Engaged Research/Bangladesh

Community talks on Wellbeing: Challenges and Priorities

Voices from Durgapur, Bangladesh

Findings & Recommendations

FGD with Mothers (1)
Round-Table discussion with Service Providers (1)

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Submitted by

ARBAN (Activity for Reformation of Basic Needs)
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Background: Life goes on in rural areas of Bangladesh. It is the community who manages and leads their own lives on their own soil, around green meadows along with the flowing rivers and a thousand years of culture they inherit. But every time their lives are affected by the external opportunities and services, the technology, the economy and the climate change factors. Thus (mostly by external factors) their lives continuously change shapes and create the conditions of their future in which they don't have any role to play.

How do they look at these? Would they get any time to reflect, assess or analyze by their own? Obviously, the answer is no.On the other hand, nobody listens to their voices. No body engage them to plan their own future.

Recently a team of arban, an NGO working with the commitment of improving the lives of the rural impoverished community decided to take an initiative to engage them to tell their own stories. In such a process they will tell their stories in their own way, by explaining the issues and factors that deter their wellbeing and future growth. Certainly this will be a long process where people themselves will identify the problems and issues towards improving their wellbeing and prioritize the solutions. But for now, this will be just a sample attempt to start the process. The idea has been geared by the inspiration and support of Mr Steve Hinchliffe who is a Professor of Human Geography and Deputy Director (research) for the Wellcome Centre for Cultures and Environments of Health under the University of Exeter, UK and who has recently visited Bangladesh and the far most rural sites of arban working area.

The methodology, location and the respondents: After his return to the country, and through a series of Skype meetings with Steve & his team, Arban has formed a team under a team leader with a gender specialist and 04 field staffs to start the process. The team has planned to organize 01 FGD and 01 round-table workshop in the remote areas of Durgapur, a sub-district under Netrokona district located in the north western part of Bangladesh. As for the justification to choose the location [Durgapur] that the area has got some unique characteristics considering its geography and demographic features. At one end the area is fenced by a hilly range of Indian border and on its other end the great Someswari River flows. Both the rivers and hills give a unique shape in the people's culture and rituals. A large number of indigenous community called "Garo" lives in this area. So there is a mix of ethnic and non-ethnic people in this area. The "Garo" community, as they are the ethnic minority are neglected segment of the society. Therefore arban choose this area to listen to the voices of these people.

It has been decided to choose the mothers as FGD respondents. They will have their ages ranging 18-30 (who gave birth 1/ 2 child). Another event – the roundtable discussion with the service providers on the following day has been planned to organize, where the findings of the FGDs will be placed to the service providers to listen to how they would respond. The service providers will include: government officials, NGO representatives, business community and other private agencies involved in providing services. Arban research team thinks that this is the way to know the views of both demand and supply side.

The dates fixed for the programs were: 10 & 11 April 2019.

Research questions:

Dream versus reality: What is the difference between the expectations of a girl with the realities she undergo after the marriage and becoming a mother? Is she satisfied? A gap analysis.

Rights of a mother versus the opportunities and the services available: Are the services available as per the rights of a mother as a citizen of the country? What are the challenges? A situation analysis.

Power balance versus participation in decision-making process: Who controls the family, is there any participation of women (mothers) in everyday life? A look inside the family.

Focus Group Discussion with Mothers [*Stories Untold: Talking Mothers*]
Date: 10 April, 2019
Location: Boheratoli village, Durgapur, Netrokona

10 April, morning at 11 am, a Focus Group Discussion (FGD) titled - ***Stories Untold: Talking Mothers*** has been conducted by ARBAN at Boheratoli village of Durgapur - a remotest border area of Netrokona district lying in northern Bangladesh under Mymensingh Division. The location has got a unique geographical feature with a hilly range at north-eastern side from where rivers are flowing to south-west at the plain land. The population living here is a mix of people from ethnic minority groups and the other groups like Hindu and Muslims. Muslim population is pre-dominant in this society.

