

University of Ottawa

Unnatural and Unequal: Social Determinants of Gender Inequality and Health and
Their Impact on Disaster Management Interventions in Bangladesh

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Master of Arts in Globalization and International Development

Abstract

Disaster vulnerability and health status are determined by the intersecting social identities individuals possess in a given context. Based on two months fieldwork in Bangladesh, this study employs a comparative exploratory case study methodology to understand the way in which the Canadian International Development Agency (CIDA), Oxfam and Gonoshasthaya Kendra construct and deploy the concepts of gender, empowerment and women's health within their disaster management policies and programs. It finds that disaster management interventions that fail to understand the intersectional nature of women's vulnerability risk entrenching or creating forms of both privilege and oppression. Combining intersectionality, Moser's Practical and Strategic Gender Needs and Sen's Capability Approach, this study aims to deconstruct the embedded view of women in disaster management by suggesting that a social determinants of health approach, paired with intersectionality, could provide important insights into disaster management interventions and their effectiveness in addressing the gendered realities of women facing disasters.

Keywords

Disaster Management, Gender Equality, Social Determinants of Health, Intersectionality, Capability Approach, Practical and Strategic Gender Needs, Bangladesh

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Chapter 1: Introduction

Where can we find that window of opportunity that we can push forward a certain activity [in disaster response], a certain positioning of things, that is going to demonstrate to people that...women can play a role[?] [A]nd giving women that opportunity...the strength that comes when confidence comes, you can take that away, and that does make a difference...in a way this disaster equalizes (Marina¹, Oxfam Representative).

This chapter introduces the over-arching aim of my research, which is to understand and unpack the social construction of the concepts of gender, women's health and empowerment and to see how they are deployed within the disaster response policies and programs of three organizational cases in Bangladesh, one of the world's most vulnerable countries to climate-related disasters (Roy, 2012). It begins with a brief overview of the problematic including reference to the incidence of climate-related disasters and the disproportionate impact on women in Bangladesh. In this chapter I highlight the purpose and objectives of the thesis, including the research questions. With this background, the chapter then outlines the hazard profile of Bangladesh before discussing the theoretical framework, informed by intersectionality, Amartya Sen's Capability Approach, and Caroline Moser's conceptual distinction between practical and strategic gender needs.

The incidence of climate related disasters has increased dramatically over the last several decades and research is beginning to suggest that this process will pose substantial global health threats, in particular in developing countries (Costello et al., 2009 in United Nations Population Fund, 2009, p.4-5). The confluence of disasters, climate change, and development are an "unholy alliance" (Prabhakar, 2008). The consequences for Bangladesh are particularly significant, as the nation has been classified as one of the world's most vulnerable countries to cyclones and floods, and remains on the United Nations Least Developed Countries List (Nahar et al, 2010, p.55). Further evidence indicates that women will disproportionately bear the brunt of climate-related disasters in countries like Bangladesh, including increased workload for women and expanded care roles, reduced decision-making and increased economic insecurity due to loss of entitlements (Enarson, 2000), and are typically more vulnerable in post-disaster settings (Kumar-Range, 2001). Despite their disproportionate vulnerability, research suggests that women take on critical responsibilities outside of their gendered roles in post-disaster settings (Ariyabandu, 2003). In this regard, this study seeks to explore if disasters present a window of

¹ This respondent has been given a pseudonym to protect her identity.

opportunity, or a moment where profound change in relation to entrenched gender roles is possible, and whether or not these windows allow for women to meaningfully modify their gender roles in a way that enhances their agency and empowerment.

Given the increasing pace of climate-related disasters, there is a need to better understand the linkages between disaster vulnerability, the determinants of health, and empowerment as they relate to women's roles in post-disaster settings. As one of the 'ground zeros' of climate change, Bangladesh could be considered a proxy for the future impacts of climate-related disasters in other countries. In this respect, the findings from this study may be transferable and could inform future disaster planning globally. Additionally, the importance of considering gender in the context of disasters has started to be recognized in both policy and academia, and this particular study will serve to further advance that knowledge. It is therefore anticipated that the results of this study will be relevant to stakeholders, experts and decision makers in the broader development community interested in humanitarian assistance, disaster reconstruction and gender. This study may also inform future research on how these constructions impact women's capacity to respond to disasters as positive agents of change within their communities.

The central argument of this thesis is that when disaster management interventions are employed in a way that is gender-sensitive, and follows an intersectional approach, women of all social identities can engage in relief efforts, potentially creating space to modify their social position in a way that increases their agency and empowerment. However, my findings, despite their limitations, suggest that much current disaster management interventions fail to implement their programs in this way, and instead, generalize the capacities and vulnerabilities of women as homogenous, advantaging some groups of women over others, and leaving the most vulnerable and marginalized behind. Specifically, a more nuanced approach to disaster management that targets behaviour change by considering the intersecting social identities that contribute to vulnerabilities and capacities could contribute to an environment whereby women can capitalize on the opportunity to meaningfully modify their entrenched gender roles in a way that enhances their agency and empowerment.

1.1 Purpose and Objectives

The case for further exploring the links between gender, women's health and empowerment in the context of climate-related disasters in Bangladesh is clear. Therefore, the objective of this research project is:

To investigate and compare how the Canadian International Development Agency (CIDA), Oxfam², and Gonoshasthaya Kendra (a local NGO in Bangladesh) construct empowerment, gender, and specifically women's health within their disaster response policies and programs. The selection of these three organizational cases is discussed in the research design section.

Stemming from the stated objectives, my research questions are as follows:

1. How do governmental and non-governmental organizations selected as cases in this study construct the concepts of gender, empowerment, and women's health within their climate-related disaster policies and programs?
2. How do the selected cases in this study understand the concepts as connected issues in climate-related post-disaster settings?
3. How are these constructs deployed within the disaster response programs and activities of the organizations selected as cases in this study?

1.2 Hazard Profile of Bangladesh

To frame the context of disasters in Bangladesh, it is important to understand both the socioeconomic and geographic factors that contribute to its extreme vulnerability. Between independence in 1971 and 2007, when the last major disaster occurred, Bangladesh has experienced major floods in 1988, 1998, 2004, and 2007; and major cyclones and tidal surges in 1991, 1998, 2000, 2004, and 2007. This equates to a severe storm approximately every three years, increasing in both frequency and severity (Shahid, 2010; GOB, 2008, cited in Paul, 2009). With the highest disaster mortality rate recorded by the *UNDP Vulnerability Index*, Bangladesh is considered "one of the most disaster prone countries in the world" (Matin & Taher, 2001, p.227), and is rated the 6th highest country in terms of risk to disasters, according to the *World Risk Report (2011)* (Matin & Taher, 2001; Nahar, et al., 2010; WEDO, 2008). It is estimated that as much as 97% of the total population in Bangladesh are habitually at risk of multiple disasters (Alam & Collins, 2010), including droughts, cyclones, storm surges, earthquakes, arsenic contamination and environmental pollution (Mallick, Rahaman & Vogt,

² Note: Although the organization of this study is Oxfam International, Oxfam Great Britain has the operating mandate in Bangladesh. For the purpose of the study, the organization will be referred to as 'Oxfam'

2011). According to Haque & colleagues (2012), approximately “40% of the total global storm surges are recorded in Bangladesh, and the deadliest cyclones in the past 50 years, in terms of deaths and casualties, are those that have struck Bangladesh” (p.150). Bangladesh’s geographical positioning also makes it particularly vulnerable to floods and cyclones. Bangladesh accounts for 40% percent of the coastal area in the Bay of Bengal, which is often referred to as a geographical “death trap” which accounts for approximately 60% of global fatalities attributed to storm surges (Murty, 1984, cited in Matin & Taher, 2001; Ehrhart et al., 2009). Furthermore, the Ganga River Basin in the Bay of Bengal is the most populated river basin in the world, with an estimated 400 million people living in the 750,000 km catchment area (Mitchell, Tanner & Lussier, 2007).

Across South Asia, scientists predict that the impacts of climate change will be dramatic with a current estimation that two thirds of disasters in South Asia are climate-related (Oxfam International, 2008). In Bangladesh, about 30 million people are directly exposed to the harmful impacts of climate change (Global Humanitarian Forum, 2009). McMichael & Lindgren (2011) estimate that “a one-meter [sea] rise would inundate an area of Bangladesh currently inhabited by around 40% of its total population” (p.407). Within 100 years, the coastline of Bangladesh will likely have receded by approximately 10 km, or 18% of the country’s total land area (Cannon, 2002). Bangladesh is further vulnerable to changes in climate due to its reliance on agriculture and natural resources for subsistence (Faiz Rashid, Gani & Sarker, 2013).

In addition to the many physical traits that make Bangladesh vulnerable to disasters, many social identities such as caste, religion, age, gender, class, education, ethnicity, socioeconomic status, familial position and occupation intersect contributing to its population’s disproportionate vulnerabilities (Kelly et al., 2007). Conditions such as high population growth rate and density, lack of adequate governance structures, insufficient financial resources, and substandard infrastructure also confound these vulnerabilities (WEDO, 2008; Shahid, 2010). Bangladesh is located in the purported ‘classic patriarchal belt’, which some suggest, “stretches from the Middle East and North Africa (MENA region) and the northern plains of the South Asian subcontinent, including Pakistan and Bangladesh” (Townsend & Momsen, 1987 in Nazneen, Hossain & Sultan, 2011). While it could be suggested that this patriarchal belt extends across much of the world, it is also true that the institution of patriarchy is entrenched and still powerful in Bangladesh. This has led scholars to conclude that women’s socioeconomic opportunities are determined by two engrained institutions: patriarchy, or power relations that place men in a power position above women in all spheres of life, and Purdah, a practice of seclusion and

concealment of women in the public domain (Kabeer, 1998 in Aslanbeigui, 2010). Nazneen and colleagues (2011) explore the juxtaposition of the patriarchal nature of Bangladesh vis-à-vis the sentiment that women in Bangladesh have made great strides compared to other developing countries. They note that Bangladesh has a history of strong female political leadership, including the current Prime Minister of Bangladesh who is a woman. However, “there have also been attacks on women’s rights and reversals in gender equity, including a generalised shift to fundamentalism in religion and religious politics.” (p.9). Additionally, much literature suggests that the positive markers of progress for women have not extended to the most marginal, who tend to experience multiple forms of oppression based on the social identities described earlier.

There have been strong gendered differences in the impacts of past climate disasters in Bangladesh. Category IV Cyclone Gorky struck the Chittagong coast of Bangladesh on April 29, 1991, resulting in an estimated 140,000 casualties and approximately US \$2.4 billion in damage and losses (WEDO, 2008; Paul, 2009). In the aftermath of the storm, it was discovered that the female mortality rate was nearly five times higher than that of men (Brody, Demetriades, & Esplen, 2008). Research has largely attributed this highly gendered differential in mortality to several factors, including a failure in early warning, in which information was passed from men to men in public places where women did not have access to the information (Brody, Demetriades, & Esplen, 2008; Fordham, 2001), and the lack of appropriate, women-friendly cyclone shelters (Fordham, 2001). Lastly, some suggest that cultural constraints, which prohibit women from learning to swim in Bangladesh, contributed to the high mortality rate of women (Röhr 2005, in Brody, Demetriades, & Esplen, 2008).

In the wake of widespread flooding and a super-cyclone in 2007, albeit one with much lower mortality attributed to lessons learned from the 1991 cyclone (Global Humanitarian Forum, 2009; GoB, 2008), CARE Bangladesh's (2007) Gender Equity and Diversity Unit in an early assessment noted the lack of sex-disaggregated data related to the cyclone. They also found that women's health needs were not met in the immediate relief period, and continued to be unmet at the time of publication, several months later. A similar assessment undertaken by the Government of Bangladesh concurred with this inadequacy, noting that risk reduction activities for women and children were grossly ignored during both pre- and post-disaster periods (GoB, 2008). Following the assessment, the Government of Bangladesh developed several strategies to ensure adequate inclusion of women in disaster management, such as ensuring women and children's participation in development activities, preferential treatment given to women in all aspects of disaster management, including cash for work programs during

rehabilitation periods, and mainstreaming gender needs into all aspects of disaster management (GoB, 2008). However, the effectiveness of these new strategies has not yet been tested in a significant disaster context.

Although Bangladesh is experiencing unique disaster vulnerability, simply characterizing the nation as vulnerable without appropriately recognizing its existing capacities undermines the country's achievements in disaster risk reduction. For example, much time and effort has been put into developing community resilience related to disasters, which receives much less attention and analysis than the vulnerability to, and nature of, hazards (IFRCRCS, 2004). However, it is important to first acknowledge the particular risk environment of the nation to situate the current vulnerabilities and capacities in Bangladesh.

1.3 Theoretical Approaches and Conceptual Framework

This research is informed by an intersectionality lens, Caroline Moser's conceptual distinction of practical and strategic gender needs and Amartya Sen's Capability Approach. These three theoretical approaches together form a conceptual framework for assessing understandings of women's health and empowerment in climate-related disaster settings and the extent to which these disasters can be harnessed as opportunities for women to meaningfully modify their gender roles in a way that enhances their agency and empowerment. This study also builds on existing frameworks currently utilized in disaster management literature, specifically the social vulnerability paradigm and women's empowerment, to understand the linkages between gender, disaster management, and health equity. It is important to note that this thesis draws on the areas of convergence between these different frameworks and does not engage in their differences, as this is beyond the scope of this particular study.

Throughout the literature consulted and analyzed in this study, the terms 'gender' and 'women' are used interchangeably. In an effort to disrupt this popular discourse, I align with Ellen Dzah's (2011) approach to gender and climate change, which is critical of such conflation, noting "[a] simplistic understanding of gender tend[s] to cloud the real effect[s] of the disaster and obscure[s] accurate understanding of the situation, and therefore measures taken to care for all stakeholders will likely omit many aspects of intersecting social inequalities" (p.vii). In my study I suggest that this discourse posits that women are a homogenous group, with common vulnerabilities and capacities, and that situating women and gender within the same meaning also ignores the entrenched social norms that define 'women's roles' in disaster settings. The theoretical approach to this study aims to deconstruct this

embedded view of women in disaster management, and much development literature, by suggesting that a social determinants of health approach, paired with intersectionality, could provide important insights into disaster management interventions and their effectiveness in addressing the gendered realities of women facing disasters.

1.3.1 Intersectionality

Although not typically employed in disaster management research, the intersectionality lens is important to this thesis. While much literature focuses on the social vulnerability of individuals and groups to disaster management, few look to the intersecting social identities that contribute to an individual's vulnerabilities.

Stemming from the work of Crenshaw (1989, 1991), intersectionality is a normative research paradigm for "studying, understanding, and responding to the ways in which gender intersects with other identities, contributing to unique experiences of oppression and privilege" (Hankivsky et al., 2010, p.12). Hankivsky (2014) defines intersectionality as an approach that "promotes an understanding of human beings as shaped by the interaction of different social locations...occur[ing] within a context of connected systems and structures of power ...[and] through social processes, interdependent forms of privilege and oppression ...are created" (p.2).

This is an appropriate framework in which to situate the study, because of both gap in applying an intersectional lens to disaster vulnerability, and because the framework disrupts the 'homogenization' of women in disaster management. Others agree; according to MacGregor (2010a), there is a worrying lack of feminist-informed research on the gendered dimensions of climate change. Although global climate change has considered concepts of class, poverty and race, concepts of gender have been absent (MacGregor, 2010b). While it is anticipated that the increasing relevance of climate change research will soon include more studies on these complex social and political dimensions, past practice indicates it is unlikely that gendered dimensions will be meaningfully included as a relevant category (MacGregor, 2010b). Within the social determinants of health literature, "the non-biological determinants of gender – that is the socially constructed roles associated with being male or female in a given grouping or society", are often missing (Phillips, 2008, p.368). Traditionally, health research has favoured a categorical approach to assessing gender and health, without fully understanding the interactional effects of gender on other axes of power and complexity of these intersections (Hankivsky et al., 2010; Springer, Hankivsky, & Bates, 2012). Therefore, increasingly women's health researchers are

advocating for intersectionality-type research, which would incorporate a broader understanding of inequality (Springer, Hankivsky, & Bates, 2012, p.1661).

In part, intersectionality has become more prominent in light of criticisms of the Gender Mainstreaming (GM) approach, which posits that GM pays scarce attention to the dynamic and complex nature of gender and its intersection with other axes of power (Tolhurst et al., 2012). Meanwhile, much of the ‘gender sensitive’ disaster management literature touches on GM, but fails to take this a step further towards an intersectionality approach.

The rise in prominence of intersectionality also stems from an increasing recognition that “different axes of social power relations are interrelated not as additive but as intersecting processes” (Iyer, Sen, & Ostlin, 2008, p.13). Hankivsky (2012) notes that intersectionality contests research practices that privilege an axis of inequality over others by moving “beyond single...categories of analysis...to consider simultaneous interactions between different aspects of social identity” (p.1714). Hankivsky (2010) argues that traditional, additive approaches essentializes women and gives an inordinate amount of attention to gender over other determinants of health, and calls for an “altogether new conceptual framework that combines intersecting axes of discrimination but does not privilege gender over other determinants of health” (Hankivsky, 2007, p.159). Iyer, Sen and Ostlin (2008) concur, stating that the social position of an individual has a great impact on the risk factors that determine health outcomes. They recognize that although health outcomes are influenced by gender and class, the pathways through which this occurs are complex, and cannot be predicted based on a single facet of social inequality, such as gender discrimination or economic class.

Intersectionality as a research approach, however, has been criticized due to the perceived “lack of clearly defined intersectional methodology” (Hankivsky et al., 2010, p.3), and limited progress in “developing theoretically informed and methodologically sound approaches for their...application” (Hankivsky et al., 2010, p.10). Additionally, some suggest that intersectionality “simply combines a categorical approach to one dimension of difference with a categorical approach to another” (Connell, 2012, p.1676). However, McCall (2005) “describes anti-categorical approaches used by intersectionality scholars to deconstruct systems of categorization and instead focus on complex relations between multiple groups not only within but across identities and analytic categories” (Connell, 2012, p.1676).

1.3.2 Caroline Moser's Practical and Strategic Gender Needs

The lens of intersectionality is complemented by Caroline Moser's conceptual distinction between practical and strategic gender needs. Moser's work, which is informed by Molyneux (1985), is based on a gender planning approach that takes into account the different roles that women and men play in developing countries, and subsequently, their different needs. The theoretical rationale for this approach is based on the 'triple role' of women (reproductive work, productive work, and community managing work (Moser, 1989, p.1801)) and the conceptual distinction between practical and strategic gender needs (See Table 1 for a description of both practical and strategic gender needs).

Table 1: Moser's Practical and Strategic Gender Needs/ Interests

Practical Gender Needs (PGN)	Strategic Gender Needs (SGN)
<ul style="list-style-type: none"> - Needs identified based on socially constructed position of women in response to immediate needs identified in a specific context, typically representative of human survival needs - Needs do not challenge entrenched gender roles or women's subordinate position in society - Reflective of an immediate need in a given context - Examples: Water, healthcare, means of employment traditionally considered 'women's work' 	<ul style="list-style-type: none"> - Needs identified based on an analysis of women's socially constructed subordinate position vis-à-vis other actors. - Needs challenge entrenched gender roles and women's subordinate position in society, including as it relates to the sexual division of labour - Advocating for these interests requires a level of consciousness of the subordinate social position of an individual. - Examples: Legal rights, pay equity, means of employment traditionally considered 'men's work'.

Developed based on (Moser, 1989)

The above table provides an indication of what Moser considered practical and strategic gender needs. However, it should be noted that practical needs, such as health care, can be seen as an entry point to achieve strategic gender needs of women in different socioeconomic contexts (Moser, 1989, p. 1817).

While an understanding of the intersecting identities that form context-specific vulnerabilities to disasters is critical, interventions cannot appropriately address these vulnerabilities without understanding the unique practical and strategic needs of women. Women are not universally vulnerable, nor do they have universal needs in disaster settings. Understanding the context-specific needs of individual women is fundamental to employing gender-sensitive, sustainable disaster management. More specifically, the contribution of Moser's work to this thesis is that it provides a benchmark in which to assess the level of conceptualization the organizations have regarding women's

needs and the extent to which their interventions are aimed at meaningfully modifying entrenched gender roles.

1.3.3 Amartya Sen's Capability Approach

Vulnerabilities are neither universal nor fixed in time, but are determined by intersecting social markers that disadvantage one individual over another. This is confounded by access to resources and the ability to transform those resources into valuable activities to advance one's social position. While the intersectionality paradigm focuses on the context-specific social identities that intersect to contribute to vulnerabilities and capacities, and Moser outlines an approach that can be utilized to determine the types of interventions that are required, Sen's capability approach provides insight into the entitlements and enabling environment required to both utilize resources and exercise agency to modify social positions in situations of vulnerability.

The Capability Approach (CA), as articulated by Sen in the 1980s, dictates that the well-being of individuals should be assessed in terms of their functionings and capabilities. At the core Sen (1999a) defines capabilities simply as "what people are actually able to do and to be" (p.290-1). Under the approach, functionings refer to "the various things a person may value doing or being" (Sen, 1999a, p.75). Throughout the literature, functionings are referred to as 'beings and doings', and include "being nourished, being confident, being able to travel, or taking part in political decisions" (Alkire, 2005, p.118). It is important to note the emphasis on value. Sen suggests that increases in choice do not always equate to increases in freedoms; if the additional options are not of value, or if the options, though valuable, lead to a less peaceful life, they do not represent meaningful functionings (Alkire, 2005, p.121).

At the foundational level, capability is the "*freedom* to promote or achieve valuable functionings" (Alkire, 2005, p.121, emphasis in original). Sen describes a capability as "various combinations of functionings...that a person can achieve" (Sen, 1992, p.40 in Alkire, 2005, p.118). According to Gaspers (2007), capability is the counterpart to an 'opportunity set', as described in conventional microeconomics. By focusing on capabilities, Sen's approach stands in contrast to those that "focus exclusively on utilities, resources, or income", which does not acknowledge that not all people can convert resources into capabilities equally (Robeyns, 2003, p, 63). According to Robeyns (2003), "the difference between a functioning and a capability is similar to the difference between an achievement and the freedom to achieve something" (p.63).

The Capability Approach (CA) has immense “potential for addressing feminist concerns and questions” (Robeyns, 2003, p.62). However, some suggest a firm grounding in the gender perspective has been largely absent (Agarwal, 2003, p.4). Sen himself has addressed gender inequality in his work, finding the phenomenon of gender inequality “can be understood much better by comparing those things that intrinsically matter (such as functionings and capabilities), rather than just the means [to achieve them] like...resources” (Sen, 1999, p.125). Thus applying the CA to issues of gender inequality, and more broadly, feminist concerns and objectives provides a lens that “accounts for human diversity, including the diversity stemming from people’s gender” (Robeyns, 2003 p.67).

Nonetheless, the Capability Approach (CA) has been criticized, particularly because of its practical application and its underspecified character, especially when applied to gender equality. These specifications include selection criteria for capabilities, clarification on whether gender equality is a functioning or capability, and further information about the weighting of functionings (Robeyns, 2003). One of the largest debates around the use of the CA is whether or not an explicit list of capabilities should be identified as applicable to evaluation in all contexts. In his version of the CA, Sen does not identify a set of basic functionings, although he agrees that some basic functionings will figure into most lists of relevant capabilities, a “fixed and final list of capabilities usable for every purpose and unaffected by the progress of understanding of the social role and importance of different capabilities” would be a mistake (Sen, 2004, p.77). In stark contrast, Martha Nussbaum (1988, 2003), in a critique of Sen, suggests that he should articulate a “definite list of the most central capabilities” specific to gender justice (p. 36). In her conception of the Capability Approach, there is a universal general list of basic capabilities applicable to all scenarios (Nussbaum, 2000) which includes ten dimensions: “life; bodily health; bodily integrity; sense, imagination and thought; emotions; practical reason; affiliation; other species; play; and control over one’s environment” (in Robeyns, 2003, p. 73). Robeyns (2003) has also proposed a methodology for selecting a list of capabilities for evaluations related to well-being and gender equality. In her article, she develops a list of criterion for selecting capabilities for evaluation before describing the process in which this list was arrived at.

Specific to disaster management, there are different practical applications that have sought to integrate both the vulnerability of individuals, and their capacities. The Capacity and Vulnerability Assessment (CVA) and the Vulnerability and Capacities Index (VCI) are tools that extend beyond examining vulnerability to hazards and focuses more on people's strengths and abilities. According to Anderson and Woodrow (1998), Capacity Vulnerability Analysis seeks to "understand why a disaster

happened and what its impact ha[s] been and ...avoid increasing vulnerabilities" as well as "designing and implementing disaster responses that have developmental impacts" (p.11 in Scharffscher, 2011, p.67).

