

# **Development Management in Practice**

## **Volume 1**

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# **Development Management in Practice**

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## 5 **Breaking the Invisible Hold of Gender: Integrating Gender into Livelihood programs to drive sustainable community change**

**Faiza Ruksar Arif**

### **Abstract**

Rural women in India are often offered livelihood opportunities without the tools to question the gendered structures that govern their lives. This study asks: What happens when they are given both? Drawing on a two-year intervention in Anekal Taluk, Karnataka, this research examines the impact of an integrated program combining skilling with gender education. Through in-depth interviews, focus group discussions, and key informant insights with 20 women from marginalized communities, the study explores how consciousness-raising, alongside employment, transforms not just income, but also identity. Findings reveal that while financial independence alone rarely disrupts patriarchal control, sustained gender awareness fosters critical shifts in self-perception, negotiation power, and collective action. Participants began to reclaim decision-making, challenge domestic violence, articulate mental health needs, and redefine motherhood and marriage on their own terms. Yet, systemic barriers — such as caste hierarchies, caregiving burdens, and cultural expectations of silence — persist. This research contributes to development theory by proposing a model where gender consciousness and economic empowerment are mutually reinforcing. It advocates for a reimagined GAD approach—one that embeds gender sensitisation into the structure of skilling programs, enabling rural women to move from passive recipients of aid to active agents of social transformation.

**Keywords:** Gender and Development (GAD), Rural Women, Gender Awareness, Livelihoods, Intersectionality, Skilling Programs.

### **5.1. Introduction**

Rural women in India encounter a distinct set of socio-economic challenges, primarily characterised by limited access to education, formal employment, and financial independence. Recognising the importance of economic empowerment, the Indian government and various non-governmental organisations (NGOs) have long advocated for employment and skilling programs as essential tools for enhancing the livelihoods and overall well-being of these women (Ramachandran et al., 2008; Sundari, 2005).

Many rural women are confined to informal and underpaid work, lacking both stable employment and the necessary skills to pursue more lucrative opportunities. In the realm of education, rural government schools

face persistent issues such as teacher shortages and high turnover rates, exacerbated by geographical constraints and inadequate infrastructure. To address these challenges, the model of para-teachers—contract-based educators often sourced from local communities—has emerged as a cost-effective solution. Ramachandran et al. (2008) note that while this initiative has provided many rural women with employment, their positions remain precarious, characterised by lower wages and limited access to training and professional development.

Similarly, the employment of women as frontline health workers, such as Accredited Social Health Activists (ASHAs), has been promoted to enhance rural health services while simultaneously empowering women economically (Ramachandran et al., 2005). Despite these initiatives contributing to the financial well-being of rural women, studies like Sundari (2005) on migration as a livelihood strategy indicate that financial independence does not automatically equate to enhanced agency or decision-making capabilities. Employment opportunities in informal or low-paying sectors often fail to challenge deeply entrenched patriarchal norms that restrict women's roles and autonomy within their communities.

### 5.1.1 Patriarchal Structures and Gender Norms

The persistence of patriarchal structures remains a significant barrier to the empowerment of rural women in India. These entrenched norms dictate gender roles that restrict women's mobility, agency, and decision-making capabilities within both the household and the broader community. In many rural contexts, women are often relegated to roles that reinforce their dependence on male family members, thereby hindering their participation in economic activities and limiting their access to education and healthcare services (Stromquist, 1990).

The Gender and Development (GAD) approach, which emerged in the 1980s, critiques earlier Women in Development (WID) models that focused solely on integrating women into existing development frameworks without addressing the root causes of gender inequality. Zwart (1992) argues that the GAD approach shifts attention from women as isolated subjects to the social construction of gender and power relations, aiming to transform the structures that perpetuate women's subordination. By addressing underlying power dynamics, the Gender and Development (GAD) framework facilitates women's inclusion in economic development and empowers them to challenge patriarchal norms and assert their agency. This approach underscores a critical reality: skilling programs that fail to confront patriarchal structures risk perpetuating existing gender hierarchies instead of dismantling them. As Zwart (1992) argues, meaningful empowerment requires interventions that challenge systemic barriers limiting women's participation in public life, ensuring that economic initiatives align with broader gender equity goals.

### 5.1.2 Link Between Skilling and Agency

Integrating gender awareness into skilling programs can significantly transform women's roles and identities. Programs that focus on financial independence alongside consciousness-raising, such as the Mahila Samakhya Program studied by Subramaniam (2003), demonstrate that collective action and gender awareness can enhance women's agency. By creating spaces for discussion and reflection, these programs enable women to challenge the social norms that restrict them, contributing to more meaningful and sustained empowerment. Kabeer (2018) emphasises that true empowerment occurs when women can make strategic life choices—decisions about mobility, health, and education for themselves and their families—rather than merely fulfilling roles as caregivers or contributors to household income. Thus, combining economic empowerment with gender awareness interventions creates a comprehensive model that addresses both financial well-being and the social structures perpetuating inequality.

### 5.1.3 Gendered Barriers to Agency and Decision-Making

Rural women in India encounter a complex web of gendered barriers that restrict their ability to exercise agency beyond their roles as mothers and caregivers. Deeply entrenched patriarchal norms dictate that women's primary responsibilities revolve around household duties, caregiving, and reproduction. These expectations limit their access to economic opportunities and diminish their capacity to make decisions beyond the domestic sphere. Rietveld et al. (2020) highlight how these gender norms curtail rural women's livelihood pathways, perpetuating a cycle of dependence and subordination. Women are often discouraged from engaging in commercial or entrepreneurial ventures, while existing opportunities in the informal sector or low-wage jobs fail to provide the agency necessary for broader empowerment.

The concept of "opportunity space," as outlined by Rietveld et al. (2020), is crucial for understanding how gendered norms confine women to specific roles and responsibilities. Opportunity space refers to the socially constructed boundaries within which individuals can operate based on gender, class, and other social markers. For rural women, this space is significantly narrower than for men, as patriarchal norms restrict mobility, education, and access to resources. This constrained environment limits their ability to explore livelihood strategies that could offer economic security and greater autonomy in decision-making.

Stromquist (1990) underscores the power of patriarchal norms in sustaining women's subordination. These norms are reinforced through socialisation processes that begin early, teaching girls to prioritise family responsibilities over personal ambition or economic independence. Consequently, women's participation in economic activities is often framed as supplementary to male income, reinforcing their dependence on male relatives and hindering full participation in both the economy and public sphere.

#### 5.1.4 Intersection of Gender, Class, and Caste

In rural India, the intersectionality of gender, class, and caste complicates women's struggles for agency and decision-making power. The interplay of these social markers creates multiple layers of disadvantage, particularly for women from marginalised castes, such as Dalits. Subramaniam (2003) provides a compelling analysis of how caste and class dynamics intersect with gender to exacerbate the oppression faced by Dalit women. The Mahila Samakhya Program focuses on empowering women from marginalized communities through collective action and consciousness-raising efforts to combat both gender-based oppression and caste-based discrimination.

Dalit women's experiences are significantly shaped by their position at the bottom of both gender and caste hierarchies. As Subramaniam (2003) points out, Dalit, tribal, and severely marginalised women face exclusion from economic opportunities as well as social and political life. They are often denied access to land, education, and public resources essential for improving their livelihoods and achieving autonomy. In the context of the Mahila Samakhya Program, Dalit women have organised into collectives or sanghas to share experiences, build solidarity, and challenge both gender and caste hierarchies. These collective spaces exemplify how gender awareness combined with economic skills can empower women doubly marginalised by caste and gender. Through collective action, Dalit women assert their rights, access resources, and participate in decision-making processes previously inaccessible to them.

