



**Understanding IPV, SHRH and other related issues among landless groups before
and during the Covid-19 pandemic**

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Abstract

Like most South Asian countries, domestic violence was alarmingly high in Bangladesh, but it saw a surge during the prolonged lockdowns in the time of the Covid-19 pandemic. Several factors triggered increased tension in the family, subjecting female and adolescent members to emotional, economic and physical abuse. Two factors among them were cited most frequently by NGOs: a) financial hardship, and b) lockdown rules which forced both men and women to stay indoors at all hours of the day. Against this backdrop, Nijera Kori, an NGO known for its different approach to mobilising landless people, came to learn that during the pandemic incidents of domestic violence were taking place among members of landless organisations that it helped form and guide through various difficult times. Questions then arose about the strategies Nijera Kori employed in its practice, especially about what role those strategies were playing in containing intimate partner violence (IPV) among members of the landless organisations. Commissioned by Nijera Kori, this qualitative research aims to understand the extent to which female members of the organisations experienced IPV both before and during the pandemic, and also, how it could achieve more in effectively containing IPV among the organisations' members.

Supported by secondary literature and extensive quantitative data, this paper also explores members' perceptions about violence against women (VAW), sexual and reproductive health and rights (SRHR), sexuality, decision-making, birth control, and early marriage and dowry because all of these issues are ideologically inter-connected. As members of organisations that uphold democratic values in their practices, these landless people are better equipped than the average person from an identical socio-economic background to know how to tackle issues of domestic violence. It explains why many of the findings confirm that Nijera Kori's strategy of collective action, as opposed to palliative micro-credit or service-oriented action, is a step in the right direction. However, findings also suggest that IPV is not altogether absent in the lives of these respondents, whether there is a pandemic or not. This research proposes that while most of the respondents have gone through transformations after having been involved with the landless organisations, many of them are still heavily influenced by patriarchal thoughts regarding

violence and SHRH issues, and that there is need for more campaigns and interventions aimed at further ideological transformations towards a truly democratic understanding of women's rights and other related concepts.

1. Introduction

A Manusher Jonno Foundation survey conducted from April to July 2020 mentions numbers of women and children who faced domestic violence during Covid (MJF 2020). Although the MJF survey lacks a baseline and hence cannot be used to understand whether there was any increase (Sultan et al), the numbers of women who faced IPV for the first time during the pandemic were telling: In April 2020, out of 17,203 individuals, 4,249 women faced IPV and 1,672 of them faced it for the first time; in May, out of 37,437 women, 11,025 faced IPV and 4,160 of them faced it for the first time (MJF 2020). Anxieties and uncertainties caused by job and income losses during the pandemic increased possibilities of conflicts between partners (*ibid*). Another survey by BRAC hints that the level of violence was comparatively higher in low-income families (2020).

1.1 Background

The global prevalence of gender-based violence (GBV) had become a barrier to achieving the Sustainable Development Goals (SDGs) long before Covid-19 forced school closures and lockdowns, disrupting healthcare systems and eroding protective systems (Save the Children 2020). Before the pandemic hit the world, globally, an estimated one in three girls and women experienced physical or sexual violence in their lifetimes; 12 million girls were married before their 18th birthday each year; and at least 200 million girls and women alive today had undergone female genital mutilation, most before or during adolescence (*ibid*). According to a UN Women estimate, in the 12 months before the pandemic, 243 million women and girls aged between 15 and 49 had been sexually or physically abused by a partner (2020).

The picture in South Asia was not any better. Referring to a 2013 WHO study on global and regional estimates of violence against women, International Center for Research on Women (ICRW) states in a research paper, 'Recent regional estimates calculated by the WHO suggest that South Asia has the highest regional rate of IPV in the world, at 43

percent.’ In a more recent WHO study, in which data from 2000 to 2018 were collated from 161 countries, South Asia, though less than Oceania (49%), central sub-Saharan Africa (44%), Andean Latin America (38%) and eastern sub-Saharan Africa (38%), still has a high rate of lifetime prevalence of intimate partner violence among ever-partnered women aged 15–49 years, at 35%. As with the lifetime prevalence of intimate partner violence, the highest prevalence of past year intimate partner violence among ever-partnered women aged 15–49 years was in the regions of central sub-Saharan Africa (32%) and Oceania (29%), followed by eastern sub-Saharan Africa (24%) and south Asia (19%). Among the top 19 countries with the highest rate of IPV, Bangladesh, along with Solomon Islands, is fourth on the list, at 50% (WHO 2022). When it comes to country-level past year prevalence of intimate partner violence among ever-partnered women aged 15–49 years, Bangladesh fares a little better and is in the second range, at 23%. Countries ranging from 25% to 36% of past year IPV were in the first range (*ibid*).

In South Asia, Bangladesh has the highest rate of lifetime IPV among ever-partnered women aged 15–49 years, and the second highest (only after Afghanistan, at 35%) of past-year IPV among women of the same age group.

1.2 Surge of IPV during the pandemic

Covid-19 exacerbated the inequalities ingrained in patriarchal social structures all over the world. The Covid pandemic “is projected to drive 31 million new cases of GBV over the next six months and cause a one-third reduction in progress toward ending GBV by 2030” (Save the Children 2020). In countries across the globe, such as in Argentina, China, Canada, France, Germany, Spain, the United Kingdom, and the United States, government authorities, rights activists and civil society organisations reported an increase in domestic violence during the pandemic and emphasised the need for urgent emergency shelters (UN Women 2020).

The United Nations Population Fund published a technical brief which highlights that increased strain on families and the economic stress during the pandemic likely led to higher vulnerability to domestic violence (UNFPA 2020). What made matters worse was the fact that social safety systems were either enfeebled or disrupted during this period due to the demand for care for Covid-19 patients (*ibid*). The MJF survey, despite a

technical gap, points out a similar surge in Bangladesh in cases of domestic violence during the pandemic. Dedicated helplines of government institutions and non-government organisations, CSOs included, started receiving more calls from women who faced violence from their partners.

1.3 Context of the research

Nijera Kori too started receiving calls from female members of the landless organisations who reported on IPV and SHRH issues. In an attempt to gauge the real situation, Nijera Kori staff collected a sizable chunk of testimony of IPV and other related issues from the female callers. Both male and female members of these organisations, trained and guided as they are by Nijera Kori staff, play a critical role in mobilising people to claim their land rights on the one hand and address social issues such as IPV on the other. They always demonstrate a higher level of awareness about preventing ill-conceived social practices such as VAW, early marriage and dowry. Which means that they are in an advantageous position to know how to tackle issues of domestic violence and also when to make interventions, involving their peers at their respective organisations.

