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Early Childhood Development and Violence free Safe Environment for Women and Children in Selected Slums of Dhaka City

A Baseline Study

Polin Kumar Saha
Toufica Sultana

BRAC Research and Evaluation Division

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Sajedur Rahman

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CONTENTS

ABBREVIATIONS

SNEHALOY	Strengthening, Enhancing and Learning Opportunity for Youngster
ECD	Early Childhood Development
CDC	Child Development Centre
VAW	Violence against Women
VAWC	Violence against Women and Children
GJD	Gender Justice and Diversity
GJE	Gender Justice Educators
UNHABITAT	United Nations Human Settlements Programme

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EXECUTIVE SUMMARY

Bangladesh has experienced massive urbanisation in the last few decades with a staggering growth of seven millions slum dwellers. About two million people live in the slums of Dhaka city. Most of the slums lack basic facilities for childhood development due to inadequate social security raised by gender violence and discrimination in family as well as community plus prevalence of domestic violence is higher in slums along with gender discrimination and violence against women and children (VAWC). As a result, physical, social and cognitive development of the children is hampered and which is neglected or undermined unexpectedly. Considering these issues, Gender Justice and Diversity (GJD) programme of BRAC has taken up an initiative to implement Early Childhood Development (ECD) programme named as SNEHALOY at the selected slums in Dhaka city.

We conducted a baseline survey aiming to two core objectives in the assessment: evaluate the existing stage of early childhood development (ECD) including physical, social and cognitive development of poor children in slums; and to assess the present knowledge and perception of violence and discrimination against women and children in the slum community. The study predominantly used quantitative method by taking consideration of describing issues included in the survey questionnaire. Different question sets had been used to collect data from different stakeholders. For the purpose of the study, over 1541 households in 11 slums had been surveyed purposively bearing targeted group of children, total number of 1578 children aged between 6 months to 48 months. In brief findings, the function of ECD had divided into four age groups such as 6-12 months, 13-24 months, 25-36 months and 37-48 months. In each of the age group there were three different development processes like physical, social and cognitive development of a child to be assessed. In this regard, social development of child at all stages was satisfactory, but physical and cognitive development of the children was not same at all stages of their development. One significant observation was that the study found the same assessment of development for physical, social and cognitive development of the children aged between 25 to 36 months. Cognitive development of the children was not found satisfactory at all stages except for the children aged 25 to 36 months. However, there were several dimensions of domestic violence and gender discrimination that had been found in the slum community and which were significantly responsible for cognitive development at different stages of a child growth. In assessing knowledge level on discriminatory issues between wives and husbands, the wives had received average knowledge score 40% which was higher than their counterpart (37%). Likewise the violence issues, the wives had received average knowledge score 82% which was lower

than their counterpart (84%). On the other hand, in assessing perception level on discriminatory issues between wives and husbands, the wives had received average perception score 52% which was lower than their counterpart (54%). Likewise the perception of violence issues, the wives had received average score 69% which was higher than their counterpart (67%). That means, the household level was found with a greater concern to the violence issues rather than the discriminatory issues among male and female members. However, a path towards gender innovations of the community people had been explored in the child development and the overall strategies for child development was supported by the study findings.

CHAPTER ONE

INTRODUCTION

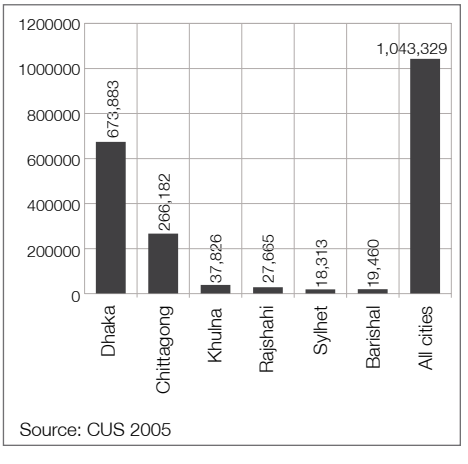
1.1 SLUMS IN BANGLADESH

The developing world is experiencing a fundamental transformation of urban population. Rapid urbanisation is the result of socioeconomic changes during the last five decades or so which has caused the development of new kinds of slums, the growth of squatter and informal housing all around the fast growing cities of the developing world. In the past fifty years urban population have increased explosively, and will continue to do so for at least next thirty years (UNHABITAT 2003). In Bangladesh, approximately 40 million people live in urban areas, out of which 21 per cent live below the poverty accordance (UNDP 2013). In accordance with this, urban slums are growing faster than the overall rate of urbanisation of Bangladesh and mushrooming in the megacities of Bang adesh. Figure 1.1, represents the statistics of slum households in six divisions of Bangladesh. The population of slums is about 2.27 million in 2014 (Census of Slum Areas and Floating Population 2014).

1.2 WOMEN AND CHILDREN IN URBAN SLUM

Living in an urban slum or informal settlement is not easy and to some extent the situations can be worse than those in rural areas. Children face hardships on a daily basis that includes hunger, poor access to clean water, education and protection. Many children are forced to take care of their younger siblings, work outside or at home instead of going to school. In addition, residents of the slums are under constant threat of harassment from middlemen, and eviction by the Government. Basic social services

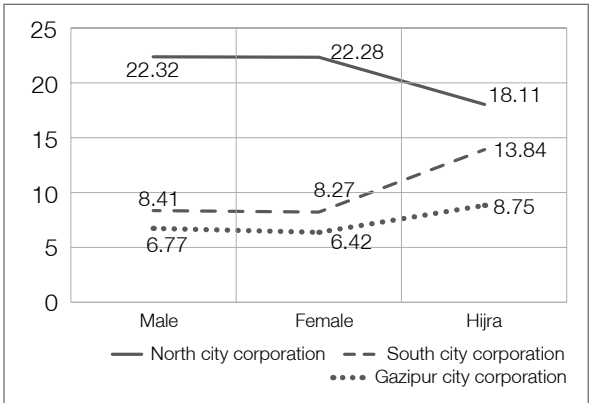
Fig 1.1 | Number of Households in urban slum



Source: CUS 2005

in these settlements are practically non-existent, whilst the potential for trouble such as juvenile crime lingers ominously. According to UNICEF's 2012, State of the World's Children report, 'All over the world, hundreds of millions of children in impoverished urban neighbourhoods and informal settlements confront daily violation of their rights despite living close to institutions and services.'

Fig 1.2 | Slum dwellers in Dhaka city corporation



Source: Slum Census Preliminary Report-2014, BBS Data

Till May of 2014, 13,938 slums existed in Bangladesh and these provided shelters to about 1,13,9768 were male, 1,086,180 female and 1,806 Hijra population (Preliminary Report on Census of Slum Areas and Floating Population-2014, BBS 2014). Fig 1.2 presents the statistics of male, female and Hijra living in Dhaka city Corporation. The figure depicts that North City Corporation had the highest concentration of slum population, about 22.32 in comparison with the South and Gazipur City Corporation.

1.3 VIOLENCE AGAINST WOMEN AND CHILDREN IN URBAN SLUM

Violence against women and children can be described under different categories such as economic, social, psychological and physical violence which includes discrimination in food habit, nutrition, education, beating, bulling, threatening for divorce, dowry demand, polygamy, sexual abuse, rape, acid throwing, etc. Women are the victim of such kinds of violence perpetrated on them by their partners. Eighty seven per cent of currently married women of Bangladesh have reported that they have experienced violence by their husband and almost ninety per cent of them alleged that they are the victim of spousal violence (VAW Repot -2011, 2013).

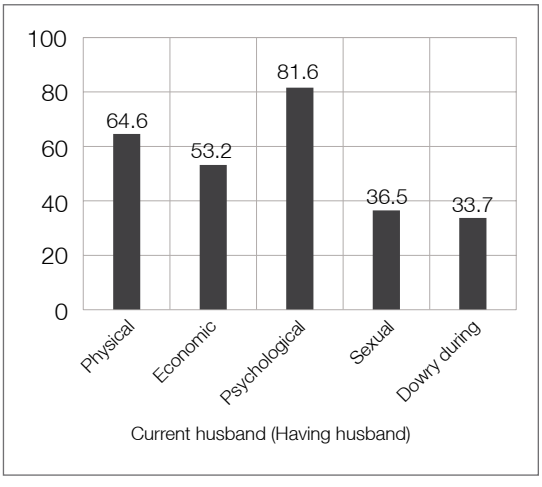
In urban areas, women heavily bear the brunt of domestic violence. About 58.1 per cent have reported that they were the victim of physical violence by their husbands while about 54.1 per cent were tortured by their previous husbands (VAW Report -2011, 2013). In urban slums violence against women are common phenomena. A survey conducted by icddr,b and Population Council (2012), indicates that around 4,500 women and 1,600 men are living in 19 slums of Dhaka city, 85% of the women reported that their husbands restricted their access to healthcare, while 21% reported being physically abused by their husbands during pregnancy (IRIN 2013). Domestic violence becomes harder to address when women are dependent on men for shelter and survival.

In slum areas, women are always in insecure position due to feminisation of poverty. Woman's subordinate position forced them not to raise their voice in any cases

which includes legal support for the community as well. Women in slum are unable to raise their voice and have less contribution in decision making process such as buying and selling goods that includes furniture, property and other goods as well. Even some mothers or women may contribute in the family but they are not empowered enough to enjoy their earnings.

Domestic violence against women is a common practice in Bangladesh and the capital Dhaka with 15 million people is at greater risk of domestic violence. Women living in slums are severely affected due to domestic violence in family as well as violence in community. Naved (2013) states, "education, household wealth, attitudes regarding gender and violence against women are important factors associated with this violence. Unfortunately, the slum population has lower education and wealth and higher violence traditional about gender." (IRIN 2013).

Fig 1.3 | Violence against women



The situation in slum is also not favorable for the children particularly for the girls. The children suffered from malnutrition and their physical, cognitive and social growth are hampered for this. They are incapable of maintaining social relations with their family, peer groups and friends. So, the cognitive development heavily depends on children's physical growth simultaneously have effect on social development of the children. Children in urban slum are having severe difficulties which are as follows:

1.3.1 Stunting

Stunting is an early indication of malnutrition at early childhood and it may results in children's physical development and often leads to lower performance in school. As a result, children may become victim of social stigma due to their lower mental ability and psychological development. There are many children who are malnourished and about 41 per cent children aged under five are stunted while 40 per cent are underweight (BDHS 2011). Bangladesh Demographic and Health Survey 2011 indicates that over 50 per cent children in the poorest wealth quintile are stunted, while one-fourth children in the richest wealth quintile are stunted. According to the Bangladesh National Report (2008), stunting can be induced during fetal development as a result of the mother's own malnourishment and anaemia. So, differentiation in early childhood of a mother affects her child who has not been born yet. Height corresponds to age effected due to malnutrition in early childhood. About 42 per cent children aged fewer than five are under height and are from poor households (The Daily Prothom Alo 2015 cited from BBS Report 2015).