The purpose of the FGD was to know and gather knowledge about the life and motherhood of the rural women residing in Boheratoli village, especially the condition and the nature of different basic services they have received in line with health, education and other supports both at family and society level that ultimately affect the livelihood and their total well-being .

A total of 13 respondents have been randomly picked, were young women having the age-range between 18 to 30 of Boheratoli village, had participated this FGD.

The discussion used participatory methodologies to document the experiences and opinions of all respondents. The methodology included the use of drawing, which prompted a more confident response of the participants. The facilitator determining some guiding questions for them based on their local context, focusing their life and livelihoods, especially on the basic services of health, education, financial conditions etc. For in-depth information, in line with the objectives of this assignment, some interviews (in informal nature) have also been taken during the same period, with three respondents of the FGD.

Ms. Tamanna Rahman, a social researcher facilitated the FGD, whereas Ms. Suhada Mehajabin, Research Associate, ARBAN, engaged for taking notes.

After a self-introduction to each other the team leader – Syed Kamrul Hasan on behalf of the research team briefly described the objective of the FGD. He was accompanied by Syed Arifuzzaman, the Executive Director of Arban. As they were male and the respondents were

essentially the mothers (women) so they left the courtyard and handed over the responsibility of conducting the FGD to the female facilitator and note-taker of the team.

Some Talking Points –used as guiding questions during FGD

Pre-marital phase (life of a women before her marriage)

- Family environment, including economic status – how a girl child is accepted and being brought up –sharing stories: focus on challenges, cultural values, religious beliefs that shape her future.
- Educational demands and facilities in schools and other institutions- are they supportive? Controlled/restrained?
- Puberty, menstruation, reproductive health: education at family level (by the parents), the health hazards, mental stages/changes –new experiences, fear and tension.
- Any sexual harassment, love affairs or any other private relationship? The challenges.
- Organize marriage by the parents at an early stage? Without taking consent of the bride girl –do the father take decision through discussion with the mothers or the girl?
- Experience of early marriage- and the motherhood – is there any story?

Marital Phase (life of a women after marriage)

- Transfer/Shifting from one area to another – from one environment to the other – sometimes completely reverse – from the father's 'home to husband's home.
- Is there any family orientation, what kind of?
- Life in a new house – new experience of a rural women in a peasantry setting.
- Behavioral aspect and decision-making process –role of husband and his close relatives.
- Domestic violence-any story of experience?

Motherhood (life of a women)

- Being a mother-pregnancy stage –the caring/health tips, available opportunities and services during the pregnancy stage.
- Child birth – available opportunities and services – the challenges, the threats, the local methods, traditional quacks, the TBAs-their role- how far modernized/improved?
- Child Nursing- what about the available resources, role of service providers.
- Are these children properly bringing up? So that they will represent the future Bangladesh. What is needed?

The respondents freely shared about their lives – the bitter and better experiences and challenges they have faced in different stages of their lives; during childhoods, adolescence and after marriage including of their motherhood. For having clear understanding of the FGDs and to get the findings stage-wise in a life-cycle, whole discussion points had been divided into four segments considering the life cycle of all respondents. The key findings were later collated as they are now presented below:

F I N D I N G S

Childhood-the golden time

The respondents have shared about their golden-time in childhood and their upbringing.

According to them, they grew up in their open aired free environment at their greenery village home with full of joy with plenty of dreams. They dreamed to be a big shot each after completing their studies …. Some of them wanted to be a nurse or a teacher and some wished to be a successful home-maker. One of the respondents has dreamed to be a government official even!

Although being achieved very little considering limited scopes in terms of educational supports provided by their parents including basic health facilities either, but their dreams faced no barriers to see themselves as an established person, good citizen…. in taking care of their parents, looking after their families and dear ones etc.

They have faced various obstacles each and every aspect including acute poverty from the beginning of their life, which could not stop their unlimited dreams to catch better opportunities, bright future. According to them, their early marriage (marriage at a pre-mature stage) as result of poverty disrupted their proper upbringing, affected health and robbed them of their childhood and restricted their education and opportunities to get a healthy life. At the end the golden wings of the dreams burnt into ashes!