However, it is evident, as Nijera Kori Coordinator Khuhi Kabir pointed out in an interview with the research team, that although members of these organisations are successful in many instances to prevent IPV and early marriage and dowry practices in their own villages and the adjacent ones, a good number of them largely fail to contain IPV within their own family units. That's why Nijera Kori commissioned this research to gain a clear idea about the extent to which the organisations' female members faced IPV and suffered from SHRH issues during the pandemic and thus gain more insight into what more needs to be done to make sure that members are as successful in containing violence in neighbouring families as in their own.

1.4 Nijera Kori as a social movement

Broadly speaking, there are two main traditions in the NGO world: a) the mainstream and b) the alternative. The majority of NGOs working in Bangladesh today follow the mainstream tradition which is predicated upon the notion of a civil society which should

fill in the colossal gaps between the state and society. The idea of a civil society as the 'social capital' was put forward by Putnam (Kabeer et al). Social capital, through associations and networks, generates trust and can be harnessed for political stability and democracy (*ibid*). In this framework, civil society is a force which essentially creates a favourable atmosphere for good governance, investment, technology and competitive markets (*ibid*). In the global south, in a post-colonial world, the state often fails to uphold democratic principles and fulfil the basic human rights obligations, including the right to work, education and social protection. It was in this context Putnam's idea of civil society as the 'social capital' was embraced in the neoliberal discourses of development by the donor community, and applied by both local and international NGOs in many countries, including Bangladesh. When government-run public projects and enterprises fail to achieve the intended goals, the agenda of privatisation becomes a reality. The poor become poorer and governance takes a nosedive. It is in this context of neoliberal reform that civil society organisations are expected to work among 'those sections of population that commercial providers' fail to serve', and contribute to poverty reduction and other basic service deliveries such as microcredit, education, sanitation, SHRH services, etc. (Kabeer et al). Over the years, microcredit has come to be the most preferred form of service delivery which creates new problems rather than solving the existing ones (Paprocki 2016). Therefore, this mainstream tradition, which is followed by the vast majority of Bangladesh's NGOs, can be interpreted as a model which serves two purposes: a) it does deliver services that the government and the corporate world have failed to do, thus contributing to the country's economic growth on paper, and b) it contributes nothing on the governance front as it fails to engage people in productive collective action geared towards organising them to resist any violation of their rights. A radical political reading of this model is apt to conclude that it basically serves to nurture the existing power relations of society.

The alternative tradition, on the other hand, derives its impetus from Marxist and Gramscian theories of social change and makes the case that civil society associations should not be viewed as 'inherently democratic' (Kabeer et al). In this alternative framework, civil society is 'an arena where a diversity of associations, characterised by varying degrees of co-optation into existing power structures, engaged in activities which,

to differing degrees, challenge or uphold the existing social order' (*ibid*). Nijera Kori is a social movement that follows the alternative tradition and therefore, its strategies challenge not only the mainstream assumptions of social change but also the existing social order. It opposes the idea of microcredit which, it believes, addresses neither economic empowerment of women nor VAW. Worse still, it often emerges as a new tool to exploit the poor (Kabir 2018). As for other service deliveries, it believes, those should be informed by the idea of mobilising the marginalised sections of society who have no access to any of the public services or resources, including legal services or government-provided land, so that they find a platform to unitedly stand against any violation of their rights. The basic premise upon which its practices are founded is that social mobilisation of the most underprivileged section of society is the way to ensure democracy and good governance in public offices, and that it also has the potential to initiate real social change by empowering poor men and women through collective action and solidarity, instead of providing them with loans or palliative services that only solve an issue temporarily, if at all, and do not challenge underlying inequalities of existing social structures. The principal aim is to unite the poor and make them stand up for their own rights, and thus contribute to strengthening good governance.

That is precisely why Nijera Kori, among other projects, mobilises landless men and women and encourages them to form autonomous organisations through which they will work as a collective body to realise their rights, for example, to claim their rights over government-allocated land (*khas jomi* in Bengali parlance). In its different working areas, Nijera Kori staff regularly supervise these organisations and counsel them in matters of forming committees and holding meetings weekly or bi-weekly where they discuss the common problems they face and figure out their approaches to addressing them through collective actions, such as meetings with local government representatives, rallies, protest marches, and *gherao* or encircling public offices when necessary.

When pressing their demands, men and women move collectively, but they form separate committees and they also get together separately in their respective committee meetings, so that women can have their own space and talk freely about the gender issues they face socially as well as within their own families (Greig et al). In addition to working

towards realising their land rights, both male and female members of these organisations are trained and counselled about preventing early marriage and dowry, IPV, VAW and other related issues, not only in their own family units but also on the social level. These strategies have brought about many concrete results, from success in realising land rights to increased awareness about issues relating to dowry, IPV and VAW (*ibid*). The strategy that truly makes Nijera Kori stand out is to establish solidarity between men's and women's groups with the aim of achieving gender equity and economic justice for women. In other words, it involves men in addressing and preventing IPV and VAW on both social and family levels. Committees composed of women are as much active in preventing IPV as those composed of men. These strategies have brought about many positive results, from increased economic activities by women to leadership roles by women to a significant decrease in early marriage and dowry and VAW. Despite these changes, many challenges remain as incidents of IPV, early marriage and VAW are reported from time to time (Kabeer et al).

1.5 Objectives of this research

Therefore, the main goal of this research was to examine the cases of IPV and assess the situation of women's sexual and reproductive health rights during COVID-19.

When studying violence, it is often found that the focus is primarily on domestic violence, and more specifically, on physical violence which emerges as the most prevalent form. This study, conducted mainly during the Covid-19 period, attempts to place the issues of violence against women (VAW) in context. IPV or VAW can only be understood fully by shedding light on other related concepts, perceptions and practices that nurture and justify violence. Hence, this study also seeks to learn about their age, marriage, understanding of sex, sexual interest, sexual pleasure and pain, early-marriage dowry, and decision-making power, and freedom of movement.

So, the other goal of this study is to examine the views and perspectives of both women and men from the landless organisations on violence against women, sexuality and sexual and reproductive health and rights (SHRH) during the COVID-19 pandemic.

2. Methodology

The approach of the research was multi-sited and discursive, grounded in a qualitative methodology. The research team has utilised both primary and secondary sources of data. Although it relies heavily on primary data collected through respondents' interviews, it is backed up by relevant literature review. The research adopted a mainly qualitative methodology, but it also made extensive use of quantitative data collected from the respondents.