In the slum, 56 per cent under less than five years are stunted, 17 per cent and 46 per cent are wasted and underweight respectively. Acute malnutrition at severe stage, affects more than six per cent of children aged 12-23 months (icddr,b 2006).

Table 1.1 | Number of cases on VAW (violence against women) from Police Headquarters (June 2013 - February 2014)

Category	2013							2014		Total
	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	
Dowry	657	593	522	616	533	446	362	374	367	4470
Acid affects	14	9	9	12	6	2	5	4	4	65
Abduction	366	285	273	408	319	338	253	265	291	2798
Rape	370	345	254	375	297	264	171	177	214	2467
Homicide/injured after rape	0	4	0	1	2	4	1	1	2	15
Murder	31	22	26	14	18	21	15	14	14	175
Injured	18	16	8	19	26	5	12	8	11	123
Other forms of VAW	465	480	383	362	309	306	215	190	246	2956
Total	1921	1754	1475	1807	1510	1386	1034	1033	1149	13069

Source: Ministry of Women and Children Affairs 2014

1.3.2 Child mortality

Data from BDHS (2014) shows that under-5 (age of children is below 5) mortality in the five years preceding the survey was 46 per 1,000 live births (Table 1.2). The infant mortality rate is 38 deaths per 1,000 live births, and the child mortality rate is 8 per 1,000 children. During infancy, the risk of dying in the first month of life (28 deaths per 1,000 live births) is nearly three times greater than in the subsequent 11 months (10 deaths per 1,000 live births). It is also notable that deaths in the neonatal period account for 61 per cent of all under-5 deaths.

Table 1.2 | Early Childhood mortality rates

Years preceding the survey	Neonatal mortality	Postneonatal mortality	Infant mortality	Child mortality	Under-5 mortality
0-4	28	10	38	8	46
5-9	36	14	49	13	61
10-14	36	21	57	16	72

Source: Bangladesh Demographic and Health Survey, 2014

1.3.3 Trends in childhood mortality

Since 1993-1994, the BDHS in Bangladesh have obtained childhood mortality rates for the five-year period preceding the survey. Over the last two decades, the data confirm a steady downward trend in childhood mortality (Table 1.3). Between 1989-1993 and 2010-2014, infant mortality declined by 56 per cent from 87 deaths per 1,000 live births to 38 deaths per 1,000 live births. Even more impressive are the 71 per cent decline in post neonatal mortality and the 65 per cent decline in under-5 mortality over the same period. As a consequence of this rapid rate of decline, Bangladesh has achieved its MDG 4 target for under-5 mortality of 48 deaths per 1,000 live births by 2015.

Table 1.3 | Trends of childhood mortality

Bangladesh Demographic and Health Survey	Reference period	Neonatal mortality	Post-neonatal mortality	Infant mortality	Child mortality	Under-five mortality
2014	2010-2014	28	10	38	8	46
2011	2007-2011	32	10	43	11	53
2007	2002-2006	37	15	52	14	65
2004	1999-2003	41	24	65	24	88
1999-2000	1995-1999	42	24	66	30	94
1996-1997	1992-1996	48	34	82	37	116
1993-1994	1989-1993	52	35	87	50	133

Source: Bangladesh Demographic and Health Survey 2014

1.4 JUSTIFICATION OF THE STUDY

Generally, slums lack the most desired basic amenities associated with urban life such as running water, sewage systems, latrines, waste disposal services and electricity. Slum dwellers also have limited access to basic social services, such as medical facilities and schools (UNICEF 2010). Such poor urban households live in poor and insecure houses; often face difficulties in accessing employment, made worse by having poor access to social protection. In addition, childhood illness and mortality are worse among slum children due to such unhealthy practices and lack of proper care (UNDP 2013). Children are surviving and growing in most unhygienic environment, poor nutrition, and lack of access to basic education. Consequently social, mental and cognitive development of children is hampering this in every ways. Sometimes the parents of these children are working outside for livelihoods and in most of the cases children are kept by their neighbour, elder siblings, and relatives and most shockingly sometimes left alone. Therefore, children are often getting

lost or being stolen. On the other hand, domestic violence is another outbreak at these areas along with gender discrimination and violence against women and children. Considering these issues, Gender Justice and Diversity (GJD) programme of BRAC has taken up an initiative to implement Early Childhood Development (ECD) programme named as SNEHALOY at selected slums in Dhaka city.

SNEHALOY is a Child Development Centre (CDC) where poor working mothers can keep their children with a very low cost from morning till night. ECD has become the norm in many European and North American countries, where most children of three years and above attend a regulated early education service. In addition, early childhood services represent much more than a drop-off location for working parents, but play an important role in child development by giving children an opportunity to engage in a range of educational and social activities. ECD process at SNEHALOY was initiated to play role of a facilitator in the creation and implementation of violence free safe childhood through project that focus on ensuring gender equality and increase women empowerment to reduce poverty and violence against women and children (VAWC).

In functioning with the VAWC committee, one community based Committee per slum will be formed to combat various forms of violence against women and children. The committee members will be the locals and can be community's leaders, school teachers and others consisting of both women and men. There will be a Guideline to run the committee. The committee will be facilitated to develop Community Action Plan (CAP) addressing VAWC issues in the locality. Necessary capacity building initiatives will be undertaken to strengthen their actions. This programme addresses health, nutrition and protection from harm. It also offers opportunities for enjoyable learning and promotes a sense of identity and self-worth. It influences community people and the contexts in which children are growing up so that the overall development of children is supported.

Therefore, apart from the children enrolled in the centres, SNEHALOY touches other stakeholders like caregivers, parents, working and potential working mothers and targeted communities. We have referred to them as 'Beneficiaries' of SNEHALOY. Over the few months, a number of BRAC other programmes- BRAC Education Programme (BEP), Health, Nutrition and Population Programme (HNPP), Community Empowerment Programme (CEP), Human Rights and Legal Aid Services (HRLS) programme have collaborated with SNEHALOY with a pledge to provide poor children with opportunities and resources to bring them at par with other children paced in more advantageous circumstances.

1.5 OBJECTIVE OF THE STUDY

Since this is first time, thus, the study should focus not only on measuring the current status of various initiatives, but provide the benchmark for future assessment of SNEHALOY and its activities. This baseline study will provide a starting point against which future progress and achievements will be measured (see the following conceptual model). This study will also help to cater the profile of current landscape of

knowledge, perception, practices and behaviour on ECD and VAWC in the targeted slum community (see list of measurable indicators below). The study has the following core objectives:

- Evaluate the existing stage of childhood development including physical, social and cognitive development of poor children in slums.
- Assess the present knowledge and perception of violence or discrimination against women and children in the slum community.
- Understand the existing dynamics of VAWC committee along with their sustainability and effectiveness in establishing a violence free safe domestic environment.

CHAPTER TWO
METHODS

2.1 INTRODUCTION

We conduct a baseline survey of selected children and mothers to be intervened along with a corresponding control group of non-intervened children and mother in different slums of Dhaka city. Baseline survey findings are planned to compare with the end term survey data one year later. This study will map changes over time between baseline and end-term periods, and between treatment and control groups. Incorporating a control group allows to account for external factors that influence outcomes. Such factors are likely to be equally affecting treatment and control groups and therefore, differences may be attributed to the intervention.

For drawing comparisons, the study will consider treatment group such as children and mother under the purview of SNEHALOY and control group like the children and mother not under the purview of SNEHALOY.

The study predominantly uses quantitative method by taking consideration of describing issues included in the survey questionnaire. The study conducts a baseline survey of the selected stakeholders to be intervened in project area. Different instruments have been used to collect data from different stakeholders.

2.2 CONCEPTUAL MODEL OF THE STUDY

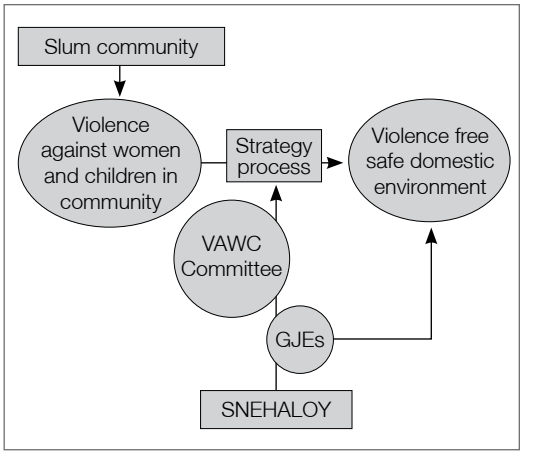
Based on the study objective, a conceptual model has been drawn consisting of the four types of major variable in the study.

Independent Variable
Violence against women and children in community, which is assessed by knowledge, perception and behavior of the respondents in the respective issues.

Dependent Variable
Violence free safe domestic environment, which is assessed by five dimensions of the respondents like discrimination, violence, existing practices, child security and early childhood development.

Intervening Variable
SNEHALOY, a day care centre for the intervention conducted by caregivers, VAWC committee, GJEs and parents as well.

Moderating Variable
The slum community, which has to be impacted through intervention.



2.3 SAMPLE SELECTION

Five different stakeholders are considered in this study, e.g. children, parents, caregivers, VAWC and GJEs. The study conducted a quantitative survey for children and parents followed by semi-structured questionnaire, and the rest of respondents (members of different group) are assessed by qualitative method using Focused Group Discussion (FGD) as a data collection tool. The targeted population particularly parents and children are selected randomly from a census provided by Gender Justice and Diversity Programme. The caregivers, members of the VAWC committee and Gender Justice Educators (GJEs) are selected purposively for the fulfillment of the study purpose.

Treatment sample size is calculated based on some assumptions with confidence interval of 95% and estimating 5% margin of error from different stakeholders. Furthermore, the sample size has been adjusted with the migration rate (average 2.57% migration rate considered as rural to urban and urban to urban) and the national violence rate (0.04%) of Bangladesh (Population and Housing Census 2011 and National Database on Violence against Women and Children). Respondents from households are selected randomly from the pre-survey list (households belong their child of four years older maximum). Based on these assumptions sample size of the study is shown in Table 4.

