

Empowered Women – Empowered Children

Mixed method design to examine the relationship between women's empowerment and the well-being of children in structured families in Bosnia and Herzegovina



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World Vision Middle East and Eastern Europe

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“Gender equality can be achieved by respecting the abilities, results of work and education of both, women and men”

Snježana, 30

“Surely, how I feel affects my children. I’ve been more nervous lately. I shout a lot at my daughter, and I’m sorry about that. I think this is the reason why she is so quiet and shy.”

Vanja, 39

“Mom and I, we love each other, but sometimes we don't agree. I tell her when she’s wrong, but she thinks she’s always right”

Sara, 13

“My well-being is influenced by my family and friends”

Radivoje, 11

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World Vision is a Christian relief, development, and advocacy organisation dedicated to working with children, families, and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity, or gender.

CHILD AND ADULT SAFEGUARDING CONSIDERATIONS

World Vision ensured the safe and ethical participation of girls, boys and women in the survey at all times, adhering to World Vision's Safeguarding policy and protocols on data collection and World Vision's Code of Conduct. Data collectors were trained on Psychological First Aid (PFA) and interviews' ethical and safe management. Names of participants have been changed to ensure personal data confidentiality. Children and women were oriented on the possibility of withdrawing from the interview process at any moment. Identified cases of child and adult abuse and violence were referred to specialized agencies for case management.

Acronyms

BiH	Bosnia & Herzegovina
COVID-19	Coronavirus Disease-19
CYRM-R	Child and Youth Resilience Measure
CWB	Child Well-Being
DHS	Demographic Health Survey
EWB	Existential Well-being
GBV	Gender Based Violence
GESI	Gender Equality and Social Inclusion
HH	Household
HHDS	Household Diet Diversity Scale
IDP	Internally Displaced Person
IPV	Intimate Partner Violence
KII	Key Informant Interview
MEAL	Monitoring, Evaluation, Accountability and Learning
MEER	Middle East and Eastern Europe
MEERO	Middle East and Eastern Europe Regional Office
PDQA	Programme Development and Quality Assurance
PTSD	Post-Traumatic Stress Disorder
PFA	Psychological First Aid
RSES	Rosenberg Self-Esteem Scale
RWB	Religious Well-Being
SAS	Statistical Analysis System
SDG	Sustainable Development Goal
SPSS	Statistical Package for Social Sciences
SRQ	Social Role Questionnaire
SWBS	Spiritual Well-Being Scale
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization.
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund.
WCMWBS	Warwick-Edinburgh Mental Well-Being Scale

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Executive summary

Gender inequality is recognized as one of the most powerful drivers of children's vulnerability in all contexts. As part of its mandate to help the most vulnerable children experience the fullness of life, World Vision focuses on child well-being programmes, and capitalizes on child well-being outcomes. With intention to increase the focus on gender-responsive programmes that respond to the strategic needs of women, WV Bosnia & Herzegovina (BiH) conducted the following research, to better understand the connection between mothers' and children's well-being and holistically address both.

Accordingly, this research explores women's empowerment and children's well-being factors in BiH and looks at how women's socio-demographic factors and empowerment components are associated with children's well-being. For this purpose, a cross-sectional observation design was developed with the application of a convenient sampling approach. The research targeted 104 World Vision beneficiary children, aged 11-17 living in structured families and their respective mothers. The survey results are complemented with 2 KIs with mothers, 2 KIs with girls and 2 KIs with boys.

Findings on Women's empowerment factors

Empowerment at the **relational** level takes place in the relationships and power relations within the woman's surrounding network. It is the most challenging to achieve, due to the fact that women's immediate environment, such as family and community is responsible for it and usually benefits from those unequal relations. **The Research found that only 1% of surveyed women in BiH are empowered through all relational factors.** Women's decision-making power in the household (HH) is mainly prevalent through joint decision taking with their partner (72%) and women's control over household assets, especially on lands and houses is also prevalent (70%), also through joint control with the partner. However, due to prevailing patriarchal norms, the joint decision-making and control phenomenon is questionable and the husband's opinion often dominates especially on financial decisions. The majority of the surveyed women do not have control over time (75%). They are engaged in a paid activity, and they do all the domestic work and care activities at the household and cannot delegate or redistribute those tasks, while their male partners are responsible only for paid labour and are minimally involved in childrearing. GBV and especially domestic violence is still prevalent in BiH, with 25% of women experiencing some type of violence, even though BiH legal framework on violence against women and girls has undergone significant changes over the past years.

Empowerment at the **personal** level takes place within the person. This refers to the perception of the woman in relation to herself, her well-being, how she considers her role in society and that of other women. It speaks to women's overall resilience and the ability to manage daily stress. **According to this research, approximately 41% of women in BiH are empowered through personal factors.** Overall, the majority of surveyed women have moderate self-esteem and good mental/spiritual well-being. However, the challenges encountered in the society make it difficult for women in BiH to break out of the traditional gender roles and hold non-sexist attitudes. Even though acceptability of GBV is prevalent in 11% of surveyed women, harmful social norms and traditions still sustain sexism among 53% of women.

Empowerment through **environmental** factors looks at the broader context, which consists of informal components, such as equitable social norms, attitudes and the beliefs of wider society, and formal aspects, such as the gender-responsive political and legislative framework. **Only 2% of the surveyed women seem to be empowered through environmental factors,** which does make sense, as relational and environmental factors are closely related and reinforcing one another. Even though freedom of movement is relatively high (79%), only 12% of women live in communities with low restrictive gender norms and 18% are able to access their civic rights, while 14% are able to access legal assistance.

Findings on Child Well-Being Outcomes

Children's well-being was measured by looking at physical outcomes, such as education, nutrition and health, protection, as well as mental and psychosocial indicators. **The research found that only 9% of the surveyed children achieved well-being through all factors.** With regards to education, the self-perceived functional literacy is relatively fair among surveyed children, with 43% of children considering themselves as functionally literate. With 91% school enrolment, 64% of children have positive attitude towards learning and willingness to pursue their education. 9% of children are out of school due to sickness and supporting their families in non-paid activities. Concerning nutrition and health, the vast majority of surveyed children have good or moderate diverse and adequate nutrition. 2% have poor nutritional outcomes, while positive health-related behavior seems to be developed in 66% of surveyed children.

When it comes to child violence, 49% of surveyed children in BiH shared that they were highly exposed to violence and abuse, especially from other family members and friends, with boys more likely to be physically abused. 14% of children have heard about sexual violence in their community and 26% have heard about the online harm.

Self-esteem, mental and spiritual well-being, resilience and empathy, feed into mental and psychosocial dimension of child well-being. The majority of surveyed children have moderate self-esteem and high resilience capacity, especially through the relation with their caregivers, as well as high empathy (with girls more likely to be empathetic) and all of them seem to be spiritually empowered. 7% of children have probable or possible signs of depression.

Findings on the connection between women's socio-economic and demographic characteristics, their empowerment and the well-being of their children

According to research findings, women's education in BiH leads to their children's improved well-being. More specifically, children of women who completed secondary and tertiary education in comparison to children of less educated women are less likely to be exposed to violence. On the other hand, high-educated women are less likely to internalize sexism.

Women's economic activity is positively associated with their freedom of movement, their non-acceptability of GBV and their non-experience of GBV, but employed women have less control over own time, due to the triple gender role (combination of productive and reproductive roles) they have to accommodate. Mothers' employment is also associated with higher resilience in children. Moreover, a higher family income seems to be associated with less sexism and less acceptability of GBV by women.

Findings on the connection between women's empowerment and the well-being of their children

Research found that mothers with HH decision-making are more likely to have functionally literate children that are free from violence. Moreover, women's sexism and women's movement restrictions affect their children's literacy and school enrolment. Finally, women living in communities with high gender inequitable norms are more likely to have abused children, children that are less nourished and children with unhealthy behaviour.

Key Recommendations for programmes

- Address IPV, through mainstreaming GBV across all sectors. Both, GBV prevention and response, to be included in the project designs and implemented/measured accordingly;
- Address harmful social and community norms through awareness raising and advocacy, while liaising with local faith leaders and power holders, for them to become allies in harmful norms transformation;
- Adopt project models/approaches that are gender-responsive and provide explicit opportunity to address gender norms and relations, as part of the project implementation;
- Adopt gender-transformative indicators that measure changes in gender norms and relations;
- Invest in further research and innovative pilots to find the most effective women's empowerment models and practices;
- Invest in staff capacity building on gender equality and social inclusion, to improve the quality of interventions.

2- Background

Achieving child well-being outcomes remains a global challenge due to the prevalence of children's vulnerability, particularly in developing countries. **Childhood is an essential period in human development, which affects social and economic life achievements in the adulthood**, therefore, child focused outcomes are prominently featured in the international development agenda, especially in the last 20 years. World Vision is no exception, with its strategic commitment to help the most vulnerable children overcome poverty and experience the fullness of life.

Gender inequality is one of the most powerful drivers of vulnerability for children in every context. For this reason, under the current UN 2030 Agenda, gender equality and women's empowerment are considered an *SDG accelerator*. In every part of the world women are still the primary caregivers for their children, which makes it logical to think that that mothers' well-being would directly connected with the well-being of their offspring.

Bosnia and Herzegovina has ratified a number of international commitments on gender equality, including the UN (CEDAW) Convention on the Elimination of All Forms of Discrimination against Women (1980), later reinforced by the Beijing Declaration and Platform for Action (1995), committing participating states to take steps towards achieving gender equality. BiH is amongst the first countries in Europe (2013) to ratify the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention). However, according to UN Women¹, the BiH legal framework may still be interpreted as gender-blind as most laws, including the Constitution of Bosnia and Herzegovina, do not include specific provisions on gender equality, nor do they actively promote gender equality in private and public life. Thus, despite a carefully designed legal, strategic, and institutional mechanisms for advancing gender equality, women in BiH still face many challenges and obstacles in achieving full equality in all areas of life, most notably when it comes to women's participation in public and political life, unequal distributions of burden of care and access to survivor services.

While in recent years there has been progress in BiH regarding several areas of child well-being, **significant disparities persist, particularly for children from the Roma community, children with disabilities, children on the move and other vulnerable children.** According to the situation analysis conducted by UNICEF in 2020, More than half the country's population was at risk of poverty or social exclusion since 2010. Children are among the most vulnerable categories: they consistently have higher poverty rates than the general population². On the other hand, BiH has made steady progress towards achieving universal access to primary education (98 per cent) and secondary education (85 per cent). Nevertheless, equal access to truly inclusive and gender-responsive education for all children remains a challenge, due to geographical disparities in the provision of education services among other barriers.

Despite of a clear linear logic, globally, as well as for the Bosnian context, there is still a scattered evidence, on how exactly gender equality and women's empowerment relate and contribute to children's well-being. Moreover, understanding of the associations between women's empowerment factors and specific children's well-being outcomes is absent for BiH, with no external and internal body of evidence that supports the linkages between them. This research contributes to building evidence on the association between women's empowerment and child well-being, as well as contributes to improvement of existing programmes in WV BiH, while feeding into its strategy on prioritising gender-responsive programming.

¹ UN Women (2021). *Country Gender Equality Profile of Bosnia and Herzegovina*. Sarajevo, Bosnia and Herzegovina

² UNICEF (2020). *Situation Analysis of children in Bosnia & Herzegovina*

3- Research Framework

The research framework is a result of analysing, adapting and merging several internal and external models and frameworks of Women Empowerment, Gender Equality and Child Well-Being. Consequently, the research framework is the first of its kind and different from existing GESI research models available in the literature. Some of the internal and external frameworks that were adapted to fit World Vision’s given research design are: (1) World Vision’s Gender Equality and Social Inclusion (GESI) Theory of Change (ToC)³; (2) Oxfam’s model of measuring women’s empowerment⁴; (3) World Vision International’s Child well-being (CWB) model. In addition, the research framework highlights the specific child well-being indicators that focus on children’s psychosocial well-being and their connection with the psychosocial well-being of mothers. More information on specific factors and sub-factors/indicators are displayed through the Figure I below.

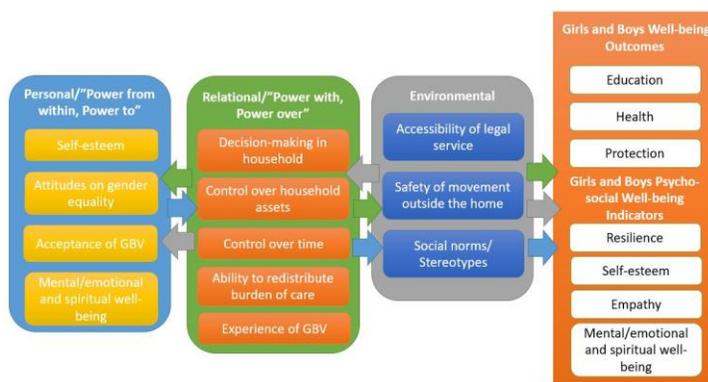


Figure 1: Research framework

Based on the theoretical framework, the research explores how selected personal, environmental and relational factors of women’s empowerment interact with one another and how these three empowerment dimensions influence core well-being outcomes in children.