Understanding the integration of class and caste is crucial for analysing women's empowerment. Women from higher castes may access certain economic opportunities denied to lower-caste women within the same rural communities. Additionally, wealthier women often enjoy greater freedom in decisions regarding employment and mobility, while poorer women remain constrained by economic necessity and social expectations. By addressing these intersecting inequalities, the integrated gender and livelihoods model offers a nuanced approach to empowering rural women. Combining skilling with gender awareness provides a pathway not only to financial independence but also to challenging systemic forces that limit agency based on gender, caste, and class.

#### 5.1.5 Gender Awareness as a Catalyst for Change

Integrating gender awareness into skilling programs is essential for addressing the deeply rooted patriarchal norms that inhibit rural women's empowerment. While employment and financial independence are important, they alone cannot dismantle the systemic inequalities women face. As Primo (1997) argues, gender awareness is crucial for fostering the socio-cognitive shifts necessary for women to recognise and challenge the social norms governing their roles within households and communities. These shifts enable women to view themselves not just as economic contributors but as agents capable of making decisions affecting all aspects of their lives.

Gender awareness programs equip women with tools to critically analyse their social environments and question the status quo. Primo (1997) emphasises that women must develop a critical understanding of how patriarchy shapes their lives. This understanding can lead to significant changes in self-perception and societal roles, allowing women to negotiate better terms for themselves within families and communities. Thus, integrating gender awareness into skilling programs acts as a catalyst for broader social change, empowering women to challenge traditional norms that have historically limited their decision-making power.

Matiwana (2004) supports this argument by demonstrating that gender empowerment programs help women transcend traditional roles. These initiatives not only provide economic tools but also foster leadership skills, enabling active participation in public and political life. When combined with economic empowerment, gender awareness equips women with the confidence and skills necessary to assume leadership roles within community groups, local governance structures, and their households.

### 5.1.6 Empowerment through Collectives and Networks

The power of collective action and networks is well-documented in the literature on women's empowerment. Self-help groups (SHGs) and community-led models have emerged as effective tools for empowering women, particularly in rural contexts. A notable example is the Self-Help Group-Based Intervention for Combating Violence Against Women (SHGIVAW) in Rajasthan, which combines economic empowerment with gender awareness training. Raghavendra et al. (2018) describe how the SHGIVAW model mobilises women not only as economic actors but also as community leaders who actively challenge gender-based violence. This model illustrates the effectiveness of combining financial independence with gender consciousness, enabling women to overcome both economic and social barriers to full participation in community life.

Subramaniam (2003) analyses the Mahila Samakhya Program, highlighting how the formation of women's collectives, or sanghas, is critical for enabling women to confront structural inequalities. These collectives provide safe spaces for women to share experiences, support one another, and engage in consciousness-raising activities. Through collective action, women gain the confidence and solidarity necessary to tackle social, economic, and political barriers that restrict their agency. In rural contexts, where isolation can exacerbate feelings of powerlessness, joining a collective allows women to pool resources—both material and emotional—to advocate for their rights and challenge oppressive systems. Subramaniam (2003) emphasises that the sanghas not only equip women with skills for income-generating activities but also foster solidarity that empowers them to confront gender- and caste-based discrimination.

Matiwana (2004) argues that collective empowerment is key to overcoming individual and structural barriers. When women are

empowered as a group, they are more likely to challenge the status quo and demand systemic change. Collectives thus become vital mechanisms for sustaining empowerment, providing spaces for reflection, discussion, and action where women can navigate the complexities of gender, class, and caste discrimination. By integrating gender awareness with collective action, skilling programs can transcend mere economic goals and become powerful tools for social change. Women involved in these collectives are more likely to gain the confidence and knowledge needed to make strategic life choices, engage in community leadership, and challenge patriarchal systems that have historically marginalised them.

### 5.1.7 Sustainability of Empowerment Models

A key concern in the literature is that short-term interventions often lose momentum once funding or external engagement is withdrawn. Nolte (1997) argues that for gender equality initiatives to be sustainable, they must be integrated into broader policy frameworks that ensure continuous support. This requires governments and NGOs to embed gender awareness and empowerment programs within long-term development strategies, rather than treating them as isolated interventions. Sustainability also depends on institutionalising these programs within existing governance and development structures.

Nolte (1997) emphasises the importance of building local capacity to ensure the sustainability of gender empowerment initiatives. Programs reliant solely on external interventions are unlikely to achieve lasting change unless they foster local leadership and governance structures. In the Mahila Samakhya Program, the creation of sanghas allowed women to take ownership of the empowerment process, developing skills and networks necessary to sustain their efforts beyond initial interventions. Similarly, the success of SHGIVAW in mobilising women to challenge gender-based violence was rooted in local leadership and community engagement.

## 5.2 Literature Review

### 5.2.1 Research gaps in the literature

A significant gap in the existing literature is the lack of cohesive models that integrate both financial empowerment and gender awareness for rural women's empowerment. While many studies emphasise the importance of skilling programs that provide income-generating opportunities, these efforts often overlook the socio-cultural barriers limiting women's agency. Conversely, programs focused on gender awareness and consciousness-raising frequently neglect the economic dimensions of empowerment, leaving women financially dependent on male family members despite gaining insights into gender-based inequalities. Much of the research on economic empowerment highlights the employment of rural women,

stressing access to income-generating activities. However, gender awareness interventions foster critical consciousness, enabling women to question the social structures perpetuating their subordination. The absence of a financial empowerment component in these interventions means that women may still lack the economic independence necessary to exercise full agency in their personal and public lives.

### **5.2.2 Theoretical Contribution: Expanding the GAD Approach**

This study extends the Gender and Development (GAD) approach by emphasising the need for interventions that not only address gender roles but also actively seek to transform them. While the GAD framework has been instrumental in highlighting the importance of gender awareness and addressing patriarchal norms, much of the literature focuses on these issues in isolation from economic empowerment. This study proposes a multifaceted intervention that addresses both economic and social empowerment simultaneously. Kabeer (2018) emphasises that true empowerment occurs when women can make strategic life choices previously denied to them, spanning both economic and social realms. By integrating skilling with gender awareness, this study aims to enhance women's financial capabilities and their ability to negotiate and challenge patriarchal structures.

The proposed dual-threaded model aligns with the core principles of the GAD approach but expands it by operationalising empowerment through structured interventions targeting both economic and social dimensions. The theoretical contribution lies in recognising that economic independence and social empowerment are mutually reinforcing. Women who achieve financial independence are more likely to assert their agency in other areas, while those empowered to challenge gender norms are more likely to succeed in economic activities requiring negotiation and decision-making. Furthermore, this study contributes empirical evidence on how integrated skilling and gender awareness programs can produce sustainable forms of empowerment. By combining these two components, it moves beyond models focusing on one dimension at the expense of the other. This integrated approach offers a comprehensive solution to the challenges rural women face, addressing both immediate economic needs and long-term goals of transforming gender relations.

### **5.2.3 Research Objectives and Questions**

This study explores the impact of integrating livelihood opportunities with gender awareness training on rural women's empowerment. Conducted over two years across Anekal Taluk, Bangalore, Karnataka, the research evaluates the effectiveness of this dual-threaded model in addressing entrenched patriarchal norms and fostering holistic empowerment.

The research is guided by the following objectives:

- To understand the lived experiences of semi-educated rural women participating in skilling and gender awareness programs.
- To explore how combining financial empowerment with gender awareness contributes to women's agency, mobility, and ability to confront patriarchal norms.

