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Abstract: There is growing evidence that the empowerment of women is critical for effective economic development and poverty reduction. The vast majority of empowerment programs focus on the provision of needed outer resources, such as education or opportunity, yet neglect to target the critical development of internal resources, such as self-efficacy (i.e. the belief in one's ability to act) and human agency (i.e. ability to act and make choices). Moreover, few empowerment programs are subjected to empirical impact evaluation. We assessed the outcomes of the IMAGINE Initiative in Kenya, a program intended to empower individuals (mostly women) through a 4-day workshop, developed by Gershon and Straub (2011) aimed at increasing self-knowledge and translating this into an actionable growth strategy that was culturally adapted for this setting. Routine de-identified program data from 213 individuals who had applied to participate were used: 76 who had already completed the workshop and 137 who were awaiting entry to the workshop. Data included socio-demographic information, qualitative interviews of changes in education, health, and economics and relationships and self-reported well-being and hopefulness. To minimize confounders and bias we conducted conditional logistic regression using 1:1 matched pair analysis. Sub-scale analyses found high levels of 1) self-acceptance, 2) purpose in life and 3) personal growth with no differences between trained and untrained individuals. Significant differences were found for workshop participants for positive relationships with others (OR: 2.00, p=0.04) and environmental mastery (i.e. makes effective use of surrounding opportunities) (OR: 2.30, p=0.02) compared with non-participants. In addition, participants were more likely to report hope for the future (OR=2.63, p=0.02) and express agency (OR=2.33, p=0.03). Matched analyses showed trained participants were more likely to report positive changes

to their economic condition, improved health, improved relationships and improved access to education. Based on these programmatic data there appears to be significant changes in the level of intrinsic motivation and agency for those who participated in the intervention which, in turn, has resulted in critical improvements in core areas of their lives.

Delivering agency in the developing world: An evaluation of the IMAGINE-Kenya Initiative

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Research highlights

- A novel program intervention focused on empowerment is found to increase human agency and well-being.
- Participants in the intervention were significantly more likely to report positive relationships with others, more effective use of their surrounding activities, and hope for the future.
- Trained participants reported more positive life changes in the area of their economic condition, health, relationship and access to education compared to their untrained matched counterparts.
- This relatively low cost intervention appears to catalyze existing development efforts and is seen to show impact even one year after the intervention.

Keywords

women's empowerment, well-being, behavior change, self-efficacy, development

Introduction

The recognition that empowerment of women is a primary driver of sustainable development has led to numerous initiatives globally to raise access to opportunities and improve the status of women over the last several decades (IFAD, 2010; World Bank, 2005). In fact, the World Bank urges that empowerment of women be included as a key component of all social development programs. This commitment was affirmed by the Millennium Summit, where the Millennium Development Goal (MDG) 3 is aimed at promoting gender equality and empowering women by ending gender-related disparities in access to assets and allocation of developmental resources and services and was reiterated for the post 2015-agenda (UN 2010). There has been some evidence of success, most notably in education; however, substantial obstacles remain to reducing violence against women, improving their access to basic needs, health services and economic opportunity (Buvinic, 2008).

Despite the clear rationale to invest in women and the commitment by some donors to do so, simply providing external resources can often fail to mobilize women, whose life experience and socio-cultural barriers may not have prepared them to pursue new educational, economic or personal opportunities availed to them (Sen, 1985). Moreover, there is the growing realization that information alone may not necessarily translate into action (Storey et al. 2011). There is an urgent need to identify innovative ways of empowering women that develop their capacity to take the actions necessary to tackle the many challenges they face. Within international development programming, there are many paths to women's empowerment; most traditionally, these programs focus on providing skills, education, opportunity and promoting equitable governance. These are important endeavors, however, *efforts are needed that foster women's sense of self, resulting in greater self-esteem, motivation, self-respect and self-reliance*. Indeed, this serves as the foundation that enables these other efforts to fully succeed (Sen, 1999).