³ GESI ToC link is not available at the moment as WV US is revising the framework

⁴ Oxfam 2017; A ‘How To’ Guide To Measuring Women’s Empowerment: Sharing experience from Oxfam’s impact evaluations.

4- Methodology

Research objective

The research examines relationship between women's socio-demographic and empowerment factors and child well-being outcomes in BiH. Various indicators of women's empowerment and child well-being are explored alone and correlated together to build evidence on the association and determine the specific factors of women's empowerment that are associated with child well-being.

Research design and target population

Study design

World Vision carried out a mixed method study design, with girls and boys participating in World Vision programmes in BiH and their respective mothers, selected through random sampling method from WV beneficiaries, while excluding those children and parents that have participated in some empowerment activities organised by WVBH. The quantitative data was gathered through population-based cross-sectional design. The qualitative data was gathered through key informant interviews (KIIs).

Target populations

The research targeted World Vision beneficiary children living in structured families and their mothers. Participating girls and boys are aged 11-17 years old. Mothers' age is between 35 and 50 years old. As mentioned, beneficiaries with an extensive support from World Vision (members of parents' clubs, youth clubs, economic empowerment projects, etc.) were not selected, to avoid data biases and to make the sample close to be representative of BiH population.

Sampling framework and sample size

Sampling technique

The sample of surveyed children and their mothers was selected by convenience based on the decision of operations and MEAL teams in WV BiH. The sample was selected from a group of World Vision programme/ project participants from the vulnerable communities that World Vision BiH serves.

Sample size

Following the framework of convenience sampling, the sample of 104 children and their respective mothers was estimated by the research team and MEAL team, guided by their knowledge and experience, in order to maximize the statistical power and to identify the relationships between women's empowerment and child well-being. KIIs were conducted with 2 women and 4 children to complement the survey data and enable more in-depth analysis on research variables.

Tools

The survey and KII tools for women and children were developed by the Gender and Safeguarding Leader and the Programme Effectiveness advisor in World Vision Middle East and Eastern Europe Regional Office (WV MEERO), in consultation with World Vision BiH. The survey tools relied on existing reliable and valid instruments to measure multiple dimensions of women's empowerment and children's well-being. The tools were translated to Bosnian by WV BiH.

Data collection and ethical considerations

The data collection took place during May/June 2021. In consideration to COVID-19 preventive measures, quantitative and qualitative data were collected remotely through phone calls with mothers and children. Research enumerators entered the data directly on Microsoft online forms while surveying the participant over the phone. Prior to data collection, a training was conducted by MEERO to familiarize the research enumerators with the tools and build their capacities on using it. During the training, ethical considerations of consulting with girls/ boys and with women were emphasized. Due to the sensitivity of some questions, a gender-responsive and survivor-centered data gathering methodology was applied. Female enumerators interviewed and surveyed women and girls, while male enumerators surveyed and interviewed boys.

The data collection followed the minimum standards for consulting with girls and boys developed by the Inter-Agency Working Group on Children's Participation. The principles include transparency, honesty, accountability, provision of a child-friendly environment, equality of opportunity, and the safety and protection of children. The research took into account the special considerations required to gain informed consent, ensure confidentiality and anonymity, acknowledge the diverse cultures of the research sites, and refrain from presenting any information that may potentially harm participants. The facilitation team ensured the safe and ethical participation of women, girls and boys, strictly adhering to World Vision's Safeguarding policy and protocols, including a referral procedure in coordination with local Protection partners.

Data Analysis

Survey data from each mother and her child were paired together using SAS Programme to make a single observation of each pair. Once merged, the database was imported to SPSS 24 for Windows. Descriptive analyses were conducted to describe the sample, where means with standard deviations for continuous variables, and frequencies and percent for categorical variables were reported.

Inferential statistics was carried out to assess the associations between socio-demographic factors, empowerment factors and child well-being outcomes using independent t-test, fisher's and chi-square test. A p -value <0.05 was used to indicate significance in all cases.

Limitations and challenges

When considering the findings of the study, some methodological limitations should be kept in mind. Namely, the sample size was chosen through a convenient sampling method, which follows non-probability rules. Thus, the results from this research cannot be generalised to the entire population of children and their mothers in BiH. However, based on demographic distribution, the results can be generalised to the population of children and their mothers participating in World Vision sponsorship-funded programmes in BiH. Accordingly, statistical associations were drawn from a convenient sample with limited power and research conclusions should be analysed carefully and explored further in future research.

5- Findings/ Discussion

Demographic and Socio-Economic profile of Women

Demographic profile

Average age of surveyed women in BiH was 31. Majority of them are married (86%) or were previously married (10.6%), at an average marriage age of 23. They live with their children (98%) and their husbands (86%) in households with an average of 4 members. 19% of surveyed women live with their in-laws, mostly their mother in-law, and 5% live with their parents, mostly their mothers (Table I).

Socio-economic profile

Education: The education attainment of surveyed women in BiH is not very high. Almost half of them (54%) have finished upper-secondary education and less than quarter have finished lower secondary education (22%). The percentage of women with tertiary education remains relatively low with only 14% of surveyed women who hold university degrees (Table I).

Employment and income: The survey has observed a high participation in the economy and labour force for surveyed women with 74% of them doing a paid activity and among them the majority having a full-time job (47%), part-time job (21%), or they work in agriculture (25%) (Table I). Talking about women's participation in economy, Snježana (30), said: *“Today, the employment of women is higher. This contributes to their independence and allows them to have a better life. That is why I believe that women's rights are less endangered today than they were a few decades ago”*.

The average monthly family income is approximately USD 504 and the main contributor to the family income is the husband (79%) followed by the spouse (53%). Moreover, 6% of households rely on the extended family support, especially their in-laws and the in-laws or parents' pension schemes and safety nets, to support their income, while 5% rely on their children as contributors to income (Table I).

Vulnerability: The HH vulnerability is relatively prevalent among the surveyed women. 14% of them live in households with elderly or chronically ill members and 11% live with members with physical disabilities, all requiring care activities to be delivered mainly by the spouse (Table I). In addition to HH vulnerability, 4% are internally displaced.

		Frequency (%)
Total sample		N=104
Age	Mean (\pm sd)	30.7 (\pm 8.0)
Age getting married	Mean (\pm sd)	23.2 (\pm 5.5)
Household size	Mean (\pm sd)	4.3 (\pm 1.3)
Residency status	Citizen	100 (96.1%)
	Internally displaced	4 (3.8%)
Social status	Married	89 (85.6%)
	Widowed	4 (3.8%)
	Divorced	6 (5.8%)
	Separated	1 (1.0%)

	Single	4 (3.8%)
Education	Illiterate	-
	Primary	4 (3.8%)
	Intermediate	23 (22.1%)
	Secondary	56 (53.8%)
	University	15 (14.4%)
	Post-graduate	-
	Vocational Technical	2 (1.9%) 4 (3.8%)
Who do you live with in the same household?	Husband	89 (85.6%)
	Children	102 (98.1%)
	Mother	5 (4.8%)
	Father	5 (4.8%)
	Mother-in-Law	20 (19.2%)
	Father-in-Law	4 (3.8%)
Family members unable to take care of themselves	Physical disabilities	11 (10.6%)
	Mental disabilities	5 (4.8%)
	Chronically ill	14 (13.5%)
	Elderly	14 (13.5%)
Paid activity	No	27 (26%)
	Yes	77 (74%)
	Full-time	34 (47.2%)
	Part-time	15 (20.8%)
	Freelancer	1 (1.4%)
	Family business Farming/agriculture	4 (5.6%) 18 (25%)
Monthly income	Mean (\pm sd)	USD 504 (\pm 408)
Family members who contribute to family income	Respondent	55 (52.9%)
	Husband	82 (78.8%)
	Children above 18	3 (2.9%)
	Children under 18	5 (4.8%)
	Government/NGO	5 (4.8%)
	Extended family	6 (5.8%)

Table 1: Demographic and socio-economic profile of surveyed women

Women's Empowerment State

Empowerment through Relational Factors

According to Oxfam's Women Empowerment model⁴, empowerment at the relational level takes place in the relationships and power relations within the woman's surrounding/immediate network. In order to define women's empowerment through relational factors, five core indicators were selected. These are: household decision-making, control over household assets, control over time, ability to redistribute the burden of care and experience of GBV.

Household Decision-making

This indicator aims to measure the level of women's involvement in household decision-making. The respondents were asked to state who normally makes most of the decisions based on a provided list of

activities within the household. The activities are divided into three categories: decisions on consumption and expenditure; decisions on investment and business activities; and decisions on household management.

The findings have shown that the majority of surveyed women (72%) have decision-making power in their household, mainly through joint decisions with their husband and very rarely in complete autonomy, with the exception of female-headed households (Figure 2). Snježana, 30 said: “My husband and I agree on everything. However, he manages all the financial resources”. Vanja, 39 added: “My husband makes decisions about everything. I can give my opinion, but he decides in the end. I don't mind, we have been married for 16 years and get along nicely”. If we look at sub-domains of decision-making, almost all of surveyed women (97%) said they could make or influence households decisions related to household management, 86% can make or influence households decisions related to consumption and expenditures and 79% can make or influence decisions related to investment and business activities.

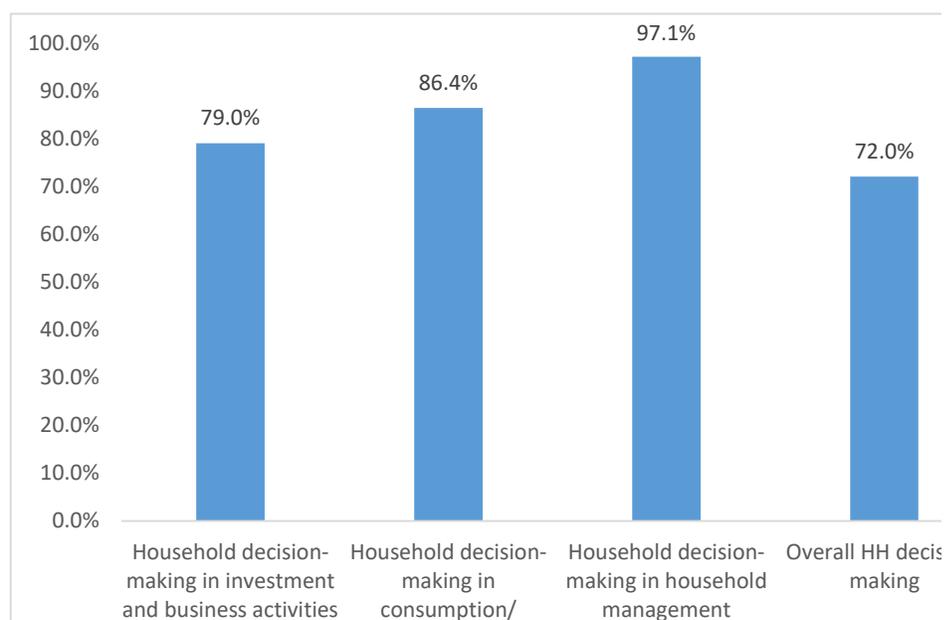


Figure 2: Household decision-making

Control over household assets

This indicator explores to what extent each woman has a control over the assets owned by the household. Control over household assets was captured by asking each respondent to estimate how many items the household owns from a provided list of assets. For each item owned by the household, the respondents were asked to indicate who decides whether to use, sell or replace the item if the need arose.

Overall 70% of women in BiH said they have control over HH assets (Figure 3). However, majority of them do not have an autonomous control to use, sell or replace the items, but a joint control with their husbands. The least control women have is over agricultural lands and the most control they have is over means of communications, household small consumer durables and large consumer durables (Figure 3).

UN women report⁵ highlights that women suffer most from the lack of access to and control over productive resources such as land, property, financial resources, education, marketable skills and access to information and modern technology.

