Rural Social Work

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EDITORIAL

We came, we gathered, we shared our stories, we conversed, and we will continue to do so. The International Rural Human Services Conference in Halifax, Canada was inspiring. All our thanks go to the organisers, Rosemary Clews, Joanne Vincent, and their colleagues.

There were many currents. I was somewhat surprised by the clarity of our shared focus. I often comment in these editorials on the diversity of contributions to this journal. Certainly, this also ran through the conference. What struck me, though, was the clarity of our vision. The quality of the presentations and conversations also engaged me. Not for us the trite, the clichéd, the superficial, the hackneyed, or the simplistic exhortations. Insights penetrated; complexity was faced courageously, reality and ideals fused, research was rigorous, and sophisticated theory was carefully applied. The breadth of our conversations also struck me. These covered, for example: client practice; community and social development; social planning; social policy; service provision; rural sociological and community theory and research; Indigenous and ethnic issues; the full gamut of social issues; ecology and spirituality; and many national and cultural contexts.

Above all else, I was engulfed by the atmosphere of optimism, hope, positiveness, and energy. Rural literature can be depressing, permeated as it often is, with talk of disadvantage, service deficiencies, occupational stress, uncaring organisations, inappropriate policies, impoverishment, colonisation, disempowerment, and dispossession. We know these to be realities. But those who came also brought energy that spoke of capability, resilience, strength, creativity, and the belief that we, together with others in our places, can live well and solve the problems that we face.

There is enthusiasm for a second conference in two or three years and talk about some possible hosts. If you are interested in hosting the next conference, please contact Rosemary Clews (clews@stthomasu.ca).

In this issue, the lead paper by Margot Rawsthorne reports an original study of how young people negotiate and develop their sexuality in rural communities. She paints a complex picture of sexual violence from the perspectives of service providers and young women and men. While her substantive results are important in themselves, she injects a much-needed corrective to the idyllic mythology of rural communities that dominates much of the community development literature and practice. Drawing on rural and community sociology, Dr. Rawsthorne underlines the importance of both vertical and horizontal ties in dealing with sexual violence. As she points out, community development is not a panacea for all communities and all issues.

I was excited to receive AKM Ahsan Ullah's paper because it takes Rural Social Work beyond Western, service provision frameworks and into social and community development in non-Western countries. A journal such as this is truly international when it spans both. There are, indeed, paradigms other than Western, service-provision approaches. This is an analysis of the social problems of people in the villages in Babuganj Thana of the Barisal district in Bangladesh, and a rigorous evaluation of the contribution of non-government organizations to reducing them. Those who are involved in social development will be heartened to know that they are reducing the serious social problems facing people such as those who live in these villages.

The next two papers take up issues of human services integration and coordination. In the first from Saskatchewan in Canada, Cara Linzmayer uses a case study methodology to develop a model of service integration from the experiences of nine rural communities. This is cutting-edge work, which draws on contemporary community capacity theory and research.

So, too, is Peter Munn's research on human services coordination in rural South Australia. This paper reports genuinely new knowledge concerning how much coordination is actually
going on, how it is happening, what its components are, and the factors that facilitate, inhibit, and trigger it. Through a comprehensive, detailed survey and statistical analysis, Dr. Munn and John Petkow arrive at results that champion front-line practitioners. Above all else, coordination happens mostly through “information sharing and networking for service delivery” at the front-line. It also happens, but to a lesser extent, by “planning for services” and through “leadership and resource control”. In keeping with all good research, these results make immediate sense to those who are immersed in the experience – front-line practitioners and managers. It also increases our confidence as we go about our work that there is solid research to back up what we know are the best ways to go.

Rosemary Green’s report on education for rural social work and welfare practice confirms what some of us suspect but don’t like to admit – we have not come very far, at least in Australia, in incorporating preparation for rural practice into professional education programs. Positively, though, she points the way forward through some well-founded recommendations. On a larger scale, history has shown time and again that the way to influence thought, practice, and professional socialisation is through vibrant, robust interaction amongst those committed to their field. Getting together through conferences and journals are proven ways of doing this. How are educators in other countries going on integrating rural social work into professional education programs?

Finally, our book review editor, Rosemary Clews, has sent us some reviews. In these, Rosemary tells us what the books are about and how useful they are. She also reflects on the issues they raise and the new dimensions they add to our work. Her reviews, then, are original scholarship in their own right. Could you please remember to send Rosemary your reviews of books that you read for inclusion in the book review section. Please also send Rosemary books for review by other journal participants and let her know if you are available to review books that come to the journal from publishers. Please contact Rosemary at (clews@stthomasa.ca).

Each of these papers is informed by sophisticated theory and rigorous research from a range of disciplines, including social development, community and rural sociology, organisational and management theory, and pedagogics. They sit well amongst all the diverse ways of knowing, thinking, and practising that Rural Social Work journal embraces.