2.4 STUDY SAMPLE

At present there are 17 day care centres (SNEHALOY) across six different slums in Dhaka city under BRAC GJE programme. During the study, different slums hold a different number of SNEHALOY centres, such as in Korail-6, Vashantek-3, Kallyanpur-2, Dhamalkot-1, Duyaripara-1 and Rayerbazar-1; but a few of planned centres have not started yet for its activities. Since the study area 'Korail and Vashantek' slum are already at the implementation stage during the study period, therefore, sampling of the study conducts in rest of other study areas which have not yet started for intervention. The study conducts total 12 FGDs across the parents, VAWC committees, Caregivers and GJEs in the project areas. In following FGDs, the study covers all VAWC committees in the study area.

2.5 SURVEY INSTRUMENT

The study uses three tools for assessing knowledge and behaviour of five types of respondents while general survey questionnaire and ECD checklist is administered for two groups, e.g. parents and children; and FGD checklist is used for the remaining three groups of respondents, namely VAWC, GJE and caregivers.

Survey questionnaire

In relations with the study objectives, the survey questionnaire has been divided into three factions: knowledge, perception and behaviour. The factions are assessed using five selected indicators e.g. ECD, discrimination, VAWC, child security and existing practices in family. These indicators are considered as the independent variables of the study that have been subdivided into various sections to perform in the best way of assessing the dependent variables of the study, e.g. knowledge, perception and behaviour of the community violence against women and children. The survey questionnaire follows structured questions to identify the best way of community violence.

Early Childhood Development Index (ECDI)

In this study, a psychological tool has been developed to assess the Early Childhood Development (ECD) of the selected slum children. Three types of progress, physical, social and cognitive development of the slum children are measured using the ECD index, aged between 6 to 48 months.

Development of the slum children are assessed into four age groups such as 6-12 months, 13-24 months, 25-36 months and 37-48 months. In each of the age groups there are three different developments like physical, social and cognitive development. Physical development considered different motors like[1] fine motor, gross motor sensory motor and also the hygiene issues. Social development of the children are measured by social networking such as trusting relationship or playing/making friendship and the cognitive development is assessed by considering issues like language development, problem solving capacities and counting or reciting capabilities.

Table 4 | Sample size and study area of intervention group

Slum	Number of respondents
Kallyanpur	232
Dhamalkot	230
Rayerbazar	285
Duaripara	281
Total	n = 1,028

[1] (Motor skills are kind of motions of the children carried out when their brain, nervous system, and muscles work together. Fine motor skills are small movements — such as picking up small objects and holding a spoon — that use the small muscles of the fingers, toes, wrists, lips, and tongue. Gross motor skills are the bigger movements — such as rolling over and sitting — that use the large muscles in the arms, legs, torso, and feet. Sensory motor skills involve the process of receiving sensory messages (sensory input) and producing a response (motor output). Sensory information is through the sensory systems (vision, hearing, smell, taste, touch, vestibular, and proprioception).

Table 5 | Indicators on knowledge, perception and behaviour considered in the study

Categories	Indicators		Data Collection Method
	Sub-1	Sub-2	
Discrimination (women & children)	Discrimination against children	Food and nutrition, Education, Health & treatment, Access to resources	Interview
	Discrimination against women	Food and nutrition, Health & treatment, Work, Mobility, Access to resources, Decision making, Relaxation & Recreation, Access to services	Interview
Violence against women	Physical[2], Mental[3], Economic[4] and Sexual violence	Hitting, kicking, Dowry, Stop bearing expenses, Control over wife's income or asset, Rebuke, Insult, Threat to hitting/divorce, Force to sexual intercourse, Forced Prostitution	Interview
Existing practices	Different forms of violence (physical, economic and mental)	protect, protest, and effective action Individual or, with others	Interview
Child security	Child protection and child rights	Monitoring child's daily movement, take care of adult members, children beating, child stolen	Interview
Early Childhood Development	Physical, social and cognitive development	Fine motor, hygiene, social connections, language development, problem solving, counting numbers, recite rhymes/poem	Observation/ Interview
Miscellaneous	First Aid, immunisation	Primary treatment, vaccination	Interview

Dependent Variable: Ensure early childhood development (ECD) and violence free safe environment for women and children at household or community.[234]

Note: The Sub-1 and the Sub 2 are the indicators that are measured for the six categories outlined in Table 5.

[2] In this study, the Physical violence has been considered as intentional use of physical force which includes specific activities against women such as prevent from providing food, prevent from taking rest, force to leave home, impose workload, force to give birth, torture, force to early marriage, polygamy, sexual abuse, throwing acid, rape and murder.

[3] Mental violence is a form of violence that affects the victim psychologically. Present study had considered these offences as mental violence: stop being verbally communicate, stayed outside home, insult for sickness, force to get married, verbal abuse, showing blood eye, threatening and force for dowry.

[4] Economic violence is type of violence perpetrated by the husband to make his wife economically disadvantaged. The issues which had been considered as the economic violence in this study are prevent from doing job, grabbing or forcefully take wife's income and prevent from access to household assets.

2.6 FOCUSED GROUP DISCUSSION (FGD)

FGDs are conducted by following a checklist which particularly captures the group member's interest and ability to participate in group activities and their responsibilities towards their community. Their engagement and participation in group activities helps to understand the scope of the groups as well as their achievement towards sustainable development of the respective slum community. However, FGD is used with a view to understand the initial phase of the groups in line with the '5-D' model (five dimensional perspectives). It is a theoretical model to study the VAWC committee, GJE and the caregivers.

2.7 THE FRAMEWORK FOR COMMUNITY FUNCTIONS OF VIOLENCE AGAINST WOMEN AND CHILDREN (VAWC)

VAWC, a group consists of 10 to 12 active local members in the project areas. Members of the group have been selected especially who have reputation and ability to undertake regarding their own professions. This group will be working to create motivation and commitment towards community by providing information and knowledge dissemination of community violence.

They are in aim to map out the violence prone spot in local slum community, arranging community level awareness to protect or protest against the respective violence and develop action plan facilitated by their regular meeting. However, considering the importance of VAWC in the study a model has been introduced to understand different group functions and its sustainability. The name of this model is 'Appreciative Inquiry'.

The Appreciative Inquiry is a five-step model functioning in cyclic order in multiple directions. It is usually used for community development when the model satisfies the current study in the following ways:

- Strategic development and planning for group functions within the group, community and other stakeholders
- Group assessment for the objective oriented activities, monitoring and evaluation
- Team building- guiding team to create a new way of working together
- Fostering innovation out of the optimum efforts of group members
- Network building

However, in principle, the steps and orders of the model are shown in Figure 1. Brief introductions of the following steps are as:

Step 1 | Definition
Establishing the spotlight and scope for work

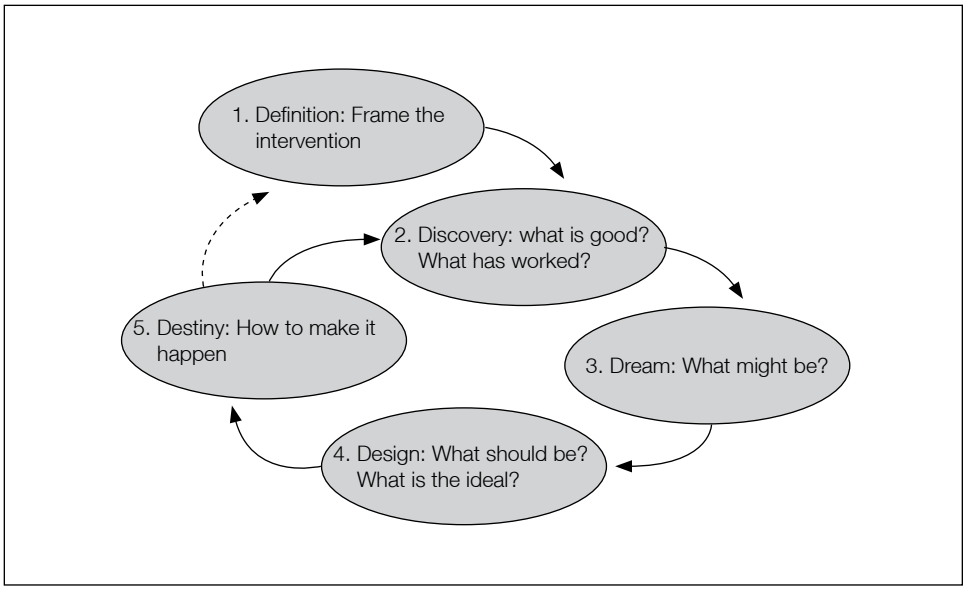
Step 2 | Discovery
Drawing out stories of the community system as its best- this is initiated in pairs and shared with the respective group of stakeholders, or at the community

Step 3 | Dream
What the vision looks like in line with the project goal- collecting the insights and envisage the future. This may be graphical visualisation of the desired future

Step 4 | Design
Bridging the gap among the past, present and the desired future- groups work to exercise on assets discovered in the second phase to design for the desired future (based on project goal)

Step 5 | Making it happen
Based on the output excellence of the step 5, the functional process is again redesigned through the step 1 or 2 and proceeds with the remaining order.

Fig 1 | The appreciative inquiry '5-D' model (see Cooperrider *et al.* 2003; Watkins and Mohr 2001; Whitney and Trosten-Bloom 2003 and the AI Commons website)



2.8 DATA ANALYSIS

Statistical package for Social Sciences (SPSS) and STATA had been used for quantitative analysis. The quantitative analysis comprised multidimensional observation of variables performed with simple frequency and score. Qualitative analysis conducted manually after the data from the field were transferred, transcribed, compiled, computerised and analysed. Moreover, VAWC committee studied to achieve its functional progress, through focus group discussion (FGD) in line with the theory of the Appreciative Inquiry model.

Scoring

The study analysed the level of knowledge and perception of the respondents by scoring. The respondents were husband and wife and their level of knowledge and perception was showed by their obtained score out of 100. The score had been calculated by aggregating the several questions marked individually on the main theme of violence and discrimination. For example, in case of calculating the discrimination score of the husband, we asked husband a total 12 questions related to the issue of household discrimination while we gave score 1 point for every question in against of the right answer from them. Negative or wrong answer of each question was counted by 0 point. Furthermore, w elaborated for more than one right answer in each question, such as, we distributed 1 point for all the right answers equally in each question. For example, in one question, we were expecting a total 4 right answers; therefore, a respondent would get 1 point only when he delivered 4 positive answers as we expected. Similarly, if he delivered 2 positive answers out of 4, that time he got 0.50 point in that question. In this way, all the questions had been scored 1 to 0 and followed aggregation as per cent of knowledge score on the issue.