⁵ UN Women (2021). Country Gender Equality Profile of Bosnia and Herzegovina. Sarajevo, Bosnia and Herzegovina

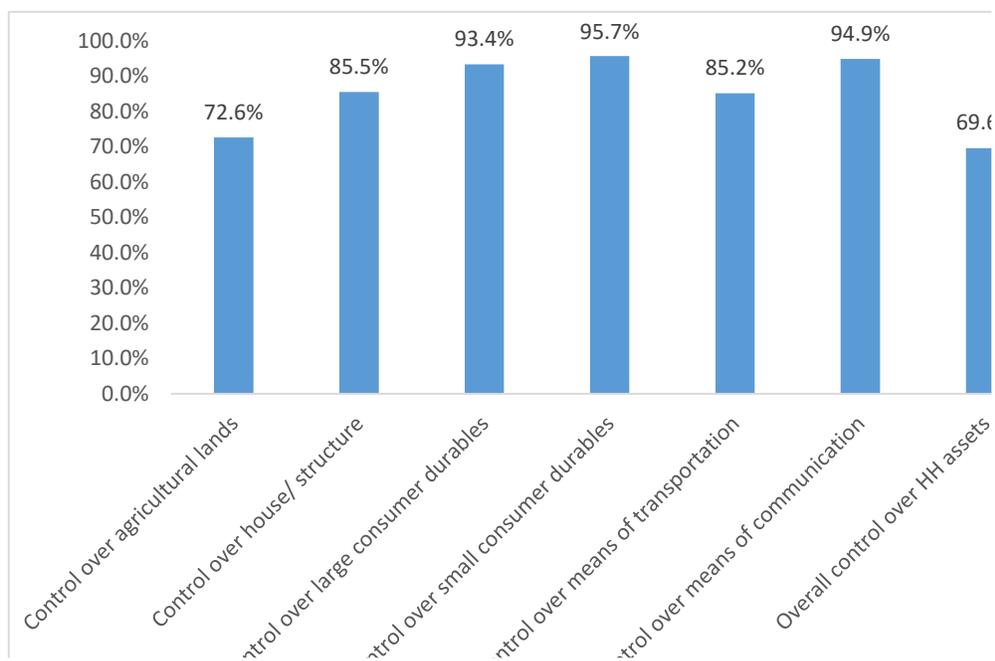


Figure 3: Overall control over HH assets

Experience of Gender-Based Violence (GBV)

Measuring women’s experience of GBV is important because the freedom from violence has been widely recognized as a critical dimension for empowerment. The respondents were asked if anyone has ever committed any of the violent actions listed towards them. When the answer was yes, the respondents were asked if this took place within the household to identify domestic violence.

The findings have shown that one-quarter of surveyed women in BiH (25%) experience GBV (Figure 4) and among the victims, 52% experience domestic violence or IPV. The most common violence against women is emotional (25%), with lower prevalence of physical (9%) and sexual violence (2%) (Figure 4).

The finding is significantly lower than 2019 survey results: OSCE-led survey⁶ on violence against women from 2019 shows that 48 percent of women in Bosnia and Herzegovina have experienced some form of abuse, including intimate partner violence, non-partner violence, stalking and sexual harassment, since the age of 15. The rate of partner violence was at 35 percent.

⁶ OSCE. *Well-Being and Safety of Women – Bosnia and Herzegovina Results Report, 2019*

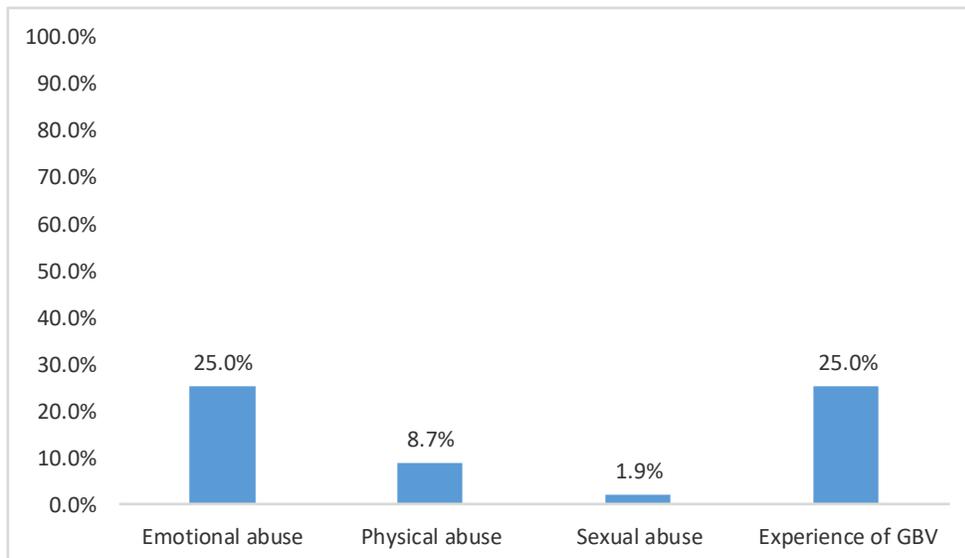


Figure 4: Experience of GBV

Control over time and redistribution of burden of care

The control over time indicator aims to measure the most important elements of daily time allocation and workload and to collect information on the number of hours dedicated to a particular task by the respondent and her husband. The redistribution of burden of care indicator aims to measure the most important time allocation to care activities and is calculated through collecting information on the number of hours dedicated to a particular care tasks by the respondent. The indicator looks also on the women's ability to delegate the care activities to their husbands or other family members.

The survey has revealed an unequal division of household activities, as women do almost all the unpaid and reproductive work, in addition to paid work, while men are responsible only for the paid labor (Figure 5). As a result, the majority of surveyed women (75%) do not have control over time, as most of them overwork and stretch themselves (61%) and 43% rest less than 10 hours per day including sleeping (Figure 6). On that topic Sjenžana, 30 said: *"I spend my free time with children. The older son and daughter train karate so I drive them to training. I take my youngest daughter out to play on the playground. Also, I use my free time to work in the greenhouse, which allows us to eat healthily."* She also added: *"I worked a lot during the pandemic. I was employed in the textile industry. When I came home I used my free time to sew medical masks. I worked a lot for little money"*. Vanja, 39 said: *"I have no rest until 11 p.m. I have to take care of my children, the garden, the animals"*.

Men's involvement in childrearing is present but still limited with only 24% of surveyed women who said they can delegate the care activities to their husbands (Figure 7). Sjenžana, 30 said: *"My husband used to work as a builder for 15 hours a day. Now he got a better job so he has more time for family. I work too. My mother-in-law helps us a lot. She is home and babysitting while we work"*. Vanja, 39 said: *"I spend 24/7 with the kids. I take care of the kids and the house. The husband works 10 hours a day; he takes care of us financially. Sometimes he also looks after the children, but it is rare"*.

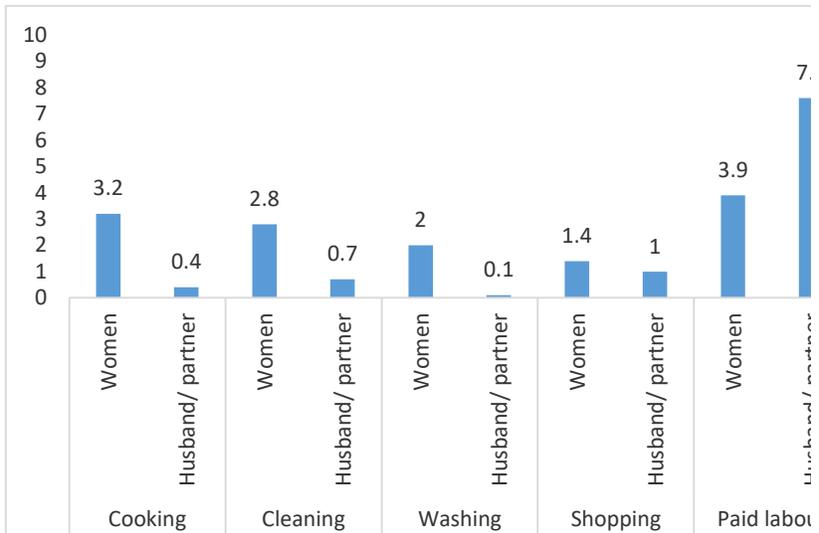


Figure 5: Comparison of work time (hours/day) between surveyed women and their husbands

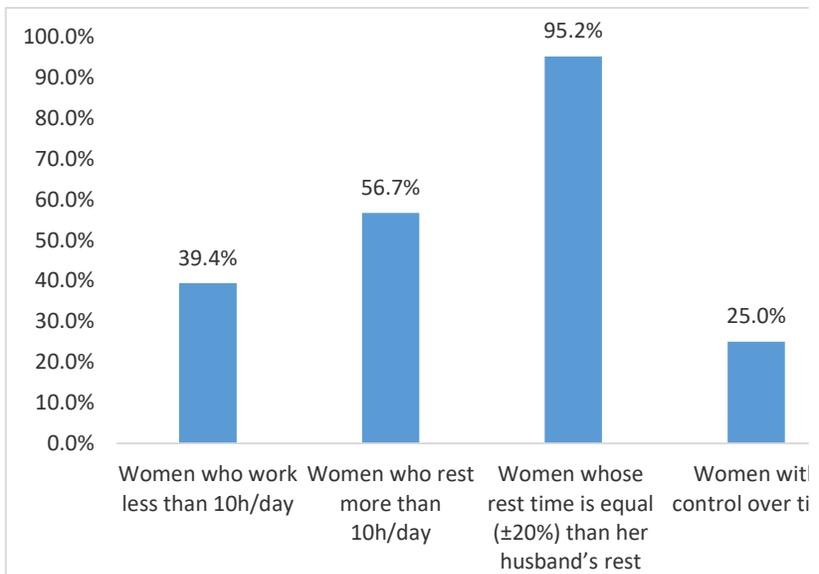


Figure 6: Control over time of surveyed women

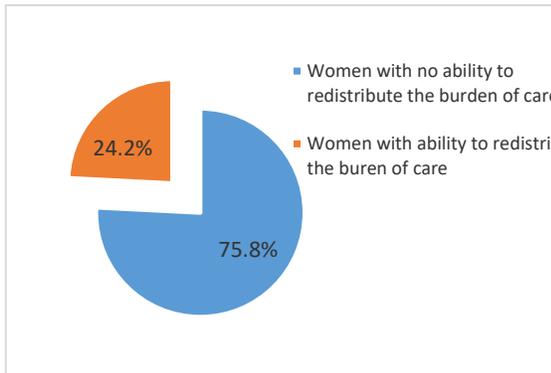


Figure 7: Ability to redistribute burden of care of surveyed women

Relational empowerment index

Only 1% of the surveyed women in BiH are empowered through all relational factors, with all five indicators present. This result confirms the assumption that along with personal and environmental conditions, relational factors are critically important to achieve a full empowerment of women. However, it's the lowest possible at the moment and will be the most challenging part of empowerment work, due to the fact that women's immediate environment (family, community) is responsible for it and might resist the change. Table 2 is a summary of all the indicators related to empowerment through relational factors.

Indicators of empowerment through relational factors	Frequency (%)
Women with household decision-making	72%
Women with control over household assets	70%
Women with no experience of GBV	75%
Women with control over time	25%
Women with ability to redistribute the burden of care	24%
Women empowered through all relational factors	1%

Table 2: Indicators of empowerment through relational factors

Empowerment through personal factors

Changes at the personal level take place within the person. This refers to quality and perception of the woman in relation to herself, her well-being, how she sees her role in society and that of other women. The personal empowerment dimension was measured through five indicators: self-esteem, attitudes on gender equality (sexism), acceptance of GBV, mental/emotional and spiritual well-being.

Self-esteem

This indicator is measured by the Rosenberg Self-esteem scale (RSES, 1965)⁷. The RSES scale is considered a reliable and valid quantitative tool for self-esteem assessment. It has been translated and adapted to various languages. It reflects the attitude that the respondent has towards herself. The respondent has to state to what extent she agrees or disagrees with each statement using a Likert scale ranging from strongly disagree to strongly agree. The findings have shown that the majority of surveyed women have moderate self-esteem (82%) while almost 15% have high self-esteem and only 3% have low self-esteem (Figure 8).

Self-esteem is an important factor to achieve women's empowerment because it heavily influences women's choices and decisions. In other words, self-esteem serves a motivational function by making it more or less likely that women will take care of themselves and explore their full potential. Women with high self-esteem are also women who are motivated to take care of themselves and to persistently strive towards the fulfillment of personal goals and aspirations. Women with lower self-esteem tend not to regard themselves as worthy of happy outcomes or capable of achieving them and therefore tend to let important things slide and are less persistent and resilient in terms of overcoming adversity.

⁷ Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

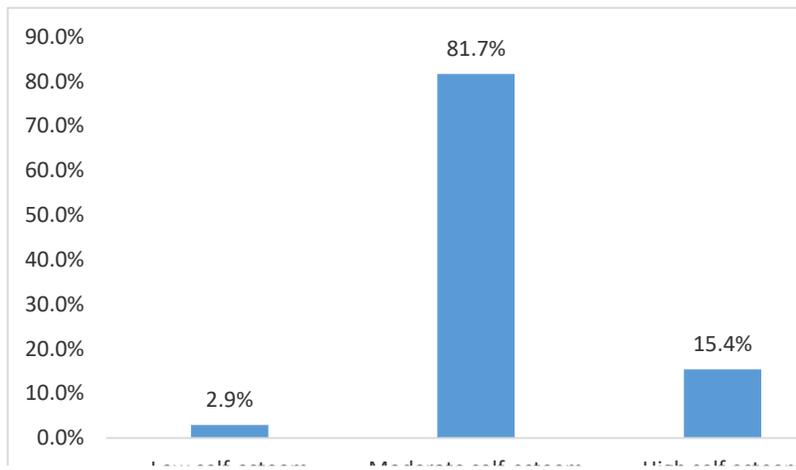


Figure 8: Self-esteem of surveyed women

Attitude on gender roles (sexism)

Women’s attitude and opinion on gender equality and sexism ideology have been measured using the Social Roles Questionnaire (SRQ) developed by Baber & Tucker in 2006⁸. The SRQ is a 13-item scale that assesses how individuals conceptualize different social roles. This measure consists of two domains: gender transcendence, which captures the extent to which individuals conceptualize gender in non-dichotomous ways (i.e. People can be both aggressive and nurturing regardless of their sex), and gender-linked, which measures individual beliefs about whether social roles are associated with a particular gender (i.e. Girls need to be protected and watched over more than boys).