2.1 Field areas and characteristics of respondents

A total of 675 respondents from 25 upazilas under 12 districts were interviewed for the purpose of the study. Data was collected during the 3rd wave of Covid-19 in 2021 over a period of 6 months. 98% of the respondents were involved with the landless organisations in some capacity or other. To ensure inclusivity, the research included Bangali, Adivasi, and Dalit respondents. Among the 675 respondents, there were 423 women (married or separated or divorced or widowed), 122 men and 140 adolescents. Of the adolescents, 87 were girls and 53 boys.

The research team used a purposive sampling method for selecting the respondents based on age, gender, region and ethnic background. Respondents aged 18-50 years were preferred while selecting married or once-married respondents. In addition to adult women and men, adolescents were also interviewed. Adolescents were aged 11-18. The interview experience was not uniform for all respondents, as some of them cried, some of them laughed, some responded spontaneously, some were shy or hesitant. Then there were those who became angry.

2.2 Methods and processes and ethics

The respondents were assured at the beginning that all their replies and responses would be treated with complete confidentiality, and that their names would remain anonymous throughout the research except for those who wanted to come forward with their names.

It was made clear that the research team would respect whatever information or views they shared. Also, if they were not comfortable talking about any question, they could skip it. When asked about sexual pleasure, pain and desire, many respondents spoke enthusiastically but later emphasised that their husbands should not know about their responses. The research team reassured them about maintaining confidentiality of information. All steps were taken to uphold the dignity and privacy of the respondents throughout the research.

The team did not audio-tape or video-tape any information in digital or photographic form without their consent. The team read out the permission note before taking the interviews.

2.3 Data quality and analysis

Triangulation of different methods and sources was carried out to maximise the validity and reliability of data and to reduce the risk of biased assessment. Data and information collected through different methods were cross-checked and substantiated with different sources and were organised for data analysis.

The data collected through intensive fieldwork was analysed using an SPSS software. There was an extensive body of quantitative data which benefits and enriches the part that deals with qualitative analysis.

3. Findings of the study

3.1 IPV and marital rape during Covid pandemic

Initially, the lockdown rules were stringently enforced all across the country but gradually rules were relaxed, more so in villages. Unlike in cities and towns, people in villages did not have to remain confined indoors. Even then, people from all professions, including landless men and women who rely mainly on manual labour for their livelihood, suffered due to income losses. Risks of violence increase when men suffer loss of income or

economic authority while women become economically productive (Ahmed and Woodruff 2012). Although women's economic productivity did not necessarily increase in the context of the Covid pandemic, it is safe to say that men are socially constructed as the economic provider of the family and it is in this context that livelihood insecurity, in many instances, leads men to resort to violence and alcohol abuse (Barker et al. 2011). So, the real loss of wages for male members of landless organisations might have resulted in increased tension between couples, causing men in many instances to perpetrate violence on their intimate partners, even though, as members of these organisations, they are aware of the consequences and implications of IPV.

Rafikul Alam, a 46-year-old male respondent from Kumarkhali Upazila, said, "If a man has no money, he will go crazy and cause a lot of troubles at home."

Ronjina Begum, 38, said, "My husband's business was down during the pandemic. He couldn't buy and sell cows. When I told him to bring groceries, he got angry. When he couldn't control his anger, he beat me up."

Referring to her husband, homemaker and peasant Bela Rani, 39, says, "He could not drive his van during Covid. We had to cut into our savings for two months. When there was no more savings, he drove the van secretly. He came home whenever he saw the police. There was scarcity. He got angry when I told him to bring groceries and said that he would bring them if he had money. Otherwise, he couldn't."

Many female respondents complained of increased sex drive in their husbands, perhaps, as a result of staying indoors for prolonged periods of time, compounded by loss of economic authority.

"Men get worse if they stay at home doing nothing," observes a postmenopausal woman, requesting anonymity.

Mosammat Rasheda Begum, 36, said, "During the pandemic, my husband increased his demands for sex despite the fact that our son and daughter-in-law were staying with us. I tried to communicate my discomfort, but he did not listen. This constant sexual demand

was stressful for me. He forced himself on me even during my menstrual cycle, which I found to be degrading and unacceptable.”

It was reported by respondents that in many instances, incidents of violence happened when they refused to have sex both during and before the pandemic, which shows that violence and sex are correlated.

24% of female respondents said their husbands respected their sexual consent, while 23% reported that their husbands did not consider their opinions. 18% reported staying silent out of fear that their husbands would go to other women. About 8% of women stated that they had no choice but to engage in sexual activity with their husbands, and 6% cited religious norms as the reason. Women mentioned that men marry for sexual gratification, and that they feel obligated to please their husbands, even if they are not interested in it. Some women also reported engaging in sexual activity against their will to prevent physical or emotional abuse, or to avoid the destruction of household items.

The study has found that the level of violence against women is relatively lower in indigenous societies. However, even in matrilineal societies, such as in the Mandi community, incidents of violence against women were reported. Alpana Tigga, a respondent from the Indigenous Oraon community, cited alcohol consumption as a trigger for domestic violence.

Quantitative data shows that 17% of women experienced physical abuse during the Covid-19 pandemic and 30% reported mental torture while 34% reported no abuse. 19% of women did not respond.

When asked about their experience before the pandemic, 16% of women reported being subjected to various forms of harassment while 38% said they had ceased to be beaten. 11% reported that their husbands still slapped them while 6% were still being beaten and kicked. 26% reported never having experienced violence. Only 1% reported having experienced all forms of abuse.

When men were asked about their experience before the pandemic, 18% of male respondents admitted to beating their wives. 30% said they had ceased abusive

behaviour after being associated with the landless organisations. Over 16% still engage in slapping their wives while over 35% claim to never have abused their wives. The highest incidents of wife beating were reported in Tangail, while areas like Chandina, Daudkandi, and Bagatipara had a lower prevalence of the issue.

Women experienced sexual violence or marital rape not only when they were forced into sex but also when they felt compelled to fulfil their husbands' desires, fearing verbal abuse or physical violence. The study has found that in the Dhanbari area during the Covid lockdowns, men would watch various types of pornographic videos on mobile phones and later, while having sex, force their wives to replicate what they had watched. 22% of female respondents reported an increase in marital rape during the pandemic.

Comparative analysis of the data shows that during the pandemic mental abuse, physical violence and marital rape saw a rise among landless organisation members. Due to lack of data, it is difficult to gauge whether the rise in the landless organisations is significantly lower or higher than the overall national rate of IPV. A recent UNFPA study shows that in Bangladesh, from 2000 to 2019, the overall physical and/or sexual intimate partner violence in the last 12 months was 26.9% (UNFPA 2019). In the pre-pandemic time, it turns out that IPV was lower among the landless organisation members than the overall country average.