Adolescent period [Pre-marital phase (life of a women before her marriage)]-Nightmare starts

"It was completely a nightmare, when I have been first experiencing my menstruation time. Felt so scared and thought I've received a rare disease that I could not survive anymore. I skipped my meal and started crying. Before knowing about my condition from my elder sister, I couldn't imagine the normalcy of menstruation that happened in every girl's life." (Described a respondent of the FGD)

Except one, all respondents had a furious experience during their first menstruation time. They had no idea about this issue at their early teen age. The parents as well as other family members are not even much aware about the importance to be shared about this crucial issue before their menstruation period. Everyone described it "a big nightmare" for them.

Only 20% of them have afforded to use sanitary napkins during menstruation, and rest of 80% usually habited in using pieces of old cloths. For reusing, they usually expose these cloths to air, which later kept in back-side of their hut, so, nobody could notice these cloths. In that case, they do not even care to maintain the hygiene of those cloths. Although they have a good knowledge about importance to maintain proper use, cleanliness of these reusable cloths. Most of the

respondents even supported their existing religious prejudices to hide these cloths. Furthermore, they are being restricted to take any nutritious foods during their menstruation.

According to them, their parents are also not being cared about to remember their date of birth and keep proper record of their age. 100% of them believe in religious restrictions that shape their life. No one have expressed their personal feelings at the age of their adolescent time, and skipped to share any sexual harassment, love affairs or any other private relationship.

Regarding discrimination between male and female children, at first, they could not find any incidence happened in their parental home. But gradually, while questioning more and more about this matter, they admitted that there were huge discriminations, such as the male members are usually privileged to get better food, they can receive whatever they want and wherever to go either in day or night…they move freely, whereas there were and is (as well) many restrictions upon them.

Except one, all respondents told that, their parents did not have taken their consents at the time of their marriage. The impact of their early marriage on sexual and reproductive health was quite known to them, but almost all of the respondents supported their parents, as their parents had no other choice …. so, in consideration of the existing situation, i.e. lack of social security for the girl children in society, especially at a rural and remote areas, such as providing dowry, protecting their girls from eve-teasing, rape or sexual harassment besides unbearable economic pressure, the respondents surrendered themselves towards their fate. However, they are now dreaming for their future generation to be an educated and self-established person …. but could not explain 'how they could be managed or succeeded'.

Marital Phase (life of a women after marriage)

Despite of the respondents' well concern about the constitution of the country which restricted marriage of the girls not before 18, except one, all of them ended up their married life not only before of their legal age but married between the age of 15 to 16!

Some of them were five to six graders at the time of their marriages, although they knew about their adverse effects of early marriage and facing the results of their early marriages which happened either for their own family or for other social pressure. They had nothing but to accept their fate, as their parents were not able to continue their study and provide meal for them.

Openly, they have shared about their challenging experiences in married life. Except two, all of the respondents got no family support to combat the formidable situations in entering of their new phenomenon of married life. They have to comply with the changed life style, in a completely different situation from their parental house with broken dreams, with broken hearts. No one of their family members have stood beside them even to provide any mental support, but only to advising copping up with their new family in a tolerant manner. Three of them have said: *"**for the sake of God, we accepted all kinds of discriminations by shutting our mouth. We have to show respects to our in-laws and unconditional surrender to our husband. We spent our golden times to serve all, except fulfilling our own dreams. All we have done, not even as for their husband, also for their parents**".* 40% of the respondents are experiencing huge domestic violence either by their husbands or in-laws. They could not go back to their own family, as the

cultural practices could not permit them to choose leading their lives alone. Lack of financial independency, also a big barrier to them to be freed from these restrictions. 5% of them are suffering from their husband's extra marital affairs.

They do not have any idea over the way-outs how to plan for their independent life or career. Only two of them have been engaged in income generating initiatives in small scale. One of them vending dress materials and other in tailoring cloths. Both of them had received training from an international NGO (which is now closed).

Due to acute poverty as well as lack of scopes and opportunities, 80% of them cannot do anything but had showed their interest to do something, so that they would be able to support their family.