Majority of surveyed women have high scores on the gender-transcendent scales, which means that most of them are likely to endorse egalitarian and gender-transcendent beliefs. On that topic, Snježana 30, said “I don’t think there’s much difference between men and women today. Women have the right to education and to work” and Vanja added: “A woman should work. When she earns, she is independent”. However, the challenges encountered by women in society often make it difficult for them to break out of the traditional gender roles, which explains why majority of women hold high gender-linked views with most of them agreeing on sex and social roles association (Figure 9). The most prevalent beliefs on association of gender and social roles are that „father’s major responsibility is to provide financially for his children“ and „some type of works are not appropriate for women“ (Figure 10). The high percentage of sexist women shows that due to deeply rooted gender norms, most women internalize sexism and conform to it on daily bases. Needless to say, sexist attitudes are transmitted to the next generation and influence their attitudes formation.

⁸ Baber, K.M., Tucker, C.J. *The Social Roles Questionnaire: A New Approach to Measuring Attitudes Toward Gender*. *Sex Roles* 54, 459–467 (2006). <https://doi.org/10.1007/s11199-006-9018-y>

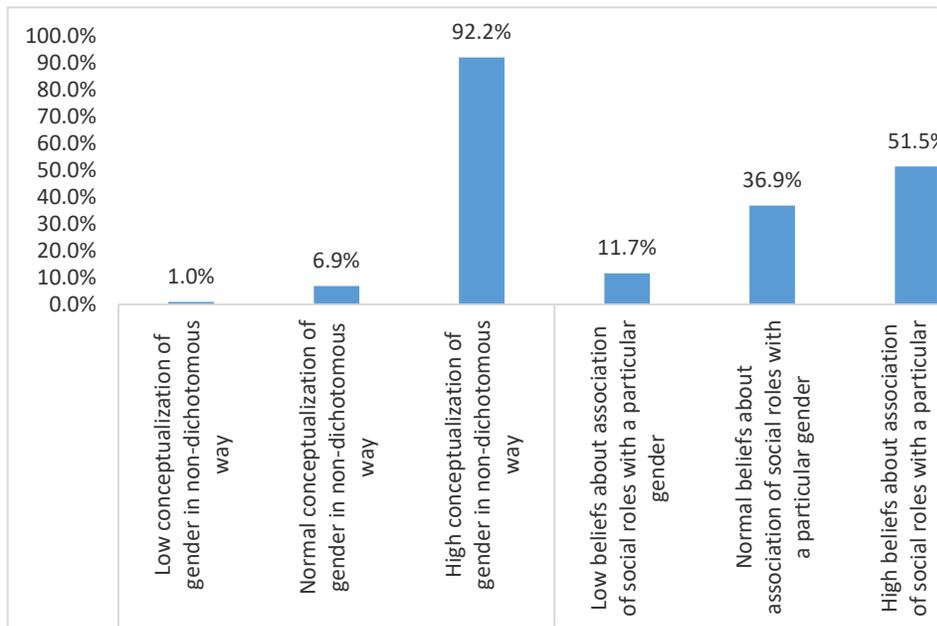


Figure 9: Gender-transcendent and gender-linked attitudes

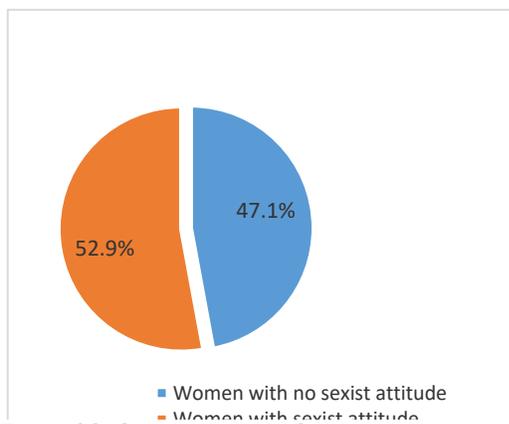


Figure 10: Sexist attitude of surveyed women

Acceptability of GBV

This indicator aims to measure the extent to which a surveyed woman considers domestic violence to be acceptable. Questions reported have come from a simplified version of the Demographic and Health Surveys (DHS) toolkit questionnaire⁹. Respondents were asked if they think it is acceptable for a man to beat his wife in a number of different circumstances.

The results showed that majority of surveyed women do not accept GBV (89%) while 11% do (Figure 11). The most accepted circumstance for GBV is when man suspects that his wife was unfaithful (9%).

⁹ USAID. DHS program. Demographic and Health Survey. <https://dhsprogram.com/methodology/Survey-Types/DHS-Questionnaires.cfm>

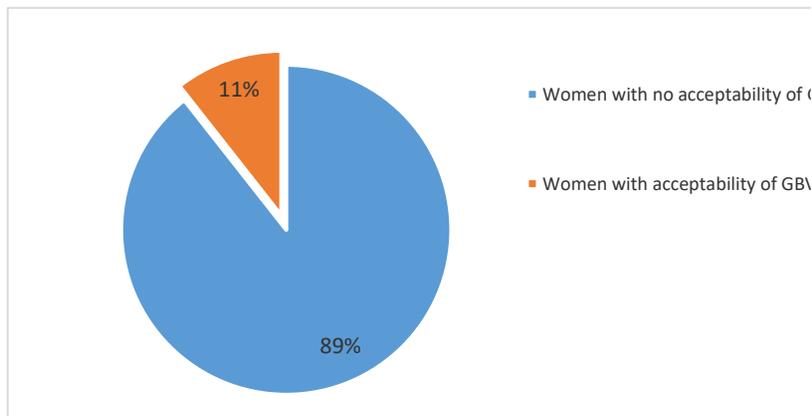


Figure 11 : Acceptability of GBV

Mental well-being

Women’s mental well-being was measured by the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)¹⁰. The 14-item scale has 5 response categories, summed to provide a single score. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing, thereby making the concept more accessible.

Findings have shown that almost half of surveyed women have average mental health (57%) and one-third have good mental health (33%) while 10.5% showed signs of possible or probable depression (Figure 12). During KIs women highlighted the COVID-19 pandemic as the main stressor and a source of poor mental health; Snježana 30 said: *“My husband did not work for several months and it was difficult for all of us. I had COVID-19 in January, and I stayed for 3 months in the hospital because of the illness”*. Vanja, 39 said: *“My husband did not work for 3 months. All my family had COVID-19. We spend all our savings for medicine. The past period was not easy, neither financially nor mentally”*.

However women also mentioned being resilient especially for their family Snježana, 30 said: *“I consider myself a strong, resilient and optimistic woman. I am always positive and have a smile on my face. Children are a powerful driving factor to my well-being”*. Vanja, 39 said: *“I consider myself a resilient and strong woman. I survived a lot of difficult moments. I bravely fought everything. I hope the future will be better than the current situation”*. She also added: *“During the pandemic, I was focused only on my family. The only thing that mattered to me was that they were well”*.

¹⁰ Tennant, R., Hiller, L., Fishwick, R. et al. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health Qual Life Outcomes* 5, 63 (2007). <https://doi.org/10.1186/1477-7525-5-63>

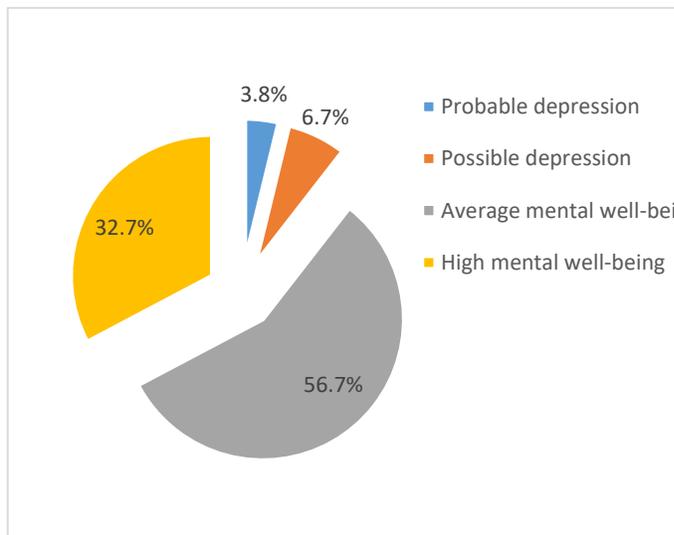


Figure 12: Mental well-being of surveyed women

Spiritual well-being

The Spiritual Well-Being Scale (SWBS)¹¹ is a general indicator of perceived well-being used for the assessment of individuals of various faiths. The scale is composed of 20 items. Ten of the items assesses Religious well-being (RWB) and the other 10 assesses Existential well-being (EWB). The SWBS provides a subscale for Religious and Existential well-being, as well as an overall measure of the perception of an individual's spiritual quality of life. The Existential Well-Being Subscale gives a self-assessment of an individual's sense of life purpose and overall life satisfaction. The Religious Well-Being subscale provides a self-assessment of an individual's relationship with God.

Findings from the SWBS have shown that the majority of surveyed women scored moderate or high on RWB and EWB subscale (Figure 13). Since the spiritual well-being indicator looks at women who scored either moderate or high on SWBS, that means the majority of surveyed women are considered as spiritually empowered (Figure 13).

The spiritual well-being can be considered as a sign of women's resilience against hardships. Religiousness is a significant resilience factor for many people. It helps individuals withstand the effects of life crises and major life stressors. There is also evidence that religiousness can help people move beyond prior levels of adjustment to achieve fundamental positive transformation in their lives¹².

¹¹ Paloutzian R.F. et al. (2021) *The Spiritual Well-Being Scale (SWBS): Cross-Cultural Assessment Across 5 Continents, 10 Languages, and 300 Studies*. In: Ai A.L., Wink P., Paloutzian R.F., Harris K.A. (eds) *Assessing Spirituality in a Diverse World*. Springer, Cham. https://doi.org/10.1007/978-3-030-52140-0_17

¹² Pargament, K. I., & Cummings, J. (2010). *Anchored by faith: Religion as a resilience factor*. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 193–210). The Guilford Press.

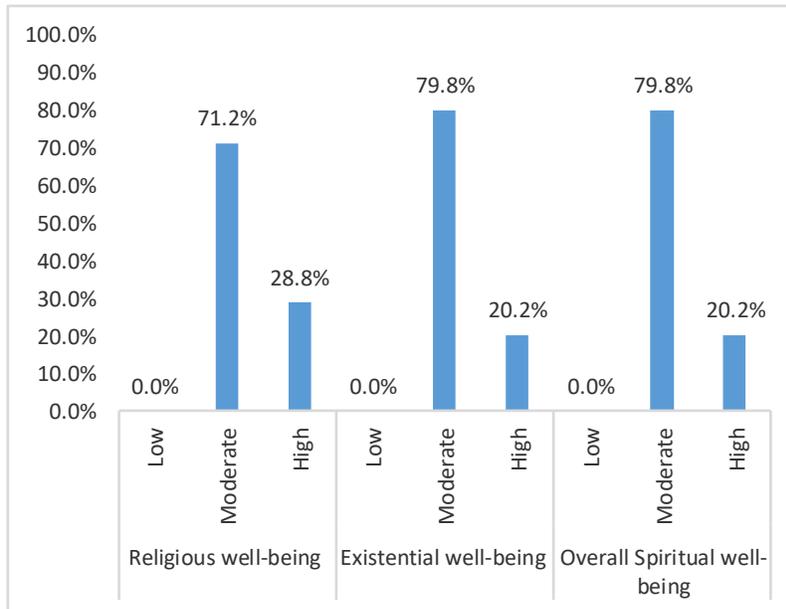


Figure 13: Religious, existential and overall spiritual well-being in surveyed women

Personal empowerment index

The research found that 41.3% of surveyed women in BiH are empowered through all personal factors. Compared to relational empowerment score, this is a significant result and on one hand, it speaks to women's overall resilience and the ability to manage daily stress. On the other hand, it speaks to the internalization of relational factors, which seem to not affect women's self-perception and well-being anymore, as they are part of the everyday life and its corresponding social norms. Table 3 is a summary of all the indicators related to empowerment through personal factors.