When assessing the different applications of the Capability Approach (CA), there are merits to both Nussbaum and Sen's approach. Sen (2004) addresses the issue directly, stating that Nussbaum's approach is useful in addressing minimal rights against deprivation; however, for other practical purposes, her list of capabilities may not be suitable. Robeyns (2003) also weighs the value of each approach. She notes that Nussbaum and Sen approach the CA from different theoretical backgrounds, and as such, they have differing views of what the list of capabilities should seek to achieve. In concluding, Robeyns (2003) states that in scenarios involving policy issues related to social sciences and measurement of individual advantage, Sen's approach is most appropriate. On the other hand, she states that Nussbaum's approach is best suited for discussions around moral philosophical principles, legal rights, and political declarations (p.74).

In the context of this study, the perspectives of intersectionality, Moser's Practical and Strategic Gender Needs and Sen's Capability Approach provide an appropriate approach to better understanding the complexity and diversity of the construction and deployment of gender, empowerment and health in disaster management. This implies necessary attention to the meaning, importance and construction of gender and its impacts on other social identities (Bates, Hankivsky & Springer, 2009). Using this lens will assist me in uncovering both the vulnerabilities and opportunities that disasters present, and the acknowledgement that these are relative and context-specific.

1.4 Overview of the Thesis

This thesis consists of six chapters. Chapter One has provided an overview of the aim of my research, which is to understand and unpack the social construction of the concepts of gender, women's health and empowerment and see how they are deployed within the disaster response policies and programs of the three organizational cases. This chapter also included the hazard profile of Bangladesh, and an outline of my three theoretical frameworks. Chapter Two explores the relevant literature related to the themes of the study, beginning with the political economy of disaster management, before delving into the relationship between gender, health, and empowerment. Chapter Three presents the methodology utilized for this study, including profiles of the three organizations, a description of the methods used for data collection, ethical considerations and limitations. Chapter Four presents the

results of the data analysis, comparing the document review data to the key informant interview data, which is triangulated using the focus group data. Chapter Five presents a discussion of the findings and applies the theoretical approach to generate meaning. Chapter Six concludes the thesis with a brief summary and brings forth unanswered questions and highlights potential contributions to existing literature in the areas of health, gender equality and disaster management.

Chapter 2: Review of the Literature

Many scholars have explored some combination of the various dimensions of disaster management, health (Bayntun, 2012; Costello et al., 2009; McMichael, Friel, Nyong & Corvalan, 2008), empowerment and gender equality (Enarson, 2001; Fordham, 2001; Neumayer & Plumper, 2007). While the fields are vast, this chapter attempts to consolidate pertinent elements from these studies. The topics here include: disaster management approaches and their gender sensitivity, the political economy of disaster management, determinants of health and the contribution of these to disaster vulnerability, and empowerment as it relates to women's ability to respond and contribute to disaster management.

The first section summarizes climate change and disaster management literature to elucidate the different actors typically engaged in disaster response, particularly donors and non-governmental organizations, the actions taken in the wake of disasters, and the political economy that shapes disaster assistance. Section two then focuses on gender and disaster response policy, highlighting the way in which both women and men engage and are depicted in disaster response policy and practice. Following from the discussion on disaster management policy, section three then looks specifically at health in disasters, both in terms of the gendered determinants of health and the specific health interventions undertaken in disaster settings. Building on this, section four explores the gendered determinants of vulnerabilities to disasters and responding capacities, focusing on the social construction of vulnerabilities while still acknowledging other disaster management theoretical frameworks. This section also includes an analysis of Sen's Capability Approach and its application to disaster management. Section five focuses on different conceptualizations of empowerment and explores the link between empowerment and health. This section concludes with a discussion on the concept of agency and wellbeing.

2.1 Disaster Management and the Political Economy of Disaster Assistance

Disasters occur in a rather politicized and sensitive international space. An understanding of the interrelationships between humanitarian emergency assistance, development aid, and various foreign policy dimensions is critical knowledge when studying disaster management. It is also important to understand the discursive frameworks in which disaster management is conceptualized, and their subsequent impacts on relief and recovery efforts. This conceptualization has evolved, and in line with this study, recent literature increasingly considers the social and structural composition of disasters (Tierney, 2007). (See Table 2 for a description of each theoretical framework).

In addition to different conceptual understandings of disasters, there are many categories in which disasters can be classified. This includes natural hazards, natural hazards increased by humans, and man-made disasters. For the purpose of this study, the focus will be on natural hazards increased by humans, and specifically, climate change. It is widely held that the primary cause of climate change is greenhouse gas emissions (GHG)³. GHG concentration has grown steadily with the rise of industrialization, by approximately “70% between 1970 and 2004” (Dankelman, 2010, p.8), to its current, near-critical state (Friel et al., 2008, p.1677). It is also commonly accepted that human activity is the leading cause of the increase in GHG emissions, responsible for the lion’s share of global warming over the last 50 years (Intergovernmental Panel on Climate Change, 2007). The 2009 *State of the World’s Population Report* indicated that disasters have increased from 200 recorded per year two decades ago to 400 recorded per year in 2009, with 70% of these disasters being categorized as ‘climate related’ (United Nations Population Fund, 2009, p.30). It is estimated that by 2050 as many as “1 billion people may be displaced by climate change” (McMichael, 2008, p.204).

Table 2: Theoretical Frameworks for Disaster Management

Disaster Management Approach	Summary of Approach
Social Vulnerability	Vulnerability is a greater determinant of disaster risk, and must be understood as individuals “having various social characteristics that make them likely to be harmed by particular hazard to a greater or lesser extent” (Cannon, 2008, p.351)
Natural Hazard	Disasters are a natural phenomenon with no link to human activity (Tierney, 2007). The natural hazards paradigm response to disasters focuses primarily on the physical aspects of disasters, downplaying the socially constructed determinants of vulnerability (McEntire, 2005).
Risk Management	The primary goal of risk mitigation is to minimize financial losses resulting from disasters. More recently the term risk management has been used interchangeably with ‘disaster risk reduction’ (McEntire, 2005).
Public Safety	The <i>Public Safety Paradigm</i> focuses on the protection of populations against disasters (Alexander, 2002). More recently, <i>The US Homeland Security Paradigm</i> has increased in prominence with a focus almost exclusively on disasters related to ‘terror’, and concentrating disaster management efforts on “controlling borders, protecting critical infrastructure, and strengthening emergency response” (McEntire, 2005, p.211).

This table describes the discursive frameworks in which disaster management is conceptualized, and their subsequent impacts on relief and recovery efforts. While this section is not meant to be a comprehensive historical exploration of the concept, it does provide a snapshot of a few different conceptualizations of disasters.

³ “GHGs are gases in the Earth’s atmosphere that absorb and re-emit infrared radiation. These gasses occur through both natural and human-influenced processes” (Dankleman, 2010, p.7).

In the wake of disasters, response programs play a significant role in mitigating detrimental effects. Within a comprehensive disaster management system there are four distinct components. This includes mitigation, preparedness, response and recovery (Coppola, 2011). Mitigation includes risk reduction measures aimed at modifying human behaviour, and activities that alter physical environments to lessen the impacts of disasters. There is a close relationship between sustainable development practices and risk reduction initiatives, given their mutual goals of vulnerability reduction, and as a result, development programs also play a significant role in disaster mitigation activities (Ginige, Amaratunga & Haigh, 2009). Disaster preparedness is primarily concerned with developing strategies to implement in the disaster's aftermath to alleviate damaging impacts (Coppola, 2011). In terms of minimizing vulnerabilities, disaster preparedness has been identified as a more suitable strategy to addressing disasters than post-disaster actions such as response and recovery (Ginige, Amaratunga & Haigh, 2009). Immediate response efforts include food, water and sanitation services, housing, and health services. Although all components of the disaster management cycle are integral in ensuring disasters are managed appropriately, response is often recognized "as having the greatest immediate potential for saving lives and for being the most time sensitive" (Coppola, 2011, p.425), and remains the primary channel pursued by international humanitarian actors (Fink & Radaelli, 2011). Recovery efforts follow the acute phase of a disaster, and prioritize relocation to safe housing, reconstruction of permanent housing, restoration of water, electricity and sanitation services, and health and education facilities (Yonder, Akcar & Gopalan, 2005). For many humanitarian NGOs, the recovery phase is an opportunity to 'build back better', focusing on social and political development potential rather than just infrastructure reconstruction (Pelling & Dill, 2009, p.23). Although each component of disaster management has its own unique challenges and advantages, modern disaster management advocates a holistic, integrated, coherent and multidimensional approach to disasters in which each component of the cycle is valued (McEntire, 2005).

While there are many different actors that engage in disaster management activities, including multilateral and philanthropic organizations, this analysis is limited to government actors or donors, and non-governmental organizations. When disasters become international crises that require external intervention, unaffected government actors often provide bilateral assistance through monetary donations or debt relief, supplies such as consumable products, equipment, building materials, transportation and labour, or expertise such as technical assistance (Coppola, 2011). Governments can also provide assistance through contributions to humanitarian funds, or directly funding NGOs,

international organizations or local organizations (Development Initiatives, 2012, p.41). However, this assistance is not purely altruistic, despite its foundational humanitarian principles⁴, which suggest that it should be. Within the field of disaster management there are varying degrees of criticism regarding the political economy of disaster assistance, and Nelson (2012) notes that actual recipient need drives the decision to provide humanitarian assistance, while donor interest often dictates the amount of assistance provided. In that respect, although recipient need is a strong predictor of aid allocation, “political variables are also significant, in that donor states provide more disaster aid to trading partners, former colonies and military allies” (p.109). Fink & Redaelli (2011) agree that foreign policy interests play a significant role in emergency aid allocation, and add that donor governments also disproportionately target assistance towards countries closer in proximity and political orientation (p.742). Olson, Carstensen & Hoyen (2003) make a distinction between donors, and find that larger donors such as the United States are more strongly motivated by foreign policy objectives, whereas smaller donors are more likely to provide assistance in line with recipient need.

The contributions of humanitarian NGOs are vital in the wake of disasters. This is largely due to the fact that many NGOs are operating in affected countries prior to an emergency and are capable of both responding before the international community arrives, and continuing to support communities after the international response fades (Development Initiatives, 2012, p.45). Humanitarian NGOs⁵ may also be in a better position to address the specific concerns of affected populations given their pre-existing relationships, unique understanding of the local context and familiarity with the population (Coppola, 2011). Further, evidence suggests that they may also be more flexible and adaptive when responding to disasters (Olsen, Carstensen, & Høyen, 2003). While the involvement of donors is influenced by foreign policy interest, the involvement of NGOs is dependent on factors such as “the strength of the network of humanitarian organizations involved in the country or region concerned” (Olsen, Carstensen, & Høyen, 2003, p.110). In the developing country context, NGOs are often the

⁴ The principles of humanity, impartiality, independence and neutrality form the foundation of all humanitarian action. “The principle of humanity states that human suffering must be addressed wherever it is found. The principle of impartiality states that humanitarian action must be carried out on the basis of need alone, applying triage to identify the cases most in distress. The principle of neutrality states that humanitarian actors must not take sides in hostilities. The principle of independence, which was added in 2004, states that humanitarian action must be autonomous from political, economic, or military objectives” (UNOCHA 2012a, p.2).

⁵ Humanitarian NGOs are defined as “non-profit, civilian-based, staffed organizations that depend on outside sources of funding and materials (including from governments) to carry out a humanitarian-based mission and associated goals in a target population” (Coppola, 2011, p.484).

preferred vehicle for delivering disaster assistance because of their unique position, and the fact that they are viewed as an alternative to corrupt government agencies (Rahman, 2006). NGOs are also considered by several analysts to have the best capacity to both understand problems and deliver programs directly to affected populations while remaining independent from local elites and the international donor community (Francken, Minten, & Swinnen, 2012; Ghosh, 2009).

The relationship between sustainable development practices and disaster management is well documented and the provision of humanitarian assistance can be more efficient if conceptualized and carried out in line with the long-term sustainable development goals. However, in practice the continuum between disaster response and development efforts presents significant challenges. For example, the transition between development and humanitarian activities is often identified as a 'gap', due to the fact that humanitarian assistance actors, particularly donors, often "favour reactionary humanitarian response strategies, which critics suggest, underestimates the complexity of communities' needs in rebuilding their lives and livelihoods" (Yonder, Akcar & Gopalan, 2005, p.33). Furthermore, in the aftermath of disasters, many humanitarian actors lack the ability to shift into a mode that is more participatory and conducive to advancing development goals (Schilderman & Lyons, 2011).

International humanitarian assistance architecture is vast and complex, with many different mechanisms and actors responsible for taking action in the wake of disasters. When disaster management programs are executed in accordance with the humanitarian principles, disasters are also an opportunity to mutually advance reconstruction efforts and conventional notions of sustainable development. However, in practical settings, for political, economic and bureaucratic reasons, some emergency assistance actors place an inordinate emphasis on responsive strategies and fail to harness the development opportunities present within disaster management. This failure is often confounded by the lack of gender sensitivity in disaster response policy, which results in women being absent from decision-making and inappropriate response programs that do not address the needs of affected populations.

2.2 Gender and Disaster Response Policy

Within the global framework and international architecture related to climate change and disasters writ-large, gender dynamics have been largely neglected and women are often absent from decision-making. For example, both the United Nations Framework Convention on Climate Change (UNFCCC) and the Kyoto Protocol, the two most influential global treaties related to climate change,

fail to directly address gender (Carvajal-Escobar, Quintero-Angel, & García-Vargas, 2008; Denton, 2002; Lambrou & Piana, 2006; MacGregor, 2010a; Nelson et al., 2002; Terry, 2009; Skutsch, 2010). Several authors have critically analyzed climate-related policies to further examine their inclusion of women (WEDO, 2008; Skutsch, 2010; Skinner, 2011). Documenting relevant international agreements and conventions from 1948 to 2007, Skinner (2011) assesses the priorities outlined in each and their consideration of the dynamic relationship between gender and climate change⁶. She notes that no single convention or framework encompasses all aspects of both gender and climate change, but the Hyogo Framework for Action (HFA) highlights the importance of the inclusion of gender in all aspects of disaster risk reduction (Skinner, 2011). As such, policy responses specific to climate change have been criticized for being ‘masculinized’, which “‘invisibilise’ and alienate women and their concerns” (Denton, 2002; MacGregor, 2010b; Skinner, 2010;). These approaches are typified by an inordinate emphasis on scientific and technological inputs, which play scant attention to the social dynamics of climate change (Enarson, 1998; Masika, 2002).

In examining this further, MacGregor (2010a) suggests, “men dominate the [climate change] issue at all levels, as scientific and economic experts, entrepreneurs, policy makers, and spokespeople” (p.128). For example, at the 2010 United Nations Framework Convention on Climate Change conference, women represented only 15% of all heads of delegations, and 30% of the total delegation (Skinner, 2010). Furthermore, in a 2007 survey, it was found that “18 out of the 22 ‘most influential spokespeople in climate change’ are men... [and] the five women on the list are not politicians or scientists, but models and actresses with highly questionable connections to climate change policy” (MacGregor, 2010a, p.129). Enarson (1998) attributes this masculinization to the “gendered cultural dynamics within Western aid agencies” which have typically been managed by men, and concerned with civil defense, military, and engineering (in Sharffscher, 2011, p.67). This masculinist construction is important to the thesis. While it is recognized that the construction is also gendered, in the sense that it does not represent multiple genders, for the purpose of this study, I will focus on the pitfalls of the construction as it relates to women.

⁶ In her sample she includes: UN Universal Declaration of Human Rights (UNDHR), Convention of the Elimination of All Forms of Discrimination Against Women (CEDAW), Agenda 21 and the Rio Declaration on the Environment and Development, UN Convention on Biological Diversity (UNCBD), UN Framework Convention on Climate Change (UNFCCC), UN Convention to Combat Desertification (UNCCD), Beijing Declaration and Platform for Action, Hyogo Framework for Action, and UN Declaration on rights of Indigenous Peoples (UN DECRIPS) (Skinner, 2011).

Women are not only absent from climate change decision-making and policy, but by extension are often not engaged in the practice of disaster assistance in a meaningful way. Taking a gender perspective actively advocates the inclusion of women across the spectrum of disaster management in order to empower women, decrease their vulnerabilities, and make disaster-related policies more gender sensitive (Ginige, Amaratunga & Haigh, 2009). However, the current mainstream disaster management discourse perpetuates the exaggerated gender binary between women and men, which solidifies men in their scientific research base and women in their devalued social and domestic roles (MacGregor, 2010b, p.235). These roles are also perpetuated when disaster management projects adhere to uniform standards and practices, with little acknowledgement of the local context, and in particular, the local knowledge that women possess that is valuable to response strategies (Benellie, Mazurana & Walker, 2012). Such approaches disregard previously established gender roles, leading to purportedly gender-blind policies which often result in the presumption that women will perform central functions in response, thereby increasing the burden placed on women (Arora-Johnsson, 2011; Bradshaw, 2002; Nelson, Meadows, Cannon, Morton, & Martin, 2002). To meaningfully engage women in disaster management requires encouraging women to take on leadership and management roles and acknowledging the critical importance of women within their communities (Valdes, 2009).

Much literature calls for ‘mainstreaming’ gender and women into disaster risk reduction, which involves “identifying the ways in which women and men are positioned in society” (International Strategy for Disaster Reduction, 2002 in Ginige, Amaratunga & Haigh, 2009, p.31). According to Ginige and colleagues (2009), a focus on gender mainstreaming in disaster management will increase equality, by focusing on women’s specific needs and interests. However, it is important to note that outside of the disaster management field, the gender mainstreaming approach has received much criticism for paying scarce attention to the dynamic and complex nature of gender and its intersection with other axes of power (Tolhurst et al., 2012).

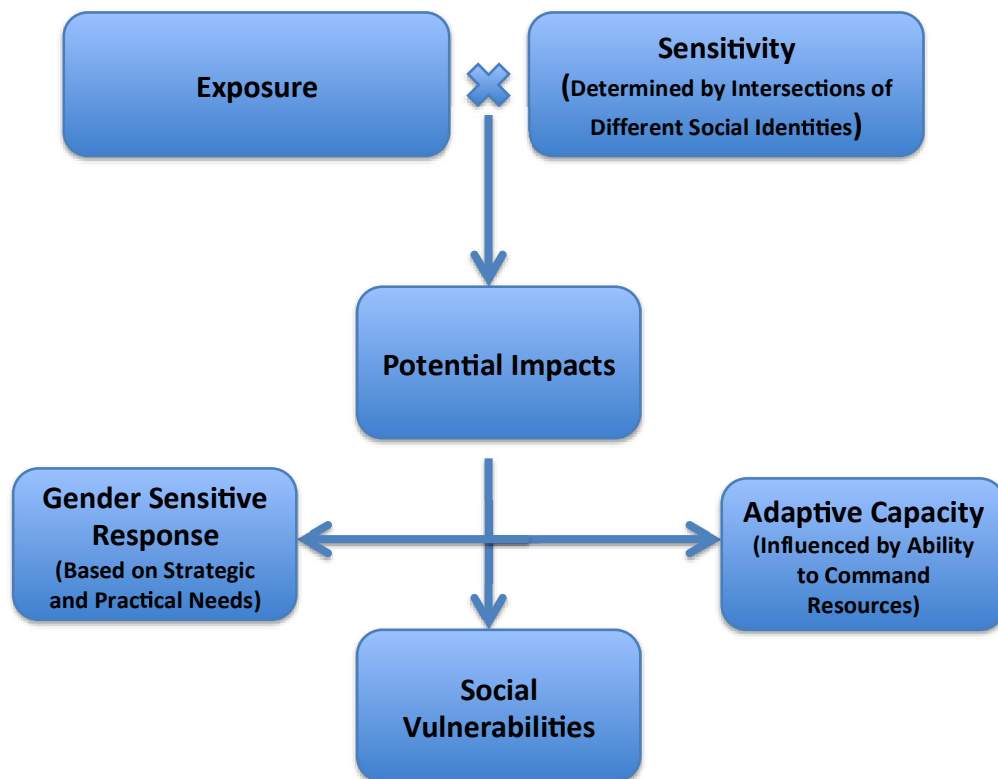
The importance of including a gendered dimension to climate-related disaster policy and practice is well documented, without which, any effort to address climate change will be “insufficient, unjust, and hence unsustainable” (MacGregor, 2010a, p.137). Further, bringing attention to the gendered dimensions of climate change through the active participation and acknowledgement of women will foster more appropriate policies and responses.

2.3 Gendered Determinants of Vulnerability and Capacity in Disasters

In order to meaningfully engage women in disaster response policy and practice, it is critical to understand the root causes of vulnerability to disasters. Research suggests that this vulnerability is a socially constructed phenomenon (Adger & Kelly, 1999; Blaikie et al., 1994; Wisner, Blaikie & Cannon 2004). Cohen and Werker (2008) note an important distinction between shocks and disasters, claiming a “*shock* refers to the natural act itself...and *disaster* refers to the net impact of the shock on the population” (p.796, emphasis in original). Shocks therefore become disasters when conditions of vulnerability converge (Cannon, 2008; Yonder, Ackar & Goplan, 2005). Similarly, Alexander (2006) states, “vulnerability is a greater determinant of disaster risk than hazards themselves” (p.2). Multiple definitions of vulnerability exist, focusing on aspects of potential damage (Birkmann, 2006), place-based exposure to hazards (Cutter, 1996), exposure to a physical hazard (Watts & Bohle, 1993) or defenselessness (Mustafa, 1998).

Within disaster management, the social vulnerability paradigm is situated as a radical critique of the traditional conception of disasters (as natural hazards or a problem of risk management; see Table 2), and places emphasis on the intersectionality that perpetuates and exacerbates disaster vulnerabilities. Social vulnerability to disasters, unlike other conceptions of vulnerability, is not individual-based, but structural, and context specific. Therefore, vulnerabilities must be understood as individuals “having various social characteristics that make them likely to be harmed by particular hazard to a greater or lesser extent” (Cannon, 2008, p.351). These intersections include, but are not limited to, class, gender, age, ethnicity, and disability (IFRCRCS, 2007), all of which “affect people’s *entitlement* and *empowerment*, or their command over basic necessities and rights as broadly defined” (Bankoff, 2001, p.25, emphasis in original). As an approach, the social vulnerability paradigm “does not focus on adaptation to hazard[s] but on the complex development processes undermining disaster resilience and putting rising numbers of people at increased risk” (Enarson & Meyreles, 2004, p.50).

Figure 1 (below), provides a visual of the social vulnerabilities model. In the figure, exposure to a disaster intersects with an individual’s sensitive to determine the potential impacts. The model then notes that gender sensitive responses and adaptive capacity can serve to mitigate the social vulnerabilities of individuals.

Figure 1: Social Vulnerabilities Model

Adapted from Wongbusarakum & Loper, 2011

Of the intersections that contribute to disaster vulnerabilities, gender is the most relevant to this study, and is considered a significant characteristic influencing social vulnerability to disasters (Ariyabandu, 2003; Nelson, Meadows, Cannon, Morton & Martin, 2002). However, intersectionality theory suggests that this marker should not be prioritized over other critical identities that contribute to vulnerabilities such as caste or socio-economic status. Therefore, while gender is most salient to this study, I will attempt not to separate this from other important social identities. Traditional disaster management paradigms often depict women as a homogenous, vulnerable group, denying them agency and reinforcing the generalization that poor women are the most vulnerable groups in disaster settings (Arora-Johsson, 2011). In consideration of this, Enarson and Myereles (2004) state that as an approach to understanding disasters, social vulnerability focuses not on the hazard, but on the structural determinants that undermine disaster resilience, representing a more “engendered disaster sociology” (p.50). According to Enarson (2000), the gender-specific impacts of disasters are socially constructed

and include: increase in economic insecurity due to loss of entitlements and employment, increased workload for women due to new forms of disaster work and expanded care roles; the deterioration of women's working conditions due to disrupted homes and lack of resources, and slower recovery from economic losses, due to gender bias in investment policies, reduced decision-making, and gendered roles (p.8-23). The union of these impacts further entrenches gender inequity, limiting women's access to resources and thereby increasing their social vulnerabilities.

