feel free to remain quiet. You do not have to respond to any question. You may stop responding at any time.

1. What is the role of the man or the father in the family?
2. Have you seen any changes in the man's role since you were growing up?
3. What do you think about these changes?
4. Thinking back on how things were when you were growing up, are things different now between you and your wife than they were between your father and mother?
5. Please tell us about what decisions you are responsible for.
6. How should men be involved in decisions about nutrition (healthy foods)?
7. Have you or anyone in your family received any information about nutrition from Caritas? What information? What do you think about this information?
8. Did you or your family make any changes based on this information? What changes? Why or why not?
9. Did you recommend any changes to your wife, daughter or daughter in law? Why or why not?
10. Who in your family is best able to make decisions about preparing and serving foods? Why?
11. Who in your family is best able to make decisions about marketing? Why?
12. Who in your family is best able to make decisions about preparing and serving foods? Why?
13. Some people say that it would be better for families if men and women made more decisions together. What do you think about this? (Probe: What decisions are ok for men and women to make together?)
14. Do all the members of your household eat together for the evening meal?
15. What other information or help do you need to do your best as a husband and father?
16. What other information or help does your family need? This might be more about nutrition, health, marketing, gardening, and so on.
17. What else is important for us to know about your family? About Caritas? About changes that impact your family? About what makes your family healthy?

About Caritas and Catholic Relief Services, CRS

This field work was made possible through the INGENAES partnerships with CRS and Caritas Bangladesh and the tremendous support of Caritas and CRS staff.

Caritas Bangladesh is a member of the international federation, Caritas International, a non-governmental organization that serves the poor and promotes justice for vulnerable and marginalized people (caritas.org). Through 165 Catholic member organizations in 200 countries, Caritas carries out numerous programs to assist with the devastation of natural disasters, war, and the refugee crisis; and works to eliminate the root causes of poverty through comprehensive sustainable development; and promotes the reduction of hunger and improved health and nutrition by providing education and assistance with appropriate farming techniques (Caritas Internationalis, 2015).

Caritas Bangladesh has existed since 1976, although it was conducting similar work for several years prior. Caritas Bangladesh works in 8 regional offices throughout the country—reaching 208 sub-districts with agricultural development, human development, and crisis management programs (www.caritasbd.org).

CRS is the official international agency of the Catholic Church in the U.S. and works with hundreds of organizations world-wide that are providing assistance to poor and vulnerable through programs assisting with health, water, education, microfinance, HIV, and others (www.crs.org/our-work-overseas/where-we-work) to help people reach their full potential as human beings in an environment of peace, justice, and dignity. In Bangladesh, CRS's partnership with Caritas Bangladesh funds food security and educational programs as well as disaster preparation and emergency response (www.crs.org/our-work-overseas/where-we-work/bangladesh#toc-link).