The following quote from the UNDP (Grown, et al. 2005) clearly articulates the challenge that we face in the context of women's empowerment:

“The concept of women's empowerment is related to gender equality but distinct from it. The core of empowerment lies in the ability of a woman to control her own destiny. This implies that to be empowered a woman must not only have equal capabilities (such as education and health) and equal access to resources and opportunities (such as land and

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4 *employment), they must also have the agency to use those rights, capabilities, resources*
5 *and opportunities to make strategic choices and decisions”*
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10 In this paper, we explore how a program designed to engage individuals to explore these
11 interior aspects of their empowerment is attempting to address this challenge. The program,
12 IMAGINE: Kenya, is designed specifically to build and foster human agency for disenfranchised
13 women. This program is part of the larger initiative of the Empowerment Institute, IMAGINE:
14 A Global Initiative for the Empowerment of Women begun in 2010. The primary emphasis of
15 this program is to help individuals increase their self-knowledge so they can discover what’s
16 important to them; translate this knowledge into a compelling vision; identify and transform the
17 limiting beliefs that inevitably arise when creating something new; and adopt an actionable
18 growth strategy to attain their goals. These empowerment tools then serve as part of an ongoing
19 support system to enable further personal growth over time and enhance the program’s impact,
20 beyond the woman, to her family and community (Gershon and Straub 2011). This paper reports
21 on the program evaluation to assess the outcomes of this program in populations of rural and
22 urban poor in Kenya.
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33 34 35 **Setting and Methods** 36

37 This evaluation was conducted in an urban slum of Nairobi (Kayole Spring Valley slum,
38 population approximately 6000) and in towns and rural regions of Nyanza Province (Migori and
39 Rusinga Island, population approximately 60,000). The Empowerment Workshop was
40 conducted with members of local women’s self-help groups in the area by a trained
41 Empowerment Facilitator. This program was conducted with members of several women’s self-
42 help groups including the Kayole Women’s Group (Nairobi) and in Nyanza Province, the Sanga
43 Women’s group, the Kiringi Women’s group, the Karanda Self-Help Group in God Jope, the
44 Lambwe Women’s Group, the Kamasegere-West Women’s Group and the Peterson-Gunda
45 Women’s Group on Rusinga Island. Membership in these women’s self-help groups can also
46 include men and therefore some of the participants in the workshop and for this evaluation were
47 men (approximately 10%). All participants in this evaluation are members of these women’s
48 group; however, not everyone had yet participated in the empowerment intervention. The local
49 Kenyan program is implemented by trained empowerment facilitators who are fluent in the local
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4 language, knowledgeable about the local environment and culture and have strong relationships
5 with the local women’s self-help groups in the area.
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8 ***The empowerment intervention:*** The program implemented the Empowerment
9 Workshop, developed by David Gershon and Gail Straub, founders of the Empowerment
10 Institute and has been utilized over the past 30 years to facilitate positive behavior change and
11 enhance voluntary participation (Gershon, 2009). In the workshop, generally lasting 4 days
12 (approximately 32 hours of engagement), individuals participate in an introspective examination
13 of their lives, thoughts and environmental context and they review issues of critical importance
14 to them, including their dreams and goals for the future. Over the course of the workshop
15 individuals review seven areas of their lives: emotions, relationships, sexuality, body, money,
16 work, and spirituality. Each IMAGINE workshop is adapted to serve the local context and
17 culture of the population being trained. This allows discussion in each of the seven areas of life
18 to reflect the current needs and challenges these individuals face. For example, Nyanza province
19 has some of the highest HIV prevalence rates in the country and the discussion around sexuality
20 included health information related to practices that increase HIV transmission and practices that
21 may help mitigate the negative effects of the disease. Information on local health non-
22 governmental organizations (NGOs) and governmental programs able to provide additional
23 assistance is also discussed. The primary enhancements to the basic empowerment methodology
24 are generally related to health, economic and work opportunities. Moreover, culturally relevant
25 examples, either from religious texts or local social norms are used to emphasize specific points
26 during the discussion. The basic structure of the workshop is maintained and the exercises are
27 created to facilitate learning and include significant interactive discussion among the group. A
28 workshop generally consists of approximately 20 participants, one or two facilitators and one or
29 two assistants to document the activities of the workshop. Women are not paid to attend the
30 workshop, but are provided with food and drink during the workshop.
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51 **Program evaluation**