Through an analysis of the social vulnerability paradigm, Zou and Wei (2010) found shortcomings in its use of conceptual thinking, use of practical methodologies, and noted the lack of explicit recommendations to address the underlying causes of vulnerabilities. Gardoni and Murphy (2010) also note limitations, indicating, "Current social vulnerability approaches lack a theoretically sound, practical framework for defining and combining the consequences on the quality of life of individuals" (p.619). To account for these limitations, Gardoni and Murphy (2010) are advocates of the capability approach, a more relevant theoretical model to evaluate the impact of disasters by assessing the change in capabilities at the individual level. Likewise, Roy and Venema (2002), suggest that vulnerability can be reduced using the capability approach, thereby improving overall well-being and ensuring that women are able to become positive agents of change within their communities (p.78). Further, Adger and Kelly (1999), analyzing social vulnerability through an entitlements approach, suggest that the concept of capacity should be central to all analysis of vulnerability to climate change (p.256).

The union of a capability approach and the social vulnerability perspective is foundational to this study. The social vulnerability perspective provides a valuable understanding of the intersections that contribute to an individual's unique and context specific vulnerabilities. By employing a combination of the capability approach and the social vulnerability perspective, we avoid focusing solely on group-level vulnerabilities to disasters, which overlooks potential capabilities of individuals.

As argued earlier, vulnerabilities to disasters are socially constructed, and the intersections of multiple identities create a situation in which women are typically made more vulnerable than their male counterparts. Understanding this reality and working towards increasing women's agency may be particularly important in the context of women's health, where traditional disaster management policy and practice has a history of being blind to the unique health impacts that disasters have on women, further increasing their vulnerability.

2.4 Health Impacts of Disasters and the Gendered Determinants of Health

Like vulnerability, determinants of women's health in disaster settings are socially constructed, based on the intersecting identities that disproportionately disadvantage some individuals over others; and that create differential access to resources and the ability to command those resources when in need. With a solid understanding of the architecture of disaster management, the critical importance of gender sensitive policy and practice and the social construction of disaster vulnerability, this section explores the personal and collective impact of disasters on women's health.

The health impacts of disasters are wide reaching and diverse. McMichael & Lindgrin (2011) highlight the direct and indirect health impacts of climate change and climate-related disasters. The direct health impacts of disasters typically include death and injury. This study is primarily concerned with the indirect impacts of disasters, and the gendered determinants of direct impacts.

Beyond the physical impacts, Kar (2006) found that in the context of disasters, there are wide-ranging psychosocial impacts such as depression, dissociation, anxiety, and antisocial behaviour, and the impacts are mitigated by levels of social support, networks and mastery among others. Research also identifies women as more likely to be at greater psychosocial risk in climate-related disasters (Doherty & Clayton, 2011). The psychosocial environment has been defined as an individual's range of opportunities to meet the needs of "well-being, productivity, and positive self-experience" (Siegrist & Marmot, 2004 p.1465), and Egan, Tannahill, Petticrew & Thomas (2008) note that positive psychosocial environments correspond with better health, while poor environments can lead to health inequalities (p.239).

The indirect health effects of disasters span a wide range of complex causal pathways. These pathways include: water and food insecurity, infectious disease, social disruption and population displacement, lack of proper hygiene and sanitation, and reduced access to health services among others (McMichael & Lindgrin, 2011. p. 407-9; Sphere, 2011). Additionally, economic collapse that often follows disasters in developing countries has significant indirect health impacts, devastating overall global health and development (Costello et al. 2009, p.1701). Disasters also destroy hospitals and health centres, leaving populations without access to essential health interventions such as the immunization programs for children, treatment for non-communicable diseases, interventions for safe delivery for pregnant women and much more (WHO, 2010, p.1). Furthermore, disease surveillance and early

warning systems are often damaged, limiting the ability of national governments to monitor and detect infectious disease outbreaks (WHO, 2010, p.1).

Individuals already in situations of vulnerability experience the gravest health impacts in disaster contexts. Extensive research suggests that the wider social determinants of health (SDH) are key factors in determining health outcomes of the most vulnerable and disadvantaged groups (Ward, Meyer, Verity, Gill & Luong, 2011; Zollner & Lessof, 1998). As Marmot and colleagues (2008) elaborate:

The poor health of poor people...[is] caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people's lives... This unequal distribution of health-damaging experiences is not in any sense a natural phenomenon (p. 1661).

Throughout the SDH literature, there is increasing emphasis given to gender as a determinant of health (WHO, 2008). The Women and Gender Equity Knowledge Network of the WHO Commission on Social Determinants of Health developed a conceptual framework for the role of gender as a social determinant of health. The framework highlights several intermediary factors that influence gendered health outcomes, including "discriminatory values, norms, practices and behaviours... differential exposures and vulnerabilities to diseases, disability and injuries, biases in health systems, and biases in health research" (Sen & Ostlin, 2008, p.3). Other scholars have detailed the ways in which gender affects health. Phillips (2008) argues that these pathways interact in at least three different ways. These include gender norms, which disadvantage one group over another, discrimination and marginalization of women, and the internal struggle and related stress regarding both the acceptance and rejection of expected gender roles contributing to illness (Phillips, 2008, p.368). Sen and colleagues (2008), find "together, gender systems, structural processes, and their interplay constitute the gendered structural determinants of health" (p.5).

Given that gender in itself is considered both a determinant of health and of vulnerability in disaster settings, it is unsurprising that disasters have gender-specific health impacts. Research suggests that the mortality rates of women and children during climate-related disasters are up to 14 times higher than men's (Skinner, 2011, p.31). Several scholars have attributed this mortality rate to cultural and social norms, socioeconomic status and the social and gendered roles of women in the contexts in which disasters occur. This is in light of the fact that women, as mothers and care providers, often put the safety and wellbeing of their children and families, as well as their assets, before their own safety. In some pre-disaster settings, women also had little interaction outside of the household, which contributed

to many women not fleeing their homes. Cultural restraints also contributed to higher female mortality, as seen in the earlier discussion of past disasters in Bangladesh, where women did not learn to swim, resulting in a significant number of female drowning deaths (Demetriades & Esplen, 2008; Nelson, et al., 2002). Through an analysis of mortality rates during disasters, Neumayer & Plumper (2007) determined that the highly gendered inequality related to access to financial resources and information increased the impact of disasters on women. Women who are disadvantaged socioeconomically experience higher mortality rates than their male counterparts in disasters. They conclude, “it is the socially constructed gender-specific vulnerability of females built into everyday socio-economic patterns that lead to the relatively higher female disaster mortality rates compared to men” (p. 551).

Women’s health is also significantly affected by the long-term, indirect consequences of disasters. Brody, Demetriades & Esplen (2008) find that in the aftermath of a crisis, gender inequities and related discrimination in access to resources such as education and healthcare result in women being “more exposed to disease and [having] less access to medical services when they are ill, lacking the economic resources to pay for healthcare as well as facing social and cultural constraints that may limit their mobility” (in Skinner, 2011 p.31). Nelson & colleagues (2002) concur, noting that women often experience increased illness in post-disaster settings due to their gendered roles as caregivers.

There is a small body of literature that relates women’s health outcomes to disasters in Bangladesh. Most of these studies address clinical health, and more specifically, water-borne diseases such as cholera and diarrheal diseases (Shahid, 2010), and most do not address these diseases in the context of social determinants of health. In line with this trend, Nahar and colleagues (2010) found that the leading cause of disaster-related health problems in Bangladesh was related to water, both in terms of scarcity and contamination. They also noted that disasters contribute to health problems due to communicable diseases, mental health, damage to health infrastructure, and population displacement.

Disasters present severe challenges for public health. As such, the global policy space for humanitarian response prioritizes securing the health of affected populations. Specifically, “the primary goals of humanitarian response ... are to prevent and reduce excess mortality and morbidity” (Sphere, 2011, p.292). The cornerstone of global action on health interventions in emergency settings is the Sphere Project⁷. Sphere has outlined a series of “Minimum Standards in Health Action”, which guides

⁷ Sphere is the global accountability and coordinating body that promotes minimum standards to direct humanitarian action.

how health services in emergencies should be planned, designed, implemented and evaluated. These are divided into ‘Standards for Health Systems’ and ‘Standards for Essential Health Services’. Standards for Health Systems include: “health service delivery, human resources, drugs and medical supplies, health financing, health information management, and leadership and coordination”. Standards for Essential Health Services include: “control of communicable diseases, child health, sexual and reproductive health, injury, mental health, non-communicable diseases” (Sphere, 2011, p.290).

In summary, and despite advances in the recognition of the importance of health action in emergencies, and of women’s disproportionate vulnerability, the humanitarian community has been criticized for lacking a holistic, gender sensitive health systems approach. According to Bayntun and colleagues (2012), a health system’s approach would “maximize human and capital investment, optimize immediate and long term health outcomes, and prevent set-backs to a health system in the wake of a disaster” (p.8).

2.5 The Impact of Individual and Community Empowerment on Health and Disaster Management

Good health and a state of wellbeing are intrinsically linked to empowerment, or a state in which individuals can exercise power or agency over their own lives. Conversely, individuals who are disempowered often lack the capability to promote or achieve valuable functionings, such as good health. One of the chief objectives of empowerment is to strengthen agency (Aslanbeigui, Guy & Nancy, 2010), which shifts the discourse away from ‘victim’ towards that of actors engaged in change.

Originally articulated in feminist literature from the 1970s, the concept of empowerment⁸ rose to prominence in the development field in the 1980s (Desai, 2010). This study defines empowerment in line with definitions from Wang & Burris (1994) and Rowlands (1997). According to Wang & Burris (1994), empowerment is that which increases capabilities for marginalized people who have limited access to knowledge, power, resources and networks (cited in Thurairajah & Baldry, 2010, p. 349). Rowlands (1997) adds that “[e]mpowerment is thus more than participation in decision-making; *it must also include the processes that lead people to perceive themselves as able and entitled to make decisions*” (p. 14 in Sharp, Briggs, Yacoub & Hamed, 2003, p. 283, emphasis in original). Other definitions of empowerment focus on expanding people’s choices (Sen, 1999), the ability to make

⁸ A fuller treatment of the concept of ‘Power’ would entail engaging with different theories of power, but that is beyond the scope of the thesis. Elaborating on how empowerment itself has been conceptualized in the literature suffices for purpose of this study.

strategic life choices (Kabeer, 1999), a self-led process in which empowerment comes from within (Laverack, 2006), collective action (Mosedale, 2005), and a process through which gender roles are redefined and opportunities are expanded (Mosedale, 2005).

As a development approach, empowerment has received criticism for becoming a buzzword that is ‘popularized’ or ‘domesticated’, with many feminist scholars suggesting the concept has been reduced to an instrumental approach focusing on individual rights. In their view, the wide usage of the concept by mainstream development agencies mobilizes women and encourages their use of voice and participation, “without giving them the power to challenge existing narratives of development and to articulate new alternatives” (Elliott, 2008 in Desai, 2010, p.4). As such, these feminists call for initiatives to put the power back into empowerment.

Several authors have conducted studies on empowerment strategies specific to Bangladesh, many with a focus on rural women (Kabeer, 2011; Mahmud, Shah & Becker, 2012), the impacts of microcredit programs (Aslanbeigui, Guy & Nancy, 2010), the ready-made garment industry (Nazneen, Hossain & Sultan, 2011), and the use of mobile phones (Aminuzzaman, Baldersheim & Jamil, 2003). Parveen and Leonhäuser (2004) note that empowerment in Bangladesh is an essential precondition for broad development goals. In their study, the authors described six indicators to measure empowerment, which includes access to resources, ownership of assets, perception on gender awareness, and household income, among others. Sen (1999) uses the experience of women’s economic participation in Bangladesh (through both the Grameen Bank and BRAC) as an example of programs promoting the greater empowerment and independent agency of women (p.201). Nazneen and colleagues (2011) map the narratives of women’s empowerment in Bangladesh, highlighting the ways in which women’s empowerment is constructed in public discourse, as well as its use by women’s organizations, NGOs, donors, and the political parties. They found that women’s organizations in Bangladesh have the most sophisticated understanding of empowerment, which includes an “awareness of the workings of political power and the complexities of women's lives, and the overlapping and multiple nature of discrimination” (p.14). Within development NGOs, although the definitions of empowerment and complementary concepts of gender equality differed, the concepts remained central to their work. Regarding donor agencies, they found that women’s empowerment was virtually absent from the official discourse of these agencies, signalling an emphasis on broader issues of women and social change. Overall, they conclude that, with the exception of women’s organizations, all other actors take an approach to women’s empowerment that instrumentalizes women, focusing on “what can be done *for* women (and

not working *with/alongside* them) so that they become effective agents of development” (p.33, emphasis in original). Similarly, Kabeer (2011) examines the processes of empowerment of rural women in Bangladesh, finding that the presence of socially oriented NGOs improved women’s voice, consultation of women, and autonomy, leading to positive outcomes for rural women as a whole.

The process of empowerment, specifically for women, also has important implications for their health. Legitimized by the 1986 Ottawa Charter for Health Promotion, the empowerment and health discourse has received considerable attention within the population health literature (Kar, Pascual & Chickering, 1999; Laverack & Labonté, 2000; Laverack & Wallerstein, 2001). According to Laverack & Labonté (2000), within the field of health promotion multiple discourses co-exist, including a ‘conventional’ discourse with a disease prevention focus and a ‘radical’ discourse with a focus on community empowerment and social justice (p.256). As it relates to disasters, community empowerment and social justice fit within the social vulnerability paradigm, which is considered a radical alternative to traditional disaster management approaches.

Further research explicitly states that the relative state of powerlessness is a risk factor that significantly influences the social determinants of health, and as such, opportunities for empowerment contribute to increased well-being (Kar, Pascual & Chickering, 1999; Varkey, Kureshi & Lesnick, 2010; Wallerstein, 2002). Wallerstein (2002) notes that living in inequitable environments relative to others significantly impacts well-being. She also notes, “empowerment is a viable public health strategy” (Wallerstein, 2006, p.4). Specific to women’s health and empowerment, Varkey, Kureshi & Lesnick (2010) note that gender inequalities have direct impacts on health and empowerment of women is positively associated with the improvement of several key health indicators. Wallerstein (2006) concurs, finding that interventions aimed at empowering women have a significant impact on their overall quality of life (p. 4).

According to Laverack and Labonté (2000), empowerment is a bottom-up approach that focuses on strength and capacity of communities. Wallerstein (2002) defines community empowerment as “a social action process by which individuals, communities, and organization gain mastery over their lives in the context of changing their social and political environment to improve equity and quality of life” (p. 73). Community empowerment is identified both as an outcome and as a process whereby empowerment is the intermediate outcome that leads to improved overall health outcomes (Wallerstein, 2002, p.75).

More recently, some disaster response initiatives have recognized the central importance of including concepts of women's empowerment in their programming. For example, the Disaster Risk Reduction and Humanitarian Programme in Nepal, acknowledging the need for women's empowerment in community-based disaster risk reduction, developed 42 Women's Empowerment Centers. Overall, these centres have worked to strengthen women's empowerment and leadership in disaster management (Dhungel & Ojha, 2012, p. 309). However, despite these developments, disaster management still largely focuses on participatory development, and many disaster management scholars have advocated policymakers and development practitioners to engage with communities to understand local knowledge, practices, and environmental uses (Alam & Collins, 2010). The rationale for the involvement of the local community, and valuation of local knowledge and context is largely fuelled by the need for sustainable and appropriate disaster management strategies. They suggest that without participatory approaches, an "intra-dependency of disaster preparedness amongst rich and poor countries [forms] and leads the rich to spend for the problems of the poor" (Mallick, Rahaman & Vogt, 2011, p.232). According to Alam & Collins (2010), an understanding of context and local knowledge and practices is fundamental in addressing the underlying causes of vulnerability to disasters. Other scholars suggest that in line with best practices, sustainable disaster mitigation strategies must be developed by and within the community (Mallick, Rahaman & Vogt, 2011, p. 234).

It can be argued that being empowered is a necessary precursor to exercise agency, which is critically important for women in the context of disasters. Furthermore, agency is a key determining factor as to how individuals respond to disasters (Brown & Westaway, 2011). According to McLaughlin & Dietz (2008), broadly, agency can be defined as "the capacity of individuals and corporate actors, with the diverse cultural meanings that they espouse, to play an independent causal role in history" (p.105). Emirbayer & Mische (1998) suggest agency is "the capacity of human actors to project alternative future possibilities, and then to actualize those possibilities within the context of current contingencies" (p.975, cited in McLaughlin & Dietz, 2008, p. 105). Sen (1999) states that "the changing agency of women is one of the major mediators of economic and social change, and its determination as well as consequences closely relate to many of the central features of the development process" (p.205). Aslanbeigui and colleagues (2010) concur, stating "women's agency is critical to freeing them from the mutually reinforcing constraints of patriarchy, poverty, ignorance, and lack of mobility" (p. 191). Furthermore, Sen (1999) defines an active agent of change as individuals who are "the dynamic promoters of social transformations that can alter the lives of both women and men" (p.189).

Empowerment has been utilized both as a development and public health approach. Disaster management has also employed the empowerment approach, but to a lesser extent. Within Bangladesh there is considerable emphasis on the concept of empowerment, however, this is not linked specifically to adaptive capacity in the wake of disasters. Related to the conception of women's health in climate-related post-disaster settings, Kar and colleagues (1999) note that historically "women have demonstrated bold leadership under extreme adversity, and when empowered and involved, women can be effective partners in health promotion" (p.1431).

2.6 Conclusion

The concepts gleaned from the review of the literature provide the foundation to assist me in unpacking the complex concepts of empowerment, vulnerability and the determinants of health into the pathways through which they converge and interact with the roles of women during climate-related disasters in Bangladesh. In the analysis that follows, and for the remaining sections, I have developed themes that serve to structure the discussion. Theme One explores women's engagement in disaster management policy and practice, Theme Two presents the determinants of vulnerability and capacity in disaster settings, and conceptualization of health in disaster settings is discussed in Theme Three.

Theme One: Women's Engagement in Disaster Management Policy and Practice

Portions of the literature review were utilized to develop a base level of knowledge related to disaster management. One such portion was disaster management actors, where the evidence clearly suggests that geopolitical factors influence international donors' disbursements of humanitarian assistance, while networks of NGOs operating in-country often determine international NGO assistance. It also suggests that NGOs are participatory and in tune with the needs of local populations, while international donors are more removed. The importance of understanding local context is suggested to be a precursor to effective and efficient disaster response strategies. The way in which different levels of actors provide assistance is important to my study, and solidifies the need to look at the different levels simultaneously.

Evidence also suggests that the extent to which the organizations are considered 'gender sensitive' can be an important predictor of the degree to which women are engaged, and the nature of their engagement, in disaster management policy and practice. According to the review, mainstream disaster management discourse perpetuates gender binaries between women and men, solidifying women in devalued social and domestic roles (MacGregor, 2010b, p.235). An important element of my

thesis is the potential ‘window of opportunity’ that disasters present to women to meaningfully modify their gendered social positions in a way that enhances their agency to promote sustainable development and gender equality. However, the evidence around the gender binaries of traditional disaster management suggests there is a gap in understanding of this opportunity. Additionally, the review found that there are very few sources that discuss this opportunity. While some disaster management sources discussed ‘dual benefit solutions’ of humanitarian relief and sustainable development, very few also recognized that interventions, when conducted from a gender-sensitive, intersectional approach, can create the environment for women to meaningfully promote their gendered social positions in a way that increases their agency and empowerment.

Theme Two: Determinants of Vulnerability and Capacity: Empowerment and Agency in Disaster Settings

The literature review provided evidence to suggest that the social vulnerability model is the most appropriate to assess and address vulnerabilities and capacities in disaster settings, supporting the selection of theoretical approaches for the study. I also note that there are many similarities between the social determinants of health approach and the social vulnerability paradigm, i.e. that they both place considerable emphasis on the intersecting social, economic and political factors that contributes to health inequality and disaster vulnerabilities.

The review also found that the concept of empowerment is recognised as both a disaster management and a public health intervention. In both cases, the type of intervention is similar (e.g. encouraging voice and leadership). However, the way in which this type of empowerment intervention leads to behaviour change, or in the context of this study, the modification of gendered social positions, is not well documented.

Related to gender, the theoretical approaches that inform this study discourage using ‘women’ as a category of analysis, yet much of the literature reviewed references women as a group, particularly in disaster settings. My theoretical approach argues that women are not universally vulnerable, nor are they universally capable, which has implications for the analysis of my study’s findings.

Theme Three: Health in Emergencies

The review demonstrated that there are significant, gendered, direct and indirect impacts of health in disasters. This study is interested in the social and gendered determinants that underscore the vulnerability to these health impacts, namely, gender relations in communities, socioeconomic status

and other intersectional aspects of Bangladeshi women's lives. The evidence suggests that these factors contribute both to the direct impacts (e.g. disaster mortality) and indirect impacts. The indirect impact of most relevance to Bangladesh is water and sanitation issues.

Although a substantial body of literature exists related to the intersection of gender and disasters, critical knowledge gaps remain. Of the literature identified, there is little acknowledgement of the convergence of the themes of vulnerability, health determinants and empowerment as they relate to women's effective roles in climate-related post-disaster settings. One of the most significant gaps highlighted by the literature review is the limited research linking broader concepts of health, empowerment and disaster management. Specifically, my theoretical approaches suggest that the social determinants of health and intersectionality could provide important insight into disaster management interventions. The evidence suggests that the social determinants approach is important to understanding vulnerability and health equity, yet these two approaches are seemingly not applied in disaster settings.

Chapter Three: Methodology

The purpose of this study is to understand and unpack the social construction of the concepts of gender, women's health and empowerment and how they are deployed within the disaster response policies and programs of the Canadian International Development Agency (CIDA), Oxfam, and Gonoshasthaya Kendra (GK). The selection of these three organizational cases is discussed in the research design section below.

This chapter is divided into six sections. Section One details the qualitative research design, explaining why it is the most appropriate approach to answer my research questions. Section Two explains my positionality throughout the study and its influence on the findings. Section Three provides an overview of the organizational cases, and Section Four details the methods used for the purpose of this study. Section Five and Six outline the ethical considerations for the study and the limitations encountered throughout the study.

3.1 Qualitative Research Design

To address the research questions, I followed a multi-method qualitative design that consisted of what Yin (1993) describes as an *exploratory comparative* case study. An *exploratory* approach was undertaken because little is known about the complex relationships between disaster vulnerability, health determinants and empowerment as they relate to women's empowered and effective roles in climate-related post-disaster setting. A *comparative* approach was undertaken to address issues of transferability common in single-case study designs. I employed a theoretical sampling technique in order to identify cases for this study. As defined by Strauss (1987), this technique entails "sampling directed by the evolving theory; ... It is harnessed to the making of comparisons between and among those samples of activities, populations, etc." (in Bell, 2010, p.16). Following this method, I selected three organizations that are involved in development assistance specifically associated with post-disaster recovery. The cases for the study are: Canadian International Development Agency (CIDA), Oxfam Great Britain and Gonoshasthaya Kendra (a local NGO in Bangladesh). The three case studies selected represent different actors (foreign bilateral aid agency, international NGO, local NGO) involved in disaster-response, and it is anticipated that policies, programs, and interview responses will vary as a result.

Case Study Design

Case studies typically involve multiple data collection methods such as interviews, archives, and observations (Yin, 1989 in Meyer, 2001). As such, “this triangulated methodology provides stronger substantiation of constructs” (Meyer, 2001, p.336). The methods used to investigate the research questions were document analysis and key informant interviews, which I triangulated with a series of three focus group discussions.

In the study I examined three organizations in terms of their response to disasters in Bangladesh. In developing the research project, I sought a geographic location that was either disaster-prone, or had recently experienced a disaster. I selected Bangladesh both because of its disaster vulnerability, and because my supervisor, Dr. Labonté had an existing relationship with the James P. Grant School of Public Health at BRAC University, which provided me with an institutional relationship while in the country. Therefore, the primary data for this study is was conducted during a two-month fieldwork period in Bangladesh, from January to March 2013 while I was an International Intern at the School.

3.2 Researcher Position

To expose my power and privilege as a researcher, it is important to explain my social context and personal biographies, which inevitably influence the way in which the study has been framed, the data collected, and the findings arrived at. According to Lazar (2007),

researching a community that is not one’s own...can be problematic when the direction of expertise flows from traditionally privileged groups at the centre to subaltern groups. It is problematic when the research is undertaken not in collaboration with the locals or native scholars of the community but from an external position of authority, and when the researcher’s positionality is left inexplicit (p. 155).