Brian Cheers
8th September, 2003
Social Impact of NGOs in Alleviating Rural Poverty in Bangladesh

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This paper analyzes the contribution of NGOs to alleviating rural poverty in Bangladesh using different indicators of social well-being of the beneficiary households, which include housing conditions, violence, empowerment, hygiene practice such as access to safe water and sanitary latrine use, morbidity patterns, and health-seeking behaviour. The data-collection exercise was aimed at gathering information on the impacts of social interventions of NGOs by investigating pre- and post-NGO situations of the NGO beneficiary households. It was revealed that housing conditions had improved significantly between the pre- and post-NGO periods. A significantly higher percentage of beneficiary households had access to safe water and sanitary latrines in the post- than the pre-NGO situation. Nearly two-thirds of the households suffered from some forms of morbidity. A significantly higher percentage of households visited MBBS and kabiraj with various complaints. A substantial number of rural people, despite their involvement in NGOs, visit traditional doctors when they fall sick. It was found that NGO interventions have played an important role in empowering women in rural Bangladesh. Significant improvement was visible for beneficiary households on most indicators of social well-being.

For social development, NGOs (non-governmental organizations, today mostly known as ‘private voluntary development organizations’ (PVDOs)) have various programmes, namely housing and housing loans, providing sanitary latrines and tube wells, child education, and health services. They run these programmes to improve housing conditions and hygiene practices, reduce morbidities, and improve the education and health condition of beneficiaries (Tekle, 2000). Social empowerment is expected through institutional, economic, and social interventions. In rural societies, housing conditions determine the status of the household.

Patriarchy and class structures are two powerful forces that govern the lives of rural women in Bangladesh. Social class is largely a function of landholding and, as such, empowerment of the rural poor can be conceptualized in terms of improvement in the power relationships between men and women, and between the functionally landless and the wealthier classes (Hashemi, 1996). Indicators of empowerment of women developed by social scientists and cited in the literature include the ability to make small and large purchases, participation in family decision making, enjoying freedom in the family, freedom from dominance by other family members, participation in political activity, and increased mobility (Hashemi, 1996).

It has been suggested that NGO interventions contribute positively to empowerment of women. Some social scientists believe that NGO interventions may contribute a little to altering gender relations in favor of females but, in fact, may reinforce existing gender imbalances (Ullah, 1994). Most of the current literature focuses primarily on linkages between domestic violence and the socialization of women into subordinate positions, and male patriarchy (Krishnaraj 1991; Miller, 1992; Heise, Pittanguy & Germaine, 1994). However, these explanations do not provide an understanding of how violence seeps into certain relationships or why
husbands abuse their wives. Women may be subjected to domestic violence from an intimate partner on whom they are dependent, such as husbands or female family members (Khan, 1997). Among many kinds of domestic violence, physical battering, verbal abuse, dowry-related deaths, assault, and acid throwing are some of the most common (Heise, et al, 1994; Khan, 1997; Huq, 1998).

Today, a large number of NGOs are working with the aim of alleviating poverty among the mass population. What services do they provide and how much do these help in alleviating rural poverty? The largest NGOs in Bangladesh have been able to cover only a fraction of the population through their programmes (Tandon, 1996; Ullah, 1999). NGO impact on poverty reduction has been minimal. NGOs such as BRAC (the Bangladesh Rural Advancement Committee) prefer slightly better-off clients among the poorest 50 percent, who are the target population. This is because the less poor are more likely to repay their loans on time than the less well endowed and asset-less (Ahmed, 2000). Furthermore, it is estimated that the big NGOs reach only 10-20 percent of the landless households (Zaman, 1996).

More than 20,000 NGOs have been operating in Bangladesh for the elimination of rural poverty. Nevertheless, the incidence of poverty remains much higher compared to the East Asian countries and the South Asian neighbours (Mujeri, 1993). Unfortunately, more people are getting into poverty traps and the overall poverty situation is getting beyond control, rendering development efforts rather futile. For instance, in 1985-6, 54.7 percent of the rural population were living below the poverty line. By 1989-90, the rate had reduced slightly to 47.8 percent. But seven years later, the situation had remained virtually unchanged with 47.1 percent of the population living below the poverty line (Lovell, 1992; Hye, 1996; Siddiqui, 2000).

NGOs defined

NGOs are mostly now known either as PVDOs1 (private voluntary development organizations) or NGDOs (non-governmental development organizations). As they are commonly conceptualized and defined, they:

- tend to have a well-specified mission;
- usually provide services that are considered as professional (i.e. requiring providers with specialized skills);
- have a clearly identifiable formal structure;
- normally work with at least some salaried staff; and
- often render support to other organizations, mostly community-based organizations, but also other agencies, including government offices (Chambers, 1983; ADAB, 1993; Ullah & Routray, 2003).