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53 A total of 213 individuals, primarily women (90%) and men (10%), were interviewed for
54 this program evaluation. This included 137 individuals who were interested in participating, but
55 had not yet undergone the training in the Empowerment Workshop and 76 individuals who had
56 completed this training. Since March 2011, over 200 individuals from this region have
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4 participated in the Workshop. All untrained individuals were part of these same women's self-
5 help groups in the area.
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8 The evaluation process included a structured interview that included basic socio-
9 demographic information and two scales of well-being. The Ryff Scales of Psychological Well-
10 Being (Ryff) and the Trait Hope Scale (Synder) (Table 1). The Ryff inventory consists of 54
11 questions (medium form) and includes a series of statements reflecting the six areas of
12 psychological well-being: autonomy, environmental mastery, personal growth, positive relations
13 with others, purpose in life, and self-acceptance. The Hope Scale, based on the work by Snyder
14 (1995) has 8 focused questions that attempt to capture hope as a combination of willpower
15 (agency) or "waypower" (pathways) (Pattengale, 2009).
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22 A short open-ended interview was also conducted on approximately 80% of all
23 participants (101 untrained, 71 trained, total 172). These interviews were conducted by
24 assistants fluent in both English and Kiswahili and/or Luo, using dual-language ethnographic
25 field guides. This short interview included an open format with questions on the specific stories
26 of success since the time of the workshop (if individuals had not participated in the workshop,
27 they were asked to describe a positive story since the time that the workshop had been conducted
28 in their area) as well as answer specific questions on changes in the condition of the educational
29 status for themselves or those they are responsible for, changes in the condition of their
30 relationships with others, changes in the economic condition and changes in the condition of
31 health for themselves or those they care for. The short interviews lasted from 10-25 minutes
32 each. All interviews were transcribed into English.
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43 Each short interview was reviewed and responses were coded for the presence or absence
44 of specific behavior change. Qualitative analysis was done through a targeted coding of
45 interviews based on specific a priori content areas determined to be of interest to the program
46 activities. This included information since the time that the workshop was held in their area: 1)
47 Changes in education status for themselves or those they care for (improved, same or decreased);
48 2) Changes in their relationship with family and/or friends (improved, same or decreased); 3)
49 Changes in health status for themselves or those they care for (improved, same or decreased);
50 and 4) Changes in economic condition due to increased capital earned or diversification of
51 income sources (improved, same or decreased).
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4 Quantitative interviews were entered into an Access database and data analysis was
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6 conducted with SAS 9.3 for windows. All interview forms were translated into either Kiswahili
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8 (for Nairobi slums) or Luo (for Nyanza province). Seven interviewers were trained to conduct
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10 the interviews among the group members. Interviewers were trained to review the rating system
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12 (1 to 6) and to review each question to ensure appropriate understanding.

13 The local implementing entity (Sanga Woman's Group, a Kenyan NGO) considered this
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15 activity to be a program evaluation and not research. Nevertheless, ethical guidelines were
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17 followed to protect respondents. In addition, the proposed evaluation was reviewed as per
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19 guidelines of the Johns Hopkins University ethical review board. All participation in the
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21 evaluation was voluntary. Verbal informed consent was obtained from each of the leaders of the
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23 women's groups as well as from each of the participants in accordance to international ethical
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25 standards. Consent of the local non-governmental organization was also obtained. All analyses
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27 were conducted on de-identified data.

28 29 30 **Data analysis**

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32 Specific scores for the Ryff and Hope scales were calculated by adding the scores from
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34 each of the specific questions in each scale. About half of the questions in the Ryff scale were
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36 reverse scored. For each sub-scale, a high score indicates that the respondent has a mastery of
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38 that area in his or her life. Conversely, a low score shows that the respondent struggles to feel
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40 comfortable with that particular concept. Preliminary bivariate and multivariate analyses were
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42 done to compare groups (UNTRAINED versus TRAINED) for all respondents. Due to non-
43
44 normality of the scales, non-parametric statistics were calculated using categorical data based on
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46 scores that were higher/lower than the population mean. From the pool of controls, we created a
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48 1:1 matching subsample to allow for controlled analyses. Conditions for matching are described
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50 below. Analysis for the matched pairs included matched-pair t-tests for continuous data and
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52 conditional logistic regression analysis for matched case-control studies producing an odds ratio.