The quantitative data on marital rape could not be compared or contrasted with any sets of data at regional or national level because of the total absence of data on this subject (Antu 2021). This is an issue that both government and non-government organisations are yet to prioritise in their campaigns due to its sensitive nature and also due, perhaps, to the fact that different women from different socio-economic backgrounds may experience it differently. The biggest obstacle for activists to work on this is the absence of any relevant law that criminalises or even challenges marital rape in Bangladesh (*ibid*). Considering the rate of physical and/or sexual violence (26.9%) before the pandemic, we can only surmise that a 22% rise in marital rape among organisation members is concerning without a shred of doubt. Furthermore, this rate clearly indicates that many female members of the organisations are no strangers to marital rape, just like non-

members. Many women also feel compelled to have sex because they fear that their husbands may stop providing for the household if they do not meet their sexual needs. These tactics are used to exert control over women and can lead to significant mental and emotional harm. Mental health is often neglected, and the emotional trauma caused by these experiences can be severe.

The attempt to compare and contrast relevant sets of national and other data with those of the organisation members both during and before the pandemic is not to indicate that the latter fare better or worse than the former. Rather, it is an attempt to understand how far Nijera Kori's strategies have contributed to addressing a certain issue and also to identify the areas, such as IPV and marital rape, that require broader attention from its staff.

3.2 Stories of change

Through its supervision of the landless organisations, Nijera Kori visibly brought about many positive changes to a very large number of the members' lives. While speaking about the transformation male members have gone through, one respondent became emotional as he talked about his experience of beating his wife before his association with the organisation and began to cry. Faizullah, a 44-year-old man from Khoksa, said, "Now we convince others, raise our voice against violence against women."

The organisational platform created an ambience for open discussion about many factors that motivated them to change their attitude towards physical violence against women. Abid Ali, a 53-year-old man from Mithapukur, said, "I have not beaten my wife since my daughter got married. How would I feel if my daughter was beaten by her husband?" Some respondents said that they did not beat their wives any more because it would upset their children.

Tabarak Hossain, a 60-year-old man from Khansama, said, "My son beat his wife one day, later I beat him up with a stick and warned him that I will sever ties with him if he repeats the behaviour." Many male members associated with these organisations are

actively working to prevent domestic violence and promote healthy relationships within their families.

3.1.1 Slapping is not violence

Overall, at the national level, 20% of women agree that wife hitting or beating is justified for at least one of the five specified reasons: if she burns the food, she argues with the husband, she goes out without telling him, she neglects the children, and she refuses to have sex with him (Bangladesh Demographic and Health Survey 2017-18).

A not too dissimilar mindset was observed among many female respondents. In spite of visible progress due to interventions made by the landless organisations, violence in the form of slapping, grabbing, hitting, shoving and hair-pulling continues as a large number of both male and female respondents believe that a husband has the right to occasionally slap or grab or hit his wife in order to discipline and correct her. Ahmed Sagir, 37, says, "It would be wrong to call slapping a form of violence. Men are meant to correct women".

Many men also think that slapping is not violence. According to them, if there is no blood then it's not violence. Mohammad Hashem, a 33-year-old man from Ramgati, said, "Slapping does not harm the body, so why consider it a form of torture?" Sumant Saha from Tangail said, "What is torture if it does not bleed?" Such attitudes reflect a lack of understanding of physical violence and normalise that men can use a softer form of physical violence as a means of correcting or disciplining women. Those who still slap women thought that women were beaten for their own faults.

Jahanara Begum says, "A man has the right to slap his wife if she does anything wrong. However, the man should talk to her first. If she doesn't understand, then he could slap her. Our mothers and aunts used to say that the body part beaten by the husband goes straight to heaven. But this is not true, our prophet never even scolded his wives. Our neighbour Iman Ali beat his wife up. I told him you could have slapped her instead of beating her. I convinced him to become a member of the landless organisation and seek training. Now he is doing better. They discuss things with each other."

Another female respondent, Shahina Akter, 33, says, “My husband does not beat or torture me. He sometimes slaps me, but later he loves me.”

Both Jahanara and Shahina’s responses are telling. They demonstrate how the positive impact of interventions has contributed to curbing violence but they also show how violence in the form of slapping is seen by many as a justified measure.

Over 16% of male respondents occasionally slap their wives while over 35% claim to never have abused their wives.

3.2 Sexual and reproductive health and rights (SHRH)

A lot of women complained about being physically or emotionally forced into sex during menstruation, which, they claimed, was unacceptable. However, there is no relevant literature to suggest that sex during menstruation is a threat to realising women’s sexual and reproductive rights (Hatcher 1981). Perhaps this is a reflection on the religious and traditional beliefs they subscribe to.

3.2.1. Cut off from SHRH services

The support system which sustains and protects women from many IPV and SHRH-related issues weakened due to lockdowns during the pandemic. In the case of the organisation members, the support system worked in the form of meetings that they attended regularly and initiatives they took jointly. This system simply broke down during the pandemic. Ronjina Begum’s story demonstrates how restriction on movement affected women’s SHRH issues.

Like many in her situation, she gave in to her husband’s increased demand on sex. She did raise the issue that due to the restriction imposed on people’s movement it was not possible to access government or non-government family planning services. Nevertheless, she had to give in to avoid tension and she ended up being pregnant. She wanted to keep the baby but her husband forced her to go for an abortion. The abortion was carried out without the help of any trained professional. She was made to take some

herbal medicine which caused severe pain both during and after the abortion. She couldn't reach out to her peers at the landless organisation she was a part of. Quite a lot of women suffered like Ronjina because they were essentially cut off either from family planning services or from other landless organisation members. Ronjina did request her husband to use a condom but he refused. Men's extreme reservations about using condoms made the research team focus on this aspect of SHRH.

3.2.2 Birth control and SHRH

According to the Guttmacher-Lancet Commission, "Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust and communication in the promotion of self-esteem and overall well-being. All individuals have a right to make decisions governing their bodies and to access services that support that right." (UNFPA 2018)

Women:

The study has found that 64% of women consider birth control to be their responsibility, 17% of them believe it is the man's responsibility, and only 12% think that it is a shared responsibility. The remaining 7% of women are not sure whose responsibility it is.

85% of women have reported that their husbands never use condoms while 14% have reported that they use condoms sometimes. Another 13% of women have said they themselves do not prefer using condoms. Among the women respondents using birth control methods, 28% use injections, 16% use government-provided Sukhi pills, 15% take Femicon tablets, 8% use a combination of Sukhi, Femicon and other pills, 5% use natural birth control methods, and 4% have undergone ligation. The highest prevalence of injection as a birth control method was reported in Paikgacha, whereas there was no reported use of injections in Tangail Sadar.