CHAPTER THREE

SLUM VIOLENCE, KNOWLEDGE, PERCEPTION AND BEHAVIOUR OF THE SLUM DWELLERS

3.1 INTRODUCTION

In this chapter, quantitative findings of the study were analysed into three divisions considering two main objectives of the study which covered broad areas of discrimination, violence, early childhood development in selected slums of Dhaka city. Discrimination and violence rate were based on the responses from the parents as considered in the selective households. Partially, children under age 4 of targeted parents had been assessed for Early Childhood Development (ECD) in those selective households. On the other hand, caregivers, GJEs and VAWC members were qualitatively assessed in chapter four.

3.2 DEMOGRAPHIC PROFILE OF THE RESPONDENTS

The study was conducted on the selected slum communities of Dhaka city. Table 3.1, depicts the socioeconomic status of the respondents including both treatment and control groups. In case of sex and marital status of the respondents, almost 50 per cent were wife and 50 per cent were husband. Among all the selected households, about 48 per cent were unmarried and almost all the household members were educated up to primary level. The leading professions of the respective people were day labor (14%), salaried job (8%), small business (6%) and housewife (18%) in the treatment group. While in control group 14 per cent were day labourer, eight per cent were involved in paid jobs and 16 per cent were housewives. Table 3.1, depicts that the socio-demographic characteristics of both treatment and control groups were quite similar and there were no significant difference between treatment and control groups.

Table 3.1 | Socioeconomic status of the respondents

Gender	Treatment	Control
Male	49.98	49.74
Female	50.02	50.26
Marital Status		
Unmarried	50.08	49.96
Married	48.2	48.33
Widow	1.34	1.46
Separated	0.28	0.17
Divorced	0.11	0.09
Education Status		
Enrolled in school but not passed	31.71	31.93
Primary	31.50	31.55
Under Secondary School Certificate (SSC)	9.16	9.03
SSC	1.59	1.33
Above SSC	0.51	0.30
Not enrolled in school (under aged 5)	25.52	25.86
Occupation Status		
Day labour	14.32	14.26
Maid servant	4.54	4.88
Salaried job	8.49	8.01
Small business	5.88	6.42
Students	13.98	14.21
Housewife	17.61	16.18
Others	27.98	29.15
Unemployed	7.21	6.89

Table 3.2 | Household income of the respondents

Household Income	Treatment (n=1028)	Control (n=513)	p value
<10,000	57.77	59.10	0.62
>10,000-20,000	35.44	35.03	0.87
>20,000-30,000	4.85	4.70	0.89
>30,000	1.94	1.17	0.27

In the case of household income, explained in Table 3.2, maximum 10,000 BDT was the average monthly income for the highest 58 per cent respondents in treatment group. About 35 per cent respondents earned across the limit and up to 20,000 BDT and very few (about 2 per cent) respondent's monthly income was more than 30,000 BDT. The findings between treatment and control groups were not statistically significant.

3.3 DISCRIMINATION AND VIOLENCE AGAINST WOMEN

Regarding violence against women and children, respondents had been assessed in terms of their knowledge, perception and behaviour (practice). Emphasize had been given on some major issues like perception of family violence as a crime. One of the major findings of the study was women who always were the oppressed one compare to the male members in family or community level. The assessment of the respondents was based on the accumulated knowledge and perception on several violence issues within family and the local community. The accumulated knowledge and perception had attained in several issues like marriage, dowry, and divorce, different kind of harassment against women, physical assault and the existing violence law in the country. The Tables related these issues had focused on the dynamics of violence and some specific factors were as follows: existing knowledge

and perception of the respondents regarding discrimination and VAWC, issues like practices of VAW within the family have been also assessed under three categories, i.e. mental, economic and physical violence.

DISCRIMINATION BETWEEN MALE AND FEMALE

3.3.1 | Assessing knowledge level on discrimination

Discrimination against women in Bangladesh particularly in slum areas was very high compare to other areas. The discrimination rate was higher in slum community than any other parts of Bangladesh and the knowledge level regarding discrimination against women was not very satisfactory which indicates the unequal distribution of food-nutrition, treatment, rights on household resources, work and leisure.

Table 3.3 | Knowledge score of wife and husband on discrimination by groups

Knowledge score on discrimination (%)	Wife (n=1541)			Husband (n=1541)		
	Treatment	Control	p value	Treatment	Control	p value
1-25	33.46	40.74	0.00	38.72	45.81	0.00
26-50	32.88	29.24	0.14	33.66	28.85	0.05
51-75	24.90	22.81	0.36	19.84	17.74	0.32
76-100	8.75	7.21	0.29	7.78	7.6	0.90
Mean	40.12	37.17	0.02	36.88	34.30	0.04

Note: 1-25 = Very low knowledge level; 26-50 = Low knowledge level; 51-75 = Moderate knowledge level; 76-100 = Highest knowledge level

*The data has been recorded and for every yes answer 1, and for the rest of the answer it has been coded as 0.

Table 3.3, indicates that nine per cent of wife respondent from treatment group had knowledge between the highest “76 to 100” compared to seven per cent in control group ($p>0.05$). The respondents of both groups had increased gradually at time of lowering the score of knowledge as they achieved on the issue. In comparison between treatment and control group, the study found significant difference of knowledge among respondents. However, the average knowledge of wife respondents in treatment group was higher (40 per cent) compared to control group (37 per cent). Considering discrimination against women, female respondents (40 per cent) of treatment group were found with the higher knowledge than the counterpart (37 per cent) compared to 37 per cent and 34 per cent respectively in control group (Table 3.3).

Different socioeconomic situation might influence the literacy rate of male and female. Bangladesh was not beyond the list and particularly, the scenario was much worse in slum community. As a result, there were knowledge gap between male and female due to gender discrimination. Regarding knowledge on discrimination, Table 3.4 represents the fact that there was a greater difference between husband and wife.

Table 3.4 | Knowledge score of wife and husband on discrimination (overall sample)

Knowledge score on discrimination (%)	Wife (n=1541)	Husband (n=1541)	p value
1-25	35.89	41.08	0.00
26-50	31.67	32.06	0.79
51-75	24.21	19.14	0.00
76-100	8.24	7.72	0.40

However, considering discrimination against spouses, the study found that there was a significant difference of knowledge between husband and wife when knowledge score was between “1 to 25” and “51 to 75”.

VIOLENCE AGAINST WOMEN

3.3.2 | Knowledge on violence

In respect to violence against women, knowledge score between treatment and control group had been shown in Table 3.5. Table indicates that 73 per cent of wife respondent from treatment group had knowledge between the highest “76 to 100” compared to 74 per cent in control group ($p>0.05$). The respondents of both groups had been decreased gradually when they got lower score of knowledge on the issue. There was no significant difference between the knowledge of treatment and control groups. However, the average knowledge of the wife in control group was found higher (83 per cent) compared to treatment group (82 per cent). Considering the gender perspectives, husband (84 per cent) of treatment group was found with the higher knowledge than the counterpart (83 per cent). The average knowledge score of husband form the control group was higher than the intervention group which was statistically significant.

Table 3.5 | Knowledge score of wife and husband on violence by groups

Knowledge score on violence (%)	Wife			Husband		
	Treatment (n=1028)	Control (n=513)	p value	Treatment (n=1028)	Control (n=513)	p value
1-25	0.10	0	0.48	0.10	0	0.48
26-50	0.58	0.19	0.28	0.58	0.19	0.28
51-75	26.17	25.34	0.72	20.82	18.32	0.24
76-100	73.15	74.46	0.58	78.50	81.48	0.17
Mean	82.34	83.15	0.13	83.71	84.67	0.06

Table 12 was shown on the knowledge level of the parents regarding all forms of discrimination and violence in terms of their food habit, issues of health, rights of resource, leisure, work and legal rights issues.

In comparison with the knowledge level on violence against women, Table 3.6 showed significant knowledge difference between husband and wife (p=0.00) when knowledge score was "51 to 75" per cent. While the difference between husband and wife was less at knowledge score "1 to 25", but the difference was not statistically significant.

Table 3.6 | Knowledge score of wife and husband on violence (overall sample)

Knowledge score on violence (%)	Wife (n=1541)	Husband (n=1541)	p value
1-25	0.06	0.06	1.00
26-50	0.45	0.45	1.00
51-75	25.89	19.99	0.00
76-100	73.59	79.49	0.00

Table 3.7 represents that the sources of knowledge on violence and discrimination and the knowledge source was divided into three factions: BRAC, Non-BRAC and had no information regarding violence issues. In treatment group, about 90 per cent wife and 97 per cent husband had reported that BRAC was not the first to inform them about the violence issues.

Table 3.7 | Sources of knowledge on violence and discrimination

Knowledge source of the respondents	Wife		Husband	
	Treatment (n=1028)	Control (n=513)	Treatment (n=1028)	Control (n=513)
BRAC	9.63	7.8	2.43	1.36
Non-BRAC	99.12	99.42	99.9	100
Do not know/not applicable	99.12	99.22	98.83	99.03

Note: Multiple responses counted

However, respondents from the control group reported that about 8 per cent wife and 1 per cent husband came to know about the issues from BRAC. Table 13 illuminates that the female respondents were familiarised with the issues of violence from BRAC compare to the male respondents. The similarities between the groups were found regarding the issues having been acquainted with different aspects of violence and discrimination from non-BRAC organisation. Moreover, the number of respondents who did not have any knowledge including wife and husband were similar (about 99 per cent) both in treatment and control group.

PRACTICES WITH DISCRIMINATION AND VIOLENCE

3.3.3 | Assessing behavioural status on discrimination

The study observed gender based nutritional practices within the households. Within total sample, the food consumption of the wife of control group was similar to the treatment as well as data represents the similarity between husband and wife in taking nutrients (Table 3.8). There was a small difference between husband and wife in having foods both in treatment and control group.