All respondents have used family planning methods. However, they have no idea about getting integrated quality family planning services offered by the government, which include contraceptive services, pregnancy testing and counseling, helping clients achieve pregnancy, basic infertility services, preconception health services, and sexually transmitted disease services. According to them, they have no idea about counseling services in line with using proper family planning methods, protecting from sexually transmitted diseases etc.

The respondents are generally being used to three types of family planning methods which are given as below --

i. Birth control pill

ii. Depo Provera injection, and

iii. Natural method.

All of them have preferred to use two short term family planning methods such as either pill or the Depo Provera injection. They didn't have knowledge about the harmful effects of these two hormonal methods. No one had reported about using condom of their husbands. Their husbands could not manage their time to accompany them as this matter they consider (family planning) as an issue of women! All respondents instantly identified about the reasons and importance of using condom in controlling birth. They mentioned about plenty of benefits in using this method, such as preventing sexually transmitted diseases, if their husband use condom, they supposed skipped from hassles in taking pills or injections etc. However, they could not speak much about other available long-term methods.

Majority of the respondents are using Depo Provera injection. Some of them shifted method, i.e. use pill from Depo Provera injection, if they missed the schedule (once in a month) of the assigned service provider. Some of them have started natural method, instead of taking pills like other users of injection. The female community living in Boheratoli village do not get door to door family planning services as well as other basic health services up to the mark.

Almost 70% of them are taking local level government services in their regular scheduled checkup of their pregnancy stage. However, 80% of them preferred to give delivery of their child at home by the traditional birth attendants to avoid hassles to visit service delivery points

because of the poor communication as well as transportation facilities. Although they even knew about all risk factors of delays in timely and proper delivery. They shared about plenty of infant death incidents that occurred while the birth attendants failed in critical delivery cases and have delayed to take to the distant hospital. Lack of awareness and poor financial conditions promote this kind of results.

Taking good care of health in their pregnancy time, most of them informed that, it was not possible to follow the nutritious food chart prescribed by their doctors due to their financial constraints.

The respondents have received their health services from the local sub district level government hospital. Besides this service, they are also dependent on either local pharmacy compounder or traditional healers (Kabiraj, Hujur etc.) which is being widely practiced as the means of their primary healthcare, sometimes even they visit these pharmacy compounder or traditional healers in complicated health conditions as well. These kinds of services are now getting more popularity as a result of poor government services in terms of limited men power in health complex, lack of quality services and much interest on private practices among the local communities.

The most concerning point of all respondents was, the future wellbeing of their children through proper upbringing, especially in terms of getting appropriate health and education facilities. 20% of the respondents have showed their high satisfactions over an existing quality educational institution located at their local area. However, due to the long hours of the school schedule, their children need to be fed healthy meal during their tiffin hour. But most of the time, the children are deprived from this facility. As a result, their children are unwilling to go to the school, or getting weak and not willing to continue their studies.

Motherhood Period

The respondents prefer to have children not more than two. The young mothers are very much concerned about the well beings of the future generation, so they determined to limit the number of their children.

Not only that, they have showed their interest to be open up in discussion/consultation with their children, which they have missed from their parents. They shared their girl children before menstruation, and also what to do during their “period” as the issue is quite a natural phenomenon in every girl’s life. Additionally, they would not let their girls being frightened in experiencing their first time of this incidence.

However they do not encourage any relationship of their children before the marriage. Since, the rural society is strictly conservative, they would be outcast in that case. If such a thing happens, they try to motivate their children through counselling.Failure to convince causes early marriage at pre-mature stages of the children.

The respondents would also determine to provide proper education to their children and build up as a complete person full of humanity. “Their children will be a high-level officer or gain such an independence so that they would have decision making power to lead their own life without any interruption of their parents” (the respondents). For fulfilling their dreams, they expected more supports from the government as well as from other support services.

There is primary and High School in the village, but no college. College is located far away from the village (at Durgapur Sadar). The villagers are generally poor, so they cannot afford their children to send far place to get higher education. For a better health services, while they visit at Durgapur Health complex, often they find the Doctor-on-duty absent. They cannot pay for private practitioners due to high rate of fee. So their children are deprived from improved health services. Sometimes, prescribed medicines are not available at the hospital or local markets.