53 Principal components analysis (PCA) was used to create a socio-economic score (SES)
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55 from a pool of questions related to material possessions such as access to electricity, type of
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57 latrine used and occupation of the female and occupation of the male in the household. A final
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59 SES index was created that included access to electricity, possession of a radio, TV, mobile
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61 phone or bicycle and the primary occupation of male head of household. The Cronbach's alpha
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4 for the SES score was 0.62. Once the SES score was developed, we matched the cases with
5 controls. Matching was done by 1) gender, 2) location (rural or urban), 3) SES (high or low), 4)
6 education (primary school or less versus secondary school or higher) and 5) age (+/- 10 years).
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8 With respect to age, 80% of the matched cases were within 2 years of their control and 90% were
9 within 5 years of their control. The final number of matched pairs available for analysis was 69.
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14 **Results**

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16 The participants represented some of the most disenfranchised populations in Kenya.
17 Most participants were women (90%) from rural (85%) areas, having no access to electricity
18 (85%), having primary schooling or less (72%) and participating in subsistence farming (76%).
19 In addition to high rates of poverty and low levels of education, this region suffers from high
20 rates of HIV resulting in some of the lowest life expectancies in the country (47 years) (SID,
21 2004). Table 2 compares basic socio-demographic characteristics for the two samples. From this
22 unmatched analysis, it appears that those trained tended to be older, more likely to own a radio,
23 more likely to use a pit latrine or better.
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31 Table 3 reports the odds ratios based on the conditional logistic regression for the
32 matched pairs. From the analysis of the specific sub-scales of well-being, we found that levels of
33 self-acceptance (i.e. possessing a positive attitude towards ones-self) were high among both the
34 trained and untrained and did not differ between the groups. Overall, participants also reported
35 very high positive scores related to purpose in life (i.e. having a sense of goals and directedness
36 in their lives) and personal growth (i.e. having a feeling of continued development) with no
37 differences found between the trained or untrained participants.
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44 There were two Ryff sub-scales where trained participants scored significantly higher
45 than untrained participants 1) positive relationships with others and 2) environmental mastery. In
46 positive relationships with others (i.e. has warm, satisfying, trusting relationships), trained
47 participants were twice as likely to score higher on this scale than untrained counterparts
48 (p=0.041). For environmental mastery (i.e. has a sense of competency in managing the
49 environment and makes effective use of surrounding opportunities), trained participants were 2.3
50 times more likely to have a higher score on this subscale (p=0.028). By contrast, in the area of
51 autonomy (i.e. is self-determining and independent), trained participants were 50% less likely to
52 score higher on this subscale; however the result was not significant. Of note, in this culture,
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4 autonomy is not considered as a desirable trait as cooperation with others is more greatly valued.
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6 In addition, trained participants were 2.6 times more likely to express hope for the future
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8 (p=0.020) and more than twice as likely to express agency (p=0.033) than those who had not
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10 undergone the Empowerment Workshop.

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12 The qualitative interviews described even greater improvements in reported changes
13 since the workshop. In order to quantify reported changes in these areas, we used data from the
14 qualitative reports (n=172) to compare those who had not yet undergone training (n=101) and
15 those who had completed training (n=71). From the full pool of data we find positive changes in
16 education (7% of *untrained* compared with 18% *trained*); in health (5% of *untrained* compared
17 with 55% of *trained*); in the area of economics (24% *untrained* compared with 83% *trained*) and
18 in the area of relationships (5% *untrained* compared with 75% *trained*).

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20 Excerpts from the qualitative interviews provide a context for the experiences reported by
21 these women. In order to illustrate some of these changes, we present quotes from the field
22 interviews related to the four areas of behavior change that were discussed. In the area of
23 relationships, one woman reported:

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33 *“After doing the training, I realized that I don’t have to be alone. I understood that in*
34 *unity with others you have greater strength. Overall, my relationships have improved*
35 *with others. I am better at managing my emotions, especially as I remember the death of*
36 *my husband and my three children.”*

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40 *Widowed, 66 years, Farmer*

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44 As a result of the staggering HIV epidemic in this region in the past decade, women are
45 faced with significant trauma, loss and isolation. The group format for the workshop allowed
46 women to engage together and share their grief while looking to the future. The interviews
47 revealed that building positive relationships was a central component to these women’s sense of
48 hope and healing.