Table 3.8 | Food habit of wife and husband by groups

Food Specification	Wife		Husband	
	Treatment	Control	Treatment	Control
Rice/wheat	100	100	100	100
Fish/meat/ egg/dal	94.2	95.5	94.7	95.9
Vegetables/ fruits	82.7	84	81.9	84
Milk/milk product	3.9	4.3	4.96	4.1

Note: Per cent of respondents considers multiple responses

Table 3.9 depicted similarities between treatment and control groups regarding distribution of work. About 99 per cent wife of treatment and control group respectively were involved in cooking. Significant difference was also found in income generating activities: 28 per cent and 33 per cent in treatment and control group respectively contributes in family income. On the contrary, husband in both treatment and control group had similar contribution in family earnings (about 98 per cent). Around 17 per cent in educating children, 8 per cent in organising house stuff, 78 per cent and 68 per cent husband had been involved in shopping, rearing children respectively. The difference between husband and wife in both groups was higher regarding family earnings.

Table 3.9 | Work distribution of wife and husband by groups at the household level

Work Specification	Wife		Husband	
	Treatment (n=1028)	Control (n=513)	Treatment (n=1028)	Control (n=513)
Earnings (job/business)	28.40	32.55	98.05	98.25
Cooking	98.93	99.42	7.78	12.48
Teaching children	74.03	61.01	17.41	24.56
Organising house stuff	98.25	98.64	8.37	13.26
Shopping	63.62	69.20	78.4	83.63
Rearing children	84.24	87.52	67.8	79.73

Note: Per cent of respondents considers multiple responses

Table 3.10 represents that about 63 per cent female respondents perceived that they were capable of ensuring primary treatment to their family members and 63 per cent husband of treatment group perceived that they could provide treatment. Only 38 per cent husband of control group perceived that they were unable to provide primary treatment to their family members which was quite similar with the treatment group.

Table 3.10 | Knowledge of wife and husband on primary treatment by groups

Primary Treatment	Wife			Husband		
	Treatment (n=1028)	Control (n=513)	p value	Treatment (n=1028)	Control (n=513)	p value
Respondents capable of ensuring instant treatment	63.33	64.72	0.59	62.65	61.79	0.74

3.3.4 | Behavioural status on violence

Table 3.11 depicts, about 31 per cent wife in treatment group reported that they were the victim of physical violence compared to about 38 per cent wife in control group. On the other hand, 26 per cent husband of the treatment group agrees in the fact that they physically assaulted their wife while 34 per cent in control group agreed with this. Both in treatment and control group, 86 per cent wife reported that their husbands scolded them regularly. Husband of the treatment and control group had acknowledged that they scolded their wife. There was no statistical difference between husband and wife's argument both in treatment and control groups on the issue of rebuke or scolding. About 5 per cent wife of treatment group revealed that they had never been the victim of family violence while three per cent of control group has agreed with this.

Table 3.11 | Forms of violence practiced by wife and husband at household

Violence Specification	Wife			Husband		
	Treatment	Control	p value	Treatment	Control	p value
Physical torture	31.32	37.62	0.01	26.36	34.11	0.00
Don't give food	1.26	1.17	0.87	0.39	0.19	0.99
Rebuke	85.89	85.58	0.86	82.20	83.43	0.54
Warning her to go out home	3.11	2.34	0.39	1.65	1.56	0.89
Nothing happened	9.73	11.89	0.19	11.29	13.45	0.21
Others	5.46	2.53	0.01	6.42	3.52	0.01

Note: Per cent of respondents considers multiple responses

PERCEPTION ON DISCRIMINATION

3.3.5 | Assessing perception on discrimination

Regarding respondent's perception on discrimination, Table 3.12 indicates that 11 per cent of wife respondents from treatment group had the highest perception score between "76 to 100" compared to 7 per cent in control group ($p<0.05$). The perception score of the respondents of both groups increased between the score "51 to 75". In comparison between treatment and control group, the study found significant difference of perception of the respondents specifically between the score of 26 to 50 and 76 to 100. However, the average perception of wife respondents in treatment group was higher (52 per cent) compared to control group (50 per cent). Considering the gender perspectives, male respondents (54 per cent) of the treatment group were found with the higher perception than his counterpart (52 per cent) in comparison with the 52 per cent and 50 per cent respectively in control group.

Table 3.12 | Perception score of wife and husband on discrimination by groups

Perception score on discrimination (%)	Wife			Husband		
	Treatment (n=1028)	Control (n=513)	p value	Treatment (n=1028)	Control (n=513)	p value
1-25	17.22	16.96	0.89	14.59	15.79	0.53
26-50	18.48	23.2	0.02	13.13	14.23	0.55
51-75	53.21	52.63	0.83	61.58	61.4	0.94
76-100	11.09	7.21	0.01	10.7	8.58	0.19
Mean	51.94	50.37	0.18	53.72	52.51	0.27

Table 3.13 sheds light on variation of perception between husband and wife depending on discrimination. At perception score "26 to 50", the wives had negative attitude regarding violence. Moreover, at perception score 51 to 75, the difference between husband and wife was highly significant ($p=0.00$) in comparison with the lowest and highest perception level.

Table 3.13 | Perception of wife and husband on discrimination (total sample)

Perception score on discrimination	Wife (n=1541)	Husband (n=1541)	p value
1-25	17.13	14.99	0.04
26-50	20.05	13.5	0.00
51-75	53.02	61.52	0.00
76-100	9.8	9.99	0.78

PERCEPTION ON VIOLENCE

3.3.6 | Assessing perception on violence

Violence against women is a heinous crime against women. In slum community, prevalence of domestic violence was very high but the community could hardly differentiate between crime and deviance. As a result, significant difference was

observed between their perceptions in distinguishing domestic violence from deviant activities. Table 20 shows that the perceptions of the respondents on violence issues were grouped into different score levels.

Table 3.14 indicates that 40 per cent wife from treatment group had perception between the highest "76 to 100" compared to 46 per cent in control group ($p<0.05$). In comparison between treatment and control groups, the difference between the groups for wife was statistically significant with the perception score 1 to 25, 26 to 50 and 76 to 100. However, the average perception score of wife respondents in control group was higher (74 per cent) compared to treatment group (69 per cent). Considering gender perspectives, female respondents (69 per cent) of the treatment group had the higher perception score than their counterpart (67 per cent) compared to 74 per cent and 73 per cent respectively in the control group.

Table 3.14 | Perception score of wife and husband on violence by groups

Perception Score	Wife			Husband		
	Treatment (n=1028)	Control (n=513)	p value	Treatment (n=1028)	Control (n=513)	p value
1-25	3.6	1.36	0.01	2.14	0.39	0.00
26-50	13.42	8.19	0.00	21.5	7.99	0.00
51-75	43	44.44	0.58	37.26	46.59	0.00
76-100	39.98	46	0.02	39.11	45.03	0.02
Mean	69.32	73.88	0.00	67.49	73.20	0.00

Table 3.15 represents statistically significant difference between husband and wife score "26 - 50" on perception of violence against spouses. The statistics reflects that the knowledge level of husband was higher than the knowledge level of the wife. At the highest level of knowledge the male-female perception was similar than the perception score of other level.

Table 3.15 | Perception score of wife and husband on violence (total sample)

Perception score on violence	Wife (n=1541)	Husband (n=1541)	p value
1-25	2.86	1.56	0.00
26-50	11.68	17	0.00
51-75	43.48	40.36	0.02
76-100	41.99	41.08	0.45

3.4 CHILD SECURITY AND EARLY CHILDHOOD DEVELOPMENT

The study assessed child security in terms of different variables, such as, food intake, child care, ruling, treatment, child rights and child loss.

In case of mother's knowledge on food and nutrition for child development, about 88 and 89 per cent mother respectively from the treatment and control groups said

that their children needed carbohydrate for their development (Table 3.16). In case of protein intake for the children, there was no significant difference in providing foods for children between the per cent of mother (96 per cent) of both treatment and control groups. In respect to mothers' implementation of knowledge, the study observed that there was a significant difference between mothers' knowledge on different food and its consequences by their children.

Table 3.16 | Comparison of mother's knowledge and practices about food intake for child growth

Food	Mother's Knowledge		Mother's Behaviour	
	Treatment	Control	Treatment	Control
Rice/wheat	88.04	88.5	69.36	71.15
Fish/meat/egg/dal	96.4	96.3	61.19	60.23
Vegetables/fruits	91.93	92.59	38.91	36.65
Milk/milk product	50.97	55.17	39.98	46.98
Others	0.78	1.75	0	0
Don't know	0.49	0	0	0

Note: Per cent of respondents considers multiple responses

Demerits of differentiation in allocating foods among the children

Mothers were asked whether impacts of discrimination had been found among the children due to unequal distribution of food or not. In that case, there were significant statistical differences on mothers' perception between treatment and control group due to the food discrimination against child. The difference between mothers' perception in treatment and control group was statistically significant ($p<.01$) in differentiating children from having equal foods. For some significant issues, around 45 per cent and 53 per cent respondents respectively from treatment and control group believed that inequality among children hindered their physical growth. Moreover, 57 per cent and 51 per cent of treatment and control group respectively believed that children became victim of malnutrition due to unequal distributions of foods provided by their parents (Table 3.17).

Table 3.17 | Demerits of food intake differentiation by groups

Demerits of differentiation	Mother (%)		
	Treatment	Control	P value
Hindered early childhood development	37.35	29.04	0.00
Hindered physical development	45.33	53.22	0.00
Face malnutrition	56.52	51.46	0.06
Others	0.49	0.39	0.79
Don't know	21.89	19.69	0.31

Note: Per cent of respondents considers multiple responses

Table 3.18 | Child care taken by the household members

Child care (n = 1541)	Recreation outside		Feeding		Toilet		Bath		Sleeping		Tutoring	
	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control
Self	91.63	98.83	97.47	99.22	97.28	99.42	96.89	99.42	97.67	99.42	52.92	57.7
Husband	75.78	87.33	56.91	73.88	10.6	10.72	47.86	59.84	19.94	22.61	17.51	21.44
Brothers/sisters	12.74	15.01	6.23	9.75	4.67	5.26	5.06	6.63	4.28	5.26	2.53	1.95
Relatives	14.69	9.36	9.73	10.14	7.59	7.41	9.24	8.77	7.39	7.6	1.07	0.39
Neighbors	3.02	1.36	0.29	0	0.39	0	0.19	0	0.1	0	0	0
Others	1.17	0.58	1.17	0.58	1.17	0.58	1.17	0.58	1.17	0.58	43.68	39.96

The study observed about child care issues in terms of their recreation, feeding, toilet, bathing, sleeping and tutoring ensured by parents. Table 3.18 represents that parenting issues were mostly done by the female members of the family. In comparison between two groups of respondents, the table depicts that male members of the control group were much more involved with the parental activities than the activities performed by the female members of the family including both in the control and treatment group. Child care was also taken by brothers and sisters who were not much higher than parents in the family. Neighbours of treatment group were much more involved in parenting activities than the control group (Table 3.18).