Lives burnt into ashes!

[*]**Afia, a young mother:** Afia is a women from the ethnic minority community, now aged 28.She was married to an unemployed young man in her age 17. Her husband started as a day labor to maintain the family .As the custom goes on in their ethnic community the couple lived in the bride's house, but Afia's family could not bear the costs added. In two and a half years they have tried to continue, meanwhile Afia gave birth a daughter and a son. Then her husband left them. Afia now continues at the mercy of her maternal uncle. Afia is worried how she would feed her children and enroll them in education. She wants to do something for earning on her own. She has got some training on sewing/tailoring, but lacking supports for buying a sewing machine and some start up cash money she cannot proceed. Afia becomes a captive of an uncertain cycle of life.

Syeda: Syeda, a young mother now aged 24, got married at an early age, when she was only 14. Her father divorced her mother and married another woman, when she was just at her infant stage. Her mother tried to fight against the poverty by doing the job of a maid servant. Syeda has got admitted in a school, but failed to continue due to stern poverty the family was facing. Having no other way, her mother pushed her daughter to marriage at a very pre-mature stage. Her husband is a day labor, but like other day labors, he has to stay unemployed for a certain period of time. They have two sons, who do not have any future. The family also credited some amount as loan from a microcredit agency and they have pay back the high interest rate every week. Syeda wants to do something, but she finds no scopes around her.

Barsha: Comparing to Afia or Syeda, Barsha was in a better position. She has passed SSC examination and got herself admitted in a college. But she lost her father at that stage of life. The family lost the only earning member of the family and all hopes of Barsha's life had been blocked. Her study discontinued and facing the uncertainty and also the insecurity of the society her mother decided to arrange a marriage for her young daughter. In her husband's house, Barsha faced the same discouragement from the husband and his mother in continuation of her studies. They argued that continuing studies would be meaningless for her. Meanwhile, she gave birth a son. All hopes of Barsha has burnt into ashes.

[*] These are not the women's real names – we have changed them to protect their identity

Workshop with Service Providers
Date: 11 April, 2019
Location: Training Room, YWCA, Birishiri, Durgapur, Netrokona

An opinion sharing workshop was organized by ARBAN at the Training Room, YWCA, Birishiri, Durgapur, Netrokona on 11 April, morning at 10 am. The workshop was held just on the following day of the FGDs with the mothers at Boheratoli village. At one end the purpose of the workshop was to share the findings of the FGD and on other end to sharing ideas, experiences and challenges of the local service providers in providing health and education services along with other community leaders of Durgapur in providing various supports for the wellbeing of poor villagers.

A total of 14 participants joined this workshop. The category of the participants was – service providers which include Upazila Medical Officer, government health workers, Family Welfare visitors, Trained Midwives, Traditional Birth Attendants (TBA), local quacks (kabiraj), representatives of private health clinics, teachers, and religious leaders, and service receivers or community people along with other service providers of the local areas.

The event was facilitated by Syed Kamrul Hasan, the Team Leader of the Research Project, a renowned Researcher and Writer and Mr, Mustasim Billah, senior Trainer and socio-political activist acted as a Co-Facilitator.

Discussion issues:
Problems to service delivery – analyze the road blocks – sharing diverse experience

Research question:

- Are the existing services adequate?
- What are the gaps?
- How to improve the service delivery status.
- How to contribute to the wellbeing to the mothers' health and the child care.

Generate some recommendations and Identify point of entry to intervene (at least as initial step).

F I N D I N G S

[Effective Counselling services- Role of male member, in-laws in adopting family planning methods, inadequate number of health service providers, outdated medicine/injections, interest in private practices etc.]

The health service providers have been providing family planning support services to women of the local areas through organizing court-yard meeting on their regular scheduled visit. Per court yard meeting consists with 15-20 target women. They discuss on the benefits of family planning, the suitable family planning methods to be used, various reproductive health issues including

counselling services in these matters. The main challenges for them in providing a comprehensive services, they could not able to get male members, as for, either the male groups not available during their scheduled visit of the courtyard meetings or the men are not willing to participate as they thought "this section" is completely matter with women, not for them. Most of the time, women could not have taken any decision alone, as the main decision could be made by their male members. A good opportunity has lost by this kind of occurrences.