The study seeks to answer three critical questions:

1. What are the barriers to enhancing women's agency and mobility within patriarchal community settings?
2. How effective is the dual-threaded model in fostering socio-cognitive shifts related to critical gender issues, such as health, safety, and rights?
3. How can gender awareness be effectively integrated into livelihood programs to ensure sustainable and holistic empowerment for women in rural India?

## 5.3 Method

### 5.3.1 Research Design

This exploratory study employs a qualitative, cross-sectional design to investigate shifts in **knowledge, attitudes, and practices** (KAP) among rural women participating in livelihood and gender awareness programs. The study combines quantitative and qualitative methods to provide a comprehensive understanding of the impact of these interventions.

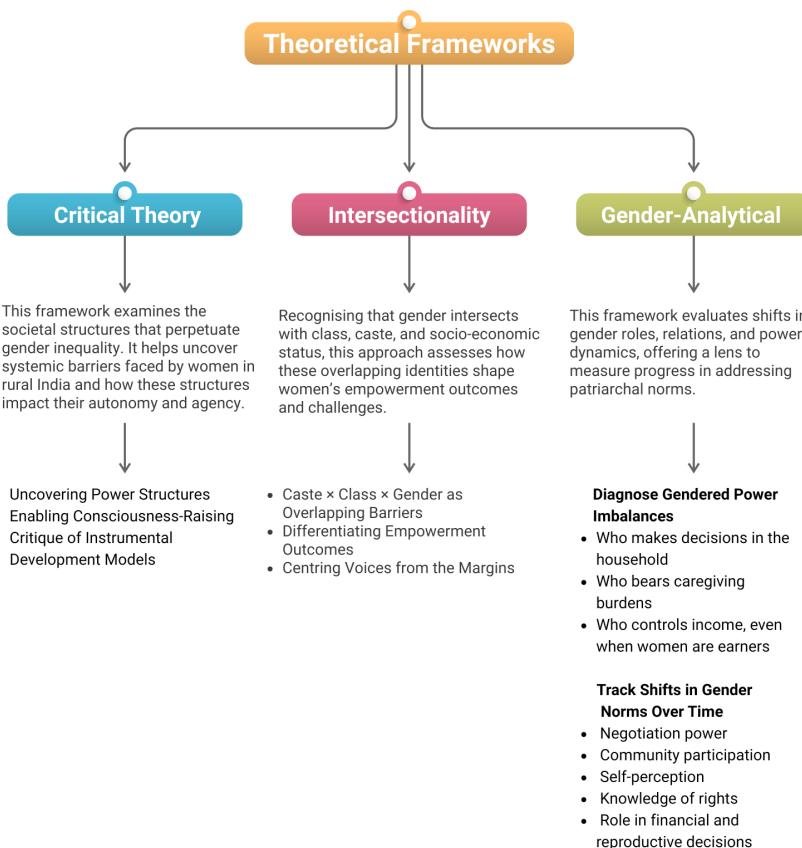
Quantitative methods were used to capture measurable changes in participants' financial independence, decision-making capabilities, and resource utilisation. In contrast, qualitative methods explored nuanced transformations in attitudes, perceptions, and lived experiences.

### 5.3.2 Theoretical Frameworks

The study draws on three key theoretical frameworks to analyse systemic factors influencing empowerment (Figure 5.1).

### 5.3.3 About the Gender Program

Structured around four pillars—Menstrual Hygiene Management (MHM), Sexual and Reproductive Health (SRHR), Mental Health (MH), and Gender Concepts and Identities—the program employed interactive, activity-based monthly workshops over nine months to encourage reflection and engagement. Covering topics such as reproductive health, menstruation, mental well-being, gender roles, stereotypes, and leadership, the program aimed to challenge traditional norms and foster both individual and collective agency. By integrating personal, relational, and systemic perspectives, it sought to cultivate gender consciousness and empower women to navigate societal challenges with confidence and autonomy.

**Figure 5.1: Theoretical Frameworks**

### 5.3.4 Indicators for Social Empowerment

To evaluate the effectiveness of integrating gender awareness into livelihood programs, the study identified specific indicators for social empowerment (Table 5.1). These indicators were chosen to capture the multidimensional nature of gender empowerment, encompassing both individual and community-level transformations. They reflect critical areas where systemic barriers limit women's participation and agency.

### 5.3.5 Locale

Anekal Taluk, located on the outskirts of Bangalore in Karnataka, India, serves as the research locale for this study. Covering approximately 530 square kilometres and encompassing over 227 villages, Anekal has a diverse population exceeding 850,000, characterised by a mix of rural, agricultural, migrant, and peri-urban communities.

**Table 5.1: Indicators for Social Empowerment**

Sno	Indicator	Description
1	Decision-Making Autonomy	Frequency and type of decisions participants make independently or jointly within the household. Ability to negotiate within familial and community contexts.
2	Community Participation	Level of involvement in community activities, meetings, or leadership roles. Recognition and respect gained within the community.
3	Self-Perception and Confidence	Changes in participants' perceptions of their roles and identities beyond traditional norms. Confidence in expressing opinions in both private and public spheres.
4	Knowledge of Rights and Access to Resources	Awareness of legal rights, social services, and government schemes. Active use of resources for health, education, and financial well-being.
5	Gender Role Attitudes	Shifts in perceptions regarding traditional gender roles and norms. Ability to challenge patriarchal structures in households and communities.
6	Peer Support and Solidarity	Formation of networks or collectives for mutual support and advocacy. Willingness to assist and mentor others facing similar barriers.
7	Health and Well-Being Awareness	Improved understanding and practices related to sexual and reproductive health, mental health, and hygiene. Comfort in addressing taboo topics, such as menstruation and consent.
8	Negotiation & Advocacy	Skills to handle disputes or conflicts at home or in the community. Instances of standing up for oneself or others in oppressive situations.

This study was conducted in partnership with One Billion Literates Foundation (OBLF), a community-based organisation (CBO) that has been operational in Anekal since 2010, focusing on uplifting marginalised communities through education and health initiatives. OBLF offers a comprehensive skilling program to rural women, providing them with livelihood opportunities as Community Teachers in government schools and as frontline health workers in their public health programs. These initiatives aim to enhance educational outcomes for children in underserved areas and address community healthcare needs while fostering economic independence and empowerment among semi-educated rural women.

### **5.3.6 Sampling & Participant Details**

The study employs purposive criterion-based sampling to select 120 women currently engaged with the One Billion Literates Foundation (OBLF) in Anekal Taluk, Karnataka. Participants were selected based on their involvement in the OBLF Kickstart women's skilling program and their roles as Community

Teachers or frontline health workers. All participants had received gender awareness training for at least two years alongside their engagement in skilling and livelihood initiatives. Their duration of association with OBLF ranges from 2 to 13 years, reflecting varied levels of experience and depth of program exposure.

The sample includes women from diverse social backgrounds: 25 belong to the Scheduled Castes (SC), 32 to the Scheduled Tribes (ST), and the remaining 63 to Other Backwards Classes (OBC). Most participants come from low-income or below-poverty-line households. Their educational and occupational histories are varied — many were previously unemployed or engaged in agriculture, some were pursuing their Pre-University Course (PUC or 12th grade), while others had experience running small businesses, either independently or with family support. This diversity offers a nuanced understanding of how caste, class, and gender intersect to shape women's access to empowerment pathways.

### 5.3.7 Data Collection

The study employs a qualitative approach using triangulation through Focus Group Discussions (FGDs), in-depth interviews, and Key Informant Interviews (KIs) to investigate the impact of skilling and gender awareness programs on women's empowerment.