Child rearing practices were mostly done by mother which was about 95 per cent in treatment group compared to 94 per cent respondents in control group. The difference of childrearing practices between treatment and control groups were not statistically significant. Very significant difference ($p<.01$) was observed between mothers of treatment and control group in terms of scolding children. About 31 and 35 per cent mother from treatment and control groups respectively behaved politely with their children whenever they try to administer their children. The practice of child beating was higher in control group in comparison with the treatment group (Table 3.19).

Table 3.19 | Child ruling status at the household level

Child Ruling	Mother		
	Treatment	Control	p value
Yes	95.43	93.96	0.2148
If yes			
Rebuke	83.27	90.25	0.0002
Talk in convinced way	31.32	34.7	0.1826
Torture	65.56	70.57	0.0488
Others	4.57	6.04	0.2148

Regarding child missing, about 99 per cent mothers from both treatment and control group reported that they had knowledge on child loss from the slum. Table 3.20 depicts that 82 per cent mother from treatment group mentioned about the local street from where the child had been stolen compared to 86 per cent of control group. Among other possible areas of child loss, home and local bazaar were mentioned by 55 per cent and 29 per cent mother of treatment group followed by 56 and 20 per cent respectively from control group. About 87 per cent of treatment group opined that child loss occurred due to insufficient people to look after the children at home. On the contrary, 92 per cent of control group opined that the child loss occurred for the similar reason. About 28 per cent and 25 per cent respectively from treatment and control group felt that their children were not secured at home. As another reason for child loss, insecurity in locality had been pointed out by 25 per cent and 20 per cent respondents respectively from treatment and control group. The difference between mothers from treatment and control group was statistically significant when parent's carelessness were a cause for child loss.

Table 3.20 | Child loss in the community

Child Loss / Missing	Mother (n =1541)		
	Treatment	Control	p value
Yes	99.03	99.22	0.70
If yes- where			
Home	52.04	55.75	0.16
Local Bazaar	28.6	19.88	0.00
Local street	81.91	86.16	0.03
Play ground	1.36	1.75	0.54
Fair	0.29	0.19	0.72
Hospital	2.63	3.7	0.24
School	5.74	4.68	0.38
Slum	3.21	2.34	0.33
Rail station	0.68	1.36	0.18
Don't know	0.29	0.19	0.61
If yes- why			
Because of insufficient people to take care of child	87.35	92.01	0.00
Insecurity of home	27.53	24.17	0.15
Insecurity of locality	25.49	20.27	0.02
Careless of parents	1.65	3.7	0.01
Don't know	1.95	0.78	0.10

Table 3.21 | Access to child rights perceived by mother

Child Rights	Mother (n =1541)		
	Treatment	Control	p value
Education	60.12	50.88	0.00
Treatment	43.29	33.33	0.00
Child security/health	18.0	12.28	0.00
Recreation/playing	32.68	27.68	0.04
Balanced food	60.02	66.28	0.01
Dress up	8.17	11.5	0.03
Don't know	12.35	20.27	0.00

To know about the fundamental elements of child rights as perceived by the respondents, the study assessed the respondent's knowledge. As the fundamental rights of child, Table 3.21 represents that education (60 per cent), health (43 per cent), child security (18 per cent), recreation (33 per cent), balanced food (60 per cent and cloth (8 per cent) were mentioned by mothers of treatment group compared to 51 per cent in education, 33 per cent in health, 12 per cent in child security, 28 per cent in recreation, 66 per cent in balanced food and 11 per cent in cloth of control group. In all cases, significant statistical difference ($p<.01$) was found between treatment and control group. About 12 per cent and 20 per cent respectively from treatment and control group reported that they did not have any knowledge regarding the information on child rights (Table 3.21).

To ensure better child health, proper treatment and precautionary measures should be taken by parents. Vaccination was one of the preventative measures for the betterment of child health. In this regard, to provide better health for the children, about 50 per cent mother of treatment group believed that vaccination was safeguard for the child while there was statistically significant difference of respondents' knowledge between treatment and control group. The knowledge gap between mother of treatment and control group

was higher (p<.01) when they agreed upon on capacity of vaccination to protect from diseases. Table 3.22 depicts that 37 and 33 per cent mother respectively from treatment and control group reported to support vaccination which decreased child disability. On the other hand, six per cent mother of treatment group had less knowledge about the advantages of vaccination in early childhood compared to four per cent mother of control group.

Table 3.22 | Benefits of vaccination for child health perceived by mother

Merits of Vaccination	Mother (%)		
	Treatment	Control	P value
Safeguard of child life	49.61	43.47	0.02
Building capacity to protect diseases	82.88	90.25	0.00
Decrease child disability	36.96	33.14	0.13
Don't know	6.23	4.09	0.08

Note: Per cent of respondents considers multiple responses

Table 3.23 illustrates that 80 per cent mother of treatment group had health card (vaccination) followed by 76 per cent mother in control group. Almost 96 per cent mother of treatment group had ensured vaccination for their child compared to 95 per cent in control group. Mothers from treatment group (about 35 per cent) and control group (41 per cent) had not provided vaccination even they had vaccination card, but they were willing to provide vaccination to their children. About 69 per cent and 67 per cent mother respectively from treatment and control group reported that their children got sick in last month. Table 3.23 also indicates that the higher per centage of mother had ensured treatment for their child from pharmacy which was about 43 and 39 per cent in treatment and control group respectively. The frequency of taking children to MBBS doctors was very lower compared to other treatment sources both in treatment and control group.

Table 3.23 | Treatment of the child done by mother

Child health	Mother (%) (n =1541)		
	Treatment	Control	p-value
Do have vaccination card	80.06	75.63	0.04
Take vaccine	95.72	94.74	0.38
Supposed to take vaccination, but not taken	34.63	41.13	0.01
Become sick in last month	69.07	66.67	0.34
If yes, taken treatment	62.84	60.82	0.44
Treatment taken from			
MBBS doctor	6.61	7.21	0.66
Kobiraj	0.68	1.56	0.09
Homeo doctor	1.36	1.36	0.99
Pharmacy	43.19	39.18	0.13
Hospital	10.51	10.92	0.80
Others	37.64	39.76	0.80

In the context of the developing country, female education is still not being encouraged. But the scenario has been changing due to government developmental intervention towards changing the conception of the respondents on gender relations in achieving higher education. The Table 3.24 was an illustration of the fact. About 0.97 per cent and 1.17 per cent respondents respectively from intervention and control group were perceived about the expected higher education (up to Maters degree) for their female children compared to 6 and 5 per cent respectively from both group for higher education of their male child. Even, the expected education of the respondents for their female was less than boy's education, but respondents preferred to have their higher education for both male and female. However, among all levels of education, secondary education was the best choice of the respondents for their child's highest prospective education.

Table 3.24 | Family expectation on child education by groups

Level of education	Girls		Boys		Both	
	Treatment	Control	Treatment	Control	Treatment	Control
Primary	5.25	5.65	0.58	0.39	1.56	2.14
Secondary	17.80	17.35	6.32	7.02	26.17	29.43
Higher Secondary	4.57	4.29	5.93	6.43	7.49	6.24
Honors'/ BA	3.4	2.73	8.95	7.41	11.38	10.14
Masters/MA	0.97	1.17	5.54	4.68	6.23	5.07
Doctor/Engineer/Lawyer	2.82	2.92	3.6	1.95	8.66	7.21
Others (including Religious Education)	8.89	11.94	54.44	56.72	36.67	31.34

Regarding day care access, about 1.46 per cent mother of treatment group reported that they had sent their children at day care (Table 3.25). Among the types of day care, only 0.88 per cent was BRAC day care, 0.19 per cent was Government day care and 0.39 per cent was from other NGO based day care. About 99 per cent mother of treatment group reported that they did not provide their children at any daycare centre (Table 3.25).

Table 3.25 | Daycare access of children

Going to Daycare center	Mother (n =1541)		
	Treatment	Control	p value
Yes	1.46	0	0.00
If yes- what type of daycare			
BRAC	0.88	0	0.03
Government	0.19	0	0.31
Other NGOs	0.39	0	0.15
Don't go	98.54	100	0.00

3.4.1 | Early childhood development

Table 3.26 represented about the score level of the children at different stages of child development such as physical, social and cognitive development. Based on child's age, all children had been grouped into four stages of growth like 6-12 months, 13-24 months, 25-36 months and 37-48 months. In this regard, the score difference between intervention and non-intervention respondents had been tested statistically along with the significance level.

Table 3.26 depicts that the development of the children had been observed into three dimensions: physical, social and cognitive development. For example, social development of child at all stages was satisfactory, but physical and cognitive development of the children was not same at all stages of their development. One significant observation was that the study found the same level of development for physical, social and cognitive development of the children aged between 25 to 36 months. Cognitive development of the children was not found satisfactory at all stages except for the children aged 25 to 36 months. The detail score of early childhood development was in the Table 3.26.

3.5 LOCAL AND DOMESTIC VIOLENCE

The study found out the frequency of local and domestic violence subdividing into three dimensions such as mental, economic and physical violence. Table 3.27 depicts that the prevalence of verbal abuses was very common both in treatment and control group. Verbal abuse as a form of psychological violence was significantly higher ($p<.01$) in control group compared to the treatment group. Moreover, about nine per cent female respondents of treatment group and 13 per cent of control group reported that their husbands prevented them from doing jobs. Both the respondents in treatment and control group reported that they were not the victim of acid violence and rape, and did not mention about murder in the family.