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53 In the area of health, women reported changes from a wide range of disorders and
54 diseases. These included improved adherence to HIV medications for infected individuals,
55 improvements in oral/dental health, improved care for infectious as well as non-infectious
56 diseases and injury. As stated by a widow left caring for her young children,

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6 *“With respect to health I learned that some diseases that are result of carelessness. I*
7 *never used to use a mosquito net for my children or even myself. I kept treating malaria*
8 *now and again. Since the training I become careful and the rate of sickness in my family*
9 *has reduced.”*

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12 *Widow, 44, small business owner*

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17 For education, individuals were most likely to describe a change that has come about as a
18 result of the increased economic conditions in the family. For girl children, however, there are
19 additional challenges. These include time taken from school that could otherwise be used for
20 basic household chores and the lack of proper feminine hygiene products that permit
21 menstruating girls to attend school on a regular basis. As reported by a rural woman,
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28 *“My eldest daughter dropped out of school because of the many challenges she faced.*
29 *Over time, I have been able to improve my relationship with her and I was able to*
30 *convince her to go back to school and study hard. I feel that I am able to guide my*
31 *children daily and now my third child, a son, is now also doing better. I don’t know if it*
32 *could be this way before. I feel like I can guide my children and support their education”*
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37 *Widow, 50, small business owner*

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41 The changes in economic conditions for those participating in the workshop resulted from
42 increased awareness of money management and budgeting as well as improved relationships and
43 interactions with those who were knowledgeable about potential small businesses. While there
44 were no predetermined pathways to viable economic activities presented during the workshop,
45 the discussion led individuals to seek out available information from local NGOs and
46 development organizations. An example is as follows:
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53 *“For many years I used to walk every day with bananas on my head to sell to the marker*
54 *in Migori which was more than 5 kms away. At the end of the day, I never had more than*
55 *400 shillings in my pocket. With the women I met at the workshop I was encouraged to*
56 *create a liquid soap business. I learned many things from this and my life changed a lot.*
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4 *I am now a trainer and I train people on how to make the liquid soap. The training woke*
5 *me up and had become more active in how I handled things. My heart feels lighter.”*
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8 *Married, 42, small business owner*
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11 A subset analysis of the qualitative interviews was done in an effort to examine changes
12 over time using data from the matched pairing where qualitative interview data were complete (n
13 pairs=51). We examined three groups a) untrained (n=51) b) trained within 4 months (n=23) and
14 c) trained more than 4 months ago (n=28) (Figure 1). Four months was chosen as the cut-off as
15 it was the median time since the participants had completed a workshop in this population. From
16 figure 1, we see that in each of the four content areas, individuals who participated in the
17 workshop reported positive improvements as compared with those who had never participated in
18 the workshop. For three of the content areas, health, relationships and economics, substantial
19 improvements were seen within 4 months, with the greatest improvements in the area of
20 relationships and economics. After 4 months, in the area of economics over 90% of those trained
21 reported some type of positive economic change, compared with less than 25% of those
22 untrained. In the area of education it appears that significant positive changes are more likely to
23 occur after 4 months; likely due to the fact that economic conditions generally have to improve
24 first before expenditures for education can be made.
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39 **Study limitations**

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43 These data come from a program evaluation and while strict standards of data collection
44 were maintained, the data were obtained within the context of the existing program
45 implementation. There was no blinding of status within the population so that both the
46 interviewers and the participants were aware of who had obtained the intervention. There was
47 spillover from this intervention as many of those individuals who had not yet participated in the
48 Workshop had mentioned they were knowledgeable about the workshop and content. In some
49 cases individuals reported that their interest in the workshop was a result of observing changes in
50 others in the community.
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59 **Conclusion**

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Since the 1970's there has been increased recognition of the critical role of women in development which has led to concerted efforts to effectively engage women in development programming (Boserup, 1970). The Beijing Conference in 1995 (UN, 1995) brought together an agenda for global action to promote gender equality and empowerment of women which led to inclusion of women's empowerment as the third millennium development goal (MDG) 3 promoting gender equality by ending gender-related disparities in access to assets and allocation of developmental resources and services. These efforts coincided with the post Alma-Ata (1978) activities calling for increased community participation thus veering away from one-sided technical expert driven development. This has resulted in the creation of targeted empowerment efforts geared to providing critical outer resources, such as access to health care, education and opportunity expected to support essential advances in development. However, significant gaps remain in reaching both the stated millennium development goals and the empowerment of women.