The term ‘NGO’ is sometimes used with a broader meaning, even occasionally as encompassing all kinds of voluntary and private non-profit organizations. Non-profit organizations are defined as those that are specified in the laws of a country as exempted from taxation (Ahmed, 2000). In Bangladesh, however, the term ‘NGO’ refers to all such organizations and institutions that are registered with the government under the Voluntary Social Welfare Agencies (Registration and Control) Ordinance of 1961 and the Foreign Donation (Voluntary Activities) Regulations Ordinance of 1978. NGOs could be defined, in the Ethiopian context, as voluntary humanitarian private organizations and non-profit-making, non-self-serving, non-political, non-partisan, and independent organizations involved in the promotion of social justice and development using their own resources. In Bangladesh, NGOs have been defined as an association of persons formed through initiatives of a few committed people dedicated to the design, study, and implementation of development projects at the grass-roots level (Aminuzzaman, S., Goyder, H. & Chakrabarty, S., 1999). They work outside government structures, but operate within the legal framework of the country. They are involved in direct action oriented projects, sometimes combined with study and research. Their target populations are primarily the rural poor. Although voluntary work and voluntary organizations have a long history and tradition in Bangladesh, today’s NGOs have recent origins (Chambers, 1996; Hye, 1996; World Bank, 1996).

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1 ‘NGO’, ‘PVDO’, and ‘NGDO’ will be used interchangeably.
This paper analyzes the contributions of NGO programmes and activities to beneficiary households according to a number of indicators, which include housing conditions, violence, empowerment, hygiene practice such as access to safe water and sanitary latrine use, morbidity patterns, and health-seeking behavior. Through their health and social development programmes NGOs are trying to improve the social well-being of their beneficiaries.

**Methodology**

Data collection aimed at gathering information on the impacts of social interventions of NGOs by comparing pre- and post-NGO situations of NGO beneficiary households. The pre-NGO period refers to the situation a person and household was in before joining an NGO and the post-NGO period refers to the situation some time after joining the NGO. In this context, the research was designed with a blend of institutional and social analysis to address diverse issues of social aspects and NGO activities. The villages in Babuganj Thana of Barisal district were selected for study since: (i) these villages have almost all major NGO activities; (ii) the sample NGOs (BRAC and Proshika) have been working in this district for about the last 15 years; (iii) the poverty characteristics of the district are homogenous in terms of income, household consumption, and health situations, but exclude literacy levels (Bangladesh Bureau of Statistics, 1996); (iv) the two NGOs sampled have interventions focusing on poverty reduction; (v) the range of activities and programmes of these two NGOs in this area are almost the same as in other areas (BRAC, 1996, 2000; Proshika, 2001, 2000); and (vi) the duration of their operations had matured enough to measure the impact. Two NGOs, BRAC and Proshika (Proshikhkan, Shikhka, Kafka-Training, Education and Work), were selected purposively for this study.

The sample size the following formula was used to ensure a sound representation.

\[ n = \frac{N}{1 + N(e)^2} \]

Where,

- \( n \) = sample size,
- \( N \) = Population, and
- \( e \) = Desired level of precision.

Here, Precision (e) = (reliability*standard error).

This paper is based on both primary and secondary data sources. An extensive literature review was also done. Interviews with the NGO beneficiaries were conducted using a questionnaire with both open- and closed-ended questions, while a semi-structured checklist was used to collect data on qualitative aspects. The chi-square (\( \chi^2 \)) test and t-test were applied to compare a range of indicators of social aspects of the NGO members between pre- and post-NGO membership. The t-test was applied to compare differences in performance in relation to the empowerment indicators at these points in time. Chi-square (\( \chi^2 \)) was applied to test the difference with respect to improvement in empowerment between the two points.

**Scale of agreement**

A five-point scale was used to record positive as well as negative responses indicating agreement and disagreement respectively. Respondents were asked if they could achieve all indicators of empowerment after joining NGOs. The assigned values for particular responses were as follows.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>-2.0</td>
<td>-1.0</td>
<td>0.0</td>
<td>+1.0</td>
<td>+2.0</td>
</tr>
</tbody>
</table>

**Indices of priority**

Respondents were asked to prioritize the impacts on a five-point scale. Indices have been computed by the following formula.

\[ I = \frac{\sum f_i s_i}{N} \]

Where,

- \( I \) = Priority index,
- \( s_i \) = Scale value at the ith priority
- \( f_i \) = Frequency of the ith priority, and
- \( N \) = The total number of observations.
Index value (I) varies between 0 and 1. Very high priority receives a scale value of 1, followed by 0.75 for high priority, 0.5 for medium priority, 0.25 for low priority, and 0.00 for no priority.