Table 3.26 | Physical, social and cognitive development of children aged between 6 to 48 by groups

Score at age 6-12 months (%)	Physical Development			Social Development			Cognitive Development		
	Treatment	Control	p-value	Treatment	Control	p value	Treatment	Control	p value
1-25	1.09	1.16	0.95	2.17	0	0.16	3.26	6.98	0.16
26-50	19.57	31.40	0.03	20.65	19.77	0.86	22.28	22.09	0.97
51-75	53.26	43.02	0.11	33.15	40.70	0.22	42.39	41.86	0.93
76-100	26.09	24.42	0.77	44.02	39.53	0.48	32.07	29.07	0.62
Total	n=184 and 86								
Score at age 13-24 months									
1-25	0.35	0	0.47	1.06	0	0.21	1.77	0	0.10
26-50	11.31	6.94	0.15	8.83	9.72	0.76	31.45	38.19	0.16
51-75	32.86	29.86	0.53	29.68	33.33	0.44	42.05	44.44	0.63
76-100	55.48	63.19	0.12	60.42	56.94	0.49	24.73	17.36	0.08
Total	n=283 and 144								
Score at age 25-36 months									
1-25	0	0	-	0	0	-	0.	0.62	0.15
26-50	0.31	0	0.48	2.15	0	0.06	11.04	11.11	0.98
51-75	11.96	13.58	0.61	16.56	27.16	0.00	30.37	37.04	0.13
76-100	87.73	86.42	0.68	81.29	72.84	0.03	58.59	51.23	0.12
Total	n=326 and 162								
Score at age 37-48 months									
1-25	0	0	-	1.56	0	0.14	2.72	1.47	0.43
26-50	7.39	3.68	0.14	6.61	2.21	0.05	32.30	41.18	0.08
51-75	29.18	39.71	0.03	16.34	22.06	0.16	38.91	36.76	0.67
76-100	63.42	56.62	0.18	75.49	75.74	0.95	26.07	20.59	0.22
Total	n=257 and 136								

Note: 1-25 = Very Low development Level; 26-50 = Low development Level; 27-75 = Moderate development; 76-100 = Highest development Level
The data has been recorded and for every yes answer 1, and for the rest of the answer it has been coded as 0.

Table 3.27 | Domestic violence categorised by physical, economic and mental causalities of women

Violence Type	% Respondents		
	Treatment	Control	p value
Mental Violence			
Stop verbal communication	17.28	16.44	0.00
Do not come at home	3.01	2.74	0.00
Insult at sickness	4.17	1.17	0.00
Force to get married	0.29	0.20	0.00
Verbal abuse	81.84	85.91	0.00
Showing blood eye	39.71	60.27	0.00
Prevent from going out home (threatening)	0.68	0.20	0.00
Force to leave home (without physical assault)	2.52	2.74	0.00
Threatening for divorce	4.17	3.52	0.00
Force for dowry	5.44	4.31	0.00
Economic Violence			
Prevent from income generating activities	8.93	13.11	0.49
Take away income	3.59	3.13	0.26
Prevent from household consuming assets	0.29	0.59	0.81
Physical Violence			
Prevent from providing foods	1.46	0.59	0.00
Giving no chance to take rest	1.17	0.20	0.00
Force to leave home (with beating)	2.33	2.15	0.02
Impose work load	1.75	1.57	0.00
Force to give birth	1.17	0.20	0.00
Physical torture	35.34	51.27	0.00
Force for early marriage	0.49	0.20	0.00
Go with polygamy	0.19	0.20	0.00
Sexual abuse	3.79	2.54	0.00
Throwing acid	0	0.20	0.00
Rape	0	0.20	0.00
Murder	0	0.20	0.00
	n = 1028	n = 513	

P > 0.05 does mean there is no significant difference between groups.
P < 0.05 does mean there is significant difference between groups

The incidences of violence were broadly assessed into three categories: mental, economic and physical violence and the highest 90 per cent respondents reported that they were the victim of mental violence rather than the physical and economic violence followed by 89 per cent and 36 per cent respectively from treatment group. These findings were found significantly different from the respondents in control group (Table 3.28).

Table 3.29 represented the gross domestic violence rate in line with three types of violence when respondents faced one incidence at least once in last six months. In this case, it was significantly observed that the mental violence rate was higher than the physical violence followed by 54 per cent and 44 per cent from treatment group; while about only three per cent respondents thought that they were the victim of economic violence particularly at family level.

The study assessed the scenario of local violence in the slum community. In this regard, most respondents were reluctant to states that they were the victim of local violence. About 81 per cent people reported that they were not aware of local violence committed in the last six months. The statistics represents the fact that there was a major gap in understanding what manifests as violence (Table 3.30). The table also shows that only 6 per cent people of treatment group were able to recall about the violence happened in their community. Regarding their perception, the study found that the actual meaning of violence was not been understood by the respondents.

Table 3.28 | Gross domestic violence perceived by women

Violence	% Respondents		
	Treatment	Control	p value
Mental violence	90.38	92.50	0.02
Economic violence	35.71	41.18	0.03
Physical violence	89.36	94.22	0.03

Note: Per cent of respondents considers multiple responses

Table 3.29 | Gross domestic violence categorised into physical, economic and mental violence perceived by women

Violence	% Respondents		
	Treatment (n=1028)	Control (n=513)	Significance
Gross violence if any	88.45	91.78	**
Mental violence	53.50	39.14	**
Economic violence	2.72	3.33	**
Physical violence	43.79	57.53	**

N.B. P value denoted as “significant” at ** ($P \leq 0.01$)

Table 3.30 | Status of local violence in last six months

Violence Happened	% of Respondents		
	Treatment (n=1028)	Control (n=513)	Significance
Yes	5.56	6.91	***
No	81.33	76.54	***
Don’t know	13.11	16.55	***

N.B. P value denoted as “significant” at *** ($P \leq 0.001$) level

However, in case of local violence rate, about 96 per cent respondents of treatment group account that maximum five per cent violence they could remember in the last six months and these findings were found significantly different from the control group (Table 3.31).

Table 3.31 | Number of local violence in last six months

Number of violence	% of Respondents		
	Treatment (n=1028)	Control (n=513)	Signifi-cance
1-5	96.01	96.76	***
6-10	3.49	3.24	ns
11-15	0.25	0	ns
16-20	0.25	0	ns

N.B. P value denoted as "not significant" (P>0.05), and "significant" at

***(p≤0.001) level

Table 3.32 | Precautionary measures against local violence

Participation in Protest or protection	% of Respondents		
	Treatment (n=1028)	Control (n=513)	P value
No protest	13.79	8.93	0.16
No protection	75.17	83.93	
If Yes			
With neighbour	44.14	28.57	0.01
With relatives	35.17	51.79	0.55
With family members	6.9	10.71	0.71

P>0.05 does mean there is no difference between groups. P<0.05 does mean there is significant difference between groups.

Table 3.32 depicts that about 14 per cent respondents did not participate in preventive activities or had not taken any precautionary measures when violence happened. Among this large portion of cooperative respondents, about 25 per cent people protected the case with their neighbours, relatives or with any other family members.

CHAPTER FOUR

TOWARDS VIOLENCE FREE SLUM COMMUNITY INTERVENTIONS OF VAWC COMMITTEE, GJEs AND CAREGIVERS

4.1 INTRODUCTION

The study conducted FGDs with three VAWC committees to assess their positions in respect to the programme goals. To pursue committee's responsibilities, a VAWC committee consisted of 12 members had been formed who were responsible to look after one or two day care centres in each slum. The committee members were not acquainted with each other before forming the committee. During the formation of groups, the committee members had been aware of the objectives of the committee, but they were not provided with necessary training, action plan or others in advance of starting their action in the community. Moreover, two other groups such as caregivers and GJEs had been established with an aim to ensure early childhood development through reducing slum violence respectively. During discussions with the VAWC committees, the study shed light on their presents knowledge and experiences regarding project goal before going into action as a committee member. However, the members of all committees selected in the study were very attentive in the meeting as well as motivated to start working voluntarily.

The group dynamics of VAWC committee, GJEs and care givers had been portrait through the 'Appreciative Inquiry Model'. Though the model had some limitations but its main objective was drawing out the stories of the communities, systems or groups as its best. So, to discover the best in a group, understanding the activities of that respective group was essential. The group potentials of the VAWC Committees, Caregivers and Gender Justice Educators, could be understood through the diversified functions of the group. The dynamics of these groups along with this expectation of the group members were sketched out in this section.

4.2.1 Socio-demographic Profile of the VAWC committee members

A total of 20 members had attended in three meetings of VAWC committee. Among them seven participants were female and rest of them were male. By profession, all participants were involved in business except very few were job holders and others were housewives. Participants were mostly educated holding high school education at least. Beside their present profession, most of the participants were only involved with VAWC committee and not involved with other organisations.

4.2.2 Group dynamics of the VAW Committee

Before forming committee, the programme initiated its local movement to make aware about the governance system of the established day care centres and its future prospects. When a day care (SNEHALOY) had been established for early childhood development in the respective area, then the necessity of that day care's local authority was needed as an important step towards successful output from the project intervention. However, expecting the future impact from all day care centres, the programme started on publicity of day cares among the 'influential' personnel in the community. At first commencement, people became very interested about the programme and they wanted to support the programme by forming a committee. For further proceedings with the group formation, the programme team met with influential personnel locally and by getting information from each other, the programme finally formed a committee consisting of 10-13 members to conduct day care Centre (SNEHALOY) in each area. In a committee all the members were selected in choice of the programme team while the president and secretary had been elected by all members of a committee.

During discussion with the VAWC committee, the study revealed that members were not known to each other before they had come in a group. But, very few members were acquainted with each other because of their profession and social network at the same area. However, after entering in the groups they were maintaining good relationships with each other. People did agree that each of their group members usually hold a class of controlling power over the local community access. The VAWC committee members stated about the community people's acceptability over their suggestions and speech with daily life of community people. According to them, common people listened to their words when they had fallen in problems. The study reveals that VAWC members were still not aware of their roles and responsibilities in respect with strategic manner to reach the project goal. The members did not have any action plan for their movement; even they had lacking regarding arrangement of formal meeting for the entire group. They also did not know how the committee would function and the formation of the committee.

In case of future operation of the whole committee, people thought that they must organise a monthly meeting where they would have the opportunity to discuss on preparation and revision of action plan; and subsequently distribution and implementation of work. They also preferred if their work should have organised equally to all members within the group considering their expertise, interest and networking

in the community. In operational framework, members liked to be favoured on shifting duty according to their availability in work.

4.2.3 Scope for Work

In line with the project goal, VAWC committee knew about the prospective area of their future work. Even, they were not well informed on preparing action plan, but members were very interested in the issues of SNEHALOY needed to be done. However, during discussion with the committee, the study revealed some tasks where people were aware with those and it seemed that they seek for the improvement of the community in those problems. Among different tasks members raised their voice on community problems regarding child rights (including child loss) and violence against women and children. Lots of issues under the major two categories of problems had been discussed with the VAWC committee. Members of the committee thought about the present situation which was worse than before and it was time for them to go for protest and protect against those problems under the platform 'SNEHALOY'.