One of the most significant biographies that influenced this study is my background in international development. Prior to embarking on my Master’s thesis I completed an undergraduate degree in Globalization and International Development and performed several student internships at the Canadian International Development Agency⁹. By nature, this background has consistently exposed me to what Mohanty (1989) criticizes as ‘conventional development thinking’, which posit that ‘third world women’ are vulnerable and must be empowered. This narrative assumes that women are a ‘coherent group prior to their engagement in the development process’ and fails to adequately address the complex

⁹ However, it should be noted that I was not employed by CIDA during the data collection.

and unique experiences of women all over the world (p.337). As I write this thesis, I have become acutely aware of the impact this mentality has on development assistance, and as much as possible, I seek to tackle it in this thesis.

One of the ways in which I address this pitfall is by explicitly rejecting the use of ‘women in developing countries’ as a homogenous category of analysis, and recognizing the contentious nature of ‘developing countries’ vis-à-vis ‘western feminism’ (Mohanty, 1989). The very nature of this thesis strives to counteract what Mohanty (1989) describes as the ‘average third world woman’ who “leads an essentially truncated life based on her feminine gender (read: sexually constrained) and being ‘third world’ (read: ignorant, poor, uneducated, tradition-bound, domestic, family-oriented, victimized, etc.)” (p.337). I do this by writing with care to avoid positioning myself, or other ‘western women’ as the referent, and instead, remind the reader that women are not a homogenous group with an object status of ‘vulnerable’. In doing so, I try to suggest that women should not be characterised by a ‘victim status’ but rather, are active agents in their own lives. However, in avoiding group-level statements about women, I should note that they are also not universally capable, but all women, regardless of circumstance and intersecting social identities, should play an important role in disaster management.

While my background in international development may have predisposed me to the conventional, western development thinking and its pitfalls, it also instilled in me the inherent value of voice, and in particular, the importance of women’s lived realities and their ability to communicate these realities effectively. While concepts of empowerment may be riddled with controversy, I have been driven for years by the goal of assisting, in an appropriate way, the women subjects of this study to present their voice, and as a result, differential opinions, to international development. My hope is that through this study, the voice of these women, as captured by the focus group discussions, will inform and influence the organizations, and disaster management generally.

I should also note that before embarking on my thesis I spent two years working for a population and public health organization. I have also spent time in both Nicaragua and Kingston, Jamaica, where I both performed volunteer work and took part in an international research internship. My academic and work experiences in public health and international development, coupled with my travel to these different countries, brought to light an inherent passion for women’s voice and their unique health needs. Through further reading I came to the realization that the intersection between climate change and gender will continue to evolve as climate change persists, and I was struck by the injustice in that

those who contributed least suffer first and worst. Together, these experiences further deepened my desire to pursue a Master's degree in International Development with the hope of eliciting information from women in developing countries on these important topics.

Personal biographies, including past experience and current social locations, shape and inform the research findings. As Hastrup (1992) notes, "a researcher is positioned by her/his gender, age, 'race'/ethnicity, sexual identity, and so on, as well as by her/his biography, all of which may inhibit or enable certain research method insights in the field" (in England, 1994, p.249). The data collection for this thesis took place both in Ottawa, Ontario and Dhaka, Bangladesh and my positionality and location of privilege varied considerably based on the location of data collection. Throughout the process, I was a visible and central part of the research process. However, depending on the setting, this accorded me relatively more or less power. For example, in working with CIDA, I was simultaneously an insider and outsider, viewed by some as a recognized long-serving student (read, insider) and researcher (read, outsider). As an insider, I was likely granted increased access to information, because I was more 'familiar' than an external researcher. Additionally, because of my age, and previous history as a student, I may have had increased access to key informants, as I may have been considered less official or threatening than another researcher with a different positionality. However, simultaneously, I was also denied interviews with all male donor informants. This could be a coincidence, but also could be symptomatic of my 'otherness' in being both a former student, and a young female.

However, while in Bangladesh, my positionality was significantly different, as I was consistently an outsider, which was accompanied by an increase in power and privilege, and likely, access. As noted, during my time in Bangladesh I was an International Intern with the James P. Grant School of Public Health (JPGSPH) at BRAC University. While there I worked under the supervision of Dr. Malabika Sarker, a Professor and the Director of Research. Dr. Sarker is a Bangladeshi physician with a Master's in Public Health (MPH) from Harvard University and a PhD in Public Health from University of Heidelberg, Germany. Her depth of knowledge both of the local context, and of broader health issues, including women's health issues, was invaluable in the field research process. Dr. Sarker also provided me with access to research assistants during my time in Bangladesh. Over the course of my stay in Bangladesh I worked primarily with one research assistant, Rahima Akter, a research associate at the JPGSPH, BRAC University, and a Masters of Public Health student. I also received assistance from two other RA's, Tania and Shaida, both masters students with the School, who provided assistance with

translation, transcription, and coordination related to the focus group discussions. Together, this group of accomplished academics from JPGSPH assisted with access issues.

In light of this positionality in Dhaka, when requesting interviews with key informants, participants in Bangladesh were incredibly excited and eager to participate, which is quite unlike the situation of informants in Canada. While I believe a certain degree of this difference is attributed to the risk-adverse nature of donors, I do credit some of this differential to power dynamics. In Bangladesh, as a white, middle-class Canadian researcher, I was a distinguished elite, which likely contributed to the increased number of informant participants in Bangladesh compared to Canada.

While conducting the focus group discussions, in an attempt to respect the culture and bridge the gap of 'otherness' I dressed in a shalwar kameez, though this likely did not change my social position, but hopefully demonstrated respect. Despite this effort, my light hair, Canadian-accented fluent English, sneakers, camera and audio recorder were a visible sign of our differences, and solidified my position as an outsider or 'elite', which is almost revered in urban slum settings. The curiosity and interest around my presence resulted in a great willingness to participate in the focus group discussions (FGDs), and also resulted in children following me around the bari (homestead) and peeking into sessions to see what was going on. Additionally, the three master's students that led the FGDs were also fluently bilingual, which likely demonstrated their positionality as significantly different than the discussants.

I recognize that being conscious of the various power differentials throughout the study does not remove them. While I make every attempt to present the findings consistent to the way in which they were communicated to me, my personal biography and lived experience inevitably shapes the analysis of this information. Therefore, the key informants and focus group discussants, and the rich information they provided throughout the study are central, and my social location influenced the way in which this information was interpreted.

3.3: Organizational Cases of this Study

The intent of the case study design was to select three organizations representing different levels of actors in development assistance and disaster management, i.e. a theoretical sample. The three organizations were selected based on proximity and existing knowledge of their work, i.e. a convenience sample. Specifically, the Canadian International Development Agency was familiar to me based on previous student internships, I was aware of Oxfam, and found that they have a strong presence in Bangladesh, and my supervisor was familiar with Gonoshasthaya Kendra, having done some work with

them previously. The section below provides a brief analysis of each of the organizations, including information related to their creation, organization, and work across the thematic priorities of this study.

3.3.1 Canadian International Development Agency

During the course of this study, the Canadian International Development Agency (CIDA) was amalgamated with the Department of Foreign Affairs and International Trade through the 2013 *Budget Implementation Act* (Bill C-60). For the purpose of the study, the organization will still be referred to as CIDA.

Established in 1968, CIDA disburses most of Canada's Official Development Assistance (ODA) and leads Canada's international effort to reduce poverty globally. CIDA's mandate is "to manage Canada's support and resources effectively and accountably to achieve meaningful, sustainable results and engage in policy development in Canada and internationally, enabling Canada's effort to realize its development objectives" (Foreign Affairs, Trade and Development Canada, 2013).

Since 2007, CIDA has committed to being more accountable, efficient and focused, through eliminating tied aid and focusing programming both thematically and geographically. These commitments resulted in a concentration of 80% of bilateral assistance in twenty-five countries of focus, one of which is Bangladesh (Foreign Affairs, Trade and Development Canada, 2014a). To support its mandate, CIDA's international assistance is directed by three thematic priorities (increasing food security, securing the future of children and youth, and stimulating sustainable economic growth). Additionally, guidance such as the *Official Development Assistance Accountability Act (ODAAA)*, directs CIDA to administer its development assistance with a focus on poverty reduction, consistent with international human rights principles and Canadian values (Foreign Affairs, Trade and Development Canada, 2011), (Foreign Affairs, Trade and Development Canada, 2014b). Per year, CIDA administers approximately 80% of the total Canadian aid budget.

It is important to note that "there is no Canadian whole-of-government humanitarian policy", nor is there a CIDA-specific strategy to guide humanitarian assistance (CIDA, 2012, p.vii). CIDA delivers its International Humanitarian Assistance (IHA) through various bilateral programs and multilateral partners. This assistance is funnelled through a select list of partners including United Nations bodies

such as UNICEF, UNHCR, and the World Food Programme, Red Cross Movement, and NGOs¹⁰ such as the Canadian Foodgrains Bank (CIDA, 2012). According to its corporate evaluation in 2012, CIDA has disbursed just over \$2.7 billion in IHA from 2005-06 to 2010-11 (p.vi). In fiscal year 2012-13 CIDA disbursed \$3.4 billion in international assistance, with \$528 million going towards responding to crises in 37 countries (Foreign Affairs, Trade and Development Canada, 2014c).

In 2013, Canada responded to 33 natural disasters and crises in 38 countries (CIDA, 2013). In the same year CIDA disbursed \$67.6 million in international assistance to Bangladesh (CIDA, 2013, p.26). Canadian programming in Bangladesh focuses on improving the quality and delivery of “basic education with a view to reducing gender gaps; investing in maternal, newborn, and child health; building a framework for growth through enhanced public finance management systems; and improving access to, and benefits from, economic opportunities by increasing skills for employment” (CIDA, 2013, p.26).

CIDA’s work is also guided by a gender equality policy. This includes the 1984 policy on *Women in Development*, and the 1999 *Policy on Gender Equality*, reissued in 2010. Gender equality is a ‘cross-cutting theme’ for the organization, which commits CIDA to advance gender equality, both as an end in and of itself and as a means to achieve the goals of sustainable development (CIDA, 2010).

3.3.2 Oxfam

As a confederation of 17 organizations, Oxfam works in 93 countries across a range of issues including climate change, emergency response, gender justice and health (Oxfam 2013, p.7). Oxfam’s work is guided by five rights-based aims and four thematic areas. The rights-based aims include “the right to a sustainable livelihood, the right to basic social services, the right to life and security, the right to be heard, and the right to an identity” (Oxfam, 2013, p.7). The thematic areas include gender justice, economic justice, essential services, and rights in crisis¹¹ (Oxfam, 2013, p.7). Approximately 40% of Oxfam’s total budget is allocated for humanitarian emergencies (Oxfam, 2013, p.12), and in 2012-13, the organization responded to 11 acute emergencies involving more than 30 countries (Oxfam, 2013, p. 36). Oxfam receives funding from institutions including the European Union, United Nations and many

¹⁰ “The top eight partner organizations are the World Food Programme, United Nations High Commissioner for Refugees, Canadian Foodgrains Bank, International Committee of the Red Cross, United Nations Relief and Works Agency, United Nations Children’s Fund, and International Federation of Red Cross and Red Crescent” (CIDA, 2012, p.vi)

¹¹ “All women and men in humanitarian crises will be assured both the protection and the assistance they require, regardless of who or where they are or how they are affected, in a manner consistent with their human rights” (Oxfam, 2013, p.7).

countries including Canada. In 2012-13 the Oxfam confederation raised £955.9 million, of which development and humanitarian activities represented 54% of the total budget (Oxfam, 2013, p.68).

Oxfam's involvement in Bangladesh began before the Liberation War in 1971. In Bangladesh, Oxfam Great Britain has the operating mandate, and its core priorities are gender justice, education, secure livelihoods and humanitarian response. Bangladesh is the 8th highest country recipient of Oxfam expenditures, with £19 million disbursed in FY 2012-13 (Oxfam, 2013, p.72).

3.3.3. Gonoshasthaya Kendra

Gonoshasthaya Kendra (GK), or People's Health Centre, is a non-governmental organization based in Bangladesh. GK was established during the 1971 Liberation War, with the aim of treating injured soldiers through the use of field hospitals. GK has since expanded its operations to reach over one million people in 592 villages (Hassan & Surur, 2012). The foundation of its work is community participation and includes key program components such as health, education, women's advancement and disaster management.

According to its website, "GK's overall strategy is to use primary health care as an entry point to work with the people, for the people, to develop a self-reliant, equitable and social[ly] just society" (Gonoshasthaya Kendra, 2012). GK works to establish a comprehensive health care delivery system, including supporting projects for social and economic development with an emphasis on restoring access and control for women, and encouraging their social awareness and independence (Gonoshasthaya Kendra, 2012).

Women's empowerment is fundamental to GK's work, particularly through its Nari Pokkho (women's development centre) initiative. The work of GK in this area focuses not only on providing employment for women, but also training in previously male-dominated sectors such as carpentry, welding and driving motor vehicles. This is in response to the recognition that women require skills and independence to comprehensively ensure their health. GK works to break down social barriers and expand opportunities for women, through the modification of entrenched roles, creation of equal employment opportunities and development leadership and management capacity. From a disaster management perspective, GK works on a range of issues from food relief, medical aid, peace and security, to disaster risk reduction. Within this work, an explicit focus is the inclusion of women in disaster management, specifically to ensure resources reach women and that women are engaged in the process.

3.4 Methods

Prior to data collection, I undertook a structured narrative literature review to provide the necessary contextual background to inform the study (see Chapter 2). The review covered a broad scope of content areas related to the research questions, such as the concepts of empowerment, gender and the social determinants of health, and disaster management, among others.

3.4.1 Directed Content Analysis

The first step in data collection for the directed content analysis was to identify and obtain documentation published by the three organizations. Once obtained, I reviewed and analyzed the relevant documents to examine the understanding of the intersectional nature of disaster vulnerabilities and capacities as they relate to women's health and empowerment. This review also sought to uncover the way in which women's unique gender needs are understood and included in disaster management policy and programs. Hsieh & Shannon (2005) suggest that directed content analysis is a deductive approach that seeks to "validate or extend conceptually a theoretical framework or theory... [Providing] predictions about the variables of interest or about the relationships among variables, thus helping to determine the initial coding scheme or relationships between codes" (p.1281).

The primary method I employed to select the documents for analysis was convenience sampling, shaped by the accessibility of the data (Teddlie & Yu, 2007). Web-based searches and key informant advice were used to ensure I captured all relevant documents, such as publicly available reports, publications, training material, reviews, and presentations. Given the exploratory nature of the study, inclusion and exclusion criteria were not used a priori, but were developed as the document review proceeded. In all cases, I attempt to analyze key documents outlining the policy and programming activities related to women's health, humanitarian assistance, empowerment, and gender equality. These themes are based on the coding scheme, which is informed by the literature review and emerging themes throughout the document analysis (See Appendix A for the complete Coding Scheme).

Given CIDA's status as a relatively large international donor, the Agency is bound by regulations related to annual public reporting, including updates to its website. In this respect there was a sufficient amount of publications available to inform this review. Similarly, Oxfam had a large amount of material, and more documents related specifically to the intersection of disasters, gender and empowerment writ large than the other two organizations studied. However, GK had very few publicly available print resources. As a result, hard copy documents obtained during a visit to the GK hospital in

Dhanmondi inform this analysis. A total of 13 disaster management and related policies and strategic documents were assessed.

Table 3: Key Documents for Analysis

Title (Abbreviated)	Organization, Year	Type of Document
1. Promoting Gender Equality in Disaster Risk Reduction: Oxfam's Experiences in Southeast Asia	Oxfam Great Britain, 2012a	Best practices case studies for analyzing gender and disasters.
2. Women's Leadership in Disaster Risk Management	Network for Information Response and Preparedness Activities on Disaster (NIRAPAD); Oxfam - Great Britain, 2011	Handbook for the promotion of women's leadership in disaster management
3. Gender-Sensitive Response and Recovery: An Overview	Oxfam Great Britain, 2012b	Policy development and practice tool
4. Minimum Standards for Gender in Emergencies	Oxfam, November 2013	Guiding standards for humanitarian preparedness and response programming
5. Departmental Report on Plans and Priorities 2014-15	DFATD, 2015	Departmental Expenditure Plan
6. Corporate Evaluation of CIDA's Humanitarian Assistance 2005-2011	CIDA, 2012	Corporate Evaluation
7. Gender Equality Policy and Tools	CIDA, 2010	CIDA's Gender Equality Policy and Program Guidance
8. Evaluation of CIDA's Implementation of its Policy on Gender Equality	CIDA, 2008	Corporate Evaluation
9. Gender Equality and Humanitarian Assistance: A Guide to the Issues	CIDA, 2003	Guide on bringing a gender perspective to humanitarian assistance.
10. GK's Experiment in Capacity Building	Ashish Bose for Gonoshasthaya Kendra, 2004	Book
11. Welcome from Gonoshasthaya Kendra	Gonoshasthaya Kendra, 2013	Powerpoint Presentation
12. Gonoshasthaya Disasters, Displacement and Resettlement Response	Gonoshasthaya Kendra (date unknown)	Fact Sheet
13. Study on GK's Comprehensive Primary Health Care (CPHC) Model: Social Capital, Community Participation, Gender Empowerment and Health Care Access for the Marginalized.	Hassan, M. R., & Surur, S. H., 2012	Independent review

3.4.2 Key Informant Interviews

Seven semi-structured key informant interviews were undertaken in Bangladesh between January and March 2013, building on the knowledge gained through the document review. In one instance, two informants from the same organization participated in a joint interview due to time constraints. The remaining two interviews were conducted in Ottawa in March and April 2013. The primary objective of this process was to gain information related to the research questions through inquiries related to program knowledge (associated with gender, health and disaster intervention) and organizational knowledge. Initially, a purposive sampling approach to identify informants was applied, where “particular ... persons... are deliberately selected for the important information they can provide that cannot be gotten as well from other choices” (Maxwell, 1997 p. 87 in Teddlie & Yu, 2007, p.77). Participants were initially selected by job title or designation as having the specific knowledge required to address the questions during the interview. Informants ranged in their level of seniority and responsibility, and had varying degrees of corporate knowledge.

The purposive sampling strategy was followed by modified snowball sampling strategy whereby the first few informants were asked to identify other key individuals. At the researcher’s discretion, the identified informants were added to the sample. Regarding Oxfam, it is important to note that all key informants were locally-based staff in Bangladesh. Some external stakeholders were also added to the sample based on recommendations from key informants. Informed by Guest and colleagues’ (2007) guide to theoretical data saturation, the study aimed to include about 6-7 semi-structured key informant interviews for each organization in an attempt to achieve data saturation. However, while in the field I discovered that some of the organizations had fewer than 6 individuals working on relevant projects. Furthermore, employees at CIDA were reluctant to provide interviews, which led to a smaller sample size for the Agency. The total sample size intended to be about 18-21 informants in total, but due to time, resource, and accessibility constraints, the total sample at the completion of the study was 10, and therefore saturation for this specific study may not have been achieved.

Interviews were conducted largely in person, and lasted approximately 45 minutes to an hour. All interviews were digitally recorded and transcribed to ensure accuracy, and interviewees were interviewed once. The interview guide was open-ended to allow additional themes to emerge. The semi-structured interview schedule can be found in Appendix B.

Given the exploratory nature of the study, data collected through key informant interviews was analyzed using thematic comparison techniques to illuminate common themes (Green & Thorogood, 2009). Following this method, transcripts were analyzed in an iterative process, revisiting individual interview transcripts to derive codes, and subsequently analyzed comparatively to identify the most salient concepts (Green & Thorogood, 2009). This comparative analysis technique is suitable for the study, as it allows for the development of theoretical analysis by comparing the data to the emerging theory (derived from the document review) and previous research findings, thus improving the rigour of the study.

3.4.3 Focus Groups

In comparative case study design, and as a matter of good practice, method triangulation is often used as a strategy to investigate convergence and complementarity in an attempt to enhance the validity of the study (Erzenberger & Prein, 1997 in Farmer, Robinson, Elliott & Eyles, 2006, p.378), by expanding the “depth and breadth of complex health and social issues” (Farmer, et al., 2006, p.380).

Dhaka city was selected as the geographical location for the focus groups, due to both resource constraints and political volatility limiting travel to the coastal region. Nonetheless, Dhaka remains vulnerable to climate-related disasters, as “it is located between four flood-prone rivers in the most densely packed nation in Asia, and lies between the Himalaya mountain range and a body of water that not only generates violent cyclones and the occasional tsunami, but also moves further inland every year, washing away farmland, contaminating drinking water, submerging fertile deltas, and displacing villagers as it approaches” (Faiz Rashid, Gani & Sarker, 2013, p.57).

This study included three exploratory focus groups, to supplement the existing methodology, expose multiple dimensions, and increase the level of understanding (Fielding & Fielding, 1986, in Farmer et al., 2006). The focus group discussions were conducted with the assistance of BRAC research assistants, who helped to recruit women from the Mohammadpur district. The aim of the focus groups was to gain insight into how some Bangladeshi women experience the disaster response programs, including their perceptions of the impact these programs have had on their community and their capacity to respond to disasters and become positive agents of change within their communities. The focus groups were conducted to help to better understand the needs and issues faced by women in post-disaster settings to inform future research. The three focus groups were comprised of women from different age groups (18-24, 25-50, 51+).

The sample size for the focus groups was small, and the approach did not attempt to draw a representative sample. The participants of the focus group were selected using a convenience sampling approach, common in exploratory studies (Green & Thorogood, 2009). Each focus group included 10 participants, and lasted 45 minutes to 1 hour. Recruitment and identification of participants was in conjunction with the BRAC University research assistants and supervisor who have greater access to the gatekeepers critical for accessing individuals for the focus group. As such, the selection of participants followed an opportunistic approach. While this strategy may have led to a less representative sample, time constraints prevented other more systematic recruitment strategies (Green & Thorogood, 2009). The focus groups were conducted in Bangla, and a team of three research assistants were responsible for facilitating the discussion. Data from the focus group was collected through both field notes and digital recordings to ensure accuracy (unless otherwise requested by the participants), and transcribed by a master's student at James P. Grant School of Public Health that was the primary Bangla-English translator for the research staff in the School. After translation, the research assistants that transcribed the focus group discussions in Bangla reviewed the English translation for accuracy.

Immediately following the discussions, each research assistant was asked to prepare a summary of the discussion with relevant themes based on a priori codes. The research team attempted to meet two days following the focus groups to discuss key findings in more depth, but political protests prevented this meeting.

As Kabeer (2011) aptly noted, in Bengali there is not an exact translation for the concept of empowerment, which is of central importance to the study. As such, following her approach, the research assistants were asked to probe women to talk about meaningful changes in their lives, and the way in which these changes challenge the structures of patriarchy. During the focus group, women provided their own narratives of empowerment as it realities to post-disaster settings.

3.5 Ethical Standards and Precautions

The Tri-Council Policy Statement (TCPS) on Ethical Conduct for Research Involving Human Participants dictates that several considerations and cautions be taken to ensure free and informed consent, confidentiality, and anonymity. This includes a review of the project by the University of Ottawa Research Ethics Board.

Informed consent refers to the right of participants to decide whether or not they will be involved in the research endeavour (Bell, 2010). Written consent was obtained from all participants prior to

conducting the interviews, and verbal consent was obtained when written consent was not possible, followed by a scanned copy of the consent form for interviews over Skype. Throughout the project sensitive documents and interview transcriptions were used, and therefore, ensuring anonymity was an important consideration in this research. Confidentiality and anonymity are of primary concern in qualitative research, in order to protect participants from harm (Kaiser, 2009). As such, several measures were employed to ensure participants remained anonymous. First, all personal identifiers were omitted and assurances of confidentiality and anonymity were outlined from the beginning of the data collection process and were addressed in the consent form (Kaiser, 2009).

Following acceptance into the International Internship Program at the James Grant School of Public Health at BRAC University, I obtained in-country ethics approval to meet the ethical criteria for the observational component of the study.

3.6 Limitations

Although this research project was carefully constructed and reached its overall aims, there were some unavoidable limitations. This includes constraints of time and budget, which prevented an extended field research visit. Throughout my time in Bangladesh, there were several other limitations that will be discussed at length in this section. Specifically, the volatile political climate of Bangladesh, the availability of focus group discussants, an evolving theoretical framework, and disaster management policy and program documents that failed to focus on climate change specifically, and blurred the distinction between ‘gender’ and ‘women’.

As noted above, during the field visit, I was significantly constrained by the volatile political climate in Bangladesh. Throughout the trip, 11 working days were lost to hartals¹² and violent protests making it unsafe to travel. Many half days, and weekends were also lost to political violence, and when the Canadian High Commission issued warnings to stay in certain areas of the city, it was not possible to attend meetings outside of those areas. To the fullest extent possible, I proceeded with data collection, finding alternative transportation when available and reasonably safe to do so, and rescheduling

¹² Hartals are defined by Merriam Webster as “concerted cessation of work and business especially as a protest against a political situation or an act of government” (2015).

interviews. The research assistant I was working with also travelled to the focus group field site alone in order to prepare for the focus group, as limitations on travel prevented me from attending¹³.