- **Focus Group Discussions (FGDs):** Seven FGDs were conducted across stratified locations — Lakshmisagar, Sarjapura, and Anekal — to explore community-level perspectives on gender roles, empowerment, and the influence of skilling and gender awareness programs. Each group comprised 10 to 15 participants, covering a total of approximately 80 women. These discussions provided insights into collective experiences, cultural barriers, and shifts in attitudes associated with the interventions.
- **In-Depth Interviews:** Twenty in-depth interviews were conducted with women participating in the skilling and gender awareness programs. These interviews captured detailed personal narratives, focusing on transformations in agency, mobility, and decision-making capabilities resulting from their involvement in the programs.
- **Key Informant Interviews (KIs):** Six KIs were conducted with trainers, supervisors, and key stakeholders to examine the structural and operational aspects of the skilling and gender awareness programs, including implementation challenges and strategies for fostering empowerment.

Triangulating these methods provided a comprehensive understanding of the individual, community, and organisational dimensions of the skilling and gender awareness programs.

### 5.3.8 Data Analysis

The study employed a combination of narrative and thematic analysis to interpret the qualitative data collected from Focus Group Discussions (FGDs), Key Informant Interviews (KIs), and in-depth interviews. These methods provided a comprehensive understanding of participants' lived experiences and the impact of skilling and gender awareness programs on their empowerment.

Narrative analysis focused on examining personal and collective stories shared by participants, particularly regarding changes in gender roles, agency, and decision-making. This approach highlighted how participants interpreted their experiences and how these interpretations shaped their behaviours and interactions within patriarchal structures.

Thematic analysis was conducted using ATLASTi. This involved systematic coding and the development of themes (Table 5.2). Deductive coding was applied against the eight social determinants of empowerment criteria established in the study. Thematic maps were developed to illustrate relationships between these criteria, highlighting shifts in knowledge, attitudes, and practices (KAP) related to gender and health, as well as how the programs interacted with the socio-cultural context of rural Anekal (Figure 5.2).

**Table 5.2: Thematic Indicators Emerging through Participant Narratives**

Theme	Description
Persistent Patriarchal Authority Despite Income	Women's financial contributions did not shift decision-making power, which remained in the hands of male family members.
Gendered Policing by Older Women	Older women, including mothers-in-law, enforced patriarchal norms by urging silence, adjustment, and sacrifice.
Dual Burden of Labour	Participants managed both paid work and full domestic responsibilities, leading to exhaustion and emotional strain.
Motherhood as the Core of Womanhood	Regardless of income, women were still judged by their caregiving and maternal performance.
Emotional and Mental Health Suppression	Mental health struggles were common but rarely acknowledged due to cultural expectations of silent endurance.
Gendered Devaluation of Women's Income	Women's earnings were considered supplementary, causing tension when men perceived a threat to their authority.
Alcoholism and Gendered Violence	Alcohol abuse by male partners often led to increased domestic violence, especially when women asserted independence.
Bodily Autonomy and Reproductive Control	Women lacked control over family planning and reproductive choices, with husbands or in-laws dictating decisions.

Cultural Silence Around Menstruation and Sexual Health	Stigma around menstruation and sexual health kept women silent, misinformed, and reluctant to seek help.
Emergence of Selfhood and Personal Identity	Participants developed a sense of identity beyond roles like wife, mother, or daughter-in-law for the first time.
Formation of Collective Consciousness and Sisterhood	Women built strong peer networks based on shared struggles, creating emotional and practical support systems.
Increased Awareness of Consent and Bodily Rights	Interactive activities helped women understand bodily autonomy, consent, and their right to set boundaries.
Negotiation Power in Household Dynamics	Women began asserting themselves in family finances and domestic conversations, often for the first time.
Recognition of Gender-Based Violence as Structural	Gender-based violence was reframed as systemic rather than personal, prompting naming and resistance.
Shifting Relationship to Sexuality and Pleasure	Sexuality was redefined from duty to agency, as women learned about pleasure and sexual rights.
Prioritisation of Self-Care and Emotional Well-being	Women began to see self-care and rest as necessary and valid, not indulgent or selfish.
Intergenerational Impact of Empowerment	Empowered women began advocating for their daughters' education and delaying child marriage, reshaping generational norms.
Program Structure as a Safe Learning Space	The program's safe, reflective, and participatory design was key to unlocking emotional honesty and transformation.
Discomfort and Resistance to Change	Some participants felt guilt or fear when asserting agency, highlighting the emotional complexity of empowerment.
Limits of Empowerment Without Structural Change	Without structural reforms in healthcare, legal access, or community safety, individual gains hit systemic barriers.

### 5.3.9 Ethics and Reflexivity

Ethical considerations were central to the research process. Informed consent was obtained from all participants, with clear explanations of the study's purpose, data use, and assurances of confidentiality and anonymity. For participants with varying literacy levels, verbal consent procedures were employed to ensure comprehension. Interviews were conducted in safe, private spaces away from participants' families, communities, and workplaces to facilitate open and honest disclosure. Pseudonyms were

used to protect participants' identities, and they were informed of their right to withdraw from the study at any time without repercussions.

Efforts were made to minimise power dynamics during data collection. Interviewers who did not have a direct prior engagement with participants conducted the sessions to ensure neutrality and foster a comfortable environment for sharing sensitive information. This approach aimed to mitigate biases and encourage authentic narratives.

The researcher maintained reflexivity throughout the study, acknowledging the potential impact of their positionality as an outsider to the demographic and cultural context of Anekal.

### 5.3.10 Limitations

Given that the study is exploratory, it has several limitations that may influence the interpretation of findings. Firstly, the data represents a snapshot of participants' experiences at a specific point in time, which may not fully capture long-term changes or trends in gender roles and empowerment. External factors, such as economic conditions or political shifts, could also impact participants' perspectives, adding contextual variability. Additionally, while the sample provides valuable insights, it may not encompass the full diversity of experiences within the community, limiting the generalizability of the findings. Expanding the sample size and conducting longitudinal studies could provide a more comprehensive understanding of gender dynamics and empowerment outcomes.

## 5.4 Findings

### 5.4.1 Reevaluating 'empowerment' through a gender lens

#### ***Cultural and Patriarchal Constraints***

In discussions with participants, it became clear that despite increased financial independence, many household decisions remain influenced by patriarchal norms. One participant noted,