Indicators of empowerment through personal	Frequency (%)
Women with high/ moderate self-esteem	97.1%
Women with no sexist attitude	47.1%
Women who do not accept GBV	89%
Women with high/ moderate mental well-being	89.4%
Women with high/ moderate spiritual well-being	100%
Women empowered through personal factors	41.3%

Table 3: Overall empowerment through personal factors

Empowerment through Environmental factors

Empowerment through environmental factors looks at the broader context, which consists of informal, such as in equitable social norms, attitudes and the beliefs of wider society, and formal aspects, such as the gender-responsive political and legislative framework. This dimension was measured by three key indicators: accessibility of legal services and civic rights (formal), safety of movement outside home (informal) and social norms/stereotypes (informal).

Social Norms/Stereotypes

This indicator aims to measure the social norms and stereotypes around women's roles in the communities in which they live. The tool used is the Community-Level Restrictive Gender Norms¹³; a 14-item measure of descriptive norms (what the respondent thinks others do) and injunctive norms (what the respondent believes others think that she should do) related to gender. Items cover five domains: education, time use, financial inclusion and economic empowerment, relationships and marriage, and sexual and reproductive health.

Data have shown that only low proportions of surveyed women live in communities/surroundings with low restrictive gender norms and gender stereotypes (12%). Particularly, stereotypes on education are very low in Bosnia as Snježana, 30 said: *"I think boys and girls are equally stimulated to education. Most parents invest in their children and their education, regardless of the child's gender"* and Vanja, 39 added: *"Times are different. Everyone invests in children as much as they can, regardless of the gender of the child"*. On the other hand, the majority (88%) are exposed to harmful stereotypes in their communities, especially in the dimension related to time use and distribution of household tasks (Figure 14). During Klls, Sara, a 13 year-old girl mentioned gender stereotypes when she said: *"I love football very much. However, there is no women's football club in our municipality. I could go to training sessions with the boys, but I would never get a chance to play a match with them"*.

According to UN Women findings¹⁵, major challenges remain with intensified stereotyping of gender roles in all areas of society, resulting in normalizing violence against women and further perpetuating gender inequality. Accordingly, occupational segregation by gender is remains to be a significant challenge.

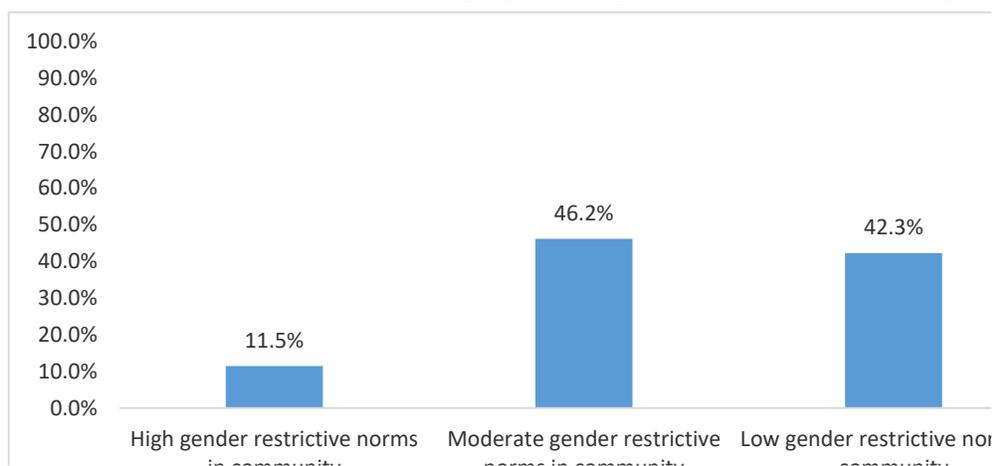


Figure 14: Restrictive gender norms in women's community

Safety and freedom of movement outside the home

This indicator aims to measure the level of perceived freedom and safety of movement outside the house. Respondents are asked if they agree or disagree with statements referring to freedom of movement and security outside the house. Findings have shown that one-quarter of surveyed women suffer from restriction of movement and lack of safety outside home while 79% did not report this issue (Figure 15). On the freedom of movement topic, Vanja mentioned the driving license *"I don't have a driving license and that prevents me from going somewhere with the children, so we are always home"*.

¹³ https://emerge.ucsd.edu/r_1q503c5n20z3lyv2/

¹⁴ Baird, S., Bhutta, Z. A., Hamad, B. A., Hicks, J. H., Jones, N., & Muz, J. (2019). Do restrictive gender attitudes and norms influence physical and mental health during very young Adolescence? Evidence from Bangladesh and Ethiopia. *SSM Popul Health*, 9, 100480. <https://doi.org/10.1016/j.ssmph.2019.100480>

¹⁵ UN Women (2021). *Country Gender Equality Profile of Bosnia and Herzegovina*. Sarajevo, Bosnia and Herzegovina

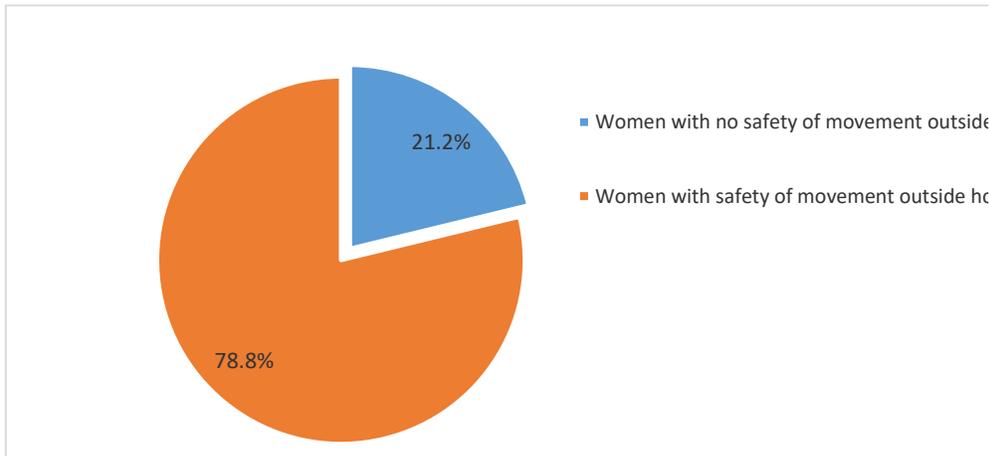


Figure 15: Safety of movement outside home for surveyed women

Civic rights and access to legal aid and assistance

This indicator aims to measure women’s access to legal services, legal assistance/aid and civic rights. Data have shown that only 14% of surveyed women have access to legal aid, ensuring equal access to justice for them, and only 18% have civic rights, including travel rights, custody rights after divorce, property rights and inheritance rights.

This finding is logical, since the legal system in BiH remains challenging and continues to provide opportunities for gender-based discrimination due to the lack of harmonization of laws across political entities, their inconsistent implementation, as well as lack of effective monitoring. Furthermore, BiH social protection system is characterized by inefficiency and inconsistencies across the country as well as among categories of citizens in need. Especially funding shelters for women survivors of domestic violence is still not regulated equally across the country and rape crisis centers have not yet been established. Survivors often have to bear the costs of psychosocial, legal, and other services they need and still have to deal with insensitive public officials, including the police.

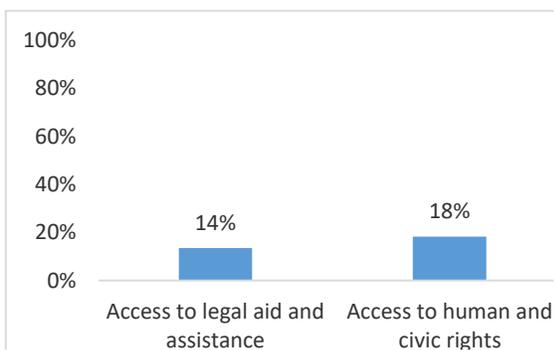


Figure 16: Access to legal aid and civic rights

Environmental empowerment index

Finally, the research found that only 2% of the surveyed women are empowered through all three environmental factors. This is not unexpected, looking at similar results in relational factors index, as relational and environmental factors are closely related and reinforcing one another. Table 4 is a summary of all the indicators related to empowerment through environmental factors.

Indicators of empowerment through environmental	Frequency (%)
Women living in communities with low restrictive gender norms	42.3%
Women enjoying safety and freedom of movement outside home	78.8%
Women accessing legal aid/ assistance	14%
Women accessing civic rights	18%
Women empowered through all environmental factors	2%

Table 4: Empowerment through environmental factors

Demographic and Socio-Economic Characteristics of children

Surveyed girls and boys in BiH have an average age of 13-year-olds. The majority of them do equal reproductive work and care activity to help their family (Table 5). Formal child labour is high and prevalent in 14% of surveyed children and equally among girls and boys (Table 5).

		All children	Girls	Boys	P value
Total sample		N=464	N=239	N=225	
Age	Mean (\pm Sd)	13 (\pm 1.6)			
Gender	Girls	52 (50%)			
	Boys	52 (50%)			
Reproductive work and care activities	Cleaning house	93.2%	98%	89%	0.06
	Hours/ day	1.5 (\pm 0.5)			
	Cooking	72%	89%	55%	<0.0001*
	Hours/day	1.5 (\pm 0.9)			
	Taking care of young family members	49%	58%	41%	0.11
	Hours/day	1.1 (\pm 0.8)			
	Taking care of old family members	47%	46%	48%	0.83
	Hours/day	2.0 (\pm 1.6)			
	Taking care of sick family members	43%	38%	48%	0.33
	Hours/day	1.8 (\pm 1.6)			
	Taking care of animals	55%	53%	57%	0.69
	Hours/day	1.8 (\pm 1.2)			
Paid work	Supporting in agriculture tasks	76%	71%	81%	0.25
	Hours/day	1.8 (\pm 1.1)			
Paid work	Yes	14%	15%	14%	0.78
	Hours/ day	4.2 (\pm 2.8)			

*Significant if <0.05

Table 5: Demographic and socio-economic characteristics of surveyed children

Children's well-being state

Children's well-being was measured by looking at their education, health, protection and psychosocial outcomes. In education, three indicators were prioritized: self-perceived functional literacy, access to formal education and positive attitude towards learning. With regards to health, children's diet diversity and positive health-related behaviours were measured. As for the protection, physical, emotional and community perceived sexual/online violence indicators were used. Self-esteem, mental well-being, spiritual well-being, resilience and empathy feed into psychosocial dimension of children well-being.

Education

Self-perceived language development, digital literacy and numeracy: Functional literacy, or the ability to succeed in critical life pursuits, is an equally important outcome of education. Many of the outcomes included in functional literacy are skills necessary for both school success and success in later life. This indicator aims to assess the self-perceived and self-reported functional literacy of surveyed children in three domains: language development, digital literacy and numeracy. Children were asked about languages

they speak and how good they are in some important digital skills and daily used math skills. Functional literacy skills are measured based on the options of measurements for SDG target 4.6 provided by UNESCO in 2017¹⁶.

Results have shown that 88% of surveyed children speak second language, different from their primary language. The most spoken foreign languages are English and German (Figure 17). Functional digital literacy is prevalent in almost half (56%) of children, who perceive their digital and computer skills as good (Figure 17). Numeracy is also prevalent in more than half (58%) of surveyed children who self-measured their numerical skills in daily tasks as good (Figure 17). Finally, 43% of children in BiH have self-perceived functional literacy in all three domains. It is to note that no statistical difference between girls and boys was observed in any of the literacy domains.

School enrolment: This indicator aims to measure the enrolment in formal education of surveyed children. The results have shown that only 91% of surveyed children were enrolled in schools while 9% were out of school with no difference between girls and boys. (Figure 17). The most cited reasons to dropout school are sickness and supporting family with non-paid job.

Attitude towards learning: Attitudes towards learning are important factors, especially in regards to the learners' levels of goal setting, problem solving abilities, their beliefs towards learning, their inner and external motivations in the process of learning and all the academic performances they perform. The positive attitude makes the students more open to learning and increases their expectations from learning process. This indicator aims to measure the attitude towards learning of surveyed children through seven statements. Children were asked if they agree or disagree with each statement.

The majority of surveyed children (64%) have positive attitude towards learning with no difference between girls and boys (Figure 17). Children who showed negative or neutral attitudes towards learning considered that they did not get anything useful out of school or do not have the confidence to learn new things.