Specific to the focus group discussions, I had originally hoped this data source would represent a significant portion of my overall data set. However, without prior access to women in Bangladesh, I chose to use the focus groups to triangulate data that was more readily available. While in Bangladesh, it was unclear whether or not the FGDs would take place until late in the process, and because of this, I was only able to conduct a series of three discussions over one day. Therefore, the selection process for the focus groups was not intentionally inclusive of visible minorities or those with disabilities, nor did it include women across different socio-economic strata. Instead, it included a group of thirty women familiar to the BRAC delivery centre in Mohammadpur whom lived in the area. A comprehensive assessment of the multiple social identities of the focus group participants was not collected during the discussion, so limited information is available about these women, aside from their age and geographic location. Some additional information about their experiences, noted in Chapter 4 and 5 provide insight into their social identities beyond age and geographic location. I should also note that while the focus groups are critically important to this study and offer interesting insights to triangulate the findings based on the organizations, the topic of conversation during the focus groups is not on climate-related disasters, but rather, the women's experiences with floods and disaster management in 2004 and 2007. Additionally, the organizations of the study, with the exception of GK, were not active in the area of the focus groups, so the lessons from the women, while important to disaster management writ large, are not directly about the organizational cases of this study.

¹³ Specifically, throughout the duration of the field visit, there were clashes between the Islamic political party Jamaat-e-Islami, and the Shahbagh movement, regarding the outcomes of the International Criminal Tribunal-1 trials of Jamaat leaders for war crimes committed during the 1971 Liberation War. During the field visit in Bangladesh a guilty verdict for two Jamaat-e-Islami leaders (Abdul Quader Molla on February 5, 2013, and Nayeb-e-Ameer Delawar Hossain Sayedee on February 28, 2013) was given. After Molla's guilty verdict, a two-day hartal was called by Jamaat, and after Sayedee's guilty verdict, a three-day hartal was called by Jamaat, followed by a one-day hartal called by the Bangladesh National Party. Following Sayedee's verdict, incidences of extreme violence broke out, and in total, an estimated 67 people were killed over a six-day period (*The Daily Star*, March 5, 2013).

The Blogger and Online Activists Network (BOAN) initiated the Shahbagh movement, located in central Dhaka, on February 5, 2013, following the sentence of life in prison for Molla. Coined the "Bengal Spring", the protest was estimated to include approximately 500,000 national citizens who demanded the death penalty for Molla, and subsequent others found guilty of war crimes related to the Liberation War. The protest also called for the Jamaat-e-Islami party to be banned from politics, and a boycott of all other Jamaat-e-Islami institutions (Anam, 2013). At the time of departure from Bangladesh, the movement was on its 30th consecutive day in Shahbagh square.

The theoretical approach I arrived at for this study is not the approach I initially set out with. Not unlike most academic studies, the theories that underpin my research evolved throughout my data collection and analysis. As a result, the tenants of intersectionality were not applied consistently throughout the process of data gathering and initial analysis. While I have gone back and integrated the approach throughout most sections, I am missing critical material that might have been obtained during the data collection, such as information about the positionality of the individual key informants, their relationship with each other, and the unique positionality of the individual women who participated in the focus group discussions. Additionally, during the data collection I was unable to find information about the funding relationship between the organizations, which would have provided important insights into the hierarchy and power relationships between the three organizations. To the greatest extent possible I present and discuss the findings utilizing an intersectional lens (see Chapter Four and Five), however, there are some significant silences related to the social location of the participants of the study.

Climate-related disasters were a central focus of this study during the conception phase, largely because of its increasing relevance globally. However, while conducting my data collection it became evident that most of the organizations documents were not specific to climate-related disasters, and instead references disasters more broadly. The lack of explicit attention prevented me from focussing on climate-related disasters and, as such, I broadened the scope of the thesis to allow for comprehensive data collection. However, it also became evident that the organizations did not treat climate-related disasters differently, so many of the findings may also be relevant in climate emergencies. Furthermore, this thesis focuses solely on natural disasters and does not debate the different international and national policies related to disaster management, but rather, on efforts of the three organizations. Therefore, the discussion does not include human-made disasters, such as the Rana Plaza disaster.

This study aligns with Ellen Dzah's (2011) approach to gender and climate change, which is critical of the conflation of women and gender. Like Dzah, I note that the organizations and their material use the terms gender and women interchangeably. This conflation clouds the lived realities of women experiencing disaster management interventions, and specifically, posits that women are a homogenous group, with common vulnerabilities and capacities. Situating women and gender within the same meaning also ignores the entrenched social norms that define 'women's roles'. The theoretical approach to this study aims to disrupt this embedded view of women in disaster management, and much development literature, by suggesting that an intersectional approach to disaster vulnerability is required. A more nuanced approach to disaster management that considers the intersecting social identities that

contribute to vulnerabilities and capacities could strengthen disaster response, and further, contribute to an environment whereby the window of opportunity that disasters create can be capitalized.

Chapter Four: Findings

The following chapter is divided into two sections. In Section One, themes from the document analysis and interviews will be discussed together to allow for comparative analysis related to how the organizations construct and deploy the concepts of gender, empowerment, and women's health within their disaster policies and programs. In Section Two, the themes stemming from the focus group discussion will be analyzed to triangulate the information in Section One. In order to maintain anonymity, each respondent has been given a pseudonym. The sample includes one informant from Nari Pokkho, GK's women's development centre initiative, which is also identified as 'GK Representative'.

4.1. Section One: Organizations' Perspectives on Health, Empowerment and Gender Equality in Disaster Management

The following section presents the findings related to the organizations' perspectives on health, empowerment, and gender equality in disaster management, and is divided into three themes. Theme One explores women's engagement in disaster management policy and practice according to CIDA, Oxfam and GK. Theme Two presents the determinants of vulnerability and capacity in disaster settings. The organizations conceptualization of health in disaster settings is discussed in Theme Three. The findings are drawn from both the organizations' documents and key informant interviews.

4.1.1 Theme One: Women's Engagement in Disaster Management Policy and Practice

The extent to which the organizations conceptualise the link between gender and disaster management is important. Beyond this first step of 'gender sensitivity', I further explore how the organizations understand the significance of women's involvement in disaster management policy and take concrete actions to ensure women are meaningfully engaged in their programming.

Gender Sensitivity in Disaster Management Policy and Practice

Before assessing the organizations against the specific research questions of the study, it is important to first determine the extent to which they understand the link between gender and disasters overall.

Oxfam's approach to disaster management centres on implementing a gender-sensitive approach that includes gender analysis, programs targeted at tackling gender inequalities, and meaningful participation of women. Oxfam notes the "critical truth [of gender sensitive disaster management is] understanding how gender roles interact with context...to contribut[e] to positive change. Not understanding it, or adopting a simplistic approach, risks doing significant harm" (Oxfam Great Britain,

2012b, p.3). In practice, to ensure Oxfam staff take into account the gender dimensions in disasters, the organization has created a 'gender checklist' (Kumar, Oxfam Representative, Malabika, Oxfam Representative).

Like Oxfam, CIDA accounts for gender dimensions in relief efforts by conducting gender analysis with a focus on being "sensitive to victims' needs and ensuring that they are fully engaged in the design, delivery, monitoring and evaluation of humanitarian assistance programs" (CIDA, 2003, p.1). In terms of implementation, CIDA found "the capacity within IHA [international humanitarian assistance] to undertake gender equality analysis varies from one officer to another" (CIDA, 2012, p.34). The *Corporate Evaluation of the Policy on Gender Equality* (2008) noted that despite gender analysis, gender equality was often neglected in the implementation phase of projects. This was confirmed when a CIDA respondent, discussing gender issues in disaster management, added that "in the initial panic to get stuff sorted out [gender is] often forgotten" (Emily, CIDA Representative).

The document review and key informant interviews found that the three organizations acknowledge the importance of including women in disaster management decision-making to varying degrees. Oxfam provides considerable insight into its policy work related to gender and disasters, and its documents focus largely on advocating on behalf of women and instilling change from the ground up. For example, Oxfam states, "implementing gender-related activities in communities helped to influence the authorities (federal ministries and others) to consider gender related issues in their policy-making" (Oxfam Great Britain, 2012a, p.3). With regards to in-country policy work, Oxfam respondents referred to an upcoming gender policy and practice review, aimed at assessing the level of importance partner organizations place on women's empowerment and leadership in disaster management (Kumar, Oxfam Representative), and the *Minimum Standards for Gender in Disasters*, a series of 16 standards for promoting gender equality in humanitarian preparedness and response programming (Nahid, Oxfam Representative, Malabika, Oxfam Representative). These standards provide guidance across the project cycle on issues of participation and empowerment, gender-based violence and sexual exploitation (Oxfam, 2013).

CIDA provides less detail about including women in disaster management policy. A CIDA respondent indicated that overall, its humanitarian assistance is not directed towards identified Agency priorities, such as gender equality, but rather, remains flexible (Emily, CIDA Representative). Specifically, a CIDA respondent stated,

Yes, there is a [gender] policy, yeah, it impacts the way [IHA] works. Yes, we have a requirement that all our IHA projects have to be analyzed through that lens ... I find that often with IHA projects they don't necessarily line up well with that policy, that's a development policy that looks at a lot of longer term issues. Our projects are maximum a year length and you know the goal of humanitarian assistance is frankly short term (Emily, CIDA Representative).

For its part, GK “play[s] an advocacy role for the well-being of poor people in national and international spheres” (Bose, 2004, p.23) and the organization actively works to improve the status of women. However, the organization does not explicitly highlight advocacy work in relation to disaster management or relief.

Women’s Role in Disaster Management Programming

The documents from all three organizations noted that women’s involvement in disaster management could serve to empower women, decrease their vulnerabilities, and make disaster management more gender sensitive. Oxfam documents and interview respondents paid considerable attention to the importance of women’s participation in disaster management programming. For Oxfam, failing to include women “deprives projects of the vital skills, knowledge and capabilities women possess” (Oxfam Great Britain, 2012a, p.10). Within their programming, Oxfam sets quotas for women’s participation in disaster management activities, which is often between 30% and 50% of total participants (Oxfam Great Britain, 2012b). Through the interview process it became evident that in addition to ensuring women are included in programming, Oxfam also places considerable importance on advocating for women to hold senior level positions in disaster management NGOs (Kumar, Oxfam Representative, Malabika, Oxfam Representative). Oxfam respondents suggest that this stems from the recognition that “there are very few women who are actually playing the leadership roles in managing disasters in humanitarian programming” (Kumar, Oxfam Representative). To address this gap, Oxfam respondents discussed strategies to increase the number of women holding these positions, including fast-tracking women in partner organizations to senior level positions (Marina, Oxfam Representative). One Oxfam respondent reflected on the success of engaging women at senior levels, noting that the influence of these leaders is that they prioritize the needs of women within their response efforts. Specifically, the respondent noted

And now the senior person is a woman... a lot of the project heads are women now... They bring in [a] lawyer to go into the village to talk about legal rights. They are working with the district legal aid committee...try to make sure that [women] gets access to legal aid and therefore to justice. So, you do see the changes. (Marina, Oxfam Representative)

CIDA publications acknowledged the exclusion of women from disaster management activities, noting, “women’s organizations – both informal and formal – are often overlooked by outside humanitarian workers” (CIDA, 2003, p.8). CIDA’s documents suggest that promoting women’s equal participation in disaster management is essential to gender equality, and “goes beyond numbers” (CIDA, 2010). Given that CIDA does not implement disaster management programs, its informants were not vocal on the need to include women, nor does it provide this guidance to its implementing partners.

Women’s participation is part of the ethos of GK. Like Oxfam, GK acknowledges women’s participation in terms of percentages. Specifically, a GK respondent indicated, “over 70% women are working in different [GK] programs. So that is our strength, ... we are promoting and we are in action to adjust women issues” (Ronald, GK Representative). While GK respondents didn’t discuss the issue of women’s participation further, by the very nature of their programming, this is engrained in all they do.

4.1.2 Theme Two: Determinants of Vulnerability and Capacity: Empowerment and Agency in Disaster Settings

Beyond ‘gender sensitivity’, the study explored the level of complexity in which the three organizations understand the intersectional nature of gender and disaster management, with a particular focus on the way in which vulnerabilities and capacities are understood, and the extent to which empowerment is employed as a disaster management strategy. In the sections below, I review the organizations’ positions on determinants of vulnerabilities, the importance of women’s capacities in disaster settings and the opportunities that disasters present to women to meaningfully modify their gendered social positions in a way that increases their agency and empowerment, and the potential impact this shift has on disaster management.

Gendered Determinants of Disaster Vulnerability

With respect to gendered determinants of disaster vulnerability, Oxfam recognizes that “the effects of humanitarian disasters have marked gender characteristics” (Oxfam Great Britain, 2012b, p.2). It also believes that gender inequality in disasters reflects the broader gender relations in society; “owing to different experiences, women and men differ in how they experience, respond to, and recover from disasters” (Oxfam Great Britain, 2012a, p.19). In this respect, an Oxfam respondent noted that despite the potential for women to play important roles in disaster management, social conditions such as the patriarchal nature of Bangladesh “pushed women to be...bound within the household and it is their core responsibility, and it is their tendency to save their family assets and belongings first. So they are actually the first savers” (Malabika, Oxfam Representative).

To adequately account for socially constructed vulnerabilities, Oxfam applies a Participatory Capacity and Vulnerability Analysis (Marina, Oxfam Representative) prior to disasters, during which “all community members talk about and agree what strengths they have, who are the most vulnerable people in the community, and what hazards they face” (Oxfam, 2012a, p. 20). Through this analysis, Oxfam understands the intersectional nature of women’s vulnerability, which they note is rooted in “pre-existing conditions that determine their greater vulnerability in disasters and crises. Age, class, ethnicity, caste, marital status, sexuality and disability all combine with gender to determine a person’s vulnerability” (Oxfam Great Britain, 2012b, p.2). Specifically, noting social conditions explored in the vulnerability assessment process, an Oxfam respondent indicated,

It is very important to see the, you know, the crisis time, the peacetime, what is the ... power relationship ... in the community between women and men. So, that is [a]...focus [of] the capacity and vulnerability analysis... particularly workload issues... How they make decisions with each other at the household level, how they participate in different actions at the household level as well as at the community level. Is the man taking the decision or the woman, is the woman participating in the livelihood action and income generating or the man is doing so? (Nahid, Oxfam Representative)

In addition to gender, Oxfam recognizes that there are other social markers that contribute to an individual’s vulnerability. Specifically, as one respondent stated,

There are few major areas like socio-economic livelihood, health and public health issues and also the dimensions of the groups, like the age of children. There are a lot of different vulnerabilities in different age groups. So that is taken into consideration. Gender is one of the issues to explore. Market, food security and a lot of other aspects we cover (Nahid, Oxfam Representative).

Within CIDA there is notional acknowledgement of the complexity of gender relations in disaster settings, as demonstrated through its policy stating, “understanding the gender dynamics in communities is a crucial element for effective relief” (CIDA, 2003, p.1). Although CIDA does not specifically reference gender relations in the context of disaster vulnerability, and subsequently does not employ a specific methodology for determining these vulnerabilities, it does acknowledge that “understanding that vulnerable groups have different needs or priorities based on gender differences and inequalities is a part of good analysis” (CIDA, 2003, p.2). However, in determining individual vulnerability in disaster settings, CIDA relies on assessments from their implementing partners, which admittedly, “[are] often very sparse, but that's okay because if they took the three weeks it took to do a proper field analysis you would never get the money [disbursed in time]” (Emily, CIDA

Representative). Given their limited role in determining disaster vulnerabilities, CIDA also provides less detail on the intersectionality of disaster vulnerability, observing that it is “influenced by social attitudes, economic inequalities between women and men, and the division of labour within the family” (CIDA, 2003, p.5) and that gender identities, relations and responsibilities affect women’s and men’s differential capacities to respond to emergencies. A CIDA respondent also indicated that

[gender is] not necessarily always the major fault line for humanitarian response. I mean sometimes it's somebody's ethnicity or it's somebody's region or it's somebody's caste... It's not always a gender divide, sometimes very much a tribally political divide (Emily, CIDA Representative).

Although GK does not explicitly connect the issues, women’s empowerment, social justice, health and disaster management are fundamental priorities of the organization. Similar to Oxfam, GK respondents acknowledged the impact that gender roles have on women’s disaster vulnerability, particularly as they relate to the social conditions, including patriarchy and purdah, that limit women’s mobility outside of the home (Ronald, GK Representative), and subsequent lack of information regarding early warning activities, which are typically shared through public settings (Tamara, GK Representative).

Gender Roles and Women’s Capabilities in Disaster Settings

All organizations acknowledge women’s unique disaster vulnerabilities and, to varying degrees, understand that these vulnerabilities are socially constructed and the intersections of multiple identities create a situation in which women are typically made more vulnerable than their male counterparts. But they also recognize women’s capabilities.

Oxfam and CIDA, for example, focus on both the vulnerabilities and the respective capacities that women demonstrate in disaster settings. They acknowledge that women should not be predefined as ‘victims’ or ‘vulnerable’ in disaster settings, and place importance on understanding the factors underlying women’s vulnerability in disaster settings. However, the two organizations differ in how they frame women’s capacity to act in disaster settings.

For Oxfam, “women and girls – like men and boys – possess great skills that can be put to use to prepare for, respond to, and recover from disasters” (Oxfam Great Britain, 2012b). An Oxfam respondent further noted that different women have different capabilities depending on their social position, but all women have an important role to play (Marina, Oxfam Representative). Specifically, the

respondent referenced a past disaster response where able-bodied women participated in more labour-intensive work, while pregnant, elderly and infirm women participated in less strenuous but important work, such as caring for the able-bodied women's children and preparing food and water for community members that were participating in the recovery (Marina, Oxfam Representative).

For CIDA, women are an “important resource in delivering assistance, establishing peace, and rebuilding societies” (CIDA, 2003, p.3). This distinction, while subtle, is important. It reflects CIDA's positioning of women in disaster management, and suggests that the Agency may be regarding gendered capacities from a narrow, instrumentalist approach. Importantly, this was the extent to which CIDA documents and respondents referenced the capacities of women in disaster management.

GK places considerable emphasis on capacity building and empowerment of women, however, its resources reveal little about its conceptualization of women's capacities and vulnerabilities. Although GK respondents did not specifically use the term ‘capabilities’, they spoke at length about the different programs women are involved in, both in disaster settings and in relative peace. This involvement included women employed as pump operators who provided relief to disaster-stricken coastal areas during the 2004 cyclone (Ronald, GK Representative). This type of work for women in the context of Bangladesh, and specifically in the context of gender roles and the division of labour, suggests GK has a great appreciation for women's capabilities overall.

Disasters and the Modification of Gender Roles

The immediate post-disaster period can advance development goals such as gender equality while simultaneously mitigating the next disaster. Oxfam and GK recognize this opportunity. From Oxfam's perspective, “despite the destruction and tragedy that [disasters] cause [they] open up opportunities for positive change, enabling women and men to take on new and more progressive gender roles” helping to lessen the most intractable problems such as gender-based violence (Oxfam Great Britain, 2012b, p.2). Several Oxfam respondents spoke about this opportunity. One respondent detailed the impact of a disaster on a particularly conservative area in Bangladesh, describing the transformation of women from housebound and disempowered, to undertaking activities outside the home, defying cultural practices such as Purdah,

...because it is for their life saving need. So this is the opportunity, any disaster create[s] and actually change[s] the whole landscape, so if you want to bring any change in terms of gender, so this is actually the space (Malabika, Oxfam Representative).

Another Oxfam respondent spoke about structuring disaster management activities to harness this window of opportunity, asking

Where can we find that window of opportunity that we can push forward a certain activity [in disaster response], a certain positioning of things, that is going to demonstrate to people that...women can play a role[?] [A]nd giving women that opportunity...the strength that comes when confidence comes, you can't take that away, and that does make a difference...in a way this disaster equalizes (Marina, Oxfam Representative).

Like Oxfam, GK places great emphasis on women engaging in male-dominated activities, both in disaster settings and in everyday life. Specifically, at the heart of GK's programming, including disaster management, women are encouraged to "take up vocations, which are generally seen as exclusive [to the] domain of men" (Bose, 2004, p.165). This suggests that GK does not view disasters as a window of opportunity, but rather, it engages women in male-dominated activities in everything it does. This allows GK to draw upon the skills of these women in disaster settings to help their communities recover.

Due to CIDA's role as a disaster management donor, the organization does not implement projects, and therefore its publications provide little insight into the roles women might undertake in these settings. However, a CIDA respondent acknowledged the opportunity for gender advancement that disasters can create. Specifically, the respondent noted, "[there] is an opportunity where you can really help to advance gender issues through small community-led projects" (Natasha, CIDA Representative). The same respondent noted that in some instances women's involvement in male-dominated work in disaster settings is not always by design. Drawing on an experience of an earthquake in Pakistan, which

...hit a very culturally conservative area where women wore purdah, and so women actually had to leave their houses, their houses had fallen down and it broke, it provided almost an opportunity for gender advancement (Natasha, CIDA Representative).

The Impact of Empowerment on Disaster Management

The term 'empowerment' is utilized across all organizations. However, the level of conceptualization differs and the term is highly gendered, always appearing in relation to *women's* empowerment. GK is perhaps less prone to this conceptualization, as in some of its material it refers to empowerment as uplifting 'downtrodden people' (Bose, 2004, p.21). Still, GK places strong emphasis on women's self-empowerment and self-confidence and defines women's empowerment as "a process of acquiring greater control over one's life and life-choices" (Bose, 2004, p.81). Practically, this equates to "the ability to face alone a family crisis such as desertion by husband, divorce or separation and the

capacity to run the household with her own earnings” (Bose, 2004, p.13). GK also notes that empowerment is a process in which “self-empowerment is the only empowerment. NGOs can certainly create an enabling environment through capacity building, but individuals have to empower themselves” (Bose, 2004, p.14). A GK respondent noted that in the immediate wake of a disaster, women, who may be ‘empowered’ do not always take action. Specifically,

They know about the disaster area because they were born in this area. But that time they did not take any leadership. They did not apply experience. That time mainly women are very much worried about their children, cows... They did not take any leadership. But in the shelter home, after disaster, some women take leadership and go to bargain with Union Association and other NGOs about why they are not given the services (Tamara, GK Representative).

CIDA provides less language on empowerment, but similar to GK, notes that “outsiders cannot empower women, only women can empower themselves...institutions can support processes that increase women’s self-confidence, develop self-reliance, and help them set their own agendas” (CIDA, 2010, p.5). Furthermore, within its overall development assistance work, CIDA seeks to empower women and safeguard their rights both as a goal in itself and as a means to achieve broader goals of sustainable development through its Gender Equality Policy (CIDA, 2008). Interestingly, CIDA respondents did not speak to women’s empowerment, suggesting that perhaps, because of their role as donors, they are less aware of the active roles women are playing in disaster settings and the need for disaster management programs to facilitate this process.

Both Oxfam’s documents and respondents place considerable emphasis on gender equality and the promotion of women’s *leadership* in disaster. Oxfam believes that through their work, “many more women will gain power over their lives. This will happen through changes in attitudes, ideas and beliefs about gender relations, and increased levels of active engagement and critical leadership in institutions, decision-making and change processes” (Oxfam Great Britain, 2012a, p.32). It is also Oxfam’s belief that “promoting women’s leadership...can be an effective approach to promoting women’s participation in local level development. These women leaders are enabled to effectively address women’s strategic interests” (Oxfam Great Britain, 2012a, p.9), which it defines as “access to and control over information, influence and resources” (Oxfam Great Britain, 2012a, p.30). This empowerment spillover was also addressed by Oxfam respondents, who referenced specific projects that engaged women, and the confidence that these women had as a result of their involvement. In this particular instance, following their engagement in Oxfam disaster management projects, some women decided to run for local government positions (Ranjani, Oxfam Representative).

Oxfam's approach to women's leadership in Bangladesh also places considerable importance on promoting women to senior level positions in local NGOs. Specifically, one respondent noted,

At the local NGO level, there are very few women who are actually playing the leadership roles in managing disasters and in humanitarian programming. So, our initial objective is just to increase the numbers of women. And then after increasing the numbers of women, we are trying to make the leadership more meaningful and transformative (Kumar, Oxfam Representative).