According to the service providers, another challenge is acute shortage of manpower. The health facilities demand at least 03 to 05 service providers per union, whereas only one provider is engaged to cover their services. In this situation, the provided health services are being limited and failed to facilitate their target communities as per demand.

Regarding this challenge, the local provider shared with their supervisors or higher authorities, but did not get any result.

He also shared about the non-cooperation of some of their service receivers/clients, despite of their hard efforts in providing supports. Their female clients never kept their medicine records and forgot to take pills or injections. They only complained about the providers, if they failed to get good results.

Male involvement in family planning is very important, whereas, according to the local service providers, the ratio of the male method users against women are very low. Majority of them have a very negative perception towards their long-term method. If someone has received vasectomy, they strictly keep secret to others. Otherwise he would be teased by all surrounding neighbors. Regarding long term methods, women in Durgapur also find difficulties in both with conjugal life as well as their social life.

Religious leaders also have made many misleading information towards using family planning methods including publicly announcing family planning methods are prohibited in Islam, although at the same time, the same religious leaders have allowed their female partners in using birth control.

During this discussion, one woman accused the family planning workers as well as the providers for their irregular visits and questioned about their quality services. She mentioned about the non-cooperation of their male members in taking responsibilities particularly as a method user. Even as a partner, the male members also impose their own decisions on each and every issue and keep pressure to take whole responsibilities upon their female ones. She told, "You all have passed the condom packets to us, without searching the male groups. Is it possible for us to convince them about the benefits or demonstrate proper use of condoms?" She also complained about the irregular visit of the service provider which hampered them to shifting their methods from injection to pill as well.

Another service client said, "The service providers are very keen to pursue their government job, but not interested to provide regular services to their poor clients. Besides, being not available in this remote areas for providing services, most of the providers are also interested to provide service in their personal chamber, rather than community clinics or hospitals".

According to the service workers in health services, "unwillingness to take long-term methods" are also a big problem here. The suitable clients of long-term methods have plenty of barriers, such as if the providers convinced them, the mother in laws or other family members strongly opposed their (clients) changed views.

Moreover, the providers have to face a lot of misconceptions or in-built prejudices regarding to receive any family planning methods, especially in long-term or permanent methods.

Lack of proper training was another barrier in providing services. Sometimes the providers had to face with a long term method users, who might have other diseases, but blamed only to the provider of being mistreated. One health service provider shared about an incidence of his client who had taken vasectomy. After two years, having the result of a conjugal problem, his wife left him and taking away their two children along with her. After this incidence he charged him and complained to the chairman against him for provoking to receive vasectomy. This incidence has made tremendous negative impact in the village on permanent method.

Another service provider said during their service time, they counselled their clients not only to have their assigned family planning services, but also about other issues related to education, heath etc. They have listed all newlywed couples for providing counselling services. They identified that 5% clients preferred long termed methods whereas 95% preferred short term methods. Lack of mutual understanding among most of the couples here, brought poor result of family planning and reproductive health services in this union.

According to one woman, "All Apas (female service providers) have their scheduled visit in the first week of every month. Until the last couple of months they had maintained their door to door visits. Currently we have noticed, they are not maintaining their schedules. On the other hand, some of them committed to provide their services, but it is not possible for some of us to follow their instruction properly. We could not blame these women, as they are not being educated properly. We need their regular visits and follow up including proper counselling supports to reduce any errors or gaps". In addition another woman ***emphasized on doing separate regular meetings with the male groups, as they are the decision makers in their communities. The males have to be more concerned and careful in receiving health services, especially on reproductive cases as well as for family planning methods. She suggested to take supports from the local elected leaders, as they are the most influential group.***

A local (male) school teacher also mentioned that most of their male members have no idea about basic information of family planning issues. They even have no idea on the methods their partners have taken. He requested all to receive services of family planning as well as other reproductive health issues including the counselling services too. In this regard, the health complexes here should take a good initiative.