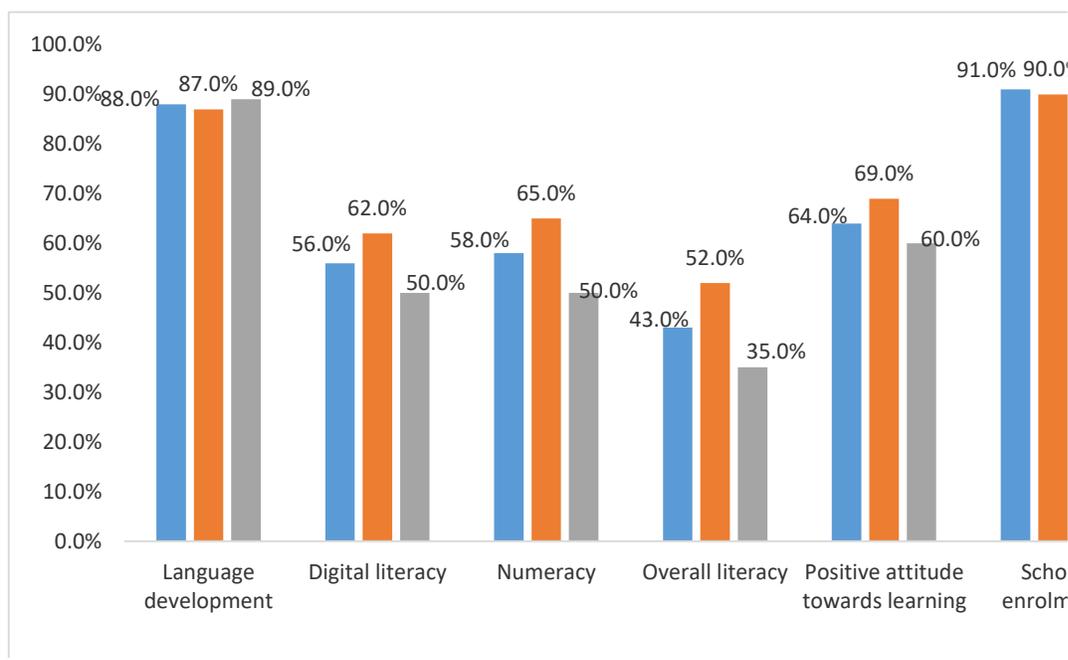


Figure 17: Educational outcomes of surveyed children

¹⁶ UNESCO (2017). Functional literacy and numeracy: Definitions and options for measurement for the SDG Target 4.6

Health and Nutrition

Diet Diversity: Dietary diversity is a self-reported measure of food consumption that reflects household access to a variety of foods, while at the individual level, it is a proxy of nutrient adequacy of the diet. Nutrient adequacy means being nutrition secure through the appropriate consumption of energy and all essential nutrients in sufficient amounts over time. Nutrient adequacy leads to optimal nutritional status in which both under and over nutrition are avoided. Diet diversity of surveyed children was assessed by using the Household Diet Diversity Score (HDDS) developed by USAID in 2006¹⁷. Children were asked to tell how much they eat per week of seven food groups including, cereals, vegetables/ leaves, fruits, proteins, pulses, dairies and oils.

The results have shown that 93% of surveyed children have a good diet diversity, while 5% have medium one and 2% have low diet diversity, meaning that they do not receive an adequate nutrition for their health and development, with no difference between girls and boys (Figure 18).

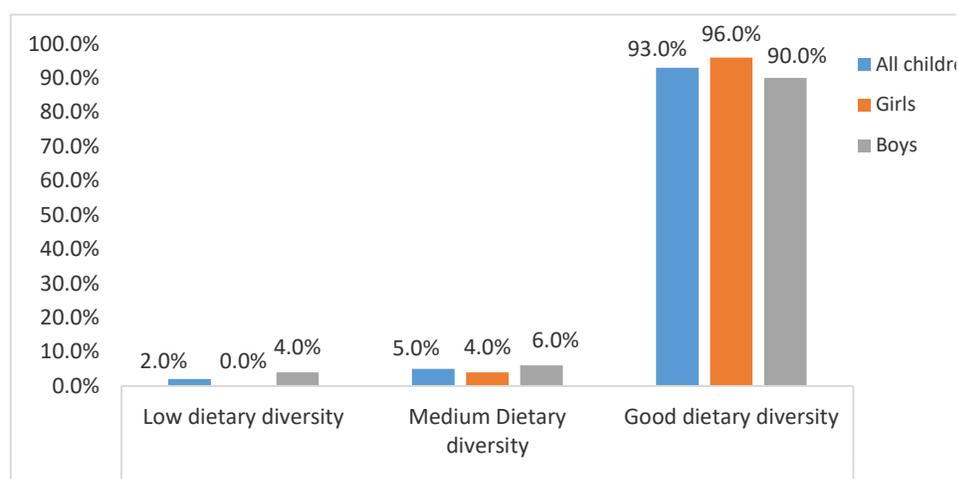


Figure 18: Diet diversity scale of surveyed children

Positive health-related behaviour: A number of health-related behaviours and conditions begin in adolescence that affect health both at the time and in later years. Some of these behaviours lead to the major causes of mortality and morbidity among adolescents such as injuries, or to conditions such as underweight and other nutrition deficiencies. Other behaviours begun in adolescence contribute to adult non-communicable diseases, including conditions related to tobacco or alcohol use and overweight or obesity. Conversely, adolescents' positive behaviours such as healthy eating and adequate physical activity can play a positive role in their health and development. This indicator aims to measure the positive health-related behaviour of surveyed adolescents in 4 questions, where children answered by yes or no. The results have shown that 66% of surveyed children showed positive health behaviour including abstinence from smoking, abstinence from drinking alcohol, wearing seat belt when passenger in a car and exercising and sweating, with no statistically significant difference between girls and boys (Figure 19).

¹⁷ <https://www.spring-nutrition.org/publications/tool-summaries/household-dietary-diversity-score#:~:text=Brief%20Description%3A%20The%20Household%20Diversity,number%20of%20different%20foods%20consumed.>

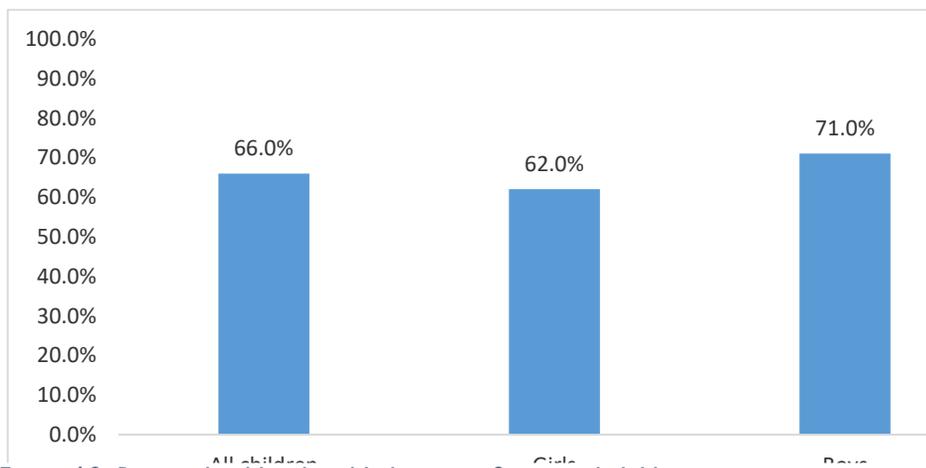


Figure 19: Positive health-related behaviour of surveyed children

Protection

Exposure to violence: Children that are exposed to violence as a witness on a regular basis often experience many of the same symptoms and lasting effects, as children who are victims of violence themselves, including PTSD. These children can feel emotional and physical "aftershocks" for months or even years. They can relive the event repeatedly in their minds, and be less able to function normally in their day-to-day lives. Some may become more aggressive, violent, and self-destructive. This indicator aims to measure children's direct exposure to physical and emotional violence and children's perception on the existence of sexual abuse and online harm in their communities.

The results have shown that almost half (49%) of surveyed children in BiH suffer from at least one type of violence, with no difference between girls and boys. The emotional/verbal abuse is more prevalent with 45% and 27% of children are exposed to physical abuse. Moreover, 14% of surveyed children have heard about case of sexual abuse in their community and 26% have heard about other children in their community exposed to online harm (Figure 20). Perpetrators of violence are likely to be other family members and friends. Moreover, 15% of children said that their mothers were emotionally/verbally abusing them (Figure 21).

Previous research published by World Vision MEER showed that girls and boys in BiH are at an increased risk of violence at home, resulting from a variety of compounding structural, interpersonal and individual-level risk factors, caused by COVID-19 and the socio-economic crisis, including increased economic strain placed on families, stay-at-home orders, school closures and other COVID-19 response measures¹⁸.

¹⁸ World Vision (2020): Act Now for children: How a global pandemic is changing the lives of children in Middle East and Eastern Europe

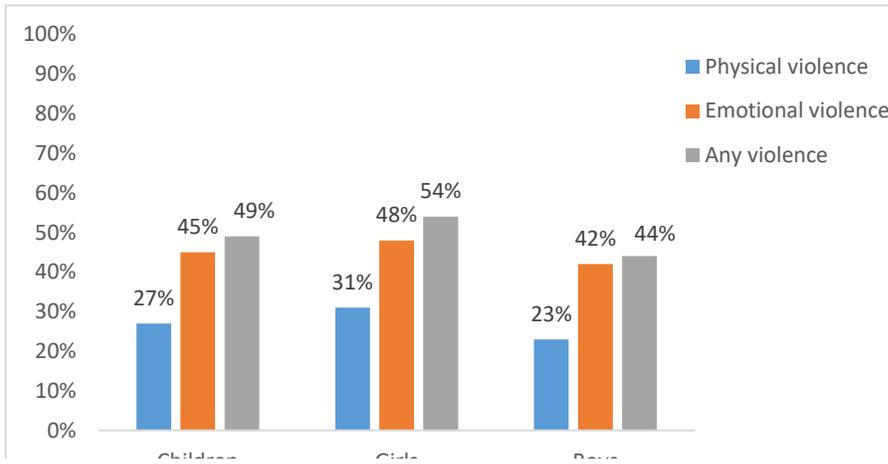


Figure 20: Exposure to physical and emotional/verbal violence and perception of existence of sexual abuse and online harm in communities of surveyed children

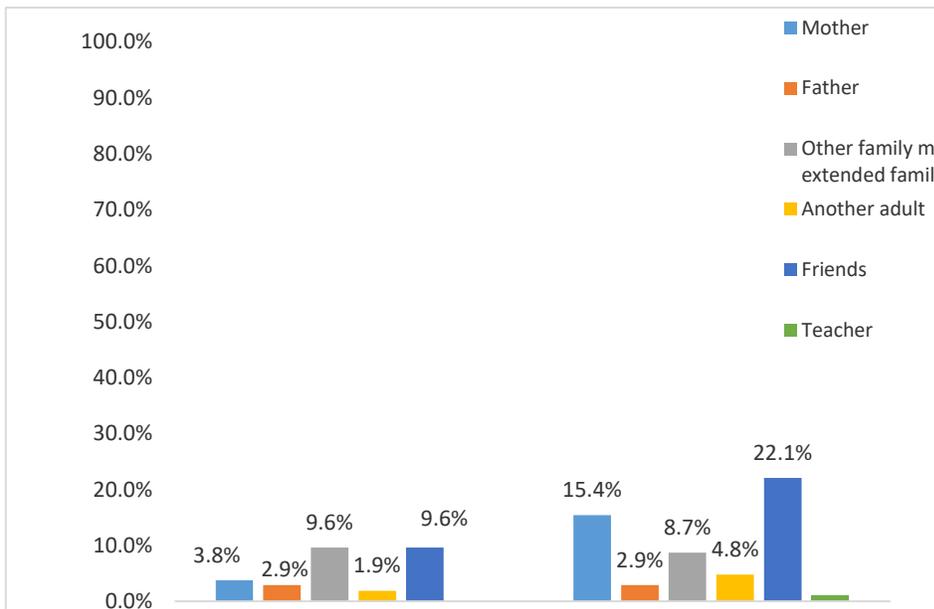


Figure 21: Perpetrators of physical and emotional/verbal violence

Psycho-social well-being

The well-being of adolescents has been shown to be related both to individual and contextual factors. Psychosocial well-being during adolescence has been shown to be integrally shaped by the daily contexts in which children grow and develop. The psychosocial aspects of adolescent well-being will be measured through three constructs: self-esteem, socio-ecological resilience and empathy.

Self-esteem: This indicator aims to measure children's self-esteem using the same tool than their mothers; the RSES scale⁷. Positive self-esteem for adolescents is important as it allows them to try new things, take healthy risks and solve problems. In turn, their learning and development will be productive and will set them up for a healthy and positive future. A young person with healthy self-esteem is more likely to

display positive behavioral characteristics, while children with low self-esteem tend to avoid situations where they think there is risk of failure, embarrassment or making mistakes. These can involve schoolwork, making friends, and trying new activities, which are all important parts of a healthy adolescent life. The results showed that almost all the children in BiH have either moderate or high self-esteem and only a small proportion (4%) have low self-esteem (Figure 22).