**Housing conditions**

As shown in Table 1, around 71 percent of households post-NGO membership owned improved houses with tin roofs and wall materials and with wooden structures, while about 23 percent had the same kind of houses before membership. This is more than a three-fold change over the period. In comparison, nearly 20 percent had houses with straw roofs post-NGO, while it was nearly 31 percent pre-NGO. About 10 percent had semi-durable houses with tin roofs and fencing with jute stick etc. post-NGO, while it was about 46 percent pre-NGO. Overall, then, these results mean that the housing situation improved significantly during the time of NGO involvement of respondents.

**Table 1. Changes in Housing Condition**

<table>
<thead>
<tr>
<th>Materials of House</th>
<th>Pre-NGO</th>
<th>Post-NGO</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tin and wood*</td>
<td>22</td>
<td>68</td>
<td>+46</td>
</tr>
<tr>
<td>Straw**</td>
<td>30</td>
<td>19</td>
<td>-11</td>
</tr>
<tr>
<td>Tin and Clinker***</td>
<td>44</td>
<td>9</td>
<td>-35</td>
</tr>
</tbody>
</table>

Note: *Tin and wood: Roof and fence are of tin and the structure, i.e. piller etc., is of wood.
**Straw: roof and fence are of straw (leaf of palm tree, sugarcane, etc.) and the structure is basically of bamboo.
***Tin and clinker: Roof is of tin and fence is of straw and the structure is made of wood and bamboo.
Source: Field Survey 2002.

**Hygiene practice**

Health development programmes of the NGOs provide motivation for their beneficiaries to use safe water, not only for drinking but also for other purposes, use sanitary latrines, and visit healers when they fall sick. Government efforts are also praiseworthy in this regard (CIRDAP, 1996). The government, through the media, also motivates people towards better hygiene practice. Regarding access to safe water, almost all the beneficiary households (99.0 percent) reported that they drank safe water (i.e. from tube wells), while only one brought canal water for drinking since the tube well was too far from her homestead. The pre-NGO situation was different from the post-NGO situation in that about 90% used to drink tube-well water, and 10% canal water.

It is worth mentioning that the UNICEF generously installed all the tube wells in the rural areas. But now most of these have been identified as arsenic contaminated. Some NGOs have tested most of the tube wells and marked them with red, signifying the danger of arsenic poison, without providing any alternative options (IFAD, 2000). Although rural people are drinking tube-well water, at the same time they are taking arsenic poison with it. A significantly higher percentage of NGO households had access to safe water ($P<0.0000$) (Table 2).

**Table 2. Differences in Drinking Water Sources Pre- and Post-NGO Membership**

<table>
<thead>
<tr>
<th>Sources of Drinking Water</th>
<th>Pre-NGO</th>
<th>Post-NGO</th>
<th>Significance ($\chi^2$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>f</td>
<td>%</td>
<td>f</td>
<td>%</td>
</tr>
<tr>
<td>Tube well (Deep and shallow)</td>
<td>86</td>
<td>89.6</td>
<td>95</td>
</tr>
<tr>
<td>Canals</td>
<td>8</td>
<td>9.4</td>
<td>1</td>
</tr>
<tr>
<td>Public</td>
<td>2</td>
<td>2.08</td>
<td>-</td>
</tr>
<tr>
<td>Ponds</td>
<td>2</td>
<td>2.08</td>
<td>-</td>
</tr>
</tbody>
</table>

Significant at 95% confidence level.
Source: Computed from Survey Data 2002.

**Sanitary latrine use**

The type of latrine used is one of the important indicators of health and social status of rural households. Regarding sanitary latrine use, Table 3 shows that about 72 percent of the NGO beneficiaries used sanitary latrines before joining NGOs, increasing to about 97 percent afterwards. Furthermore, before joining NGOs about 28 percent of households used pit latrines, which reduced to 3 percent at the post-NGO period. A significantly higher percentage of NGO-beneficiary households used sanitary latrines in post-NGO membership than in the pre-NGO period ($P<0.0000$) (Table 3).

**Table 3. Differences in Sanitary Latrine Pre- and Post-NGO Membership**

<table>
<thead>
<tr>
<th>Type of Latrines</th>
<th>Pre-NGO</th>
<th>Post NGO</th>
<th>Significance ($\chi^2$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>f</td>
<td>%</td>
<td>f</td>
<td>%</td>
</tr>
<tr>
<td>Slab/Ring</td>
<td>69</td>
<td>71.9</td>
<td>93</td>
</tr>
<tr>
<td>Pit and no latrine</td>
<td>27</td>
<td>28.1</td>
<td>3</td>
</tr>
</tbody>
</table>

Significant at 95% confidence level.
Source: Computed from Survey Data 2002.
Knowledge of hygiene practice

It is clear from Table 4 that NGO members improved their knowledge in relation to almost all indicators of hygiene. Knowledge concerning washing hands after defecation, children's vaccination, the importance of sanitary latrines and safe drinking water, and measures to be taken for diarrhea attack increased significantly after NGO membership (p=0.000, p<0.014, p=0.000, p<0.001, p=0.000). In contrast, knowledge concerning washing hands before meals did not change significantly (p<0.158) because beneficiary households practiced this even before joining NGOs. Overall, these results indicate that NGOs have played a crucial role in increasing overall knowledge of hygiene practice amongst NGO members (Table 4).