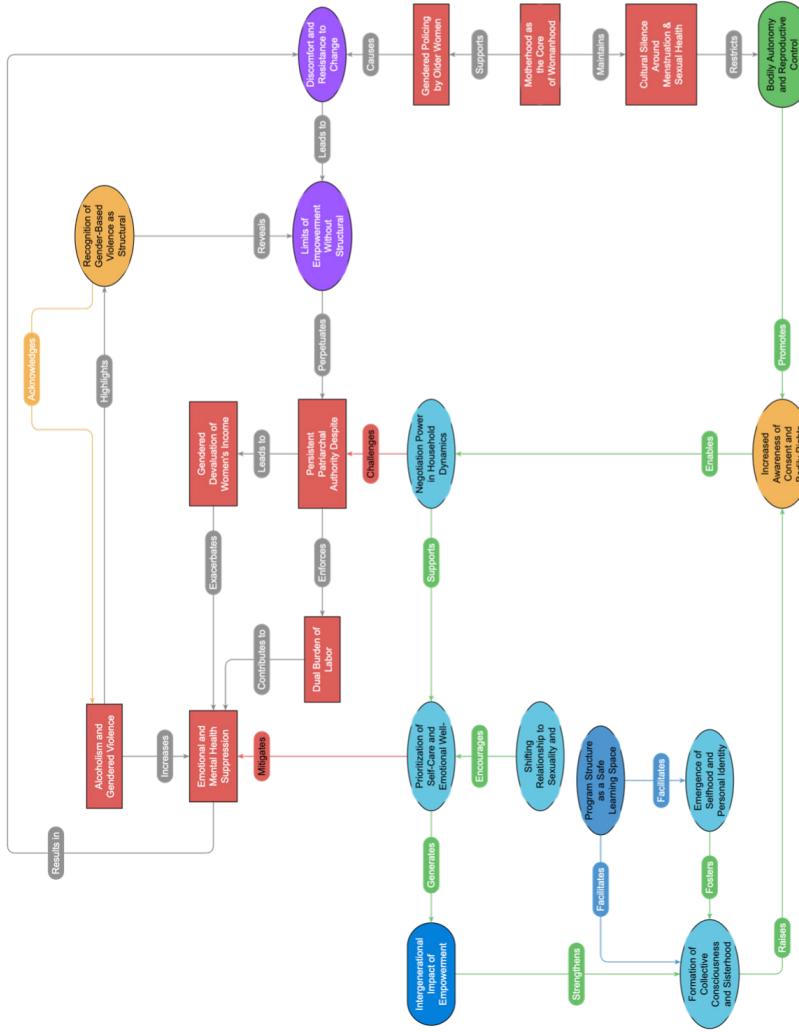
*"I can now make decisions about what to buy for my children or manage small household expenses, but for larger matters like investments or property, my husband or father-in-law has the final say."*

This sentiment was echoed by others, who indicated that while they could handle daily purchases, significant decisions were still controlled by male family members.

Another participant described how her role as an earner had little impact on her influence:

*"Even though I contribute money, I still have to ask my husband for permission before making large purchases. It's always his word that matters."*

**Figure 5.2: Thematic Map of Emergent Themes and their Interconnections**



This reflects the persistence of traditional power dynamics, where male authority dominates and limits women's empowerment. Several women also noted that financial independence did not shield them from patriarchal expectations. One participant stated,

*"I may be earning now, but my husband still believes men should handle important matters. He doesn't take my input seriously for big decisions."*

This highlights that while women contribute financially, societal norms continue to restrict their full participation in decision-making processes regarding property and family matters.

### **Dual Burden of Labour**

Participant narratives described the overwhelming workload resulting from juggling employment with traditional household responsibilities. One participant shared her daily routine, which reflected the narratives of most of the group:

*"I wake up at 4 a.m. to tend to the fields before household chores. After cooking, cleaning, and getting my children ready for school, I head to work at OBLF. When I return home, I prepare dinner, help my children with homework, and finish any unfinished chores."*

This narrative exemplifies the 'dual burden' many women experience as they shoulder full responsibility for household management alongside professional duties. Another participant echoed this sentiment:

*"Even though I now earn my own money, my workload hasn't reduced at home. My husband still expects me to take care of everything, from cooking to cleaning and looking after the children. It's like having two full-time jobs."*

Despite their financial contributions, these women are still expected to fulfil traditional roles, reinforcing the gendered division of labour within their households.

The strain of balancing employment with caregiving duties is further compounded by agricultural work in rural areas. As one participant explained,

*"I work in the fields before and after my OBLF job. There's no rest. My husband helps sometimes, but the responsibility for both the house and the farm is still seen as mine."*

The expectation that women maintain these duties while employed reflects deep-rooted gender norms that place both productive and reproductive labour squarely on their shoulders. This dual burden is not only physically exhausting but also emotionally draining. Several women mentioned feeling constantly overwhelmed, with one participant expressing,

*"There's never enough time. Even when I'm at work, I'm thinking about all the things waiting for me at home. It feels like I can never catch a break."*

This highlights the unrelenting nature of their responsibilities, where financial empowerment through employment has not translated into a reduction in household duties or a more equitable division of labour at home.

### **Caregiving and Reproductive Roles**

Participants emphasised that their roles as caregivers remained intact despite their professional contributions. One participant stated,

*"No matter how much I earn or work outside the home, if I fail to take care of my children or the house, it is seen as my failure as a woman."*

This sentiment was common, as women felt judged primarily on their ability to manage caregiving and household responsibilities. The expectation that women's primary role was to care for their families was deeply ingrained. One woman noted,

*"I am proud of my job, but if my children fall sick or the house is not clean, my in-laws and husband question my priorities."*

This reflects the belief that caregiving is a woman's ultimate responsibility, with any lapse seen as a personal shortcoming.

Motherhood dominated many conversations, with participants feeling their identities reduced to being mothers.

*"My husband tells me that my main job is to be a good mother,"*

one participant explained. Even those contributing financially felt their worth tied to traditional maternal roles. Another participant shared the challenges of balancing reproductive duties with work:

*"I had to leave work for months because of my pregnancy, and it was as if my contributions didn't matter."*

This highlights the pressure on women to prioritise reproductive roles, often limiting their personal autonomy and professional ambitions.

### **Gendered Perceptions of Income**

Despite their financial contributions through employment with OBLF, participants consistently reported that their earnings were viewed as secondary to their husbands'. One participant explained,

*"Even though I bring in money, it's still my husband's income that matters most. My salary is seen as 'extra' for groceries or small things for the children."*

This perception reflects deep-seated gender norms prioritising men as primary breadwinners, even when women contribute significantly to household finances.

This dynamic often led to tension within households. One participant shared,

*"When I started earning, my husband felt I was undermining his role. He would say, 'You think you can do everything now that you earn money?'"*

Many women recounted similar experiences where their financial independence caused discomfort or conflict, leading to controlling behaviours from husbands threatened by their growing autonomy. Domestic violence was also a recurring theme. One participant candidly stated,

*"As soon as I started bringing money home, my husband's drinking worsened, and he became more violent. He couldn't handle that I was earning more than him."*

For these women, financial empowerment did not protect them from domestic violence; in some cases, it exacerbated existing tensions as husbands struggled with shifts in traditional gender roles. Even in supportive households, participants' income was often treated as "pocket money" rather than a meaningful contribution to family stability. This underscores the persistent belief that men's earnings hold more value, reinforcing a hierarchy within the household despite women's increased financial independence.

### **Alcoholism and Domestic Violence**

Even with increased financial independence, many participants reported that domestic violence and alcoholism remained persistent issues in their households. One woman recounted,

*"My husband drinks every night, and even though I contribute money, it doesn't stop him from becoming violent."*

This sentiment was echoed by others who felt that their financial contributions did not protect them from their spouses' harmful behaviours, particularly in households where alcohol abuse was prevalent.

Some participants internalised the abuse as part of their fate. One woman stated,

*"I've learned to stay quiet because if I fight back, it will only make things worse for me and my children. He might throw me out, and then what will I do?"*

This reflects the difficult choices women face in resisting violence within a system that offers little protection or support. Many feared that standing up to violence could destabilise their household or threaten their safety and that of their children, trapping them in a cycle of silence.

Several women shared how their husbands' alcoholism affected their financial stability. One participant explained,

*"Whatever I save goes to covering for his drinking. He wastes money on alcohol, and I'm left to pay for the children's school fees or food."*

This illustrates the burden placed on women, where their income is often used to compensate for irresponsible spending, undermining the benefits of financial independence. In some cases, violence and alcoholism are intertwined with issues of masculinity and control. One woman described,

*"My husband says that now that I work, I don't respect him as a man. He drinks to show me he is still in charge, and when he gets violent, it's a reminder that I can't change anything."*

This narrative highlights the complex relationship between gender roles, financial empowerment, and domestic violence, where husbands feel threatened by their wives' independence and use violence as a means of reasserting authority. These experiences reveal that financial empowerment alone does not shield women from domestic violence or the harmful effects of alcoholism; fear of escalating violence and lack of viable alternatives keep many trapped in abusive relationships.