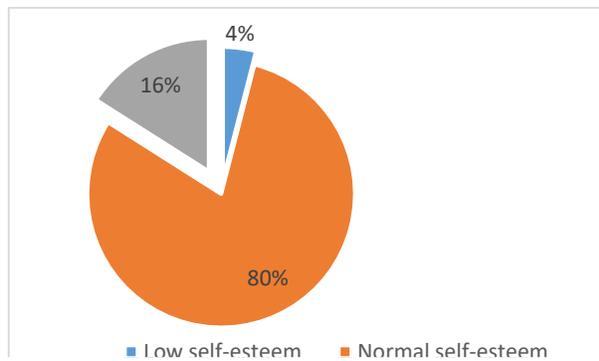


Figure 22: Self-esteem in surveyed children

Socio-ecological resilience: Resilience refers to the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks. Socio-ecological resilience refers to culturally relevant personal and caregiver resources that adolescents can use to adapt to stressful situations. This indicator aims to measure surveyed children's socio-ecological resilience capacity using the Child and Youth Resilience Measure (CYRM-R), a self-reported measure of social-ecological resilience used by researchers and practitioners worldwide¹⁹. The CYRM-R recognizes two main dimensions in an individual's social ecology for adjusting to adversity. Caregiver resilience relates to characteristics associated with the important relationships shared, with either primary caregiver or a partner or a family. Personal resilience refers to intrapersonal and interpersonal resources to cope with a stressor.

The analysis has showed that 97% of surveyed children have high personal resilience, thus, high interpersonal skills that allow them to bounce back when facing life stressors and hardships. Moreover, 90% of children have exceptional or high caregiver resilience, which indicates excellent relationships with their caregivers that are nurturers of their resilience (Figure 23). Overall, 97% of children have resilience capacities with no statistically significant difference between girls and boys (Figure 24). When talking about resilience Sara, 13 said: "I am strong and a resilient girl".

¹⁹ <https://cyrm.resilienceresearch.org/>

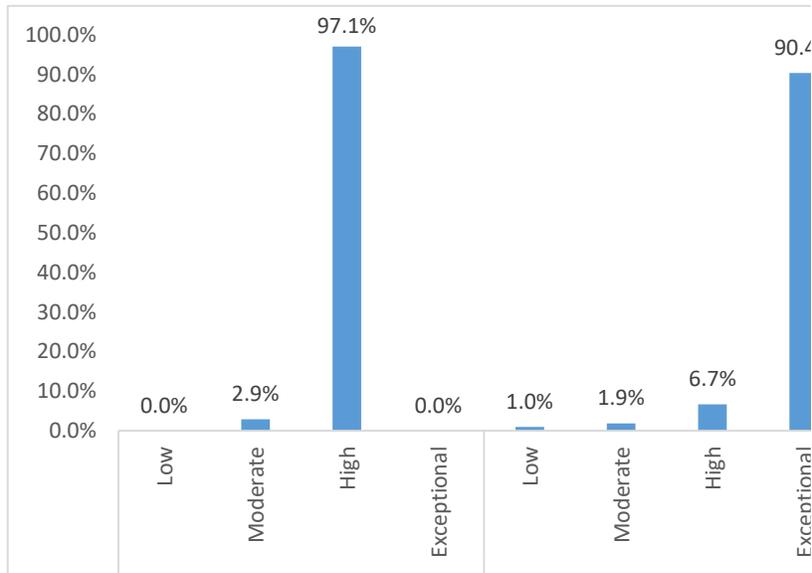


Figure 23: Personal and caregiver resilience of surveyed children

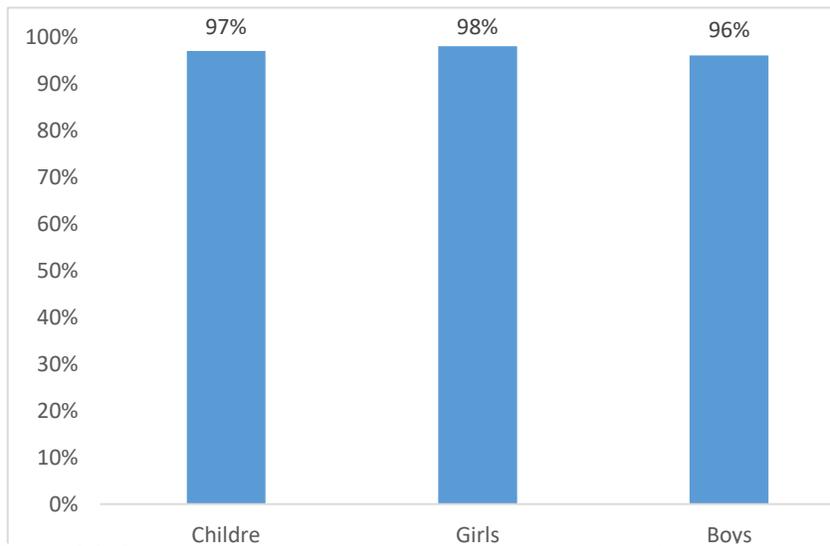


Figure 24: Socio-ecological resilience capacity in surveyed children

Empathy: Empathy has been defined as an emotional response to the affective state or situation of other people. Empathy emerges in the early childhood and become more complex during the individual development. Early adolescence is a particularly critical period for empathy development. Empathy results in greatest social benefits, because it allows to understand others' emotions and to get affectively involved without becoming overwhelmed. Low empathy is instead associated with more conflicts, aggressive behaviours and bullying. Individuals, with low empathy cannot imagine the consequences of their behaviour and the potential harm they might cause. This indicator aims to measure empathy in surveyed children using the Bryant empathy scale²⁰. The tool is designed to measure empathy in children and adolescents in order to foster an understanding of how empathy develops and how it relates to social development. The tool recognizes two main dimensions in adolescents' empathy: empathic sadness and reflecting attitude. Empathic sadness subscale measures the affective empathy, which is the ability to share the feelings of

²⁰ Bryant, Brenda K. "An Index of Empathy for Children and Adolescents," *Child Development*, 53 (2), 1982, pp. 413–25.

another person." This type of empathy helps children to build emotional connections with others. Reflecting attitude subscale measures the cognitive empathy, which is the ability to understand how a person feels and what they might be thinking. Cognitive empathy makes children better communicators, because it helps them relay information in a way that best reaches the other person.

The majority (99%) of surveyed children are moderately or highly empathic, with girls more likely than boys to develop high empathy (75% of boys versus 100% of girls) ($p < 0.0001$). Empathic children scored moderate or high on empathic sadness, which is their capacity to build connections with others. Children also scored high on reflecting attitude, which involves understanding other's feelings instead of only connecting with their own (Figure 24).

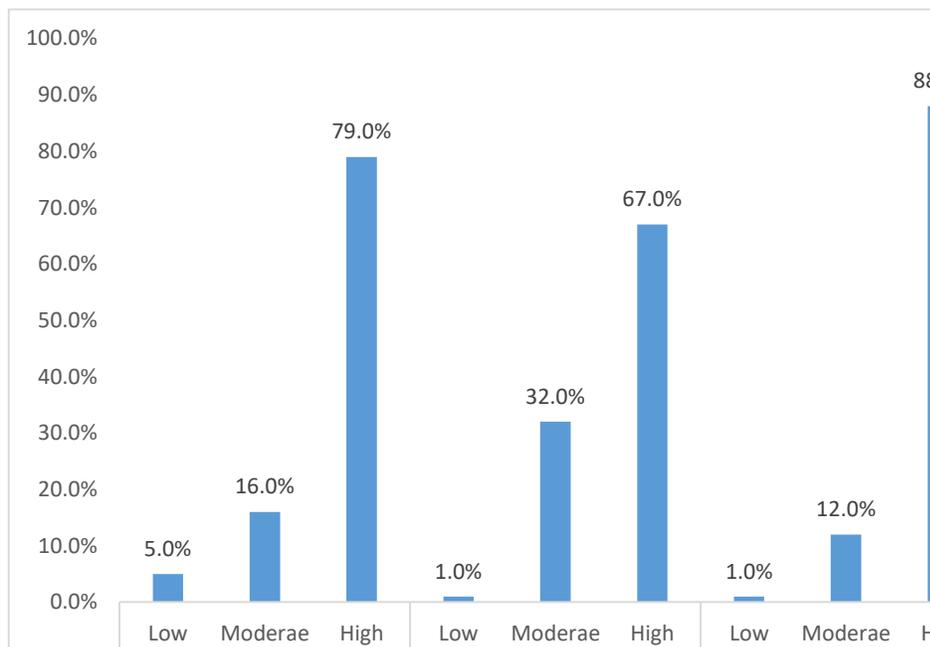


Figure 25: Empathic sadness, reflecting attitude and overall empathy of surveyed children

Mental well-being

Mental health: To be mentally healthy means for a child to be able to cope with stress in any situation, to go to school and play at home and in the community without feeling angry, anxious or depressed. A good mental health during childhood is fundamental to a child's development and for reaching one's own full potential. The mental well-being of surveyed children was measured using the same WEMVBS used to measure mental well-being in surveyed mothers¹⁰. The majority of surveyed children showed average or good mental health with only 6.7% having signs that might indicate a possible or probable depression (Figure 26). During KIIs children mentioned that the pandemic affected their mental health. Sara I3, said: "I am always happy. However, because of the pandemic, we didn't go to school regularly, so we couldn't hang out much with our peers", Radivoje, I1 added: "I was sad since I couldn't go for trainings".

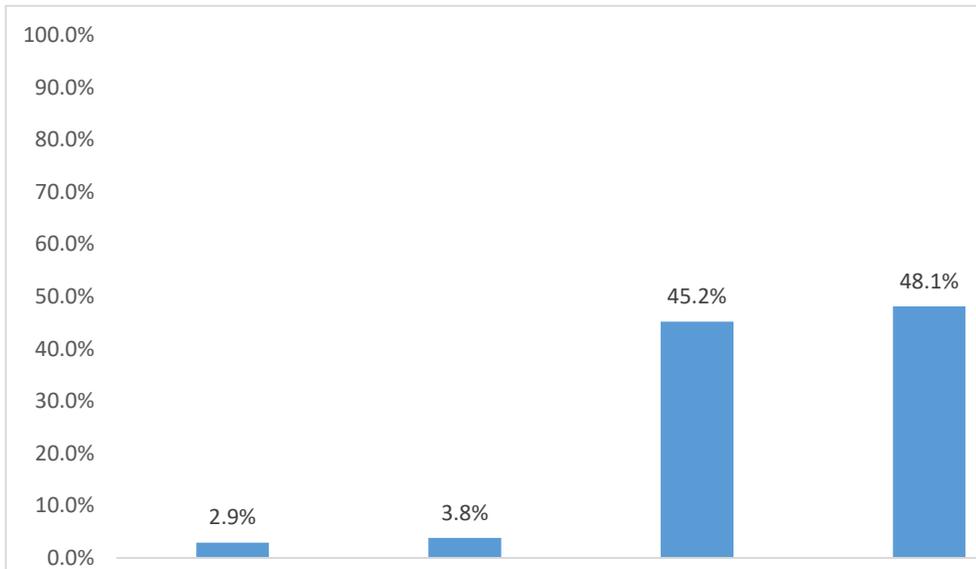


Figure 26: Mental well-being of surveyed children

Spiritual well-being

Spiritual empowerment: The spiritual well-being of children was measured using the same tool - SWBS that was used for mothers¹¹. Results have shown that all surveyed children have spiritual well-being. Existential well-being seems to be more a bit prevalent than religious well-being, with more children scoring high when asked about their overall quality of life (Figure 27).

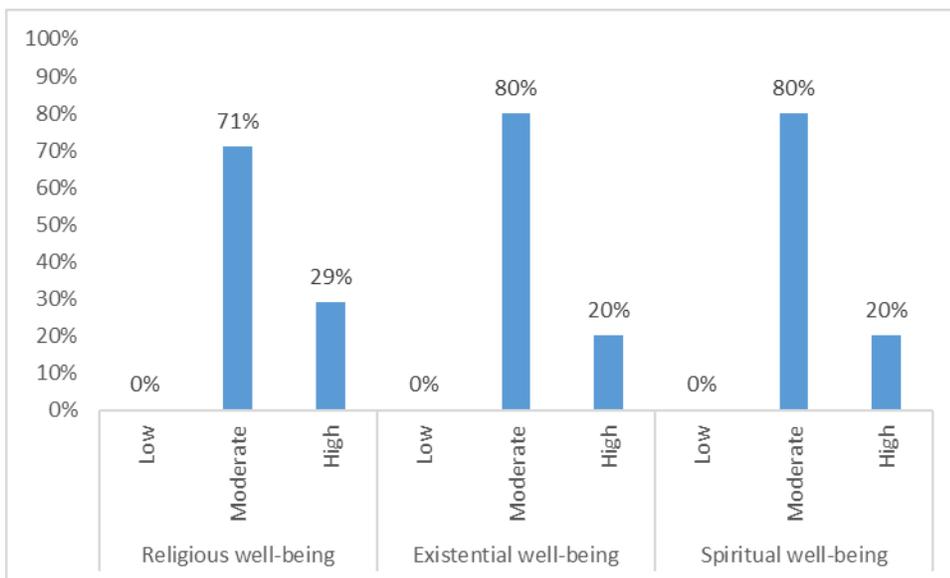


Figure 27: Spiritual well-being of surveyed children

Child well-being index

Overall, only 8.7% of surveyed children in BiH have showed well-being in all the dimensions of education, nutrition, health, psychosocial, mental and spiritual. However, if we exclude the physical factors and look only at psycho-social and mental well-being factors, we found out that a big majority of children (88.5%) have well-being in all listed psycho-social dimensions. Table 7 provides a summary of all indicators of well-being in surveyed children.