Stemming from this participation, Oxfam respondents also noted the spillover effects on other women in the community, particularly in the context of disaster management.

I think whenever you have an empowered woman going out in the field she will end up working with women who themselves are going to be empowered because she has gone through the process, she has come out of it feeling this way. She radiates that strength. And when that staff member, you know looking at a disaster response and managing that you are going to get a different quality of it (Marina, Oxfam Representative).

Although all of the Oxfam respondents referenced women's empowerment in disasters during the key informant interviews, one respondent spoke specifically to food management programs that target women, allowing women to "get their recognition and play the leadership role within the family" (Malabika, Oxfam Representative). This does not appear to transform gender roles, but rather to entrench them by prioritizing the sexual division of labour, and 'women's work'. This same respondent also acknowledged the need to "address the poor women's leadership" (Malabika, Oxfam Representative), which is symbolic of a discourse that assumes that all women are considered vulnerable and disadvantaged, and not capable of taking on leadership roles without the intervention of Oxfam. This minority voice suggests a mixed understanding of the role of empowerment in transforming gender roles, although it is important not to over-interpret its meaning.

Women's Economic Empowerment and Ownership

Of note, the concepts of economic empowerment and ownership were not given significant consideration in the publications reviewed for the document analysis. However, many Oxfam respondents spoke about the importance of both in Bangladesh, thereby justifying a brief discussion.

An Oxfam respondent spoke at length about the need to provide women with ownership opportunities specifically related to disaster management products such as flood shelters and reconstructed homes (Nahid, Oxfam Representative). Demonstrating their contextual knowledge of gender relations in Bangladesh, Oxfam respondents also noted the importance of conducting sensitivity sessions at the community level to ensure that pre-existing gender dynamics would not negatively

impact women, who traditionally did not have ownership rights (Nahid, Oxfam Representative).

Specifically,

We greatly get back to our analysis in the pre-crisis time. What is the power relation in ... particularly... the land ownership issues. If you see that 95% of the land is owned by the male counterpart...we will obviously give...[ownership] to [the] male, but we did not do that. We give house ownership to the women (Nahid, Oxfam Representative).

As it relates to economic empowerment, Oxfam respondents frequently referenced programs that sought to increase income-generating activities for women, such as cash-for-work activities (Nahid, Oxfam Representative, Malabika, Oxfam Representative). According to the respondents, this priority stems from pre-crisis vulnerability assessments that reveal women feel that they have little access to income-generating opportunities, and subsequently lack access to markets and livelihood options (Nahid, Oxfam Representative). One Oxfam respondent provided detail of the types of activities women would engage in in post-disaster settings,

So we promote our cash grants...so that [women] can replace their small household assets like chicken, goats or other like homestead to take advantage to grow their vegetables or fruits over there. So that's taken into consideration when we design our program to give the optimum benefits to the women, so that the income and the access to the economic area can be improved. Also it gives them empowerment to take into control making decision at the household level, improve their dignity and their power relation at the household level is greatly improved (Nahid, Oxfam Representative).

While these initiatives provide important opportunities for women in post-disaster settings, particularly around income earning, they fail to meaningfully modify gender roles by prioritizing the sexual division of labour, being that women are often responsible for providing for the family's food needs, and do not aim to bring women on to more equal footing in all domains. However, when these activities are undertaken outside the context of the home, women's participation in these programs has an impact on the broader family and community,

Women are participating in the cash for work program. During the cash for work, the entire household level role can be shared. This kind of message is given. Trying to mobilize in the community the benefits when women are outside their home contributing to the family income, how the husband can be benefitted and how the benefit goes to all the family members (Malabika, Oxfam Representative).

The organizations depicted women's vulnerability and capabilities in differing levels of detail and conceptualization. While all placed importance on engaging women in disaster response in unconventional ways, either during the window of opportunity a disaster creates or in their everyday

work, there was less appreciation for the fact that women are not uniformly made vulnerable, nor do they all possess the same capabilities. Furthermore, there was recognition across the organizations that empowerment of women is important, but the concept was highly gendered, and varied in its transformational ability, from concepts of empowerment limited to within women's entrenched gender roles and household responsibilities to one emphasising broader forms of leadership usually associated with men's roles.

4.1.3 Theme Three: Health in Emergencies

In this section, I explore how the organizations integrate health considerations into their disaster management strategies, and specifically, the way in which they address women's health needs.

Approaches to Health

The translation of 'Gonoshasthaya Kendra' is 'People's Health Centre' so, unsurprisingly, the organization places considerable emphasis on the importance of women's health in all settings. According to GK, "health is a reflection of society's commitment to equity and justice" (Gonoshasthaya Kendra, 2013). GK's core programs are centered on

...people-oriented healthcare service delivery, integrated with women's development, education, agricultural extension, poverty alleviation and environment conservation. The highest priority is given to women because in Bangladesh most village women have no right to take decisions about their own healthcare (GK, 2004).

Specifically, much of GK's work relates to training female health workers to provide healthcare in rural settings. Through this programming, the organization seeks to use primary healthcare as 'an entry point to work with the people, for the people, to develop a just society' (GK, 2013). GK respondents noted that in disaster settings, health continues to be the entry point for the organization. "When there is disaster, we are there and our entry point is health, basic primary health, [in all settings such as] in cyclone, in flood, in tornado, in earthquake, in domestic violence" (Ronald, GK Representative). For Nari Pokkho (Women's Health Centre), the sister organization to GK, reproductive health and rights are a top priority. A Nari Pokkho respondent indicated that in disaster settings, they work with community partners to ensure issues of reproductive health are also addressed (Tamara, GK Representative).

Oxfam, on the other hand, takes a much more targeted approach to health, focusing primarily on water and sanitation (WASH), and within that, women's leadership in providing for the WASH needs of their communities through Women's Wash Platforms (Oxfam, 2012b). An Oxfam respondent echoed

the organizations stance on health, indicating, “Oxfam is not focused on clinical health. We focus more on public health. Very specifically water, sanitation and hygiene...issues” (Nahid, Oxfam Representative). The same respondent also spoke to the pre-crisis health activities of Oxfam, noting that this is largely composed of “awareness session[s] of their health issues, their nutritional issues, or different health hazard issues” (Nahid, Oxfam Representative).

For CIDA, the approach to health in disaster settings is largely consistent with that of the IHA community, of which “the primary goals of humanitarian response ... are to prevent and reduce excess mortality and morbidity” (Sphere, 2011, p.292). However, CIDA has modified this approach to focus on the immediate needs of “shelter, food, water and sanitation facilities and basic health services, [which now] has expanded to include education, infrastructure, agriculture, income generating activities, protection and human-rights advocacy” (CIDA, 2012, p.3). It is also important to note that CIDA’s humanitarian assistance is not required to align with the Agency’s priorities for development assistance, which are food security, children and youth, and stimulating economic growth (CIDA, 2012, p.17).

Health Impacts of Disasters

The direct health impacts of disasters typically are limited to death and injury, while indirect health effects of disasters span a wide range of complex causal pathways. Given Oxfam’s focus on water and sanitation (WASH), it primarily addresses the indirect health impacts of disasters. However, the organization recognizes that the health impacts are vast and include injury, fatalities, and many conditions such as fever, gastrological problems and skin diseases. In its immediate response, Oxfam provides emergency medical services through mobile teams dispatched to disaster settings, but acknowledges that these efforts are often hindered by limited recourses, damaged infrastructure and communications systems, and lack of health workers (Oxfam, 2011, p.34).

None of the organizational documents analyzed gave any emphasis to the effect of disasters on psychosocial health. Oxfam respondents recognized the need to care for psychosocial health in disaster settings, but stated that this was beyond the scope of its programming (Nahid, Oxfam Representative, Malabika, Oxfam Representative).

Gender and Health

Women’s health in disaster settings is not consistently addressed across all the organizations. Oxfam narrowly speaks to the importance of women’s health in disaster management, exclusively through water and sanitation. Although health is a foundational element of GKs work, the link between

health, disaster management and gender is absent from its publications. Importantly, the broader social determinants of health, which are well represented in the literature review as being fundamental to effective, sustainable disaster management, are virtually absent from all documents produced by Oxfam, CIDA and GK.

Of the three organizations Oxfam places the most emphasis on women's health in disaster settings. The organization focuses primarily on water and sanitation as an important health intervention for women, but also marginally engages in some discussion around the gendered health impacts of disasters. Specifically, it notes,

[Women] need more health care during disaster than ...[men] but they receive the least compared to the demand. Although...women need special health care services ... due to unequal gender relation[s] they hardly have that opportunity. Female health workers are unavailable during disaster[s]. Besides, [women] do not get on-going health facilities as a result of traditional discrimination (Oxfam 2011, p.27).

In the same publication, Oxfam acknowledges that in disaster settings women's roles are increased, due to the gendered domestic roles which become more difficult to undertake (Oxfam, 2011).

However, as noted, Oxfam's primary focus as it relates to women's health in disasters is water and sanitation. The organization purports to take a 'gender mainstreaming' approach to its water and sanitation work, ensuring that women's specific needs are addressed in all the WASH work it does. The organization also places emphasis on the engagement of women, ensuring that the WASH provisions are consistent with women's actual needs (Oxfam, 2012b, p.4). Oxfam respondents placed considerable importance on their Women's Wash Platform (WWP) initiative, which provides leadership opportunities to women, by forming "groups of women in different villages who identify their own WASH problems and learn how to solve them, with support from Oxfam" (Kumar, Oxfam Representative). The creation of the platforms is intended to have cascading effects on women's leadership, in the sense that as women gain decision-making power related to their health, they will also gain this ability in other areas of their lives (Kumar, Oxfam Representative).

These platforms are established outside of the disaster management work that Oxfam does, but build the skills for women to perform important roles should a disaster strike. An Oxfam respondent noted

If any disaster happens in those particular villages, where the WWP women are existing, we expect that they themselves will mobilize. If not, if we go there and try to find them out, they can

easily mobilize, they can easily move forward. They know about WASH. So the task force or the work force is there, the knowledge is there (Ranjani, Oxfam Representative).

For the three organizations, the importance of women's health in disaster management is largely limited to interventions related to immediate life-saving needs and water and sanitation. Although health is a foundational element for GK, the link between health, disaster management and gender is absent in its documentation.

4.2 Section Two: Women's Perspectives on Health, Empowerment and Gender Equality and Disaster Management

The research to support this thesis includes three focus group sessions with women in Mohammadpur, an urban housing settlement outside of Dhaka. The information gleaned from the focus groups offer important insight into the way in which women experience disaster management and understand and articulate their gender and context specific vulnerabilities and needs. Throughout the focus groups, there were three major themes of discussion; disaster management approaches, gender-specific health needs, and economic empowerment. The focus groups were organized by age and are identified as follows: FGD 1 (18-25yrs), FGD 2 (25-50yrs), and FGD 3 (50yrs+).

4.2.1 Theme One: Disaster Management in Mohammadpur

The focus groups spoke at length about the implementation of disaster management practices in their neighborhood, referencing their individual experiences over two separate floods (2004 and 2007). In relation to disaster preparedness, it is clear that early warning systems failed, as referenced by all the FGD participants. A common theme of the discussion was the unequal distribution of assistance during the floods. Specifically, the FGD participants noted that resources were scarce, and community stature dictated the level of support an individual received, with nepotism influencing the distribution of assistance, often leaving nothing for the remaining population (FDG2).

Many things come on behalf of the government, so it comes to the influential people, they take it all. Those people, they take it all. Those things come for us but they are not given to us directly so we don't get anything. (FGD3)

Gender was considered a barrier in receiving aid, both in terms of power dynamics in the household and the ability of women to access aid. Participants noted that when women do receive assistance, they typically do not have command over these resources, as often "their men take it away" (FGD1 & 3). The more considerable barrier as it relates to gender and disaster assistance is the ability of

women to even access the assistance. Members of FGD2 referenced these barriers and stated that typically the men go to receive assistance because the women are in the home with the children. In recognition of this, one FGD3 discussant noted that previous assistance, which prioritized providing aid directly to women, was more successful in reaching those most in need. Specifically,

Suppose today you will give [aid] at a certain place. If you call people and say you will give it to these 20 people, then if these 20 women are brought there then they will receive the assistance directly. If you ask them to stand in a line then the ones who need it will not get it (FGD3).

As a result, the women relied significantly on their informal networks for survival. This included family members travelling by boat to provide food to those most affected by the flood. Specifically, one of the most prominent groups in ensuring the individuals had access to food was landlords.

Nobody came and asked did you eat anything, or did you die? Only the landlord there, Uncle Ajor cooked and gave us food to the houses that he owned. The landlords who are financially well off gave food. Our relatives cooked food at home and come by boat to give it to us but they could not come every day (FGD1).

Importantly, FGD3 noted the distribution of assistance during the 1998 flood was more equitable. At that time, disaster management organizations considered vulnerabilities within the community and distributed assistance accordingly- “they wrote slips for those who are in trouble and distributed them...it was given to those who have nothing...the helpless people got it” (FGD3).

4.2.2 Theme Two: Women’s Identified Health Needs

This study has demonstrated that one of the most significant concerns for Bangladesh in disasters relates to water, both in terms of flooding and water-borne diseases. This was confirmed by the FGDs, which identified water-borne diseases, water and sanitation issues and food insecurity as the most significant health concerns for women. In the flood situations referenced in the FGDs, water was “up to their necks” at times, and lasted 14-18 days (FDG2, FDG3). Although the women were aware of the health implications of entering the contaminated water, “still people got into [the dirty water] to protect their necessities. They have to get into it” (FGD1).

During the floods the most common health ailments were “pneumonia, then rash, diarrhea” (FGD1), as well as swollen and aching joints (FDG2) and fever (FDG3). According to the participants, health responses focused primarily on providing medicine (FDG1) including saline, and water purifying tablets. However, women faced additional health problems related to water and sanitation and maternal

health. Participants spoke of women giving birth during the flood, and not having the appropriate space or health care experts to deliver the babies, resulting in these women delivering on rooftops (FDG3) and in crowded relief centres (FDG1) without midwives. Disasters also damaged existing latrines and limited the accessibility of clean water for bathing, sometimes leading to infections (FDG3). The FGD respondents stressed that it is important that women have the appropriate privacy to bathe and use the bathroom. In disaster management situations, the absence of segregated bathing facilities poses significant health challenges. Participants noted,

When you go to the retreat centre, most of the time women face more problems...women face problems to defecate and urinate. For that reason women drink and eat less food and water and due to this it is seen that women suffer from many problems and they get ill (FGD1).

We were even scared to drink water as then we will have to go to the bathroom (FGD2).

Men can sit anywhere they want, but we could not do that. Will anyone let us use the bathrooms in their houses (FDG2)?

Participants also noted that the lack of proper water and sanitation had particular impacts on menstruating women, some of whom were sent back to their village homes due to social ostracism (FDG1).

4.2.3 Theme Three: Economic Empowerment

Throughout the focus groups discussions, there was considerable emphasis placed on cash-for-work programs common to disaster assistance and the impact these programs have on women's experiences. Economic empowerment was not a focus of this study initially, but after reflecting on the FGD discussions, I felt it was important to include.

The primary focus of the discussion related to economic empowerment was a cash-for-work program instituted by BRAC in the wake of the 2004 flood. This program paid women 50-80 takas per day (\$.80-\$1.25 CAD) to make roti. Although not a project implemented by one of the organizational cases of this study, the women's insights related to this experience are significant.

There was a clear distinction in the way in which FGD1, 2, and 3 referenced this particular project. FGD1 did not participate in the project, as its participants would have been 8-15 years of age at the time, but note that their mothers did participate, and found the program beneficial. FGD2 participants, who would have been 15-40 years of age, did not participate because they were limited by

their household roles, primarily caring for children. One participant noted that “our children were little then, they used to feed on milk, that is why we could not go at the time” (FGD2). Participants in FGD3, who would have been over 40 years of age at the time, participated in the program and found it beneficial. These participants noted,

[the BRAC roti program] was beneficial for me. There are five to six people in my household who needed food. I made breads there so they gave me some bread...I was able to eat and I was also able to feed my children (FGD3).

General economic empowerment was also referenced during the focus groups, where all groups indicated the need for income-earning opportunities. However, this was frequently in relation to life-saving needs. For example, “if we can work then we earn money, we can buy rice...we can eat along with our children...If such arrangements are made then we can run our families” (FGD3). One participant in FGD1 referenced the importance of income in relation to gender roles, noting - “if I need something, then I will have to lay my hands in front of my husband, my father or my brother. But if I earn, then I will not have to lay my hands” (FGD1).

The purpose of the inclusion of the focus groups was to gain some insight into the way women experience disaster management and their expressed needs in disaster settings. It is clear that the women of Mohammadpur needed greater levels of assistance during the 2004 and 2007 floods. Their reflections are significant and should inform future research about gendered disaster management in Bangladesh.

As one respondent noted

it is not a big deal what we got or did not get till now, but it will be good if something can be arranged for us to that we can combat the[se] disaster[s] in the future... we need both support and education. Work is more needed. We have able limbs, we can work and earn for our own food (FDG1).

4.3 Conclusion

The interviews and document analysis provide a good sense of how the organizations conceptualize gender in disaster management and its linkages to both health and empowerment. From the analysis it is clear that different levels of actors play different roles in disaster settings, and are therefore less or more invested in women’s particular concerns. The focus groups provided important information as to how women actually experience disaster management programs in practice, and highlighted some significant gaps in program delivery, specifically around the engagement and empowerment of women to modify gender roles in ways that increase agency and empowerment.

The interviews and document analysis suggest that disaster management interventions must be gender-sensitive, emphasizing the meaningful engagement of women, providing empowerment opportunities, and seeking to expand gender roles. This can be done through a social determinants of health approach, which considers vulnerabilities and capacities, and aims to implement interventions that target behaviour change. However, in practice, the focus group discussions suggest that this approach is almost entirely absent. Interventions that targeted women in Mohammadpur failed the first critical step – gender sensitivity – and reinforced devalued social and domestic roles of women by providing them with activities which did not include the most vulnerable and most in need, and did not work with women to encourage them to be active agents of change.

In the next chapter the findings from the key informant interviews, document analysis and focus groups will be discussed in relation to the broader theoretical approaches that underpin this study in an attempt to provide meaning to the findings and identify areas requiring further research.

Chapter Five: Discussion

The aim of this thesis is to understand and unpack the social construction of the concepts of gender, women's health and empowerment as they are deployed within the disaster response policies and programs of three organizations in Bangladesh.

The previous chapter presented the primary findings stemming from these questions. This chapter discusses their implications in relation to the theoretical approaches of intersectionality, Moser's Practical and Strategic Gender Needs and Sen's Capability Approach and proposes recommendations for disaster management stakeholders. The chapter is divided into three sections: Section One maps the findings of the study against the theoretical approaches and draws conclusions about the extent to which the organizations align with the tenants of each theory; Section Two discusses specific findings and unexpected results outside of the theoretical approaches; and Section Three reflects on the contribution of this thesis to existing literature and provides recommendations for future disaster management interventions.

Section One: Disaster Management and the Theoretical Approaches of Intersectionality, Moser's Practical and Strategic Gender Needs and Sen's Capability Approach

In this section I first provide a brief summary of the evidence from the literature review, followed by an overview of the theories as they relate to the thesis, and a discussion of how these theories fit with the findings. Each subsection then concludes with an analysis of the implications of the discussion.

5.1.1 Intersectionality: Disaster Management Fails to Recognize the Intersectional Nature of Vulnerability and its Link to Health

The literature review demonstrated that disaster vulnerabilities are socially constructed (Blaikie et al., 1994; Adger & Kelly, 1999; Wisner, Blaikie & Cannon, 2004), and that considerable attention has been paid to the gender-specific impacts of disaster management (Enarson, 2000). However, within the literature, a conflation between 'women' and 'gender' has contributed to the failure to consider women's disaster vulnerabilities in an intersectional way that gives weight to the social identities that contribute to a unique and context specific set of vulnerabilities such as race, ethnicity, class, socio-economic status, age, and gender.

Previous sections have suggested that applying an intersectional approach to disaster management could have important impacts on the way in which vulnerabilities are understood, and

subsequently, how disaster management activities are undertaken, considering “the ways in which gender intersects with other identities, contributing to unique experiences of oppression and privilege” (Hankivsky et al., 2010, p.12). While much research has been conducted to advocate for an intersectional approach to health and gender issues, a conscious application of an intersectionality lens has been entirely absent from disaster management discourse. Instead, most disaster management activities include a ‘gender mainstreaming approach’, which, while including ‘women’ in activities, fails to consider the dynamic and complex nature of gender and its intersection with other axes of power (Tolhurst et al., 2012).

Throughout the study I found that at the program and policy level, all three organizations have at least a minimum level of understanding of the intersections that contribute to women’s vulnerabilities in disasters, but all of the organizations fail to fully articulate the social identities that create situations of vulnerability in disaster settings. I would suggest that Oxfam is the most sophisticated in its conceptualization of disaster vulnerabilities, noting that they are rooted in “pre-existing conditions that determine their greater vulnerability in disasters and crises. Age, class, ethnicity, caste, marital status, sexuality and disability all combine with gender to determine a person’s vulnerability” (Oxfam Great Britain, 2012b, p.2). However, it is important to note that even in this recognition, Oxfam privileges gender and its inequality over other identities such as class or socio-economic status. While I have indicated that gender is the most salient social identity for this study, it remains important to situate this within other social identities to gain a comprehensive depiction of vulnerabilities and capabilities. CIDA provides less detail on the intersectional nature of vulnerabilities as the scope of their understanding focuses entirely on gender inequality, and even at that, their corporate review suggests this is not always given the priority it should be accorded in their humanitarian assistance (CIDA, 2012).

The focus group discussions (FGDs) provided insight into the importance of employing an intersectional approach to understanding vulnerabilities in disaster settings. One of the most salient findings from the discussions was the reinforcement that vulnerability is not solely determined by gender, but is also influenced by social locations such as socioeconomic status, community stature, power relations, family ties and responsibilities. By employing an analysis of intersecting social identities to the recipients of disaster management relief programs in Mohammadpur, it quickly becomes evident that the disaster management interventions created situations of both increased oppression and privilege for women in the community. Specifically, axes of power such as class and social ties were not considered, leaving pregnant women of lower class, or those with less access to transportation to deliver

their babies in open spaces without proper medical care. While hospitals were receiving women during the disaster period for maternal care, an assumption was made that all women requiring care could make the trip to the hospital, which was disputed by evidence to the contrary during the FGDs. Additionally, women without young children were able to more easily access assistance programs such as the BRAC Roti cash-for-work program, while those with young children were unable to participate due to familial responsibilities, leaving them further disadvantaged. By failing to take an intersectional approach that recognizes that women have unique, context specific vulnerabilities depending on their social identities, assistance was delivered in a way that assumed women were a homogenous, coherent group.

Implications

Disaster management interventions that subscribe to the narrow conceptualization of equating ‘women’ and ‘gender’ fails to address the diverse socially constructed vulnerabilities that different women face in any given disaster context. In doing so, it risks certain groups being ignored, and subsequently left behind. Attributing vulnerability to a single pathway (gender) without understanding its complexity and the intersection of other social markers creates disaster management interventions that, while considered ‘gender sensitive’, is likely to miss important opportunities for gender empowerment, and to slip into a reductive approach to programming or support. Furthermore, the failure to apply an intersectional understanding to disaster management interventions suggests that the organizations are not harnessing the fuller opportunities disasters present for women to meaningfully modify their respective gender roles in a way that increases their agency and empowerment.

The literature and the organizations also fail to recognize that the social determinants of vulnerability are, in large part, the same as the social determinants of health. While some organizations are better at acknowledging that vulnerability is socially constructed based on an individual’s social location, including health status, all actors failed to link this to the social determinants of health. The literature review demonstrated that an intersectionality approach is beneficial for health (Bates, Hankivsky & Springer, 2009), and I argue the same is true of disaster management.

5.1.2 Moser’s Gender Needs: Disaster Management Actors Fail to Address Both the Practical and Strategic Interests of Women

The existing disaster management literature advocates women’s involvement in programming and policy, and notes that, in large part, women have been absent from the decision-making process in climate-related disasters (Lambrou & Piana, 2006; Nelson, Meadows, Cannon, Morton, & Martin, 2002; Carvajal-Escobar, Quintero-Angel, & García-Vargas, 2008; Denton, 2002; Terry, 2009; Skutsch, 2010;

MacGregor, 2010). The way in which women are engaged in disaster management programs and policy has implications for their future social position. While there is significant literature on including women in disaster management program and policy, and of practical and strategic gender needs, I was unable to find a source that applied Moser's approach to disaster management.