### ***Lack of Bodily Autonomy and Health Awareness***

Participants expressed that entrenched cultural norms limited their autonomy in family planning and sexual health. One woman stated,

*"In my household, decisions about having children are not mine. My husband and in-laws expect me to obey."*

Many felt their reproductive duties took precedence over personal choice. Cultural stigma around sexual and reproductive health was a major barrier to care. One participant explained,

*"I've had menstrual issues for years, but never talk about it. It's not discussed openly."*

This silence led women to internalise shame regarding these topics. Participants also reported a lack of support from spouses in family planning. One shared,

*"My husband refuses contraception, and I'm scared to oppose him. I've had two unplanned pregnancies because of this."*

This lack of bodily autonomy left women vulnerable to unwanted pregnancies and health complications.

Societal expectations that women's primary role is motherhood exacerbated these challenges. One woman noted,

*"In my community, being a good wife means having children. People question you if you don't have kids right away."*

This pressure forced many to endure repeated pregnancies without control over their reproductive health. Health-seeking behaviours were shaped by this lack of autonomy. One participant said,

*"I didn't want to tell anyone about the pain during pregnancy. By the time I went to the doctor, it was too late."*

These experiences illustrate how shame and limited decision-making power led to negative health outcomes. Misinformation and societal pressures reinforced barriers to accessing necessary health services.

### ***Mental Health and Emotional Well-being***

Participants shared significant mental health challenges, often exacerbated by the pressure to balance roles as caregivers, workers, and homemakers. One woman described her postpartum depression:

*"After my child was born, I felt overwhelmed and sad all the time, but I couldn't tell anyone. I was expected to take care of the baby, the house, and my work, so there was no space for how I felt."*

This isolation and suppression of emotional needs were common, with many reporting that mental health was a taboo topic in their communities. Loneliness is another prevalent theme. One woman explained,

*"I'm surrounded by people, but I still feel so alone. My husband doesn't understand my stress, and there's no one to talk to."*

This emotional disconnect often contributed to prolonged anxiety and depression. The constant juggling of responsibilities left little time for self-care. One participant shared,

*"There's never time for me. I wake up early to take care of the house, then work, and come back to more chores. I don't remember the last time I had a moment to relax."*

This cycle of duties prevented women from addressing their mental health needs. Societal expectations further suppressed their mental health. One woman noted,

*"As a mother, I'm expected to put my children first. No one asks how I'm doing because it's assumed a good mother doesn't complain."*

This pressure limited their focus on personal well-being. Overall, participants' narratives reflect a struggle with mental health and emotional well-being, compounded by societal expectations and a lack of support systems. Many women were unable to express or address these issues, leaving their emotional needs unmet.

### ***Social Stigma and Gender Norms***

The participants' narratives revealed the strong influence of deep-rooted cultural beliefs that reinforce rigid gender norms, particularly the expectation that a "good woman" suffers in silence. This cultural pressure to endure hardships without complaint discouraged women from expressing their needs or questioning their assigned roles. Several women noted how these norms were passed down through generations, with older women, including mothers and mothers-in-law, often reinforcing these ideals. This perpetuation of traditional roles, where women are expected to bear emotional, physical,

and financial burdens without protest, kept many participants locked into restrictive expectations. The roles of "good mother" and "good wife" were frequently upheld as models of behaviour, leaving little room for personal desires or challenges to these norms. The belief that women should prioritise their families at the expense of their own well-being was a common theme. Women who stepped outside these prescribed roles, even by taking time for themselves or seeking help, faced criticism or were labelled as failures.

Interestingly, it wasn't only men or societal structures that reinforced these gender norms—women themselves played a significant role in upholding patriarchal expectations. Several participants mentioned how other women in the community quickly judged and enforced these standards. One woman said,

*"The older women, even my neighbours, will talk if they see me doing anything outside what they think is proper."*

This social policing reinforced patriarchal expectations and limited the space for challenging traditional roles. Another participant reflected,

*"Sometimes, the women around you are even harsher than the men. They'll criticise you for not doing enough or for not following the 'right' path."*

This dynamic was particularly evident in interactions between generations of women. Many participants described how their mothers or mothers-in-law enforced rigid expectations around caregiving and domestic roles. These narratives highlight how patriarchal norms are often passed down and reinforced by women, making it more challenging to break free from traditional expectations. Additionally, several participants pointed out how women maintained silence around issues like domestic violence and marital difficulties. This collective silence, enforced by both older and younger women, prevented many from seeking help or challenging abusive dynamics at home.

#### **5.4.2 Reclaiming Their Own Narratives: Outcomes of gender education**

##### ***Development of "The Self", Social Identities & Personhood***

The gender awareness program had a transformative impact on participants, enabling them to develop a sense of personal identity beyond their traditionally assigned roles as mothers, wives, daughters-in-law, or their professional identities as teachers or health workers. For many, this marked the first opportunity to reflect on themselves as autonomous individuals rather than solely in relation to their familial or occupational roles. One participant expressed this realisation poignantly:

*"For the first time, I thought about myself as a person, not just a mother or wife. I realised I have my own dreams, my own voice."*

This newfound self-awareness served as a critical juncture, empowering participants to recognise and articulate the patriarchal patterns that had shaped their lives.

Structured reflection and facilitated group discussions emerged as pivotal mechanisms for fostering this sense of identity. These activities offered a supportive environment for participants to "name and frame" their struggles and delineate personal boundaries, thus reclaiming a sense of agency. As one participant explained:

*"I learned that it's okay to say no. That I have the right to my own space, my own decisions."*

Such reflections enabled participants to navigate their lives with a deeper understanding of their needs, rights, and individuality, laying the groundwork for greater autonomy.

This process of self-discovery also had broader social implications, as participants began to assume leadership roles within their communities—a significant step aligned with the objectives of the livelihood program. Gaining confidence in their identities, many women actively engaged in local decision-making processes. One participant recounted:

*"Now, when decisions are made in the village, I speak up. I feel like my voice matters, and people listen."*

This transition from marginalisation to self-advocacy highlights the program's role in equipping women to participate meaningfully in community leadership, fostering sustainable models of empowerment where women drive their own societal transformations.

Moreover, the impact extended beyond individual empowerment to challenge entrenched gender norms. By questioning harmful practices and raising awareness within their households, participants catalysed shifts toward gender equality. These changes hold significant potential for intergenerational impact, as participants actively modelled and encouraged progressive attitudes in their children. For instance, one participant shared her efforts to prevent her daughter's premature marriage and support her medical education:

*"I tell my girls now that they don't just have to be someone's wife. They can be who they want to be."*

This deliberate effort to challenge societal expectations underscores how empowered women can influence future generations, encouraging their children to resist restrictive norms and pursue self-determined paths.

### ***Building Social Capital***

The findings reveal that participants developed a collective consciousness and sense of sisterhood, stemming from shared struggles and experiences that had often been suppressed due to societal norms and isolation. This recognition of common challenges was instrumental in breaking the silence

surrounding sensitive issues such as domestic violence, reproductive health, and financial control. One participant reflected:

*"I used to feel alone in my problems, but hearing other women discuss similar issues made me realise we are all facing the same things."*

Such realisations underscored the systemic nature of their challenges, reframing them as collective rather than individual struggles.