Some women have reported suffering from premature menopause due to birth control injections. This is particularly prevalent in northern Bangladesh, where many women have experienced menopause in their 30s. Alarmingly, both the women and their partners often view this as a positive outcome as they think the hassle is gone rather than recognising it as a problem. In some cases, the husbands were completely unaware of their wives' menstrual and reproductive health issues. In some instances, the injections used were outdated, leading to unintended pregnancy.

Female respondents have also reported negative side effects of oral contraceptive pills. Women who have taken oral pills often experience headaches, dizziness, weakness and nausea. Many respondents have complained of the Sukhi pill because it has visibly more side effects. Most of them prefer Femicon or other commercial pills, although many women have suffered side effects from these pills too. For many women, contraceptive pills have caused irregular periods and excessive bleeding, in addition to other typical side effects.

The arm implant known as Norplant, which involves insertion of three sticks into the arm muscles, has been reported by some respondents to have caused continuous vaginal bleeding after insertion. Both the insertion and the removal are painful processes. The vaginal implant known as Copper-T also causes side effects like irregular periods, nausea, weakness, and vertigo among women who use it.

An array of myths has been found to be present surrounding the use of condoms, most of which are circulated by men. Some women have reported they have been told that condom may cause vaginal infection because it gets stuck inside the belly.

Men:

96% of male respondents believe, the study has found, birth control is solely the woman's responsibility. Only 3% believe that it is the man's responsibility while 1% consider it a shared responsibility between women and men.

When asked if they used any birth control methods, some of the male respondents were shocked. Arifur Rahman, 37, said, "This is what women do, it's their business. It's not a

man's business." This sentiment was echoed by the vast majority of male respondents. Two of them stated that they were unaware of what method their wives used for birth control and said that they must be using something.

The prevalence of condom use among male respondents was found to be very low, with only 1% reporting they use it regularly. They only use it occasionally when their wives forget to take birth control pills or if there is no pill available. On the other hand, 12% of men have reported using condoms occasionally while 86% report never using them. Another 1% have had a vasectomy. One respondent has mentioned using condoms during his wife's menstruation.

The reasons for not using condoms varies, with 24% of men stating their wives use birth control, 18% saying their wives do not like condoms, and 12% reporting they do not enjoy sex using them. Some respondents have questioned the need for them and some others mocked those who use condoms. One respondent from Dhanbari said, "Men who use condoms are idiots." Additionally, some respondents believe that condoms are a threat to masculinity. They say that in order to discourage their wives, they will tell their wives that condoms will get into their stomachs and remain stuck there, or that they are harmful for the body..

None of the male respondents from Debidwar, Saghata, Sadullapur, Ramgati, Noakhali Sadar, Lalpur, Sandwip, Rangpur Sadar, Suvarnachar, Paikgacha have reported using condoms, while only one respondent from Khansama has reported using them. Besides, there is little practice of vasectomy among the respondents. A man from Saghata who has undergone a vasectomy states that he has experienced physical weakness since the procedure and hence, he often expresses his anger at his wife over the matter.

Male respondents showed little concern for the potential side effects or health risks of the birth control methods used by their wives.

Adolescents:

The study reveals that discussions about changes during girls' puberty are prevalent while changes during boys' puberty are rarely discussed. Also, girls discuss their menstrual and

reproductive health issues with their mothers and sisters; boys do not discuss these issues with their family members.

The study has found that while adolescent girls have the space to discuss their changes during puberty, there is a lack of knowledge about menstrual hygiene. 87% of the girls have reported using sanitary napkins during their menstrual cycles, but they lack the knowledge about how to use it properly. Nearly 77% of them use 2-3 napkins a day, meaning a single napkin is used for 8-12 hours straight, which is not hygienic. Also, 7% of them use tissue papers and napkins together during heavy bleeding. Though these unhygienic practices may have adverse effects on their reproductive health, there was no one to teach them the proper way to use it. 23% of the girls use clothes during their menstrual cycles, which are washed and reused after being dried in unsanitary conditions such as damp and shabby places. These practices are also unhealthy, yet the girls did not receive proper knowledge regarding the matter.

Kulsum, 17, from Debidwar says she had her first period at 14. She did not know anything about it back then, but she was not terrified seeing the blood either. Her mother noticed it and taught her the use of pads. She now uses pads when her family can afford it. Otherwise, she uses clothes. Her friends mostly use pads, and she talks to her mother if she has any concerns. She sometimes experiences excessive pain during her periods, and an aunt has told her that drinking warm liquid helps reduce the pain. She is often made to use unhygienic clothes during her periods due to poverty.

Fahima, 17, from the same area reported getting her period for the first time when she was 14 years old and in 8th grade. She was totally unaware of women's menstruation cycle, which left her scared. Her elder sister came to her aid and explained everything to her. Now she uses both clothes and sanitary napkins during her period. Fahima says that her sister, at times, experienced severe pain during her period and took paracetamol tablets to ease the pain, but Fahima did not experience much pain. Fahima missed her period once and her grandmother suggested seeing a doctor, but she recovered soon. Fahima's story highlights the lack of education about periods and the role of family members in encouraging girls to seek medical help.

3.3 Early marriage and dowry

Both early marriage and dowry play a critical role in perpetuating violence against women. Dowry has also been strongly correlated with intimate-partner violence (Greig et al). In a paper on Nijera Kori's strategies to implement gender-synchronised approach, a female member of a landless women's group aptly outlines how dowry nurtures the vicious cycle of IPV:

"Discrimination is beginning from within the family. The husband for example will take a good dowry, but a few days later asks for more from the partner, and her family. When she refuses him, he beats her, and then when she goes to the village leaders for help they are also male and patriarchal and so they support the husband or father, making justice not possible for her." (*ibid*)

That's precisely why, in addition to collective action aimed at realising land rights, Nijera Kori attaches utmost importance to collective agreements on early marriage and dowry as crimes, through training sessions, discussions etc.

To get the full picture of early marriage and dowry practices among the respondents, it must be noted that most of the respondents, both male and female, were not members of the landless organisations when they had been married. It was after they had become members that they went through a process of transformation and became activists campaigning collectively against early marriage and dowry.

It explains why many of them were married too early or why they had paid or received dowry.

It is worth noting that most of the respondents consider taking dowry as a crime. Their organisation has been campaigning against dowry for a long time. They actively take part in such campaigns.