Moser's practical and strategic gender needs approach is useful for analyzing the way in which women are engaged in disaster management policy and programming. Women are not universally vulnerable, nor do they have universal needs in disaster settings. Understanding the context-specific needs of individual women is fundamental to developing gender-sensitive, sustainable disaster management interventions that increase the agency and empowerment of women. Importantly, Moser's work provides a benchmark in which to assess the level of conceptualization the organizations have regarding women's needs and the extent to which their interventions are aimed at meaningfully modifying entrenched gender roles. According to Moser (1989), practical gender needs arise from the subordinate position of women, and do not challenge entrenched gender roles, while strategic gender needs arise from a consciousness of women's unequal status in relation to others and seek to challenge this entrenched role. While an understanding of the intersecting identities that form context-specific vulnerabilities to disasters is critical, interventions cannot appropriately address these vulnerabilities without understanding the unique practical and strategic needs of women.

The explicit acknowledgement of women's practical and strategic needs was not made by the organizations. However, most disaster management interventions target practical gender needs, particularly those for human survival. It could also be argued that the organizations have some recognition the strategic needs of women, primarily through the discussion on the modification of gender roles. In large part this was in relation to the domestic arena, which Moser (1989) notes includes "income earning activities, and also on community-level requirements of housing and basic services...Prioritizing practical needs preserves and reinforces (even if unconsciously) the sexual division of labour" (p.1803-04). Of the policy discourse examined Oxfam's reports were the most sophisticated in their conceptualization of women's empowerment, illustrated primarily through their references to leadership, political engagement, and property ownership. GK also demonstrated the importance of strategic gender needs, through its emphasis on training women in vocations typically identified as men's work, which Moser (1989) suggests "widen[s] employment opportunities for women, but may also break down existing occupational segregation, thereby fulfilling the strategic gender need to abolish the sexual division of labour" (p.1804). Specifically, GK notes that its programs

encourage women to “take up vocations, which are generally seen as exclusive [to the] domain of men” (Bose, 2004, p.165). However, overall, most of the organizations, place considerably more emphasis on practical gender needs, illustrated through their inordinate emphasis on basic services, cash-for-work programs that further entrench the sexual division of labour, such as the BRAC Roti program, and gender inequality, rather than more transformative issues such as pay equity and legal rights.

The FGDs also provided important insight into practical and strategic gender needs in disaster settings. Interestingly, the FGD participants focused solely on practical needs, including basic necessities of food, shelter, health care provisions and income earning opportunities. Based on Moser’s theoretical approach, I had anticipated that the discussants would prioritize their strategic gender needs. In revisiting Moser’s approach, I note that she suggests that in situations of crises and subordination, it can at times be difficult to see beyond the practical needs. This concept is interesting in relation to Mohanty’s work (1989), as it leaves room for interpretation that outsiders know how to advocate on behalf of women for their strategic needs. It also begs the question of whose notion of practical and strategic interests should prevail, and how this is then considered in disaster management interventions aimed specifically at women.

Implications

By nature, humanitarian assistance traditionally prioritises immediate life-saving needs, and has been criticized for not being better linked to a broader development agenda. Moser’s (1989) theory suggests that this approach could serve to further entrench subordinated gender roles, even if unconsciously. Her conceptualization of practical and strategic gender needs therefore provides an important insight into the needs of women in disaster settings, and suggests ways in which disaster management interventions can be framed to provide opportunities for women to modify their gendered positions while exercising agency and increasing empowerment. However, this approach must be paired with an intersectional approach so as to avoid a situation in which ‘Western women’ advocate on behalf of ‘Third World women’. It also should be accompanied by careful consideration regarding the voice of the ‘third world women’, specifically a critical reflection of the drivers of their encouraged expression. This means that women should be encouraged to advocate their identified needs, despite the fact that these may not align with Moser’s conventional ideas of ‘strategic gender needs’.

I believe that an approach that is consistent with development objectives and seeks to provide women with opportunities to advance their social position in a way that increases agency and

empowerment, while also meeting practical needs, will simultaneously save lives, advance development objectives, and provide opportunities for women to advance their social positions in a way that increases their agency.

5.1.3. Capabilities: Disaster Management Fails to Consider Women’s Capacities, Lived Realities and Their Ability to Command Resources.

The literature review found that most disaster management actors place an inordinate emphasis on the vulnerabilities of women in disaster settings, which are seen as universal to all women regardless of circumstance. While a small subsection is more explicit about the social construction of this vulnerability, few resources specifically reference the unique *capabilities* women possess which are critical to disaster response. These resources note that while women may experience increased vulnerabilities in disaster settings, they also possess great capacities that should not be overlooked (Adger & Kelly, 1999; Gardoni & Murphy, 2010; Roy & Venema, 2002).

We know that vulnerabilities are neither universal nor fixed in time, but are determined by intersecting social markers that advantage one individual over another. Likewise, the capacities individuals possess in disaster settings are also socially determined, based in part on their access to resources and their ability to transform those resources into valuable activities to advance their social position. While the intersectionality paradigm focuses on the context-specific social identities that intersect to contribute to vulnerabilities, and Moser outlines an approach that can be utilized to determine the types of interventions that are required, Sen’s capability approach provides insight into the entitlements and enabling environment required to both utilize resources and exercise agency to modify behaviours and social positions in situations of vulnerability.

In the literature review, Hartman & Squires (2006), go as far as to say “to be a victim is to be helpless, but to be a survivor is to possess courage and creative skills. The former denies agency, while the latter acknowledges it” (p.63). Similarly, CIDA accounts for gender dimensions in relief efforts by conducting gender analysis with a focus on being “sensitive to victims’ needs and ensuring that they are fully engaged in the design, delivery, monitoring and evaluation of humanitarian assistance programs” (CIDA, 2003, p.1). The discourse of ‘victim’ and ‘survivor’ is common to traditional disaster management and fails to capture the nuance of the lived realities of women in disaster settings. Specifically, this binary, in which individuals are either a ‘victim’ or ‘survivor’ fails to recognize that women could be simultaneously both victims and survivors. For example, the women in Mohammadpur could be considered survivors in the sense that they utilized their networks and existing resources to

persevere during the floods, but I would also suggest that they are victims of the poorly planned and executed disaster management programs that failed to consider their lived realities and social locations, which prevented them from accessing the assistance.

All three organizations place considerable emphasis on empowerment as a means for women to increase their social position while effectively responding to disasters. In its documents, Oxfam counterbalances the discourse of victim with recognition of the capacities women have in disaster settings and the opportunity that this presents to modify gender roles in ways that enhance agency and empowerment. However, in the discourse of capacities, women are primarily seen as having important skills that can be utilized in disaster settings, specifically around leadership. An overemphasis on leadership fails to take into consideration the enabling environment required for women to transform these capacities or leadership skills into valuable doings to advance their social position. It also fails to appreciate that leadership can take many forms, which can range from public advocacy for particular issues to less visible actions that take place domestically, but nonetheless help to foster leadership, such as caring for children within the community so other women can take on more public leadership roles. Some Oxfam respondents acknowledged this, noting the importance of engaging all women, regardless of ability, in disaster management response, suggesting that there may be different viewpoints related to women's engagement across the organization. Despite the small amount of literature, it can be argued that GK is the most progressive on the concept of engaging women in disaster response through enhancing capacities, as this is foundational to its entire ethos.

The FGDs provided important insight into the lived realities of women who have experienced disaster management interventions. Specifically, they referenced the BRAC Roti program that was implemented in the 2004 flood to provide income-earning opportunities for women to make roti as part of the disaster response. However, the major pitfall of the program was the failure to acknowledge the lived realities of women, assuming that all women had equal ability to command resources, which the FGDs showed that this was not the case, and in fact the women most in need of support were unable to access it, and subsequently left behind. If the organization had taken an approach consistent with the theoretical insights employed in this thesis, it would not only have realized that this program risks further marginalizing some women, but also that it does not provide a meaningful opportunity to advance strategic gender needs for all women, regardless of circumstance.

On the whole, Oxfam is the most progressive across all its literature. I arrive at this conclusion based on the fact that it is the most in tune with the intersectional nature of vulnerability, it mentions the need for interventions that address both practical and strategic gender needs, it acknowledges the important capacities of women and the opportunities that disasters present, and understands that women need to be given the space to take on leadership roles, but also acknowledges the work that needs to go into the enabling environment to provide this opportunity. That Oxfam has the most explicit awareness of these elements concurs with the literature review, which found that NGOs are the most efficient in dealing with disaster management. This is largely attributed to the ‘extremely complicated, sensitive and highly politicized’ (Matin & Naher, 2001, p.230) nature of community organizations and the pre-existing relationships NGOs have with affected populations, which gives them a unique understanding of the local context and familiarity with the population (Coppola, 2011). It is likely that GK would have similar approaches to Oxfam, and may be as efficient in dealing with disasters. However, due to the limited print resources and key informant interviews, there was less data to assess to support this argument.

Implications

Very few resources discussed the possibility of disasters serving as a window of opportunity to modify entrenched gender roles by prioritizing the enabling environment required for women to engage in disaster relief efforts in ways that increased their agency and empowerment. Although it is important to target women in disaster management responses, without understanding the individual social context, and particularly power dynamics, these programs perhaps are of less value to women. This is because they fail to address the barriers to commanding these resources and do not take into consideration existing burdens, and the potential to lead to a less peaceful life. If interventions are carried out in a way that recognizes the intersectional nature of vulnerabilities and capacities, prioritises strategic gender needs consistent with the expressed needs of women in disaster settings, and creates an enabling environment for women to take command of these resources to improve their social position, the goals of sustainable development, including health and gender equality, will be simultaneously advanced alongside the goals of humanitarian assistance.

Section Two: Specific Issues

I also note that there are some important findings that fall outside of these theories. These include the way in which health is addressed both in the literature and during data collection and the availability of resources and the attention paid to climate-related disasters.

Importantly, there is a clear disconnect between the findings of the literature review compared to the document analysis and key informant interviews as they relate to health. Specifically, the organizations' stance on health was much more specific than the literature review, and focused almost entirely on primary health care, with a specific focus on water and sanitation issues. While these issues represent some of the most significant health implications of disasters in Bangladesh, the factors that contribute to ill health in disaster settings are largely linked to the social determinants of health. Therefore, the organizations may benefit from taking a broader approach to health, both during disaster and in relative stability.

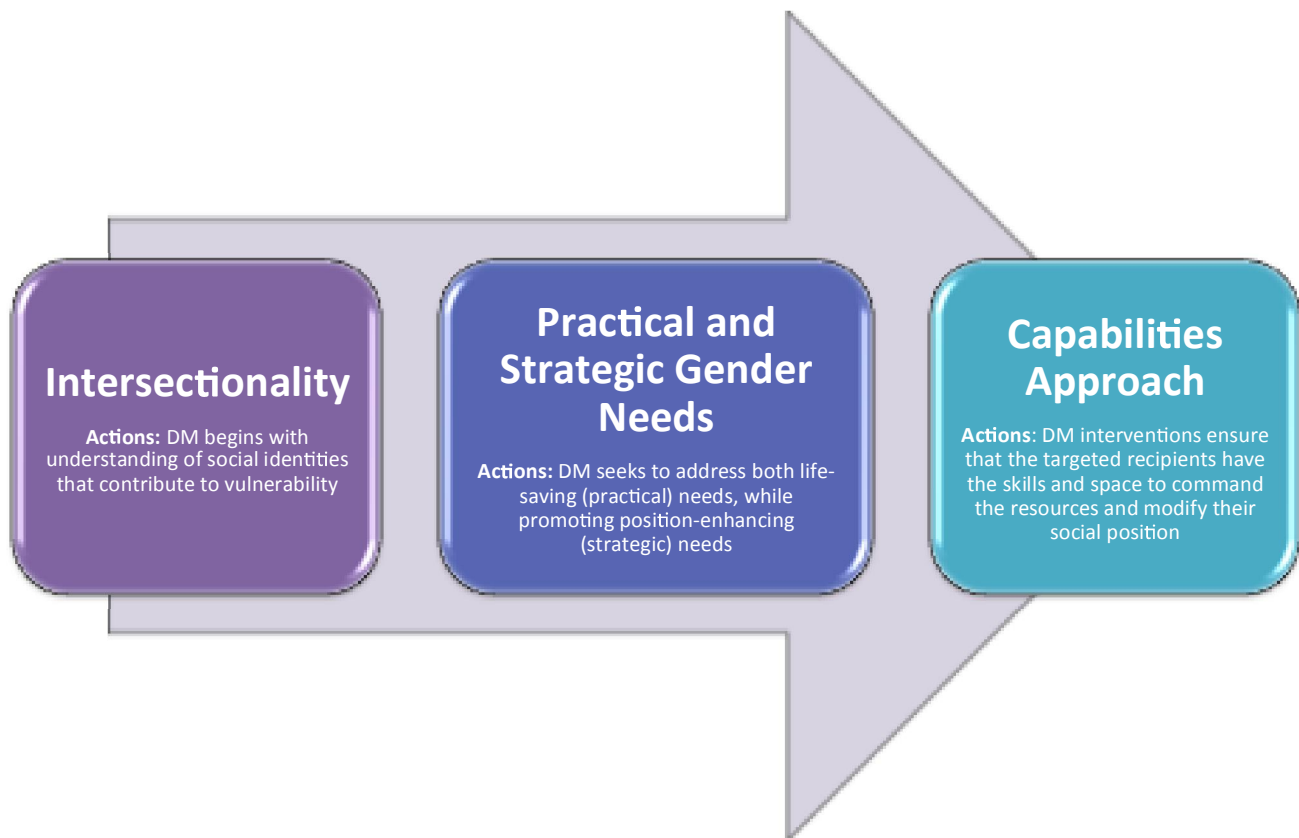
Surprisingly, the three organizations had very few documents specific to climate-related disasters, despite their significance for Bangladesh. The literature was much more vocal on this issue, but I was unable to substantiate these claims via my data collection methods. This finding meant that the conversation around the concepts of gender, health and disaster management had to be conducted at a more general level. While I hoped that the conversation on climate-related disasters would be rich, and as a result the findings would serve as a potential proxy measure for other countries, this was not the case. However, much of the conversation, and subsequent findings, remain applicable to all disasters, including climate-related disasters.

Section Three: Contributions to Existing Knowledge on Women and Disaster Management

This thesis supports and extends much of the work done by feminist disaster management scholars such as Enarson & Meyreles (2004), MacGregor (2010), and Dzah (2011). Overall, my study makes two significant contributions to the existing literature: (1) it demonstrates the interconnectedness of the social determinants of health and vulnerability; and (2) it combines an empirical exploration theories of intersectionality, practical and strategic gender needs and the capabilities approach to promote a more nuanced approach to health and gender equality in disaster management interventions. By extension, when disaster management is implemented in this fashion, it may be possible to create space for women to modify their gender roles in ways that increase their agency and empowerment while promoting sustainable development.

This thesis demonstrates that disaster management actors are taking strides to better reflect women's needs in disaster management responses, but largely conflate 'gender' and 'women' and address the inclusion of women in disaster management from a gender mainstreaming approach. The need for better consideration of gender in disaster management is not a new finding, and is supported by work done by Enarson & Meyreles (2004), MacGregor (2010), and Dzah (2011) among others.

However, my thesis builds on these notions to provide a progressive approach which can be applied in the development of disaster management programs to simultaneously advance the objectives of humanitarian assistance and development, including health and gender equality, and that provides opportunities for women to meaningfully modify their gender roles in a way that increases their agency and empowerment (see Figure 2). Specifically, disaster management actors could begin by applying these findings to their work, assessing current interventions and the ways in which they impact women. Additionally, future interventions should prioritize a vulnerability analysis that considers all social identities without prioritizing gender over other important markers. Once disaster management actors have a grasp on the individual, context-specific nature of vulnerabilities, interventions should be tailored to address practical, life-saving gender needs while seeking opportunities to advance strategic gender needs. This approach, while meeting the objectives of humanitarian assistance, can also seek to promote sustainable development through the promotion of gender equality by creating opportunities for women to advance their social positions. It is widely held that when women are empowered and experience greater gender equality, they become active agents of change, which causes ripple effects within their communities. This change can help to not only advance the position of women in a particular community, but also their families and fellow community members. As a last step, disaster management actors should be cognizant of the enabling environment required for individuals to advance their social position, namely the ability to command the resources that disaster interventions provide. Without working in this space, interventions, though targeted at women, may have little impact on lasting empowerment for women.

Figure 2: Integrated Disaster Management Approach

Another important contribution of this thesis is the recognition of the interrelated, socially constructed nature of health and disaster vulnerability. My findings suggest that the determinants of health and of disaster vulnerability are socially embedded, often overlap, and that interventions to address one will likely have positive impacts on the other. For example, the findings from the FGD indicate that class or community stature was a significant determinant of both health outcomes and disaster vulnerability. By taking a social determinants of health approach to disaster management, interventions could simultaneously advance both health outcomes and decrease disaster vulnerability. Some literature (Bayntun, Rockenschaub & Murray, 2012) has previously suggested that a health systems approach to disaster management was warranted, but I suggest this needs to be taken a step further, as a systems approach fails to recognise the social identities that contribute to ill health and vulnerability.

Chapter Six: Conclusion

Based on two months fieldwork in Bangladesh, this study employed a comparative exploratory case study methodology to understand the ways in which the Canadian International Development Agency (CIDA), Oxfam and Gonoshasthaya Kendra (GK) construct and deploy the concepts of gender, empowerment and women's health within their disaster management policies and programs. In this chapter I refer back to the research questions before providing an analysis of the theoretical approach and its contribution to the study. I then provide explicit answers to the research questions and discuss the viability of the recommendations I arrived at. Finally, I close this chapter with a reflection of the study, including unanswered questions for future research.

Utilizing document analysis and key informant interviews, triangulated with focus group discussions, I endeavored to answer the following questions:

1. How do governmental and non-governmental organizations selected as cases in this study construct the concepts of gender, empowerment and women's health within their climate-related disaster policies and programs?
2. How do the selected cases in this study understand the concepts as connected issues in climate-related post-disaster settings?
3. How are these constructs deployed within the disaster response programs and activities of the organizations selected as cases in this study?

In answering the research questions, the study employed three theoretical approaches and built upon existing frameworks. The intersectionality approach focuses on the context-specific social identities that intersect to contribute to vulnerabilities, and Moser outlines an approach that can be utilized to determine the types of interventions that are required. Sen's capability approach provides insight into the entitlements and enabling environment required to both utilize resources and exercise agency to modify behaviors and social positions in situations of vulnerability.

The study uncovers the differential vulnerability of women in disaster settings based on their intersecting social identities. Throughout the thesis I note that disaster management frequently adopts a simplistic understanding of the gendered nature of disaster vulnerability, equating 'gender' with 'women' and viewing women as a homogenous group. My findings and theoretical approach actively worked to combat this embedded view of women in disaster management by highlighting that women have unique vulnerabilities and capabilities that are determined by their social location, not their sex. FGD findings support this, suggesting that experiences of vulnerability and opportunity vary widely, and are determined by markers such as socio-economic status, ethnicity, gender, and social ties.

Disaster management is inherently complex, with many different levels of actors, each operating under their own mandates and prioritizing different activities. In answering the research questions, it becomes clear that CIDA takes a reductive approach to women's role in disaster management, falling squarely within a 'women in development' (WID) approach which encourages equal participation of women and men, including access to resources and services, but does not challenge entrenched social norms that led to women's marginalization in the first place (Mohindra & Nikiéma, 2010). Additionally, CIDA does not provide an explicit link between the concepts of gender, empowerment and women's health in disaster settings, suggesting that development and humanitarian activities remain siloed in their delivery. Oxfam, on the other hand, is the most progressive in its conceptualization of gender and vulnerability, empowerment and capability, and women's health. The findings suggest they are closer to a 'gender and development' (GAD) approach, which seeks to advance women's participation and enhance their capacity through empowerment (Mohindra & Nikiéma, 2010). Within their programming, Oxfam does make a clear link between their empowerment and health programming, which is then called upon in disaster settings. As it relates to health, GK is also closer to a GAD approach, particularly with their activities on women's reproductive health, which was not addressed by either CIDA or Oxfam in the context of disasters. Like Oxfam, GK does understand the linkage between women's health and empowerment and disaster settings, as demonstrated through their utilization of female workers in non-traditional roles deployed in disaster response, such as pump operators. Table 4 (below) provides a snapshot of how the three organizations construct and deploy the concepts of gender and vulnerability, empowerment and capability, and women's health in their disaster management policies and programs.

Table 4: Comparing the Embedded Assumptions of CIDA, Oxfam and GK

Organization	Embedded Assumptions		
	Gender and Vulnerability	Empowerment and Capability	Women's Health
Canadian International Development Agency	<ul style="list-style-type: none"> • Adopts a Women in Development (WID) approach, which does not change social structures, but advocates equal participation of women in development programs • Views women as homogenous, uses 'women' and 'gender' interchangeably. • Admits that gender often forgotten or weak in disaster interventions 	<ul style="list-style-type: none"> • Consistent with WID approach, states importance of women's equal participation • Notes women are important resources for delivering assistance • No specific language about empowerment in the context of disasters 	<ul style="list-style-type: none"> • Prioritize basic health services and WASH in disaster response efforts • No further linkage between work on gender equality and disaster management.
Oxfam	<ul style="list-style-type: none"> • Understand that 'gender and context intersect' to create vulnerabilities • Note vulnerabilities are determined by gendered relations in society, rooted in pre-existing conditions such as age, class, ethnicity etc. 	<ul style="list-style-type: none"> • Push for women's leadership in NGOs and leadership opportunities for women through Women's Wash Platform (WWP). • Note that women and girls, like men and boys, possess great skills that can be utilized in disaster response 	<ul style="list-style-type: none"> • Programming focused on primary health and WASH • Link health and disasters through the WWP. Women's leadership developed through WWP is called upon in disaster settings.
Gonoshasthaya Kendra	<ul style="list-style-type: none"> • Believe that social conditions such as patriarchy and purdah influence vulnerability • Prioritize programming for 'poor women' 	<ul style="list-style-type: none"> • Over 70% of beneficiaries of GK programming are women • Through their programming encourage women to engage in non-traditional activities • Place emphasis on capacity building and empowerment of women 	<ul style="list-style-type: none"> • Health is the entry point for GK in all settings, including disasters • Approach includes primary health care and reproductive health care

Overall, my study provided two important insights into the way in which disaster management interventions could be delivered to strengthen overall sustainable development including gender equality, health and empowerment. Specifically, (1) it demonstrated the interconnectedness of the social determinants of health and vulnerability; and (2) it combined an empirical exploration theories of

intersectionality, practical and strategic gender needs and the capabilities approach to promote a more nuanced approach to health and gender equality in disaster management interventions.

These insights led me to suggest that disaster management actors could improve their interventions by combining an intersectionality and social determinants of health approach, which would begin with a comprehensive vulnerability analysis that considers all social identities that contribute to situations of vulnerability and ill-health. This would also encourage a focus on the differing realities of individual women given their differing social contexts, rather than blurring the distinctions between them. Once they have a grasp on the individual, context-specific nature of vulnerabilities, interventions should be tailored to address practical, life-saving needs while seeking opportunities to promote positive behaviour change, particularly around entrenched gender roles and women's health, empowerment and agency. This is in recognition that the determinants of health and of disaster vulnerability are socially embedded, often overlap, and that interventions to address one will likely have positive impacts on the other. By taking a social determinants of health approach to disaster management, interventions could simultaneously advance both health outcomes and decrease disaster vulnerability. In suggesting this approach, I am not attempting to advocate on behalf of women in Bangladesh experiencing disaster management but, rather, am encouraging an approach to disaster management that is more nuanced, taking into consideration the realities of women in different contexts.

Given the qualitative nature of my study, it is difficult to suggest the extent to which its findings might apply across multiple settings. An obvious limitation is that Bangladesh was selected for this study because of its *unique* disaster vulnerability, comprised of both geographic and population dynamic factors. Other populous countries in the south Asian or South-East Asian geographies may share some of these factors, although Bangladesh is considered to be at the most extreme end of vulnerability. Additionally, from the outset, I undertook this study with the hope that as one of the 'ground zeros' of climate change, Bangladesh could be considered a proxy for the future impacts of climate-related disasters in other countries. As outlined in Chapter Three, the study shifted from a focus on climate-related disasters to disasters more broadly, although the organizations' documented approach is likely to be consistent with their implementation in all disaster contexts including those that are climate-related.