<table>
<thead>
<tr>
<th>Table 4. Changes of Knowledge Level concerning Hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators of Hygiene</td>
</tr>
<tr>
<td>Washing hands before meal</td>
</tr>
<tr>
<td>Washing hands after defecation</td>
</tr>
<tr>
<td>Children's vaccination</td>
</tr>
<tr>
<td>Usefulness of sanitary latrine</td>
</tr>
<tr>
<td>Safe drinking water measures</td>
</tr>
<tr>
<td>Diarrhoea attacks</td>
</tr>
</tbody>
</table>

*Significant at 95% confidence level.
Note: N=96
Source: Computed from Survey Data 2002.

Satisfaction with NGO health services

The NGOs did not have a wide range of health service programmes in the study area. Using index methodology, the degree of beneficiary satisfaction with available health services was assessed. On all indicators except one, beneficiaries expressed dissatisfaction with services (Table 5). The exception was the behaviour of doctors with patients, which had a slightly positive WMI (Weighted Mean Index) value. Attendance of doctors at the health centers was ranked second in satisfaction level, followed by availability of medicine. The cost of medicine received the least WMI value, indicating high dissatisfaction. It means that the distribution and cost of medicine at the NGO health centers were no better than what was available through government health facilities.

Morbidity patterns and health-seeking behaviour

The beneficiaries suffered from various forms of morbidity, although only very few suffered hygiene-related morbidities. This might be due to their improved knowledge of hygiene practice. Around 77 percent (74) of respondents had suffered from about 20 complaints of disease in the six months preceding the field survey. Around 24 percent suffered from fever, followed by menstrual complications (locally called kharap batash). Nearly seven percent suffered from diarrhoea and rheumatism, while the least number of households complained of heart disease and chicken pox (1.0 percent). Figure 1 shows that 74 households reported to have suffered some forms of morbidity. Of these, 24 (32.43 percent) suffered from chronic illnesses, 38 (51.35 percent) suffered occasionally from different morbidities, while 12 (16.22 percent) households suffered both chronic and occasional morbidities.

<table>
<thead>
<tr>
<th>Table 5. Satisfaction with NGO Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Activities</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>1. Availability of medicine</td>
</tr>
<tr>
<td>2. Attendance of doctor</td>
</tr>
<tr>
<td>3. Behaviour of doctors and nurses/health volunteers</td>
</tr>
<tr>
<td>4. Cost of medicine</td>
</tr>
</tbody>
</table>

Source: Computed from Survey Data 2002.
Regarding beneficiaries’ health-seeking behaviour, Table 6 shows that around 41 percent visited MBBS doctors (Bachelor of Medicine and Bachelor of Surgery), while about 38 percent visited both MBBS and Kahinraj (Ayurvedic) practitioners. Nearly 12 percent reported that they visited a homeopathic doctor, while about 26 percent consulted both homeopathic doctors and religious healers. A significantly higher percentage of households visited both MBBS and Kahinraj during complaints (p<0.036). The difference between those who consulted homeopathic doctors and those who did not was also highly significant (p<0.000), and the same was the case for religious healers. These results indicate that a substantial number of rural people still visit traditional doctors when they feel sick despite their involvement in NGOs. These results also demonstrate that cost precludes access by many people to MBBS doctors.

Table 6. Type of Healer/Doctor Visited During Complaints of Diseases

<table>
<thead>
<tr>
<th>Type of Healer</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>Significance* (χ²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBBS only</td>
<td>30</td>
<td>40.56</td>
<td>44</td>
<td>59.44</td>
<td>p=0.104</td>
</tr>
<tr>
<td>MBBS and Kahinraj</td>
<td>26</td>
<td>37.84</td>
<td>46</td>
<td>62.16</td>
<td>p=0.000</td>
</tr>
<tr>
<td>Only Kahinraj</td>
<td>17</td>
<td>22.97</td>
<td>57</td>
<td>77.03</td>
<td>p=0.000</td>
</tr>
<tr>
<td>Only Homeopathic</td>
<td>9</td>
<td>12.20</td>
<td>65</td>
<td>87.80</td>
<td>p=0.000</td>
</tr>
<tr>
<td>Homeopathic and Religious Healer</td>
<td>19</td>
<td>25.68</td>
<td>55</td>
<td>74.32</td>
<td>p=0.000</td>
</tr>
<tr>
<td>Only Religious Healer</td>
<td>12</td>
<td>16.22</td>
<td>62</td>
<td>83.78</td>
<td>p=0.000</td>
</tr>
<tr>
<td>Religious Healer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Significant at 95% confidence level.
Source: Computed from Survey Data 2002.