All providers in health services had agreed to these points and also added to include in-laws of all families as stakeholders, as they are too the main barriers of their services. According to them, the expiry dates of the medicine under family planning kits are being a big issue. Sometimes both of the providers and clients have to bear the cost (khesharot/ masul). One

provider recalled an incidence to deal with an outdated injection. He informed that this kind of incidences are happening on regular basis, despite of their frequent reporting.

Most of the participants have discussed about the need of a peaceful society. They emphasized on keeping family bonding, where their partners have supported them to adjust with their own in-laws at their family level, to be more attached with their children and be careful to educate their children. In this regard, they sought more strengthening of counselling supports from both educational and health care services.

To educate the adolescent groups, one participant informed about their regular school visit for reproductive health-based education program including to provide counselling supports. They are scheduled to visit two schools per week. All the students have to enroll in this program on mandatory basis. They shared, "despite of the need of the adolescents as well as our efforts to provide, we could not cover the whole (100%) of student community because of manpower shortage".

Relationship between the government and the non-government service providers

In response to this query, government health workers do not agree on any dispute with the local healers. One of them told: "They are residing in the same locality where we also live in. Government is also taking different initiatives to train up the Traditional Birth Attendants and Kabiraj (local healers).There are also a few NGO programs in this line. These helped them to be re-oriented. Once, people are advised not to take any water in case of Dihorrea, but now even the local healers are convinced to give the orsaline in dihorrea case."

Sharing about his experience a *Huzur* (a religious leader participated in the workshop), who usually provides special water in the name of supreme Lord (Allah) among his clients told that he received most of the clients for wishing to be married, emotionally capture their spouses etc. He has boldly shared that he must provide his efforts if someone knock his door for such supports. He also added, there is no conflict between him with the service providers working in the same area. The community people just come for healing their problems. Although, he ensured all, besides his efforts, he would have asked all his clients to take services offered by the community clinics or hospitals.

Although slowly, the kabiraj, TBA and the religious who attended the workshop agreed that the dependence on traditional methods of medication in serious cases is being reduced day by day. People are now much more aware. Those who are not aware, they suffer. For example, sometimes they waste time by taking prescription from the local healers in cases of disease like Malaria or Jaundice, or incidents of snake bite or suicide attempts by poisoning. This delay may cause serious consequence to the patient, it goes even up to death, because they are so late to consult with the professional doctor!

Financial opportunities and supports: Under the 10 initiatives of the Prime Minister, the vulnerable communities living in this union get some special supports from the project like: ***one firm for one house.*** NGOs like World Vision has provided some training on sewing and tailoring. But these are not sufficient against the high demands.

Recommendations made by the participants in protecting rights of women and their children

1. Increase manpower of the service delivery points with supports from lobby and advocacy of the concerned local leaders as well as civil society groups.
2. Introduce and strengthening counselling system of the local service providers for their clients
3. Follow-up or keep monitoring of the counselling services that are being provided
4. Provide regular support for the community people under social behavior change communication in line with health
5. Provide institutional education as well as financial support for young mothers to become self-educated and empowered persons to lead their lives on their own.
6. Proper planning for the wellbeing of mother and their children for giving their future direction in terms of health, education, entrepreneurship development etc.
7. Initiate to make harmony at family level to reduce understanding and communication gap between each other.
8. Awareness building program for women during and post pregnancy period.
9. Empower women for scaling up their capacity as well as promoting them through entrepreneurship development.
10. Taking supportive steps or initiatives to reduce poverty of the women.

Conclusion: Only a glimpse of the situation can be traced through this exercise! Some of the points of initial intervention can be picked up from the above recommendations and a full proposal can be developed on that. Alongside, the Research Team members are convinced with the conclusion that Arban should conduct more in-depth research by applying systematic mixed research method (both quantitative and qualitative) in collaboration with the research team of well-being center of the University of Exeter. It will help to find out the crucial problems more accurately and to fix up the entry points towards the solution of the child & mother issues.