Nonetheless, there are some important insights and findings that may be relevant in different contexts. For example, as donor, CIDA does not have country-specific strategies for humanitarian assistance, nor do they implement projects directly, so I believe similar studies in different contexts

would have complementary findings related to CIDA. This is precisely the problem with foreign bilateral donors in disaster contexts because, as my study has shown, they typically apply a one-size-fits-all approach in differing contexts, failing to capture the nuanced realities of those experiencing disasters. My proposed approach would represent a significant shift in the way interventions are currently implemented, to one that is more nuanced and understands the realities of individuals experiencing disasters regardless of the geography. Given the bureaucratic nature of donors such as CIDA, changes in policy priorities and operating procedures are a lengthy process, and the likelihood of adopting the proposed approach would depend on current policy priorities within the Government of Canada.

NGOs and specifically community-based or locally based organizations have important insights into the local community and deliver their disaster management in a way that considers this. The findings that Oxfam is highly aware of Bangladesh's unique context and the realities of women experiencing disasters likely means that adopting my proposed approach would be fairly consistent with existing policies and programs, and would not represent a significant change in operating procedures or policy priorities. Additionally, as an international confederation with regional offices throughout the world, Oxfam's disaster management policies and programs are also likely to be consistent in other settings, meaning that to some degree, the findings of this study would likely apply in other settings. On the other hand, GK is a community-based organization formed in Bangladesh, and its programming is specific to that context, so it is unlikely that the findings related to GK apply across other settings. Additionally, because of the size of the organization, they are also likely to be more nimble and able to adopt different approaches without the same obstacles of larger NGOs and donors. Therefore, future research is necessary to determine whether the findings I arrived at are consistent with other disaster contexts, but I expect that the pitfalls of disaster management and the disconnect between disaster management and other, broader development goals, such as gender equality, extends beyond the Bangladesh experience.

Although my thesis made some important contributions to the disaster management and social vulnerabilities literature, more questions than answers remain. Of primary concern is the intersection of Moser's practical and strategic gender needs with the lived realities of women in disaster settings. Throughout the study I noted that Moser's approach provides a benchmark in which to assess the disaster management interventions of organizations, but I also pointed to the need to employ Moser's approach in conjunction with intersectionality to avoid blurring the lived realities of women and their individual needs based on their social location. Particularly, for future research I am interested in further

dissecting Moser's approach against Mohanty's approach, which discourages western feminists from advocating on behalf of third world women thinking that we know best. This is interesting in the context of the focus group discussions, where the women were not asking for interventions to address their strategic needs, but rather for live-saving practical needs. In the context of disaster management, more critical thought will need to be done on how Moser's approach aligns with the lived realities of these women in actual disaster settings.

Additionally, the role of intersectionality in disaster management requires further consideration. This is well documented in Chapter Three, which discusses the limitations of the study. For future research it would be important to adopt an intersectionality approach from the outset of the study, which would illuminate the power hierarchies and relationships between both the organizations of the study, and the study's informants. More detailed focus group discussions would also be beneficial, particularly for the purpose of exploring individual women's social locations and the ways in which they experience disaster management individually. The findings also suggest that the three organizations are at different stages in their approach to women's development, with CIDA squarely in WID, while Oxfam and GK lean more towards GAD. Therefore, further analysis of the findings vis-à-vis these historical paradigms of women's development would provide an interesting complement to the theoretical approaches I utilized in the study.

Lastly, throughout the study I also sought to determine whether disasters could create a window of opportunity for women to modify their respective entrenched gender roles in ways that enhance their agency and empowerment, potentially leading to sustained, advanced social positions. Because of the qualitative nature of the study, I was unable to provide evidence of this window of opportunity in practice, but I do hold that in certain contexts disasters can afford more opportunities for transitions in gender roles.

Next year will be an important year for disaster management with the first-ever World Humanitarian Summit hosted by the United Nations Secretary-General Ban-Ki Moon in Istanbul May 23-24, 2016. During the Summit, the fundamental mechanics of disaster management will be discussed, as the world looks to become more efficient and effective in addressing the ever-increasing prominence of disasters. Specifically, the four main themes of the Summit are: humanitarian effectiveness; reducing vulnerabilities and managing risk; transformation through innovation; and serving the needs of people in conflict (World Humanitarian Summit, 2014). With the international community willing to explore

doing things differently, there may be an opportunity to discuss the way in which current policies and practices impact women.

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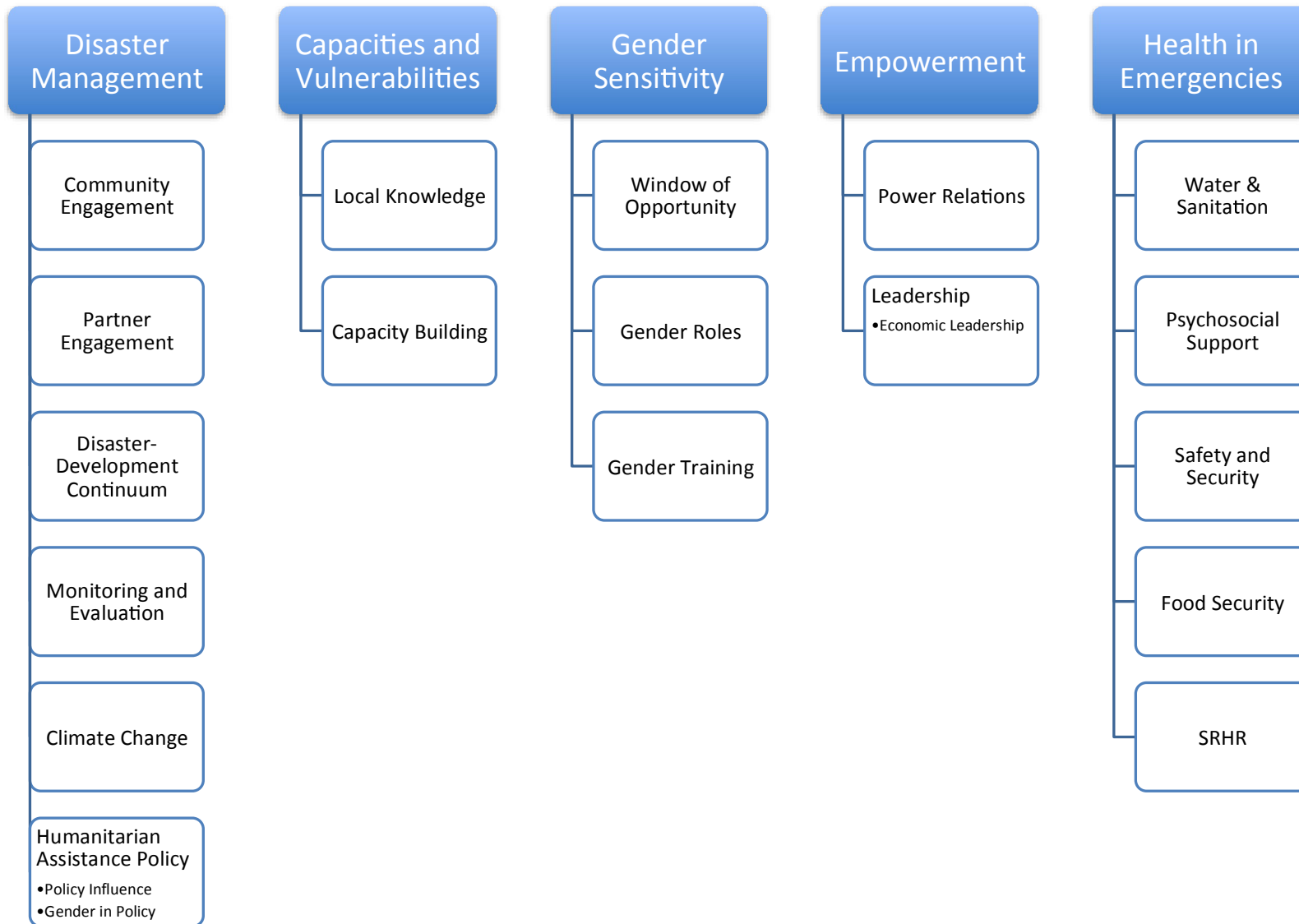
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Appendix A: Coding Scheme



Appendix B: E-Letter Of Invitation To Participate In Interview

Study title: Unnatural and Unequal: Gender, Health and Interventions in Post-Disaster Settings in Bangladesh

You are being invited to participate in the above-mentioned research study. This study is the Master's work of Ashley Page, School of International Development and Global Studies, Faculty of Social Sciences, University of Ottawa.

Study Purpose: This study will be undertaken to better understand the dynamic linkages between disaster vulnerability, the determinants of health, and empowerment as it relates to women's effective and empowered roles in post-disaster settings. This study will focus specifically on the disaster response policies and programs of CIDA; Oxfam International and Gonoshasthaya Kendra, a local organization in Bangladesh.

Participation: In light of the role of your organization and your own position within this organization, we would like to interview you to discuss your organization's and your own experiences related to disaster planning and policies, and post-disaster reconstruction. The interview will be conducted in English, and if required, a translator may be present. It will take approximately 45 to 60 minutes. You may be interviewed at any time and location deemed convenient and private for you, from now until April 30th, 2013 (*to be confirmed*).

Should you accept our invitation for interview or have any questions regarding this study, please contact me at apage079@uottawa.ca

Permission from your employer has not been obtained. You are encouraged to seek permission prior to the interview if required.

You will only need to answer the questions you feel comfortable answering; you can refuse to answer any questions.

If requested, a transcript of the interview will be sent to you for your review and approval. Transcripts will be sent via e-mail, solely and directly to your e-mail address. The title of the e-mail will be marked "Confidential" and will include a confidentiality notice at the end of the text in the e-mail. I ask that you reply to this e-mail upon reviewing the transcript to inform me whether you approve the text of the transcript, or by requesting edits. If edits are requested, the transcript will be revised and sent as above for your final approval. As noted below under "Voluntary Participation", you may withdraw from this study at any time, including upon your review of the interview transcript.

Risks: There is minimal risk involved in participating in this study. You may feel uneasy about volunteering some information requested. I will minimize these risks by ensuring that your participation in this study remains voluntary, anonymous and confidential. Again, you need not

answer any questions you feel uncomfortable answering. Identifying quotes will not be included in the research findings.

Benefits: This study will give you the opportunity to help generate knowledge that may contribute to improved disaster planning, policy and response in developing countries more broadly. It will also benefit national and international humanitarian assistance policy-making by helping to illuminate the linkages between disaster vulnerability, the determinants of health, and empowerment as it relates to women's effective and empowered roles in post-disaster settings.

Confidentiality and anonymity: Any information you share will remain strictly confidential, and will only be discussed amongst myself and my supervisor, Dr. Ronald Labonté, and my committee (as required). To protect your anonymity, your name will not be recorded with your responses or identified in any way. A unique code number will be assigned to you to identify your taped interview. Aggregate results will be published so your identity will not be revealed in any publications or presentations.

Conservation of data: All information collected from your interview will be kept in a locked filing system in Dr. Ronald Labonté's locked offices at the University of Ottawa.

The computer on which study data will be stored will be password-protected. The data will be accessible only to myself. The study data will be stored for five (5) years following completion of the study, after which time it will be destroyed.

Compensation: There will be no monetary or other compensation for your participation in the study.

Voluntary Participation: Your participation is strictly voluntary. You are under no obligation to participate and if you choose to participate, you can withdraw from the study at any time, for any reason, without consequence. If you choose to withdraw from the study, all data gathered until the time of your withdrawal be destroyed.

For More Information:

If you have any other questions or require more information about the study itself, please contact Ashley Page or my thesis supervisors, Dr. Ronald Labonté and Dr. Denise Spitzer.

If you have any questions regarding the ethical conduct of this study, you may contact:

Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, Ontario K1N 6N5, Canada, telephone: (1-613) 562-5387 or ethics@uottawa.ca

Thank you for your time and consideration!

Principal Investigator:

Ashley Page
School of International Development and Global Studies.

Faculty of Social Sciences, University of Ottawa.

Supervisor:

Dr. Ronald Labonté BA, MA, PhD

Department of Epidemiology and Community Medicine, Institute of Population Health,
University of Ottawa.

Co-Supervisor:

Dr. Denise Spitzer BSc, BA, MA, PhD

Institute of Women's Studies, Institute of Population Health, University of Ottawa.

Appendix C: Consent Form for Key Informant Interviews

Title of the study: Unnatural and Unequal: Gender, Health and Interventions in Post-Disaster Settings in Bangladesh

Principal Investigator: Ashley Page
School of International Development and Global Studies.
Faculty of Social Sciences, University of Ottawa.

Supervisor: Dr. Ronald Labonté BA, MA, PhD
Department of Epidemiology and Community Medicine,
Institute of Population Health, University of Ottawa.

Co-Supervisor: Dr. Denise Spitzer BSc, BA, MA, PhD
Department of Epidemiology and Community Medicine,
Institute of Population Health, University of Ottawa.

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Ashley Page, under the supervision of Dr. Ronald Labonté and Dr. Denise Spitzer.

Purpose of the Study:

This study will be undertaken to better understand the dynamic linkages between disaster vulnerability, the determinants of health, and empowerment as it relates to women's effective and empowered roles in post-disaster settings. This study will focus specifically on the disaster response policies and programs of CIDA; Oxfam International and a local organization, still to be identified.

Therefore, the purpose of this research project is two-fold:

- 1) to investigate and compare how empowerment, gender, and specifically women's health, is constructed within the disaster response policies and programs of the Canadian International Development Agency (CIDA), Oxfam International, and Gonoshasthaya Kendra (a local NGO in Bangladesh), and
- 2) to examine how these constructs are deployed in the disaster response programs and activities of the three organizations.

Participation: My participation will consist essentially of a single one-hour interview during which I will be asked several questions related to the purpose of the study. The interview has been scheduled for (*place, date and time of each session*). The interview will be audio-recorded, and upon request, I will be able to review the transcript of the interview to ensure accuracy.

Risks: There is minimal risk involved in participating in this study. I may feel uneasy about volunteering some information requested. The researcher will minimize these risks by ensuring

that my participation in this study remains voluntary, anonymous and confidential. Again, I need not answer any questions I feel uncomfortable answering. Identifying quotes will not be included in the research findings.

Benefits: While the study may not be of immediate and direct benefit to me, it is expected to generate knowledge on the linkages between disaster vulnerability, the determinants of health, and empowerment as it relates to women's effective and empowered roles in post-disaster settings.

Confidentiality and anonymity: I have received assurance from the researcher that the information I will share will remain strictly confidential. I understand that the contents will be used only for the stated purpose of the research project and that my confidentiality and anonymity will be protected. My protection will be ensured by removing the following identifiers from computer or paper databases, reports or publications: participants' names, contact information. Instead, unique numerical codes will be used for all the participants. A master sheet of respondents will be kept in a separate electronic file on a password-protected computer. Only the Principal Investigator and her supervisor will have access to the codes regarding interviews conducted.

Conservation of data: The data collected (including audio recordings of interviews, transcripts, and notes) will be kept in a secure manner for five years. During the course of the study, all physical sources of data will be stored in a locked drawer of Dr. Ronald Labonté's office on the University of Ottawa premises. Electronic versions of the data will be stored on the Ashley Page's portable hard drive under a secure password.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be destroyed.

Acceptance: I, (*Name of participant*), agree to participate in the above research study conducted by Ashley Page of the School of International Development and Global Studies. Faculty of Social Sciences, University of Ottawa, which research is under the supervision of Dr. Ronald Labonté and Dr. Denise Spitzer.

If I have any questions about the study, I may contact the researcher or her supervisor.

If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5
Tel.: (613) 562-5387
Email: ethics@uottawa.ca

There are two copies of the consent form, one of which is mine to keep.

I consent to the interview being audio recorded:

Yes

No

Participant's signature: *(Signature)* Date: *(Date)*

Researcher's signature: *(Signature)* Date: *(Date)*

Appendix D: Interview Guide

 Time of interview:

Date:

Place

Interviewer:

Interviewee:

Position of interviewee:

Briefly describe the project.

Briefly describe the consent process and obtain consent.

1. Can you tell me about your position here at (CIDA/ Oxfam/ GK).
 - a. What are your roles/ responsibilities
2. Can you tell me a little about your experience in providing humanitarian assistance and disaster relief
 - a. Context Probes: Who/ What/ When/ Where/Why/How
3. What types of disaster-response activities does your organization engage in?
 - a. Probes: Where, when, why, how often, most recent cases
4. Can you tell me about a few recent examples of a disaster response your organization was involved in?
 - a. Context Probes: Who/ What/ When/ Where/Why/How
 - b. Probes: Gender issues, climate issues, health issues
5. How did your organization come to develop its current strategy for humanitarian assistance and disaster response?
 - a. When was the strategy developed? Has it been revised? If so, when?
 - b. What was the consultation process, if any? Were women and other vulnerable groups involved? Community groups from disaster-prone areas?
 - c. Would you consider your strategy to be gender-sensitive? If so, why?
6. How is health accounted for within the current strategy?
 - a. Is a distinction made between men's and women's health?
 - b. If health is incorporated in the current strategy, what health services are included?
 - c. How are these health services delivered?
7. How does your organization comprehend the intersection between gender and natural or disasters?
 - a. Both in immediate response and disaster reconstruction
8. How are the specific needs of women recognized in your organization's humanitarian assistance and disaster response strategies? How does this level of priority translate in the field?

9. How salient or important is women's health in disaster recovery settings? How does this translate in the field?
 - a. What happens on the ground, versus what is the policy?

10. To your knowledge, how does your organization work with other organizations in post-disaster settings to provide health services to affected populations?
 - a. Which organizations does your organization collaborate with? And why?
 - b. Does your organization work with local women's groups in post-disaster settings? If so, how would you describe the working relationship?
 - c. Are other stakeholders contacted/ involved in the delivery of your humanitarian assistance?

(Close the interview – thank the interviewee and ask for suggestions of other key informants who should be interviewed)

Appendix E: Letter of Information to Participate in Focus Group
Study title: Unnatural and Unequal: Gender, Health and Interventions in Post-Disaster Settings in Bangladesh

You are being invited to participate in the above-mentioned research study. This study is the Master's work of Ashley Page, School of International Development and Global Studies, Faculty of Social Sciences, University of Ottawa.

Study Purpose: This study will be undertaken to better understand the dynamic linkages between disaster vulnerability, the determinants of health, and empowerment as it relates to women's effective and empowered roles in post-disaster settings. This study will focus specifically on the disaster response policies and programs of CIDA; Oxfam International and Gonoshasthaya Kendra (a local NGO in Bangladesh).

Participation: In light of your familiarity of the disaster-response programs of the Canadian International Development Agency, Oxfam International, or Gonoshasthaya Kendra (a local NGO in Bangladesh) we would like to invite you to participate in a focus group to discuss your experiences related to humanitarian assistance and post-disaster reconstruction. The focus group will be conducted in English, and if required, a translator will be present. It will take approximately 1-2 hours. Should you be interested in participating, the focus group will be scheduled between January 20th and February 20th, 2013 (*to be confirmed*).

Should you accept our invitation for the focus group or have any questions regarding this study, please contact me at apage079@uottawa.ca.

You will only need to answer the questions you feel comfortable answering; you can refuse to answer any questions.

Risks: There is minimal risk involved in participating in this study. You may feel uneasy about volunteering some information requested. I will minimize these risks by ensuring that your participation in this study remains voluntary. Again, you need not answer any questions you feel uncomfortable answering. Quotes with identifying information will not be included in the research findings.

Benefits: This study will give you the opportunity to help generate knowledge that may contribute to improved disaster planning, policy and response in developing countries more broadly. It will also benefit national and international humanitarian assistance policy-making by helping to illuminate the linkages between disaster vulnerability, the determinants of health, and empowerment as it relates to women's effective and empowered roles in post-disaster settings.

Confidentiality and anonymity: Any information you share will remain confidential, and will only be discussed amongst myself and my supervisor, Dr. Ronald Labonté, and my committee (as required). Other participants of the focus group will be reminded of the importance of ensuring the confidentiality of the discussion during the focus group. To protect your anonymity, your name will not be recorded with your responses or identified in any way. A unique code

number will be assigned to you to identify your responses. Aggregate results will be published so your identity will not be revealed in any publications or presentations.

Conservation of data: All information collected from your focus group will be kept in a locked filing system in Dr. Ronald Labonté's locked offices at the University of Ottawa.

The computer on which study data will be stored will be password-protected. The data will be accessible only to myself. The study data will be stored for five (5) years following completion of the study, after which time it will be destroyed.

Compensation: There will be no monetary or other compensation for your participation in the study.

Voluntary Participation: Your participation is strictly voluntary. You are under no obligation to participate and if you choose to participate, you can withdraw from the study at any time, for any reason, without consequence. If you choose to withdraw from the study, all data gathered until the time of your withdrawal will not be destroyed to protect the integrity of the study.

For More Information:

If you have any other questions or require more information about the study itself, please contact Ashley Page or my supervisors Dr. Ronald Labonté and Dr. Denise Spitzer.

If you have any questions regarding the ethical conduct of this study, you may contact:

Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, Ontario K1N 6N5, Canada, telephone: (1-613) 562-5387 or ethics@uottawa.ca

Thank you for your time and consideration!

Principal Investigator:

Ashley Page
School of International Development and Global Studies.
Faculty of Social Sciences, University of Ottawa.

Supervisor:

Dr. Ronald Labonté BA, MA, PhD
Department of Epidemiology and Community Medicine, Institute of Population Health,
University of Ottawa.

Co-Supervisor:

Dr. Denise Spitzer BSc, BA, MA, PhD
Institute of Women's Studies, Institute of Population Health, University of Ottawa.

Appendix F: Consent Form for Focus Group

Title of the study: Unnatural and Unequal: Gender, Health and Interventions in Post-Disaster Settings in Bangladesh

Principal Investigator: Ashley Page
School of International Development and Global Studies.
Faculty of Social Sciences, University of Ottawa.

Supervisor: Dr. Ronald Labonté BA, MA, PhD
Department of Epidemiology and Community Medicine,
Institute of Population Health, University of Ottawa.

Co-Supervisor: Dr. Denise Spitzer BSc, BA, MA, PhD
Institute of Women's Studies, Institute of Population
Health, University of Ottawa.

Invitation to Participate: I am invited to participate in the research study conducted by Ashley Page, under the supervision of Dr. Ronald Labonté and Dr. Denise Spitzer.

Study Purpose:

The purpose of this study is to better understand the relationships between disasters, health, and how relief programs help women to be more effective in post-disaster settings.

Participation: My participation will consist of a single two-hour focus group during which I, along with the other participants, will be asked several questions related to the purpose of the study. The focus group has been scheduled for (*place, date and time of each session*). The group discussion will be audio-recorded, and should I wish to not be recorded, I can withdraw from the study at any time.

Risks: There is minimal risk involved in participating in this study. The researcher will ensure that my participation in this study remains voluntary, anonymous and confidential. Again, I need not answer any questions I feel uncomfortable answering.

Benefits: The study is expected to generate knowledge on the relationships between disaster-relief programs, health, and women's effective roles in post-disaster settings.

Confidentiality and anonymity: I have received assurance from the researcher that the information I will share will remain confidential. I understand that the contents will be used only for the stated purpose of the research project and that my confidentiality and anonymity will be protected. Other participants of the focus group will be reminded of the importance of ensuring the confidentiality of the focus group discussion.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, the audio recording and notes from the focus group will not be destroyed to maintain the integrity of the group discussion.

Acceptance: I, (*Name of participant*), agree to participate in the above research study conducted by Ashley Page of the School of International Development and Global Studies. Faculty of Social Sciences, University of Ottawa, which research is under the supervision of Dr. Ronald Labonté and Dr. Denise Spitzer.

If I have any questions about the study, I may contact the researcher or her supervisors.

If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5
Tel.: (613) 562-5387
Email: ethics@uottawa.ca

There are two copies of the consent form, one of which is mine to keep.

Participant's signature: (*Signature*) Date: (*Date*)

Researcher's signature: (*Signature*) Date: (*Date*)

Appendix G: Focus Group Guide

Time of focus group:

Date:

Place:

Briefly describe the project.

Briefly describe the consent process and obtain consent if not already obtained.

1. Can you describe your most recent involvement in a post-disaster setting?
 - a. Can you tell me about the organizations that were involved in the disaster response?
2. Were there any particular health concerns that arose for you in the post-disaster settings?
3. How did the disaster-response address the health issues you were concerned with?
4. How did the disaster response influence your ability to act in response to the disaster and in anticipation of future disasters?

(Close the focus group – thank the participants for their contributions to the discussion)