Non-formal education

Regarding education programmes in the study area, 266 school-age children were identified in the respondent households, 42 percent of whom were primary school-age children. Only 140 of these (52.63 percent) were going to schools at the time of the study. School-age and school-attending children were compared. The statistical test showed that a significantly higher percentage of children are remaining out of schools (p=0.000). The implication might be that these households cannot afford to send their children to school and/or that there are insufficient schools in the area. Evidently, there had only been one non-formal primary school, which was run by a NGO but which had been suddenly withdrawn (Table 7).

Table 7. School-age and School-going Children of the Beneficiary Households by Level of Education

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>No of School Age Children</th>
<th>% (n=266)</th>
<th>No of School-going Children</th>
<th>% (n=140)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>111</td>
<td>41.7</td>
<td>93</td>
<td>66.4</td>
</tr>
<tr>
<td>Junior High</td>
<td>89</td>
<td>33.5</td>
<td>34</td>
<td>24.3</td>
</tr>
<tr>
<td>High</td>
<td>47</td>
<td>17.7</td>
<td>9</td>
<td>6.4</td>
</tr>
<tr>
<td>College</td>
<td>19</td>
<td>7.1</td>
<td>4</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>266</strong></td>
<td><strong>100.00</strong></td>
<td><strong>140</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

Source: Computed from Survey Data 2002.

Domestic violence and empowerment: Do NGO interventions matter?

About 50.0 percent of the women interviewed reported some form of psychological or physical abuse, with 21 percent experiencing physical assaults. About 5 percent suffered due to abusive language and another 6 percent of the women had been threatened with divorce. The evidence suggests that problems started within the first year of marriage and before the birth of a child. Respondents were asked how often they became the victims of violence. Those who were victimized at least once a week and those who were abused at least once a month were referred to as ‘frequently’ and ‘often’ respectively. About 8 percent were the victims of violence in the form of physical assault, frequently in the six months preceding interviews, while about 33 percent were victimized ‘often’. Of the 17 victims of mental harassment, about 17 percent reported this as ‘frequent’, and about 19 percent as ‘often’. Only 3 percent were ‘frequently’ threatened with divorce, and about ten percent were ‘often’ threatened. 10 percent reported that they were ‘often’ victims of abusive (Table 8).

Of those physically assaulted (20.83%), 3 percent attributed assaults to the lash of poverty, 9 percent to their own mistakes in household affairs, 4 percent to dowry demands,
and 3 percent to their cooking not being tasty. Nearly 10 percent said that their husbands were bad tempered, while about 15 percent claimed that they were totally ignorant about the assault (Table 8). Among the victims of mental harassment, about 3 percent said it was linked to poverty; with another 3 percent attributing it to their own mistakes and 10 percent to dowry demands. Only 3 percent said they were assaulted because they were not beautiful, while about 17 percent expressed their total ignorance of the reasons behind the harassment. Of the victims threatened with divorce, 3 percent related it to their reproductive failure, while another 3 percent said it was due to persistent poverty and dowry demands. One woman (2.83 percent) attributed it to her "ugly complexion", while two (4.17 percent) mentioned their ignorance about the reasons. Among those categorized as victims of abuse, 8.33 percent linked it to their own mistakes, while one (2.83 percent) could not identify the reason. Interestingly, among those who were harassed mentally, several pointed out that their husbands had taken it for granted that they would abuse them.

Perceived activators of abuse

Women subjected to violence identified amongst the reasons mistakes in running household activities. The reasons cited most often included failing to prepare meals on time, cook them properly and/or care for the children adequately, and economic stress. Marital violence is often equated with dowry violence. Reports of precipitating incidents such as preparing a meal late or not disciplining a child seem to be trivial, and indicate various demands on women's time (Table 9). Most frequently reported types of violence among the beneficiaries included physical abuse (about 71 percent), and threats to move them out of the home (6.25 percent). Other types of abuse included refusing to give money for managing household activities, protracted criticism, and getting angry with the children. The most frequent forms of physical violence reported were slaps, having objects thrown at them, and beatings with a stick.

The study reveals that around 50.0 percent of the respondents were victimized either by husbands or by some other intimates in the family. About 42 percent of these were assaulted physically, 40 percent by husbands and 3 percent by mothers-in-law. About 35 percent were victims of mental harassment. About 15 percent of these were harassed by their husbands, 19 percent by their mothers-in-law, and 3 percent by their sisters-in-laws.

<table>
<thead>
<tr>
<th>Table 8. Perceived Reasons for Household Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Forms</strong></td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>Physical assault</td>
</tr>
<tr>
<td>Mental harassment</td>
</tr>
<tr>
<td>Threat to divorce</td>
</tr>
<tr>
<td>Abusive language</td>
</tr>
</tbody>
</table>

*Figures in the parentheses indicate total percentages. Note: N=48.
Source: Field Survey 2002.