40% of the female respondents reported that their families had to pay dowry, 30% reported no dowry payment was made and 29% said that the groom's family did not

demand dowry but the bride's family gave jewellery and money as gifts. Only 1% of them received bride payment. Women reported higher prevalence of dowry practices at Dhanbari and lower prevalence at Saghata.

24% of the male respondents reported accepting dowry at their weddings. 49% reported not taking any dowry, and 23% said that they did not request it but received gifts from the bride's family voluntarily. Male respondents reported higher dowry practices at Swandip and Lalpur, while they reported lower rates at Shaghata, Dhanbari, Sadullapur and Bagatipara.

Despite the absence of dowry tradition in indigenous societies, it has started to become prevalent among them, following the Bengali society, according to the respondents. However, most of the indigenous men gave '*kanapon*' (bride payment).

Although challenges remain in the form of many cases of continued early marriage and some cases of dowry practices, the respondents, especially after becoming members of the landless organisations, have made visible progress not only in eradicating the dowry practice from their own lives but also in preventing it in the larger society through collective action and solidarity that these organisations are modelled upon. It is safe to say that these "collective agreements on dowry and early marriage suggest a degree of normative change within the landless groups, which is extending into the wider community" (Greig et al.).

Sakhina Khatun, 56, said: "No dowry was paid during my wedding. My two sons and two daughters are married. We didn't demand any dowry during our sons' marriages. The brides' family gave some gold voluntarily just as we gave our sons-in-law gold rings. My younger daughter's in-laws put a lot of pressure for dowry after her marriage. When we refused to pay, her husband remarried. My younger daughter now lives with us along with her daughter. I have filed a case against my son-in-law for not providing for his wife and daughter."

Mosammat Shahana Begum, 21, said "I've been married for almost seven years now. I was very young at the time of my marriage, about 14-15 years old. My husband was about

21-22 years old. Although my in-laws didn't demand any dowry, my father gave them BDT 50,000 of his own volition."

Bulbuli, 30, said: "When I got married, I was 12 and my husband was much older. I can't remember his exact age now. I have married off my two daughters. The in-laws demanded dowry, but we refused to give it. They were married without us having to pay any dowry. I also married off one of my sons and didn't take any dowry. I currently live with my two sons and daughter-in-law."

Hindu respondents shared a different perspective on dowry as the inheritance laws in Bangladesh do not permit Hindu women to inherit property. So dowry is considered a 'normal' practice within the Hindu community. The following are some of the narratives shared by the Hindu female respondents regarding dowry and early marriage:

Sima Rani Sarkar, 29: "In 2012, I got married at the age of 19, and my husband was 27. My parents-in-law asked for BDT 50,000, 3 grams of gold, and a television during my wedding as they were marrying off their only son. My father fulfilled all their demands. In the Hindus community, dowry is prevalent because daughters don't inherit anything from their family after marriage."

Surjamonni Bakla, 47, said: "No dowry was given at my wedding. My in-laws paid bride payment instead. I have two married daughters who both studied until Higher Secondary. Their husbands didn't demand dowry during their weddings. I gave them gifts out of my own choice."

3.3.1 Early marriage and dowry during Covid-19

The normative changes on early marriage and dowry have contributed significantly to generational change, with younger people within landless communities growing up in a more gender equitable environment (Greig et al). The younger people's potential to achieve social mobilisation was evident in the role they played while giving information on early marriage and dowry. While parents and guardians were reticent and evasive in talking about early marriages, the younger bunch of respondents provided the research team with a lot of relevant information. Their attitude to these practices was also invariably

reproachful. They were aware and informed about the issues and they cited their personal experiences and understanding. It must be noted that in the interviews, presented below, the early marriages the young boys and girls talk about do not necessarily refer to members of landless organisations, although many married female respondents admitted that they had resorted to early marriage of their daughters during Covid because the proposals were too good for them to pass over.

Rehana Akhtar Riya, 15, said: “Many early marriages took place during the pandemic. People married off their daughters, what could I say? If I spoke out, they would’ve said that my parents couldn’t get their daughter married, so they were trying to stop the marriage of someone else’s daughter. My maternal uncles tried to convince some guardians not to initiate early marriages, but they didn’t pay any heed. They didn’t listen to my uncles? Why would they listen to me? People in the village say that girls are ruined if they go to school.”

Opu Mondal, 18, said: “Guardians married off their daughters secretly during Covid-19 by taking the bride to a relative’s home for the ceremony. The daughters would often return home after a year of marriage. We couldn’t protest then. Nevertheless, we offer support to victims of early marriage who come back from their in-laws’ house after being tortured. We talk about their problems, offer comfort and encourage them to start a new life.”

Farhana Aktar, 17, said: “During the pandemic, early marriages occurred in the area, but we became aware of them after they had taken place. I protested against one such early marriage a few days back. I tried to convince the family members that early marriage was not good, but to no avail; they married off their daughter in secret, and we found out about it later, and so, we couldn’t do anything.”

Sadia Sultana Nowrin, 17, said: “I witnessed several early marriages in my community during the pandemic. The Union Parishad is partially responsible for this as they had issued fake birth certificates to hide the bride’s real age.

Despite some incidents of early marriage within the landless communities and the prevalence of early marriage and dowry practices in the larger society, adolescents keep the fight on by protesting and raising awareness about the dangers of these practices.

4. Expanding the focus into other related areas

The research aimed to extend the study's horizon by spreading out over related areas and placing queries that are of utmost relevance to an overall understanding of the social constructs that shape the respondents' beliefs and influence their actions. The queries arise out of areas that are usually shunned in social interactions, such as perceptions and practices regarding sexual pleasure and pain, or notions about sexual expressions.

Different respondents responded differently while talking about these sensitive issues. Men showed more reservations and unwillingness than women while opening up about these issues. Despite their reservations the interactive technique and promise of confidentiality helped the respondents gradually share their opinions and experiences of these issues.

4.1 The Social construct of 'good vs bad woman' and its impact on violence and other related issues

Talking about issues of VAW and the status of sexual and reproductive rights of women, a great majority of respondents referred to discourses surrounding notions of a "good vs bad woman". These discourses, the study finds, are shaped by many factors, including those relating to social and religious conservatism. They give a clear outline of what a good woman should do in any given circumstance. They also explain why men inflict violence on women in many instances as a corrective measure whenever a woman strays from the path prescribed as "good" for her, especially regarding sexual fulfilment and expressions, and birth control.

The societal expectation is that women ought to do the domestic chores, look after the children, never disagree with their husbands, and above all, would agree to have sex whenever their husbands desire. If a woman performs these duties, she would be

considered a “good” woman. If she defies these norms, she would be known as a “bad” woman.