Dimension	Indicators	
Education	Children with self-perceived functional literacy	43.3%
	Children with positive attitude towards learning	64.4%
	Children enrolled in formal education	91.3%
Nutrition	Children with diet diversity	98.1%
Health	Children with positive health-related behaviour	66.3%
Protection	Children non-exposed to violence	54.8%
Psycho-social	Children with self-esteem	94%
	Children with socio-ecological resilience	87%
	Children with empathy	99%
Mental	Children with mental well-being	93.3%
Spiritual	Children with spiritual well-being	100%
Children with overall well-being		8.7%
Children educated with good health and protected from violence		8.7%
Children with psycho-social and mental well-being		88.5%

Table 6: Indicators of child well-being

Correlational Analysis

Association between mothers' socio-demographic factors and mothers' empowerment factors

Multiple socio-demographic factors in women's lives were significantly associated with their empowerment levels. Namely, the employment status, the education level and the income were all connected to women's empowerment. Tables 7 provides in-depth statistical analysis on association between socio-demographics factors and women's empowerment, explained below:

- Low education attainment negatively affects women's empowerment. The lower is the education level, the more likely the woman is to develop sexist attitude ($p < 0.0001$). This finding is highly expected since the level of education is closely associated with social norms change – the more educated women and men are, the less likely they will conform to traditional gender norms.
- Women's participation in the economy defines their freedom of movement, acceptability and experience of GBV and control over time. Employed women have no restrictions on their movement ($p = 0.02$) and are less likely to accept GBV ($p < 0.03$) and to experience GBV ($p = 0.03$). However, employed women have less control over their time ($p < 0.0001$). Due to the fact that the employment brings personal independence and agency for women, they are less likely to tolerate abuse and violence and more likely to exercise own rights. Unfortunately, due to existing gender norms, women's employment does not translate into equal sharing of household responsibilities, which is why they are loaded with paid and unpaid work and have less control over own time, compared to unemployed women that concerned with unpaid work mainly.
- Finally, family's income greatly affects women empowerment. The higher is the income, the less likely women are to develop sexism ($p = 0.008$) and to accept GBV ($p < 0.0001$). These findings confirms the existing understanding of poverty and lack of financial means being an accelerator for women's vulnerability and particularly for gender-based violence. Traditional gender norms and stereotypes are known to sustain the idea of men's domination and are closely connected to violence justification and acceptance.

Women's socio-demographic factors		Sexist attitude			Safety/ freedom of Movement		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value
Total Sample		N=44	N=52		N=	N=	
Education level	Prim/interm	9.1%	44.2%	<0.0001*			
	Secondary	65.9%	48.1%				
	Tertiary	25%	7.7%				
Participation in economy	No			45.5%	20.7%	0.02*	
	Yes			54.5%	79.3%		
Income	Mean	\$640	\$399	0.008*			

Women's socio-demographic factors		Control over time			Acceptability of GBV			Experience of GBV		
		No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=78	N=26		N=93	N=11		N=78	N=26	
Participation in economy	No	17.9%	50%	0.001*	22.6%	54.5%	0.03*	20.5%	42.3%	0.03*
	Yes	82.1%	50%		77.4%	45.5%		79.5%	57.7%	
Income	Mean				\$535	\$243	<0.0001*			

*Significant if <0.05

Table 7: Association between women's socio-demographic factors and women's empowerment factors

Association between mother’s socio-demographic factors and child well-being

According to the study findings, mother’s education level influences their child’s well-being, specifically in regards to exposure to violence. Namely, children of educated mothers are more likely to be free from violence and to live in a safe environment ($p=0.04$) (Table 8). This can be explained by the fact that parent’s literacy is confirmed to be associated with positive caregiving practices at home (LeVine, et. al. 2011), which in itself means a violence-free environment for children.

Mother’s employment status affects also her child’s resilience. Resilient children are more likely to have employed mothers ($p=0.02$). If we connect women’s employment with more income for the family, but especially with their increased ability of women to make decisions on spending, we find relevant evidence in the external literature: A study by Jones, et. al. (2019) indicated women who could freely make decisions within their households had greater influence on how much money to allocate to household food, as well as regarding how the food was allocated within the household. In the next chapter, our study demonstrates that the greater decision-making in household is also connected with the violence-free environment for children, another critical aspect of children’s resilience.

Women’s socio-demographic factors		Exposure to violence			Resilience		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value
Total Sample		N=50	N=48		N=3	N=101	
Education level	Prim/interm	18%	37.5%	0.04*			
	Secondary	60%	54.2%				
	Tertiary	22%	8.3%				
Participation in economy	No				100%	23.8%	0.02*
	Yes				0%	76.2%	

*Significant if <0.05

Table 8: Association between women’s socio-demographic factors and child well-being outcomes

Association between mothers' empowerment and child well-being outcomes

Child's Educational outcomes

Mother's empowerment is associated with child functional literacy. Children who are functionally literate in the three domains of languages, digital and numbers are more likely to have mothers empowered through relational factors who can take decisions at the HH level ($p=0.04$) and at the environmental level has no restrictions on her movement ($p=0.03$) (Table 9). This finding was anticipated due to the fact that children's as well as parent's literacy is associated with positive caregiving practices at home (LeVine, et. al. 2011), which can be translated as the more engaged parenthood and more decision-making power for mothers.

Mother's empowerment is also associated with children's school enrolment. The findings have shown that non-sexist mothers are more likely to be associated with children enrolled in school while sexism might be a preventing factor to school enrolment (Table 9). It is known from the external literature, that women's years of education is associated with an increase in children's years of schooling (Sperling, et. al. 2016) and that mothers' level of education is associated with girls' school enrolment (Sperling, et. al. 2016). Accordingly, our research also confirms the trend, as it was evident above; the mother's education level is associated with sexism, while sexism in its turn is associated with children's school enrolment.

Child's Health outcomes

Children's diet diversity is associated with gender stereotypes. Mothers living in communities free from gender stereotypes and gender rules are likely to have well-nourished children ($p=0.02$) and children who adopt a healthy behaviour ($p=0.009$) (Table 9). External literature confirms that the quality of child diets and nutritional status is associated with household wealth, with further links to women having power over resources and the ability to freely allocate resources (Jones, et. al, 2019). Based on our research findings, family income is associated with the gender stereotypes in women, which in its turn affects the diet diversity and healthy behaviour of girls and boys.

Child's Protection outcomes

The research findings have shown that mothers with HH decision-making power and mothers living free from gender norms and stereotypes are both more likely to be associated to children free from violence ($p=0.04$, $p=0.03$) (Table 9). It is being confirmed in the external literature that the intimate partner violence and child abuse share individual, family, community and societal risk factors like alcohol abuse, maintaining personal attitudes that condone violence and gender inequality, economic stress, marital stress and conflict, community tolerance of violence, lack of protective services for women, children and families, and considering violence inside the home a private matter (Guedes, et. al. 2016).

Women's empowerment factors		Functional Literacy			Exposure to violence			Scholl enrolment		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=59	N=45		N=53	N=51		N=31	N=433	
HH decision making	No	35.6%	17.8%	0.04*	18.9%	37.3%	0.04*			
	Yes	64.4%	82.2%		81.1%	62.7%				
Sexist attitude	No						0%	51.6%	0.002*	
	Yes						100%	48.4%		
Freedom of movement	No	28.8%	11.1%	0.03*						
	Yes	71.2%	88.9%							
Community Gender Stereotypes	No				52.8%	31.4%	0.03*			
	Yes				47.2%	68.6%				

Women's empowerment factors		Healthy behaviour			Diet Diversity		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P Value
Total Sample		N=21	N=23		N=2	N=102	
Community Gender stereotypes	No	60%	33.3%	0.009*	0%	88.2%	0.02*
	Yes	40%	66.7%		100%	11.8%	

Table 9: Association between women's empowerment and child well-being outcomes

Recommendations

Overarching recommendation

- Consider women's empowerment as a critical precondition for achieving children's well-being and accordingly embed women's empowerment approaches into pathway of change (PoC) of child-focused programmes/interventions.
- Integrate gender-transformative interventions, aiming to change harmful social norms, across all sectoral programmes. This will enable to address power dynamics (gender relations) and cultural norms (gender norms), being a key component for achieving women's empowerment, especially from the relational empowerment standpoint.
- Invest in addressing harmful social and cultural norms, through awareness raising and advocacy, in close partnership with local faith leaders, as the leading power holders for social change.
- Work with the formal gatekeepers, in particular with the gender equality/GBV focal points and working groups in Ministries, Municipalities and other public institutions, to ensure their enhanced capacity, to perform gender equality strategies and commitments.
- Implement World Vision GESI Management Policy (effective as of October 1, 2021) and integrate GESI lens in every cycle of project implementation, across all sectors.
- Engage UN agencies, Civil Society Organizations and INGOs/CBOs focusing on women's rights and empowerment for effective coordination and work alignment.

Programming and advocacy recommendations

- Mainstream GBV prevention and referral across all interventions, especially in regards to mapping existing GBV referral pathways, training staff on referral to specialized services and monitoring reported incidences of GBV.
- Ensure staff understand GBV risk mitigation as being a core component of their programming responsibilities and can identify gendered risks to work with technical specialists to mitigate them, across the program cycle.
- Provide targeted mental and psychosocial support (MHPSS) for mothers and their children, especially for the ones affected by GBV and IPV.
- Provide mothers with education opportunities, connected with future employment, to improve their basic literacy and numeracy skills.
- Provide income-generating activities for women and potentially create sustainable economic participation opportunities within the community.
- Ensure adoption of project models/approaches that are gender-responsive and provide explicit opportunities to address gender norms and relations in the project design.

- Ensure consulting with women on their needs, barriers and wishes, while designing new projects and interventions, even when they primarily target children well-being.
- Along with gender-sensitive (sex-disaggregated) indicators, ensure each project adopts gender-transformative indicators that measure changes in gender norms and relations.
- Invest in WV BiH's field staff capacity building on gender equality and social inclusion, to improve the quality of interventions implemented.
- WV BiH, together with Civil society organizations to engage in raising awareness on any forms of GBV, through mass media campaigns and public awareness initiatives to sensitize and strengthen civil society.
- Through informal power holders, strategically engage men and boys in dialogue to change social norms and strengthen their engagement in reproductive and caregiving roles, as well as women's participation in the economy.
- Invest in further research and evidence building around innovative interventions that holistically target women's empowerment and children's well-being.

Donor and funding recommendations

- Ensure gender-transformative approaches are entrenched across all sectors and for all types of funding opportunities.
- Prioritize women empowerment projects, with strong focus on addressing GBV and Women's Economic Empowerment.
- Ensure women's voices of different age to be heard and considered while developing funding strategies and policies.

Conclusion

Provided study empirically investigated the association between women's empowerment dimensions and different child well-being outcomes, through analyzing the survey data with mothers and their children. It considered a multidimensional women's empowerment model represented by interconnection of relational, personal and environmental empowerment factors, leading to children's well-being outcomes. The findings are aligned with the external literature and provide a scientific proof for the importance of women's empowerment, in order to break the cycle of child vulnerability.

As findings have demonstrated, only 41% of women in BiH are empowered through personal factors, but only 1% of them - through all the three dimensions of personal, relational and environmental empowerment. The main barriers to women's empowerment are their inability to redistribute the burden of care, lack of access to employment opportunities, harmful gender norms and stereotypes in communities they live in, high prevalence of GBV and lack of knowledge and access to basic legal services. Interviews confirmed that above listed adversities shape everyday life of Bosnian women, as even though significant progress has been achieved in the last decade, women are still constrained by social and cultural norms, limited information on their own rights and available services, as well as ongoing COVID-19 pandemic.

Mothers' household decision-making power, employment opportunities and community beliefs on gender norms and stereotypes are the leading factors for improving their children's well-being, namely, in regards to their education attainment, physical and psychosocial well-being and reduction from the risk of violence. Hence, gender-specific and gender-responsive programmes and interventions, that address IPV, focus on increasing women's access to education and employment, promote women's status and rights within the family and community are some of the critical strategies for improving children's well-being. Furthermore, looking at environmental factors, addressing harmful social and gender norms through awareness raising, advocacy and partnering with formal and informal actors, such as faith leaders and local community power holders becomes critically important.

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