The cultivation of open dialogue fostered trust and enabled women to express themselves in ways that had previously been unavailable. As another participant described:

*"It's like we became each other's support system. We could talk openly without fear of judgment."*

These shared spaces shifted the approach to problem-solving, moving away from reliance on external interventions toward community-driven solutions that were both sustainable and contextually relevant. For instance, participants began accompanying one another to hospitals or health clinics and supporting each other during familial conflicts. One participant remarked,

*"We started thinking about how we could help each other instead of waiting for someone from the outside to tell us what to do. We know our problems better than anyone."*

This peer network fostered a deeper sense of empowerment that extended beyond individual change, enabling women to advocate for one another and engage in collective action. Some groups worked together to address domestic violence, while others facilitated access to healthcare services for their peers. The solidarity cultivated within these networks strengthened participants' ability to challenge structural barriers and provided an enduring support system. Many participants continued to meet and support one another informally, even after the initial structured activities ended, creating a self-sustaining community capable of addressing both personal and communal challenges.

### ***Improved Awareness of Health, Consent, and Boundaries***

The participants demonstrated a significant increase in their knowledge of sexual and reproductive health and found that utilising interactive methods to explore topics such as consent, bodily autonomy, and personal boundaries helped them actualise it for themselves within their own households and communities. Many participants entered the program with limited understanding due to cultural stigmas and misinformation surrounding women's health. As one participant stated,

*"We never talked about these things at home. I didn't have the understanding nor the language about my own body."*

A key method employed was theatre, which illustrated real-life scenarios involving consent. These performances helped participants recognise violations of consent and understand that behaviours they considered normal, such as a partner making decisions about their bodies without consultation, were unacceptable. One participant noted,

*"Watching the skits made me realise that things I thought were normal are actually wrong."*

This approach effectively demystified consent by emphasising both the right to say yes and the right to say no. The body mapping exercise was another significant tool, allowing participants to explore their relationships with their bodies by mapping emotions like pleasure, pride, shame, and pain. For many women, this was their first opportunity to reflect on their physical and emotional experiences independently of societal expectations. One participant reflected,

*"Through the body mapping, I realised how much of my body I felt ashamed of."*

These methods enabled participants to confront stigmas surrounding reproductive health and consent. The program's comprehensive sessions gradually destigmatised discussions about women's health. One participant expressed newfound empowerment:

*"After learning about family planning and consent, I felt empowered to talk to my husband about it."*

Ultimately, the education provided led to improved health-seeking behaviours. Many women reported feeling more comfortable accessing healthcare services related to maternal health and sexual well-being. One participant shared,

*"I used to avoid going to the doctor because I was embarrassed to talk about my body. But now I feel like I have the right to ask questions."*

### ***Challenging Cultural Stigmas Around Menstruation and Sexual Health***

The findings highlight the significant impact of addressing cultural stigmas and myths surrounding menstruation and sexual health, which have historically left many women with limited knowledge and access to safe health practices. Participants reported entering the initiative with deeply ingrained taboos that silenced discussions about menstruation and reproductive health. A particularly pervasive challenge was the mistrust and misinformation surrounding menstrual products, such as menstrual cups and tampons. One participant admitted:

*"I always thought tampons were dangerous, that they would hurt or damage my inner parts."*

By providing factual information and fostering open discussions, these misconceptions were dispelled, enabling participants to approach menstrual health with confidence and clarity.

This increased understanding encouraged participants to break the silence around menstruation, initiating conversations within their families and communities. One participant shared her pride in addressing these topics openly:

*"I even talked to my daughter and son about periods, something my mother never did with me."*

Such shifts demonstrate the beginning of a generational change, where taboos are challenged, and knowledge is openly shared.

Beyond menstruation, broader sexual health issues were addressed, including reproductive rights, contraception, and family planning. Participants highlighted the burden of contraception and sterilisation often falling disproportionately on women. Discussions emphasised the importance of shared responsibilities in reproductive health, encouraging a more balanced perspective on gender roles in family planning. This reimagining of roles extended to workplace settings, where policies, such as menstrual leave, empowered women to exercise their rights and prioritise their well-being.

### ***Developing a Lens of 'Questioning' and 'Negotiation'***

Empowering women to navigate patriarchal norms requires equipping them with the tools and confidence to challenge restrictive decision-making dynamics. Participants reported feeling constrained by traditional gender roles that limited their participation in household decision-making, particularly in areas such as finances, caregiving, and reproductive choices. However, through critical reflection and skill-building, many women began to develop the capacity to advocate for themselves and renegotiate their roles within these domains.

One participant reflected on the gradual nature of this shift, stating:

*"It's not like they [family/community] will magically change one day. I still have so many restrictions. But now the 'guilt' I felt in 'indulging' in my work has vanished. I can negotiate and pursue what I want."*

Such narratives illustrate the ways in which personal transformation can serve as a foundation for incremental change within entrenched systems of control.

The ability to negotiate emerged as a central strategy for self-advocacy, enabling participants to articulate their needs and assert themselves more effectively. One woman explained:

*"I learned how to say 'no' and explain why. It wasn't easy, but now I can discuss what I want without fear."*

This process of questioning and negotiating extended to traditionally male-dominated spheres, such as household financial planning. For

instance, participants described newfound participation in discussions about budgeting and expenditures, previously seen as the sole domain of male family members. One participant noted,

*"Before, I never questioned how money was spent. Now, I sit down with my husband to plan together. I know where the money goes and can suggest what we need."*

Despite recognising that systemic patriarchal structures remain deeply rooted, participants reported greater confidence in their ability to influence decisions within these constraints. As one woman observed:

*"I know that my husband is still the head of the house, but now I can express my thoughts, and he listens."*

Such accounts reflect a subtle yet meaningful rebalancing of household power dynamics, where women's voices are increasingly acknowledged and respected.

### ***Prioritising Mental Health, Self-Care, and Emotional Well-Being***

Participants faced significant mental health challenges, including stress, postpartum depression, and anxiety, exacerbated by societal expectations that discouraged vulnerability. Many described internalised struggles, shaped by norms emphasising endurance and self-sacrifice. One participant shared:

*"I always thought I had to just endure everything."*

The pressures of caregiving and household management left women feeling overwhelmed and isolated. Another reflected:

*"I felt like I was drowning, with no one to talk to."*

Encouragement to prioritise mental health alongside caregiving roles marked a turning point for many participants. Structured dialogues fostered recognition of self-care as a legitimate need, a concept previously alien to them. One participant noted,

*"I never thought it was okay to take a break for myself. But now I realise that if I don't take care of my own health, I can't take care of anyone else."*

This newfound perspective empowered women to reclaim control over their emotional well-being.

Creating safe spaces for relaxation and leisure further enabled participants to recharge and explore personal interests without guilt. One woman described this shift:

*"It felt like I was finally giving myself permission to focus on myself."*

These experiences illustrate how recognising mental health needs can transform not only individual lives but also caregiving and social dynamics.

### **Awareness of Sexuality and Pleasure**

Sexuality and personal pleasure, deeply stigmatised topics, were explored as part of efforts to challenge entrenched cultural norms. Participants revealed that their sexual experiences were often shaped by the desires and needs of their husbands, with little consideration for their own autonomy or agency. One participant expressed:

*"Sex was something that happened because my husband wanted it. I never thought about whether I wanted it or how I felt."*

This lack of personal agency reflected broader societal norms that deny women the right to sexual self-expression and autonomy.

Efforts to address these taboos created a space for dialogue on sexual rights and pleasure, encouraging participants to examine their feelings and desires, long suppressed under cultural expectations. Initially, these discussions were met with discomfort, as confronting such deeply ingrained beliefs proved challenging. However, participants began to navigate these conversations within a safe and supportive environment.