4.2 Sexual expressions/perceptions

The dichotomy of “good vs bad” applies strongly to women’s expression of sexual desire as well. If they express their desire, they’ll be regarded as “bad”. However, the scene is in no way static. Excerpts from interviews show that younger generations of women show a greater awareness of their rights.

92% of male respondents believe that men have a greater interest in sex, while only 4% believe men and women have equal interest. On the other hand, 74% of female respondents feel that men exhibit greater sexual interest, with only 3% of them expressing their own interest. 16% of women believe that they have an interest in sex but are unable to express it due to restrictive social norms.

“I don’t face any issues related to sex. If I say no, my husband respects and does not force me. I never express my desire. I feel shy. I believe it’s sufficient for men to say it, why would women need to express it?” said Mosammat Sajeda Khatun, 28.

Ruposhi Begum, 36, said, “We engage in sexual activity. There are no issues in that regard. My husband doesn't push for it excessively. Why would I approach him to have sex? Can women tell men about it? It’s so shameful!”

Mosammat Suraiya Shila, 18, said: “I knew about sex and birth control before marriage. This is the age of the internet and information is easily accessible through mobile phones. I tell him if I want to have sex, and refuse otherwise.”

It is noteworthy that younger Shila is evidently more aware of the technical aspects of sex as well as her rights.

4.3 Sexuality and marriage

It can be seen from interviews conducted in different study areas that sexuality is as rigid for women as it is flexible for men. It has also been observed that the feminist maxim, “My

body, my choice”, is alien to them, like it is to hundreds of millions of women in South Asia and beyond.

Most of the women in the study were married at a very young age and had limited knowledge of sexuality before getting married. Some of them had just started menstruating after getting married, which made them fearful of physical intimacy with their husbands. However, the support and encouragement from their grandmothers and aunts helped them to overcome their fears.

4.4 Sexual Pleasure and pain

The study has found that there is a societal belief that sexual desire and satisfaction are the exclusive domain of men, and that men should not show interest in knowing about women's sexual satisfaction. Women also feel shy or uncomfortable expressing their sexual arousal and hence, they consider it normal. It has also come out that men concern themselves only with their pleasure during sex. They do not pay any attention to whether their wives are getting pain or pleasure.

But the young generation, again, has a different story to tell.

Mim Akter, a 19-year-old woman from Chandina, Tangail, said, “I never expressed my sexual urges to my husband. However, if I experienced pain during intercourse, I would inform him, but he would sometimes stop and other times he would not care. I can communicate my pain to my husband without hesitation, but I am unable to express my dissatisfaction with his sexual performance.’

In the study, 10% of women reported enjoying sex, 7% reported not enjoying it, 8% reported that their husbands could not satisfy them, 11% reported not wanting to discuss their feelings, 1% felt ashamed to talk about it, 26% reported never thinking about it, and 37% did not answer. The women in Rangpur Sadar were found to be the most forthcoming about enjoying sex.

4.5 Women’s role in decision-making

Women's role in decision-making is an integral part of their empowerment; it reflects democratic participation of both men and women in family matters. Women's involvement in income generating activities is often regarded as a mark of their empowerment. But true empowerment should mean having authority over their own earnings (BDHS 2017-18). In much the same way, women's role in decision-making in the family determines how much control they have over their own lives and well being (*ibid*). According to the BDHS 2017-18, only 32% of married women aged 15–49 who earn in cash “decide independently on how their earnings are used, while 60% make such decisions jointly with their husbands.” Only 8% say that their husbands mainly decide on the use of their cash earnings. According to the same study, “about two-thirds of currently married women age 15-49 make decisions jointly with their husbands regarding their own health care, major household purchases, and visits to their family or relatives.” Overall, 76% participate in decisions (alone or jointly with their husbands) regarding their own health care, 72% participate in decisions on major household purchases, and 75% participate in decisions about visits to their family or relatives. 59% of women participate in all three specified decisions independently or jointly with their husband, whereas 12% do not participate in any of the decisions

In this study, 95% of male respondents say that family decisions are made jointly with their wives. On the other hand, 47% of female respondents say that decisions in the family are made jointly with their husbands, and 24% say that decisions are made by their husband.

Homemaker Monu Rani Das (25) said “All decisions of the family are taken by my husband. If I need to do something, I inform him first. My husband also lets me know if he sees fit. He doesn't really need my permission as he is the husband.”

5. The role of adolescents

It is commendable that the Nijera Kori staff also organise teenage and adolescent children of landless organisation members. They not only impart hands-on computer skills to them but also counsel them about the harmful effects of early marriage and dowry, changes during puberty, and their rights. Early marriage prevention committees

are composed of these adolescents who campaign for prevention of early marriages in their villages. They also take part actively in stopping incidents of IPV between their parents.

6. Conclusion

There was a visible rise in IPV among the organisation members during Covid, which is cause for concern. However, the biggest concern is revealed by the data on marital rape. What complicates this issue further is the total absence of regional or national data on this subject. When it comes to SHRH-related issues, not only counselling from and sharing with peers as well as Nijera Kori staff were stopped but supplies of SHRH-related services from both government and non-government organisations were disrupted, leading to traumatic experiences for many female members, which included unplanned pregnancy and an increase in violence. The study also sheds light on the fact that incidents of IPV and marital rape preceded the outbreak of Covid-19. The experiences and testimonies about IPV before and during the pandemic point to the need for new strategies, as well as strengthening the already existing ones, to shield female members from physical and sexual violence.

As previously noted by many researchers (Barakat, Kabeer and Greig et al), the study also brings to light the positive results that Nijera Kori's gender-synchronised approach has brought about in the lives of the organisation members. Even during the pandemic, when women's vulnerability to IPV and marital rape increased among all socio-economic groups, there are numerous instances which demonstrate that many respondents who some 20 or 40 years ago held a conservative view about, say, IPV, or dowry, have grown to become quite liberal in their later years. The biggest positive outcome, despite instances during the pandemic, is about their collective stance against dowry and early marriage.

As the study expands its focus and covers aspects that are not tied up to the pandemic, it reveals members' perceptions and ideological underpinnings that reveal their beliefs and practices about many related matters. The data on slapping intimate partners and responsibility towards birth control are telling. First, the data on slapping or grabbing

shows that although members are more progressive and aware than non-members, they share the conservative belief with the larger society that slapping is not a form of violence and in fact, can be an effective tool in correcting women. Secondly, the data on birth control responsibility reveals a bigger sweep of patriarchal ideology over their thoughts.