4.2.4 Discovery

The study found some common problems under child rights and violence against women as the committee members believed for their prospective action towards the community development. Most of the members agreed on poverty and unemployment condition of the community people which was the main reason for increasing violence against children. However, the study had pointed out the following concerns of the different members of the group:

- Child rights were the fundamental rights of human being included the facilities of play ground in the community. Ensuring child security and education instead of child labour was considered as child rights.
- Child loss happened because of insufficient persons to take care of the children.
- Child loss mostly happened at some places, e.g. playground, road and shopping place/market. Sometimes, child might be lost on the way to school. People argue that child lost occurred when they had come in front of beggar to give something to them. Many beggars visited slum intentionally to take away the children.
- People agree that the infant might be lost from hospital during born. In this case, VAWC members observed such incidence.
- Child might be lost when parents did job and kept them alone in home.
- Child might be lost when they wear gold metals and round the road.

- A professional group of traffickers was involved to collect innocent children from slums and sold them for money that was caused of different organ parts of the body.

- Violence against women and children was defined by the VAWC members. According to them, violence was termed as kind of beating women and children illegally. They had narrated some stories of violence which were mostly physical or mental violence and deviant behaviour against women and children were included in the list.

- For the reason of such violence, the participants blamed on their poverty which indicates insufficient money they had to bear their children. Most of the people added another reason to this which was scarcity of employment in the community. Any type of works they deserved, but no available scope as they could avail to bear huge cost of family members. Members agreed when male persons could not earn in respect to their sufficient demand, then they started to show aggressive attitude in their thoughts leading to daily activities. As a result, the impact of this behaviour turned into violence.

- Drug addiction and illegal income over drug business were causing community violence. Ultimately this was happening because of unemployment rate and lack of skilled personality in the community. Dowry was another agent of violence that was also influenced by the unemployment condition of the community.

- Local community club, association should be concerned as well as empowered on the issue, so that justice in against of occurring violence might take place under these community associations.

- Frequency of violence was not only higher, but also visible among the slum dwellers compared to the main stream residents.

- Slum community did not get any recognised support from somewhere to reduce its violence against women and children.

4.2.5 Dream and Visioning

All members of the committee were aware of the VAWC and they had a wish to go forward by avoiding any kind of violence within the community. Everybody was agreed to work together with the issue. In this regard, the committee members expected supports from different organisations like BRAC, other NGOs, government etc. Respondents wanted to be empowered under the sway of structured organisations as they felt that without proper motivation or collective actions their organised efforts would come to in vain. In this regard, the respondents were seeking for some leadership, and capacity building trainings and cooperation from the leading organisations. Respondents had a wish to dream for ‘no violence’ against child especially by doing their initiatives for child feeding, tutoring, travelling and schooling of the child.

4.2.6 Designing the community action plan

The members of the committee had not yet started to design their action plan. Before going through community movement the respondent needs training at least over the community issues as well the prospective necessary actions to reduce the violence. In the community action plan, members had a wish to include monitoring of SNEHALOY Centre and the violence of the respective parents' family whose children went to day care centres. In addition the members would consider the monitoring and actions for local violence if they got good response and support from the SNEHALOY organising committee.

4.3.1 Potentials of the GJEs and Caregivers

The SNEHALOY day care Centre was established with a vision of mainstreaming slum children with the existing society. Socialisation process at early childhood stage would support the children to have a better future. In this regard, parenting awareness was the pivotal factor to have a secured childhood. The activities of Gender Justice Educators could be a motivating one for the parents who were basically the slum dwellers.

- The GJEs encouraged the parents to keep their children in 'SNEHALOY' day care centre with a very lowest cost, 100 taka only.

- The GJEs were very much concern about the children and they tried to understand the situation of the children objectively through stretching out whether family violence had any impact upon them or not.

- To ensure healthy development of children they guided and advised the parents maintaining equality and equity between husband and wife. Their motivation toward their work cited in the comments 'We all will try to maintain gender equality in our family and will encourage others to be like us'.

- Communicating with parents: The Gender Justice Educators interacted with the parents over phone and sometimes they went to the house of the parents to aware them and admitted their children in SNEHALOY. The GJEs were connected with caregivers of SNEHALOY and they communicated with the parents through their children.

- Communicating with children: The caregivers trained the children about interactions with others and they tried to learn the children poems and other things like learning songs, dance etc. They also taught the children to have foods in time and maintain punctuality in each and every sector. One of the caregivers had mentioned that after their arrival children give "Salam". Through this little initiative they understood that children were learning. The caregivers also mentioned about the indicators of learning like asking for toilet, washing hands after toilet and wearing shoes etc.

- Medical emergencies: The caregivers were conscious about child health and in case of medical emergencies they took necessary steps immediately. When they felt that the children were severely wounded or became badly ill then they tried to contact with the parents and took them to their parents. They had first aid kits as a tool of immediate response.

- Parenting awareness: The caregivers had mentioned that they usually talked to the parents about the issues of development of a child. They tried to focus on the issues like problems experienced by their child and to find out solutions for the betterment of the children. The caregivers suggested the parents to provide nutritious foods to their children and gave proper treatment and vaccination to prevent any kind of diseases and had a healthy childhood.

- Envisaging the future: All the committee members were very much committed and wanting to eliminate all forms of violence against women and children. They would do anything to eradicate discrimination and would ensure legal supports for the victims if necessary.

- Participants had suggested to have collective action instead of individual activates to ensure justice and violence free atmosphere in the community. In this regard, a committee could be formed with the collaboration of influential people in the community and their action to prevent violence would be very much appreciated by the Gender Justice Educators.

- The caregivers and GJEs emphasised practices equality at family level and violence like dowry demand, child loss practices, physical and domestic violence as highly discouraged by them.

4.3.2 Group Initiatives towards gender equity

Society was stratified into different factions and each of the stratified components of the society made it dysfunctional. Gender inequality or gender based discrimination created instability in society. So, to maintain equilibrium in society, gender equality was needed for its functionality. To ensure gender equality the gender justice educators connoted some implications towards gender equality:

- Firstly, they would maintain equity at family level and encouraged others to practice equity at their family.

- Secondly, to have a gender balance, society exclusion of patriarchal view and promotion of life skilled education could be considered as safeguards. They male member of the family would exclude extreme patriarchal views.

- Thirdly, creating employment was one of the contributing factors to have a value neutral gender sensitive society, more employment opportunity utilising the skilled agency would be generated then the households of the slum community would economically be solvent to have discrimination and violence free environment for all members of the family as well as community.

CHAPTER FIVE

CONCLUDING REMARKS

5.1 CONCLUSION

Slums in Dhaka city are the ultimate reality of over urbanisation. Thousands of people are mushrooming in Dhaka and concentrating on illegal settlements. Therefore, the illegal settlers are deprived of their desired basic amenities associated with urban life and as a result, slum children are growing in an insecure environment featuring with unhygienic conditions, poor nutrition, and lack of access to basic education deteriorating physical, mental, social and cognitive development of the children. In their early stage of life, violence does have a great influence; especially domestic violence has the significant impacts over their life rather local violence. In comparisons with boy child, the girls are more prone to be victimised by different types of violence whether it is domestic or community violence. To reduce community violence through ensuring better childhood of the children, BRAC has launched a daycare centre for the slum children entitled 'SNEHALOY'. SNEHALOY, a day care centre of BRAC, provide an opportunity to the working mother of slum to ensure better childhood for their children. Along with this, to increase knowledge and aware the slum people for violence against women and children different committees like VAWC, GJEs have been formed under the Gender Justice and Diversity programme. The committees are functioning in order to create a better childhood for the slum children who are living in a condition surrounded with violent and criminal activities.

This baseline study is an attempt to understand the situation of the slum through comparing treatment and control group. These two groups had been analysed on the basis of knowledge, perception and behaviour of the parents. These groups were supposed to be similar. The findings of the study showed that the groups are almost similar regarding their socioeconomic status and also in terms of their knowledge, perception and attitude.

To find out the early childhood development of the children from 6 to 48 months the study has adopted observation method. The study attempted to sketch out the ECD of the slum children and found significant difference between control and treatment group regarding physical development of the child at age 6 to 12 months.

To ensure violence free safe environment for women and children the study tries to find out the group dynamics of the VAWC committee, GJEs and caregivers in line with the Appreciative Enquiry Model. The Model explained what is best in society and what can be done to improve the situation. So, this study finds out a better thing in society with a view of the group functioning of the different groups.

5.2 RECOMMENDATIONS

There are some important issues which need to be addressed. The issues are as follows:

- There should have much more spaces for the children because it's difficult to have 30 children staying in one single room.
- There should have teachers for the children of SNEHALOY.
- The caregivers should have assigned uniform, ID and a handsome salary structure which will motivate them to work in SNEHALOY.
- There must have well defined relationship among the caregivers and GJEs and the members of the VAW committee. Their engagement and interactions will bridge the gap to envisage the future of the project what should be necessary for the ECD will be easily understood in this regards.
- The SNEHALOY must be developed in terms of access to foods, education and health hygiene of the children.

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About

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The authors

Polin Kumar Saha is a Senior Research Associate at Research and Evaluation Division (RED) of BRAC. He obtained his BSc and MSc degree from the department of Soil, Water and Environment at the University of Dhaka, Bangladesh. He also obtained his second Masters degree on Sustainable Development from Blekinge Institute of Technology (BTH), Sweden. His main research interests include environment management systems (EMS), issues related to social and environmental sustainability problems, multi-criteria based decision-making concepts towards sustainability and strategic analysis for sustainability management. <polin.kumar@brac.net>

Toufica Sultana is the faculty member of GED Cell at Eastern University, Dhaka since January 2016. She started her professional career as a staff researcher at RED, BRAC and contributed in several empirical studies focusing on social issues. She graduated in Sociology and was awarded a Post Graduate Diploma in Disaster Management from the Institute of Disaster Management and Vulnerability Studies, University of Dhaka. Currently, she is an MPhil research fellow at the mentioned institute. Besides, she serve as the regional editor of Global Dialogue, a quarterly magazine of International Sociological Association (ISA). Her main research interest includes occupational health, disaster vulnerabilities, violence against women and children (VAWC) and social inequalities in urban slums of Bangladesh. <toufica.ged@easternuni.edu.bd>

BRAC
BRAC Centre
75 Mohakhali
Dhaka 1212
Bangladesh

T: 88 02 9881265
F: 88 02 8823542
E: altamas.p@brac.net
W: www.research.brac.net