Part of the challenge lies in the definition of empowerment as there has been considerable debate on this topic as noted in the review by Malhotra, Schuler and Boender (2002). While we do not attempt to resolve this debate, we believe that the most pertinent definition is one that describes empowerment as an expansion of one's capacity to create positive behavioral change. Attitudes and beliefs are critical components to this process, however, it is through enhancements in human capacity and decision making leading to behavior change that advancement in one's life can be achieved. Within the context of development activities, the discussion of empowerment requires greater recognition of the distinction between resource-based empowerment (such as skills, education or opportunity) and agency-based empowerment (for example, programs focused on self-efficacy, intrinsic motivation) (Samaan and Santos, 2009). Human agency can be defined as the capacity, condition, or state of acting or of exerting power that is focused on their ability to formulate strategic choices and to control resources and decisions that affect important life outcomes (Bandura 1986, 1999a). Sen's seminal work in this area emphasizes the importance of agency as an end in itself. He writes "agency freedom is freedom to achieve whatever the person, as a responsible agent decides he or she should achieve" (Sen, 1985) and this is considered to be a foundational means to other development outcomes (Sen, 1999).

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4 Nearly all behavior change theories include the components of human agency, self-
5 efficacy, and/or motivation as key elements necessary to facilitate behavior change. Yet, the vast
6 majority of development and public health programs focus on the improvement of critical outer
7 resources whereas human agency and its related components receive far less attention. The
8 literature is replete with examples of how agency is required to create and promote development
9 and positive health outcomes, yet little has been published on programs specifically designed to
10 foster this at the individual level. Importantly, there should be greater recognition that agency is
11 not necessarily an in-born trait but can be acquired and nurtured (Bandura 1999b, 2000). Few
12 development initiatives are focused on fostering agency and even fewer have been empirically
13 examined for their impacts.
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22 The lack of attention to programs that directly foster agency may be due to an underlying
23 premise that basic needs, such as food, security, shelter, as described in Maslow's hierarchy of
24 needs (Maslow, 1943) are a prerequisite focus of activities before needs in the higher levels
25 (including self-actualization) can act as motivators. While there is validity to the idea that
26 unfulfilled lower needs can dominate one's thinking and actions, it is missing the fact that
27 increasing one's awareness of their environment and cognitive processes could foster more
28 effective engagement and creation of solutions to address their basic needs.
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35 An examination of behavior change initiatives finds that most programs are created and
36 targeted at specific behaviors to be changed from the perspective of what activities and actions
37 have been deemed important by the creators of the particular program in question. These
38 programs channel the behavior change messages towards individuals through informational
39 exchange, social mobilization and social support. Rarely are individuals asked to identify what
40 is important for themselves, their own lives and their own goals.
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46 The results of our evaluation of the IMAGINE program provides evidence that
47 facilitating human agency, a foundational component of empowerment, is not just possible, but is
48 feasible and can be accomplished in a relatively short time with minimal costs. This enhanced
49 agency in turn, can catalyze participation in other development activities, leading to significantly
50 more effective utilization of existing opportunities and resources. Additionally, the combined
51 focus on fostering individual agency and the group format that facilitates collaborative learning
52 and leveraging existing relationships can result in substantial advancements in key areas of social
53 and economic development.
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The world is witnessing tremendous interconnectedness and information exchange that on the one hand provides a global view of development solutions and on the other hand allows adaption and growth that is consistent with the local socio-cultural context. Building human resource capacity at its very core through the development of human agency is essential to allow individuals to learn to navigate and successfully adapt to this constantly changing environment. Moreover, grounding behavior change in the context of individual life goals may likely maintain intrinsic motivation in the long run, allowing for appropriate audit and feedback, leading to continued positive learning. Identifying ways to build human agency that engender hope, self-efficacy, and positive behavioral change is requisite to women’s empowerment. Individuals living in poverty or other dire circumstances may not have created those conditions, but they are the primary agents who must be engaged to change these circumstances for themselves and their society.

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Table 1. Description of each of the scales used in the study

Definitions of Theory-Guided Dimensions of Well-Being^a

Self-acceptance

High scorer: Possesses a positive attitude toward the self; acknowledges and accepts multiple aspects of self, including good and bad qualities; feels positive about past life.

Low scorer: Feels dissatisfied with self; is disappointed with what has occurred with past life; is troubled about certain personal qualities; wishes to be different than what he or she is.

Positive relations with others

High scorer: Has warm, satisfying, trusting relationships with others; is concerned about the welfare of others; capable of strong empathy, affection, and intimacy; understands give and take of human relationships.

Low scorer: Has few close, trusting relationships with others; finds it difficult to be warm, open, and concerned about others; is isolated and frustrated in interpersonal relationships; not willing to make compromises to sustain important ties with others.

Autonomy

High scorer: Is self-determining and independent; able to resist social pressures to think and act in certain ways; regulates behavior from within; evaluates self by personal standards.