<table>
<thead>
<tr>
<th>Table 9. Frequency of Persistent Violent Incidents of Different Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of violence</strong></td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Physical assault</td>
</tr>
<tr>
<td>Mental harassment</td>
</tr>
<tr>
<td>Threat to divorce</td>
</tr>
<tr>
<td>Abusive language</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

*Frequently - at least once a week; Often - at least once a month.
Note: Respondents were asked if they were victims of any violence in the preceding six months.
All percentages are counted on total (N=48).
Source: Field Survey 2002.
About 13 percent of women were threatened with divorce, 6 percent by husbands, 4 percent by mothers-in-law, and 3 percent by sisters-in-law. Five respondents (10.42 percent) reported that their husbands abused them verbally (Table 9).

**Improvement in empowerment indicators for NGO interventions**

The overwhelming majority of women in rural Bangladesh live in abysmal poverty and are also exposed to the brunt of the dilemmas presented by culture and tradition shaped by religion on the one hand and growing poverty as a by-product of landlessness on the other (Fowler, 1996; Hossain, 1996; United Nations Economic Security Council for Asia and the Pacific (ESCAP), 1998). Evidently, on most indicators respondents gained substantial improvement during their involvement in the NGO. On the indicator ‘ability to make small and larger purchases’ respondents’ achievements significantly improved (p=0.000). Achievement for the indicators ‘participation in family decision making’, ‘enjoy freedom in the family’, and ‘free from dominance by other family members’ also improved significantly (p<0.000; p<0.000; p<0.000). ‘Increased mobility’ showed the same result with a slight improvement in the indicator ‘participation in political activity’ (p<0.001). Following NGO membership, a significantly higher percentage of respondents had the ability to make small and larger purchases than previously.

Table 10 shows achievement across all the indicators pre- and post-NGO membership. It indicates that NGO interventions have played an important role in empowering women in rural Bangladesh. Nevertheless, it is equally clear that empowerment of women does not necessarily mean that the incidence of abuse was reduced.

<table>
<thead>
<tr>
<th>Indicators of Empowerment</th>
<th>Pre-NGO</th>
<th>Post-NGO</th>
<th>Significance (χ²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to make small and larger purchases</td>
<td>22</td>
<td>22.9</td>
<td>89</td>
</tr>
<tr>
<td>Participation in family decision making</td>
<td>21</td>
<td>21.9</td>
<td>87</td>
</tr>
<tr>
<td>Enjoy freedom in the family</td>
<td>21</td>
<td>26.0</td>
<td>88</td>
</tr>
<tr>
<td>Free from dominance by other family members</td>
<td>19</td>
<td>19.8</td>
<td>86</td>
</tr>
<tr>
<td>Participation in political activity</td>
<td>9</td>
<td>9.4</td>
<td>65</td>
</tr>
<tr>
<td>Increased mobility</td>
<td>25</td>
<td>26.0</td>
<td>86</td>
</tr>
</tbody>
</table>

Source: Computed from Survey Data 2002

**Agreement over empowerment indicators**

Weighted Mean Indices shows that there was significant improvement on all the empowerment indicators, with one exception. Achievement with respect ‘increased mobility’ was neutral, having the WMI value of 0.93, followed by ‘ability to make small and larger purchases’, ‘participation in family decision making’, ‘enjoy freedom in the family’, and ‘free from dominance by other family members.’ Achievement in the indicator of ‘participation in the political activity’ was the least (Table 11). This finding supports earlier findings.

**Socialization of the women: Stepping out beyond household confines**

Women in Bangladesh are restricted to activities within the premises of their homes. The isolation of the woman thus keeps
her busy, puts the seal on her powerlessness, and ensures continuation of male dominance (Chowdhury, 1989; Hashemi, 1996; Hossain & Myllyla, 1998). For ‘reasons of respectability’ women are not allowed to trade in public. NGOs have tended to break down this tradition and tried as much as possible to engage them in income-generation activities beyond domestic confinement on a par with men (Ullah, 1994). The section on empowerment offers a clearer picture about the role of NGOs in this regard. Respondents were asked if they were still kept confined within the domestic walls like prohibitive fences. Most reported to have overcome isolation due to NGO interventions. About 27 percent of respondents thought they were isolated, while the overwhelming majority (about 73 percent) felt they were not isolated (Figure 2). Women attributed this to the fact that through their involvement in NGOs they interacted with other group members and NGO officials.

![Figure 2. Number of Respondents Isolated](image)

Question: Do you think that you are still isolated in the Society?
Source: Field Survey Data 2002.