Holding political and economic elites to accountability, Nijera Kori's gender synchronised approach is "built not only on a shared consciousness of gender justice issues but shared action by both women and men to address these issues together at both the household, community and institutional level" (Greig et al). It also explains why Nijera Kori prioritises involving men in realising women's rights through solidarity between men's and women's groups (*ibid*). Therefore, more involvement with men's and women's groups both in their separate and unified spaces seems urgently necessary to challenge the patriarchal notions about slapping and birth control measures. Since Nijera Kori stands out from other NGOs not just because it promotes democratic participation in every sphere of landless people's lives but also because it believes in building a close and trusting relationship with the communities it works on, its staff should work out new strategies to initiate conversations about slapping and also ease into topics as sensitive as marital rape, condom use and responsibility towards birth control.

Working on more sensitive issues like sexual desire and sexual pleasure and expressions seems to be tricky, especially considering ideological foundations of not only the respondents but also of people in general in South Asia. Conservative ideologies cut across socio-economic backgrounds and classes. Due to the increasingly Islamised social-political atmosphere of Bangladesh (Greig et al), working on issues relating to sexuality poses more challenges than ever before. Looking at these women's agency, vis-a-vis sexuality, from a Western lens runs the risk of being perceptually shocking and misguided, to say the least. One of the tenets of post-coloniality, especially the model nurtured by Gramscian philosophy, is to question the way hegemonised Western notions are uncritically applied to societies in non-Western countries. That's why it seems more reasonable to understand women's agency in

resisting IPV, slapping and marital rape in terms of personal transformation through collective action. However, the data and interviews on these issues are important to get concrete ideas about what people in general think vis-a-vis sexuality and sexual expressions. They may also help NIjera Kori staff as well as the policymakers to determine strategies to make progress on these fronts in the future.

Bibliography

Manusher Jonno Foundation. "Violence against Women and Children: Covid-19". July 2020. http://www.manusherjonno.org/wp-content/uploads/2020/10/Report_of_Telephone_Survey_on_VAW_July_2020.pdf

BRAC. Rapid Perception Survey on Covid 19 Awareness and Economic Impact: Vol2. May 2020. <http://www.brac.net/program/wp-content/uploads/2020/09/080920-Covid19-economy-impact-vol.2.pdf>

Sultan, M., Mahapara, P., Tasnin, F. "Scoping Paper: Under Covid 19 Learning, Evidence and Research (CLEAR) for Bangladesh. March 31. 2020. BRAC. https://bigd.bracu.ac.bd/wp-content/uploads/2022/04/Revised_clear_scoping_Violence-Against-Women.pdf

Save the Children. "Beyond the Shadow Pandemic". 2020. <https://www.savethechildren.org/content/dam/usa/reports/health/beyond-the-shadow-pandemic.pdf>

UN Women. "Violence against women and girls: the shadow pandemic". April 6, 2020. <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

International Center for Research on Women. "Addressing Intimate Partner Violence in South Asia". 2017. <https://www.icrw.org/wp-content/uploads/2017/07/Partner-Violence-in-South-ASIA-Report-Final-file-17-04-2017.pdf>

World Health Organization. "Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women." 2021. <https://apps.who.int/iris/handle/10665/341337>

UNFPA. "Covid 19: A Gender Lens". March 2020.
https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf

Kabeer, N., Kabir, A. H. and Huq, T. Y. (2009) Quantifying the Impact of Social Mobilisation in Rural Bangladesh: Donors, Civil Society and 'The Road not Taken'. IDS Working Paper 333. Brighton, UK: Institute of Development Studies.
<https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/4155/Wp333.pdf?sequence=1&isAllowed=y>

Kabeer, N., Mahmud, S. and Castro, J. G. I. (2010) NGOs' Strategies and the Challenge of Development and Democracy in Bangladesh. IDS Working Paper 343. Brighton, Sussex, Institute of Development Studies.
<https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/906/Wp343.pdf?sequence=1&isAllowed=y>

Greig, A., Shahrokh, T., Preetha, S. S. "We Do It Ourselves: Nijera Kori and the struggle for economic and gender justice in Bangladesh." Jan 2015.

https://www.researchgate.net/publication/312502288_We_Do_It_Ourselves_Nijera_Kori_and_the_struggle_for_economic_and_gender_justice_in_Bangladesh

Paprocki, Kasia. "'Selling Our Own Skin: Social dispossession through microcredit in rural Bangladesh.'" May 2016. *Geoforum* 74.

<https://www.sciencedirect.com/science/article/abs/pii/S001671851530289X>

Kabir, Khushi. "I do not believe in micro-credit." *The Kaler Kontho*. Nov 30, 2018.

<https://www.kalerkantho.com/print-edition/kothaikothai/2018/11/30/708956>

Ahmed, F. E., and Woodruff, S. "Oppressive Masculinity as a Public Health Problem: Microcredit and Domestic Violence Prevention in Rural Bangladesh." 2012. BRAC.

Barker, G., Contreras, J.M., Heilman, B., Singh, A.K., Verma, R.K., and Nascimento, M. "Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES). Washington, D.C.: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo. January 2011. <https://www.icrw.org/wp-content/uploads/2016/10/Evolving-Men-Initial-Results-from-the-International-Men-and-Gender-Equality-Survey-IMAGES-1.pdf>

Antu, Reneka A., "Marital Rape in Bangladesh." 2021. UN Women & UNESCO.

<https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEAAsia/Docs/Publications/2021/08/ap-wa2j-Bangladesh-Marital-rape-in-Bangladesh.pdf>

UNFPA. "Women who Experience Intimate Partner Violence: 2000–2019." 2019.
<https://asiapacific.unfpa.org/sites/default/files/resource-pdf/kNOwVAWdata%20regional%20VAW%20map%20April%2013%202019.pdf>

Hatcher RA. "Counseling couples about coitus during menstrual flow." *Contracept Technol Update*. Dec 1981; 2(12):167. PMID: 12338424.
<https://pubmed.ncbi.nlm.nih.gov/12338424/>

UNFPA. "Sexual and Reproductive Health and Rights: An Essential Element of Health Coverage." 2018. International Conference on Population and Development.
https://www.unfpa.org/sites/default/files/pub-pdf/UF_SupplementAndUniversalAccess_30-online.pdf

National Institute of Population Research and Training. Bangladesh Demographic and Health Survey 2017-18. October 2020. Ministry of Health and Family Welfare & USAID.
<https://dhsprogram.com/pubs/pdf/FR344/FR344.pdf>

Barkat, A., Halim, S., Poddar, A., Osman, A., and Badiuzzaman, M. (2008)
Development as Conscientization: The Case of Nijera Kori in Bangladesh. Dhaka, Bangladesh: Pathak Shamabesh.