Low scorer: Is concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions; conforms to social pressures to think and act in certain ways.

Environmental mastery

High scorer: Has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; able to choose or create contexts suitable to personal needs and values.

Low scorer: Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world.

Purpose in life

High scorer: Has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living.

Low scorer: Lacks a sense of meaning in life; has few goals or aims, lacks sense of direction; does not see purpose of past life; has no outlook or beliefs that give life meaning.

Personal growth

High scorer: Has a feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing his or her potential; sees improvement in self and behavior over time; is changing in ways that reflect more self-knowledge and effectiveness.

Low scorer: Has a sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviors.

^a This table was taken from Ryff and Keyes (1995, p.1072)

The Trait Hope Scale (ref Snyder, 1995)

The Hope Scale has only 12 questions, 8 focused questions and 4 distractor questions. The following are the eight questions actually measured. Although the standard process asks participants to rate these questions from 1 (definitely disagree) to 4 (definitely agree), we used the same scale from 1 to 6 to indicate degree of agreement. The sum of these answers provides the Hope Score. The designation of questions is in parentheses: willpower (agency) or waypower (pathways). There are also 4 distractor questions that are not listed here.

Question 1. (Pathways)	I can think of many ways to get out of a jam.
Question 2. (Agency)	I energetically pursue my goals.
Question 3. (Pathways)	There are lots of ways around any problem.
Question 4. (Pathways)	I can think of many ways to get the things in life that are most important to me.
Question 5. (Pathway)	Even when others get discouraged, I know I can find a way to solve the problem.
Question 6. (Agency)	My past experiences have prepared me well for my future.
Question 7. (Agency)	I've been pretty successful in life.
Question 8. (Agency)	I meet the goals that I set for myself.

Table 2. Comparison of basic socio-demographic indicators for total interviewed sample

Characteristic	Description	Untrained (n=137)	Trained (n=76)	p value
Age group	30 and below	43 (31%)	11 (14%)	p=0.020*
	31-40	28 (20%)	17 (22%)	
	41-50	28 (20%)	14 (18%)	
	51+	38 (28%)	34 (45%)	
Gender	Female	120 (88%)	72 (95%)	p=0.094
	Male	17 (12%)	4 (5%)	
Marital status	Single	10 (7%)	2 (3%)	p=0.155
	Married	95 (69%)	49 (64%)	
	Widowed/divorced	32 (23%)	25 (33%)	
Electricity		18 (13%)	13 (17%)	p=0.432
Mobile phone		99 (72%)	60 (79%)	p=0.283
TV		33 (24%)	20 (26%)	p=0.719
Radio		87 (64%)	59 (78%)	p=0.033*
Bicycle/motorbike		36 (26%)	22 (28%)	P=0.675
Toilet facilities	Field or other	24 (18%)	5 (7%)	p=0.027*
	Pit latrine or better	112 (82%)	70 (93%)	
Education	Primary or below	100 (73%)	54 (71%)	p=0.761
	Secondary or above	37 (27%)	22 (29%)	
Occupation (female)	Subsistence farming	107 (78%)	57 (75%)	p=0.606
	Service or business	30 (22%)	19 (25%)	
Occupation (male)	Subsistence farming	100 (73%)	58 (76%)	P=0.596
	Service or business	37 (27%)	18 (24%)	

*indicates a significance value of $p < 0.05$

Table 3. Case-control matched (n=69) conditional logistic regression comparisons and odds ratios for well-being scales

General Scale	Specific scale	Parameter estimate	SE	Chi-Sq	Odds Ratio	Pr> ChiSq
Measures of social agency	Self-acceptance	-0.118	0.344	0.117	0.89	0.732
	Positive relations w/others	0.693	0.340	4.163	2.00	0.041*
	Autonomy	-0.693	0.387	3.202	0.50	0.074
	Environmental mastery	0.833	0.379	4.835	2.30	0.028*
	Purpose in Life	-0.435	0.387	1.266	0.65	0.261
	Personal growth	0.208	0.373	0.309	1.23	0.578
Measures of hope	Hope	0.965	0.415	5.396	2.63	0.020*
	Agency	0.847	0.398	4.523	2.33	0.033*
	Pathways	0.431	0.356	1.462	1.54	0.227

*indicates a significance value of $p < 0.05$

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Figure 1. Percentage of individuals reporting improvements in education, health, relationships and economics by participation in the Empowerment Workshop and time since participation.