### Priority Index of Social Impact of NGOs

Table 12 shows that NGO interventions have substantial impact on different indicators of social well-being. It was found that the ‘developed housing condition’ of the NGO member households received the highest ranking (WMI value = 0.68), followed by ‘increased mobility’. These findings endorse the previous qualitative findings and key informant interviews. ‘Increased participation in family decision making’ was ranked third, followed by ‘reduced seasonal vulnerability.’ Reduced morbidity was ranked fifth, followed by ‘increased household assets’. ‘Increased literacy’ and ‘reduced exploitation’ were ranked as tenth and eleventh priority respectively.

### Inferences

NGO programmes have significant impact on indicators of social well-being for the beneficiary households. Housing conditions of beneficiaries improved tremendously. All the beneficiaries were socially empowered according to all the indicators of empowerment, but a good number of respondents reported having experienced some form of household violence. High prevalence of violence at least makes it clearer that empowerment has not been fully achieved. This has tarnished NGO success on other empowerment indicators. About two-thirds of the respondents suffered some sort of morbidity. Less than half of the sufferers had access to MBBS doctors. Almost all of them had access to safe drinking water, and the use of sanitary latrines had increased significantly.

### Table 12. Priority Index of Social Impact of NGO Projects

<table>
<thead>
<tr>
<th>Impacts</th>
<th>Very high priority ( W = 1.0 )</th>
<th>High priority ( W = 0.75 )</th>
<th>Medium priority ( W = 0.50 )</th>
<th>Low priority ( W = 0.25 )</th>
<th>No priority ( W = 0.00 )</th>
<th>Σ</th>
<th>WMI</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Developed housing conditions</td>
<td>11</td>
<td>32</td>
<td>10</td>
<td>2</td>
<td>5</td>
<td>60</td>
<td>0.68</td>
<td>1</td>
</tr>
<tr>
<td>2. Increased household assets</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>11</td>
<td>9</td>
<td>31</td>
<td>0.27</td>
<td>6</td>
</tr>
<tr>
<td>3. Increased literacy</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>15</td>
<td>28</td>
<td>61</td>
<td>0.18</td>
<td>10</td>
</tr>
<tr>
<td>4. Increased social esteem</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>8</td>
<td>7</td>
<td>22</td>
<td>0.26</td>
<td>7</td>
</tr>
<tr>
<td>5. Increased social contacts</td>
<td>1</td>
<td>14</td>
<td>7</td>
<td>17</td>
<td>41</td>
<td>71</td>
<td>0.21</td>
<td>9</td>
</tr>
<tr>
<td>6. Increased mobility</td>
<td>11</td>
<td>14</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>29</td>
<td>0.64</td>
<td>2</td>
</tr>
<tr>
<td>7. Increased participation in family decision making</td>
<td>11</td>
<td>14</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>29</td>
<td>0.64</td>
<td>2</td>
</tr>
<tr>
<td>8. Reduced seasonal vulnerability</td>
<td>11</td>
<td>14</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>29</td>
<td>0.64</td>
<td>2</td>
</tr>
<tr>
<td>9. Reduced exploitation</td>
<td>11</td>
<td>14</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>29</td>
<td>0.64</td>
<td>2</td>
</tr>
<tr>
<td>10. Reduced violence</td>
<td>11</td>
<td>14</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>29</td>
<td>0.64</td>
<td>2</td>
</tr>
<tr>
<td>11. Reduced morbidity</td>
<td>11</td>
<td>14</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>29</td>
<td>0.64</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: Computed from Survey Data 2002.
Knowledge of hygiene practice also increased significantly during the study period. Clearly, significant improvement on most indicators of social well being of the beneficiary households was visible. It was concluded, therefore, that the role of NGOs is very important now for empowering rural women and will remain so for coming decades.

References


IFAD (International Fund for Agricultural Development) (2000), IFAD and NGO: Dynamic Partnership to Fight Rural Poverty, Italy.


Centre for Rural and Regional Development
University of South Australia, Whyalla Campus

The Centre for Rural and Regional Development is based at South Australia's only rural university campus, The Whyalla Campus of the University of South Australia. Established in 1989, CRARD has conducted numerous research, consulting and training projects in rural and remote human services and health issues. CRARD members include nursing, social work and education researchers with extensive experience in the rural human services and health sector and who have published and researched widely in these areas. The centre has a successful history of collaborative projects with health and welfare organisations throughout rural Australia, including hospitals and community health organisations, and funding has been obtained from diverse sources. CRARD has local recognition in the northern and western regions of South Australia and in the wider regional State areas.

School of Social Work and Social Policy
University of South Australia, Whyalla Campus

The School offers a four year degree in social work that focuses on social work theory and social work. The course promotes human rights and redistributive justice, and redressing social inequalities. The program has a special focus on rural social work.

All enquiries to: Program Administration, Whyalla Campus,
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Whyalla Norrie 5608.

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