By framing sexuality as a right, participants were introduced to concepts of consent, pleasure, and bodily autonomy, previously unfamiliar to many. One participant described the transformative nature of this realisation:

*"It helped me see the difference between what society expects of me and what I actually need."*

While some participants acknowledged lingering discomfort around these topics, the dialogues laid a foundation for personal growth and a deeper understanding of sexual autonomy.

These efforts mark an important step in fostering awareness, challenging societal taboos, and planting the seeds for greater agency and self-expression in women's sexual lives.

### **Recognising Gender-Based Violence**

Entrenched social norms perpetuating domestic violence and alcoholism emerged as significant challenges within the community, often internalised by women as inevitable aspects of their roles as wives and caregivers. Many participants recounted accepting abusive behaviour as part of their lived reality, shaped by patriarchal control and societal expectations. One participant reflected:

*"You see moments of injustice and inequality every day. It is embedded in the small things—where someone sits, who does the work, how I am spoken to, how someone is touching me. Before I felt this inequality, now I have a lens to see them through and shape how I respond."*

This process of recognition marked an important step in reframing their experiences and understanding the systemic roots of violence.

Discussions around unhealthy power dynamics enabled participants to identify abusive behaviours and critically examine the societal norms that reinforce them, including notions of masculinity tied to dominance and control. Women highlighted their growing ability to question these dynamics, gaining practical tools to navigate or resist situations of abuse. For many, this newfound perspective illuminated their rights and empowered them to envision pathways for seeking support or addressing these issues.

Despite this progress, systemic challenges continue to constrain women's ability to escape cycles of abuse, as deeply ingrained norms that condone violence and alcohol-related harm remain resistant to change. One participant acknowledged these limitations while expressing a sense of agency:

*"I know it won't change overnight, but now I feel stronger, like I can make a plan to improve my situation, even if it takes time."*

## 5.5 Discussion

The findings present a layered understanding of how integrated skilling and gender awareness programs impact women's empowerment. While progress was evident in specific areas, systemic constraints, cultural norms, and intersectional identities shaped the extent of transformation. This study highlights the need for empowerment efforts to balance economic opportunities with strategies that address socio-cultural and systemic barriers.

Financial independence, while a crucial milestone, did not universally translate into enhanced agency or autonomy. Women's earnings often became an extension of their caregiving roles, reinforcing their positioning within traditional familial hierarchies. This underscores the ongoing need to challenge societal norms alongside economic interventions. Unlike Kabeer's (1999) vision of empowerment as the ability to make strategic life choices, financial empowerment in isolation seemed insufficient in addressing entrenched power dynamics. To address this gap, skilling programs should integrate continuous gender sensitisation modules that equip participants with practical strategies to navigate power dynamics, negotiate household roles, and challenge patriarchal norms. These modules should also include intergenerational dialogues to ensure the transfer of gender awareness within families and communities.

Participants' dual responsibilities in both paid work and domestic labour underscore the pervasive nature of the gendered division of labour. The program's economic focus provided avenues for employment, but without accompanying shifts in household dynamics, many women reported experiencing heightened workloads. This finding reflects broader discourses, such as those by Panda and Agarwal (2005), on the importance of equitable redistribution of domestic labour in fostering true gender equity. Interventions that engage male family members in discussions and workshops about equitable responsibility-sharing are necessary to address

this dual burden. Programs could also promote community campaigns showcasing role models practising balanced caregiving to reshape perceptions of domestic work.

Gender awareness workshops played a transformative role by equipping women with tools to question societal norms and navigate patriarchal structures. These interventions encouraged critical reflection on issues such as reproductive health and gender roles, fostering personal and collective agency. Rather than simply providing knowledge, the program cultivated a space for participants to interrogate existing norms, echoing the arguments of Cornwall and Rivas (2015) about the importance of deeper socio-cognitive shifts in empowerment initiatives. To sustain these gains, peer networks developed during the program should be institutionalised as structured collectives. These networks can provide long-term platforms for advocacy and collective problem-solving, amplifying participants' agency within their communities.

However, participants' intersecting identities, particularly around caste and class, revealed additional layers of marginalisation. For Dalit women, systemic inequities compounded their struggles, emphasising the need for targeted strategies that account for intersectionality. Crenshaw's (1991) framework serves as a reminder that empowerment efforts must move beyond generalisations to address the specific needs of diverse groups. Intersectional approaches tailored to the challenges faced by marginalised groups, such as Dalit and tribal women, should be central to program design. Participatory modules co-created with these groups can address barriers tied to caste-based discrimination, geographic isolation, and restricted mobility.

Peer networks emerged as a powerful enabler of collective resilience, allowing women to share experiences and co-develop strategies for overcoming barriers. Unlike top-down interventions, these networks fostered grassroots solidarity and mutual learning, reflecting Batliwala's (1994) emphasis on collective empowerment as a pathway to dismantling patriarchal constraints. Strengthening these networks through training in advocacy techniques, such as petitioning local governments for healthcare access or legal protections, can enhance their effectiveness in addressing systemic issues like domestic violence and mobility restrictions.

Mental health emerged as both a challenge and an area of progress. Many participants faced emotional and psychological pressures compounded by societal expectations and stigmas surrounding mental health. By integrating mental health modules, the program validated participants' struggles and encouraged them to prioritise self-care, aligning with Nussbaum's (2000) assertion that emotional well-being is fundamental to human flourishing. This approach, however, requires further institutional and community-level support to sustain long-term mental health improvements. Expanding mental health components to include culturally sensitive counselling services, peer-led support groups, and collaborations with local mental health organisations can ensure sustained support for participants' emotional well-being.

Cultural norms remained a significant barrier, though participants demonstrated progress in questioning and redefining these norms. By asserting boundaries and renegotiating roles within their households, participants began to challenge patriarchal expectations. This gradual change aligns with Sen's (1999) capabilities approach, which underscores the importance of expanding freedoms and opportunities through agency. Collective action should be strengthened to address persistent barriers, such as domestic violence, through the creation of local advocacy groups. These collectives can act as grassroots platforms to bridge community-level challenges with broader policy advocacy efforts.

Nonetheless, systemic barriers such as domestic violence and restricted financial autonomy persisted, highlighting the limits of individual-level interventions. Addressing these challenges requires a more integrated approach that combines community-based strategies with structural reforms, echoing the insights of Heise et al. (1999) on the multifaceted nature of addressing violence and control. Policy-level advocacy is essential to complement grassroots efforts. Partnerships with local governance structures can drive reforms that prioritise women's control over household finances, expand legal protections against violence, and improve access to reproductive healthcare.

## 5.6 Conclusion

The insights from this study underscore that empowerment is not a singular or linear process but rather a multifaceted journey shaped by individual, relational, and systemic factors. Integrated skilling and gender awareness programs hold the potential to drive meaningful change, but their impact is contingent on addressing the broader socio-cultural and structural constraints that participants face. Expanding programmatic efforts to include intersectional strategies, fostering collective action, and integrating mental health support can enhance the sustainability and depth of empowerment initiatives. By taking these steps, programs can evolve from addressing immediate needs to fostering systemic and sustainable change, creating pathways for women to achieve autonomy, agency, and collective empowerment in their communities.

In closing, this study demonstrates that empowerment requires a comprehensive approach—one that simultaneously equips women with tools for individual agency and addresses the systemic barriers that limit their freedoms. Only through such an integrated framework can empowerment move beyond rhetoric to become a lived reality for marginalised women, transforming not only their lives but also the communities they inhabit.

**Disclaimer:** In preparing this manuscript, I have used ChatGPT, Perplexity and Turboscribe version (open-access version) to translate participant interviews, prepare transcripts and frame relevant quotes. I take full responsibility for the content.

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