# Assessing Rural Women's Satisfaction with Public Services in Bangladesh: Case Study of Provision of Public Services by Civil Society Organization

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## Abstract

Poverty continues to ravage about 10 percent of the world population. Efforts to eradicate poverty in all its forms remain elusive. The historical decline in global poverty rate experienced from 10.1% in 2015 to 8.6% in 2018 and even further down to 8.3% in 2019 reverses to 9.2% in 2019 due to COVID-19 pandemic. Although the poverty rate is projected to decrease to 8.6% in 2022, efforts to lower it further are confounded by the emerging global uncertainties including the Ukraine-Russia war, the global economic crisis, and catastrophes of earthquakes, and adverse effects of climate change. To address poverty in a country, the government and other development actors, including civil society, must establish national definitions, set targets, and conduct assessments on how the poor access and are satisfied with public services. This necessitates an understanding of the poor's socioeconomic circumstances, as well as the factors that influence service providers' ability to meet their expectations. This study was primarily undertaken to determine the satisfaction level of rural women with public services provided through civil society programs within four villages in the northern parts of Bangladesh. It also explores what factors influence the satisfaction level. Findings indicated that highest proportion of the respondents (53%) had a high level of satisfaction. In addition, the findings show that respondents' knowledge of civil society organization services and duration of involvement in civil society organizations, as well as family size, annual family income, and training, were significantly correlated with women's satisfaction with the services provided by civil society organizations. Furthermore, age, family size, annual income, and farm size are important socioeconomic factors that can influence women's satisfaction with public services provided by civil society organizations. It concludes that the selected civil society organization lacks the necessary personnel to provide public services and assess program success. The implication is that for civil societies to successfully supplement the government's public services, they must examine the existing gaps and barriers that need to be addressed in providing the services.

## 1. Introduction

Poverty among rural women has remained an unveiled serious global concern for decades. The United Nations Sustainable Development Goals (SDGs) has set specific goals and targets for countries to address poverty and the related aspect of human development (Jha, 2016). The mantra on "leave no one behind" means no human being around the world, in the society, communities, and social groups also apply to women as individuals and at all levels of socialization. The first goal, denoted as Goal 1: No poverty commits to 'ending poverty in all its forms everywhere'

for everyone without any discrimination, whilst the fifth goal, denoted as Goal 5: Gender equality calls for "achieving gender equality to empower all women and girls". Notably, the nature and dimensions of poverty are complex. The global indicator framework for the SDG and targets of the 2030 Agenda for Sustainable Development has outlined the range of indicators that can be used to define poverty while calling upon the government to establish national definitions. It varies across sex, age, and geographic location including rural and urban. It defined using international and national poverty lines; employment status; standard of housing; ease of access to basic services including education; health and shelter; security of tenure to land rights; death and missing persons; impacts from disaster; and inequalities (HDI, 2022; Ensor, 2017; Paek et al., 2016; World Bank, 2022; OECD, 2013; OECD and ADB, 2019; International Labour Office, 2022). Eradicating poverty in all its dimensions requires that progressive measurements in indicators, trends and patterns be undertaken at all levels of social organization to inform appropriate measures. Some of the interventions include establishing social protection systems and measures for all including floors; ensure equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate technology and financial services including microfinance. It also requires building the resilience of the poor and those in vulnerable situations and reducing their exposure and vulnerability to climate-related extreme and other economic and social and environmental shocks and disasters. In addition, it requires mobilizing significant resources form a variety of sources, implementation of policies and programmes based on pro-poor and gender-sensitive development strategies and investment in poverty eradication action (Jha, 2016; World Bank, 2022; OECD, 2013 ; OECD and ADB, 2019 ; International Labour Office, 2022).

Bangladesh is one of the most densely populated countries in the world. It has a human population of 165 million with women making up 50.4%. The country has an area of 148,460 Square kilometres and thus, has one of the highest human density estimated at 1,090 persons per square kilometre (BBS, 2018; World Bank, 2022). Women in Bangladesh have remained vulnerable and marginalized in all spheres of national development. They are amongst the poorest social actors having comparatively lower human development index than men. Estimates from Human Development Index for Bangladesh indicates critical disparities in income between women and men (women USD 2,811; men USD 8,176), life expectancy (women 74.3; men 70.6); education (women 6.8 years; men 8 years); and inequality (Gini is 39.50) (United Nations, 2022; World Bank, 2022 and World Data Atlas, 2018). Thus, the critical challenge in growing Bangladesh's economy remains the ways to tackle the high levels of persistent and prevalent poverty. The greatest barriers in making meaningful advances in tackling poverty are the socio-cultural beliefs and practices that perpetuate gender inequality in all arenas of governance from national to local levels.

Despite the culture barriers that fail to value the role of women in the socio-economic dimensions of the society and country, women play the double roles of being primary breadwinner at family level and the pivotal role of contributing societal and national economic development. Notably, women's contribution to family, society, and national development remain unrecognized, unpaid, underpaid and categorized as reproductive, supplementary, and informal (Kabir, et al., 2019). This is true for both poor urban and rural women (BBS, 2021; Byron, and Mahmud, 2022; Singh, and Poutiainen, 2022). The ILO, (2013) termed women working under the informal sector as being 'vulnerable workers' noting that they neither have access to social protection nor job security through the cycles of economic crises. They are hardest hit by natural disasters and climate catastrophes. Rural women continue to work under exploitative and oppressive circumstances. The vulnerability of women is critically amplified by the historically oppressive patriarchal system and religious beliefs (Hossain, 2012). Unlike men, women have limited access to all kinds of opportunities in development and therefore, no access and control over incomes and property rights (Ferdous & Mallick, 2019). Notably, despite the observed increase in the proportion of female-headed households in many parts of Bangladesh since 2001, (BBS, 2011), they remain edge out from accessing and controlling employment and income generating opportunities, health services, and decisions making spaces at household, wider society, and national levels. Thus, women are structurally discriminated against and marginalized in all aspects of development (Ahmed & Maitra, 2010). According to Kabeer and Mahmud (2004: p. 94), "Bangladesh has a strict patriarchal culture which excludes women from all aspects of decision making, patrilineal principles of descent and inheritance, and patrilocal principles of marriage". Thus, women are highly dependent and insubordinate by men in all aspects of governance including economic, socio, cultural, religious, political life (Kabeer, 2001).

Given the complexity of tackling poverty inequalities which disproportionately place women in marginalized and vulnerable positions and status at family, society, and national level, the government of Bangladesh has introduced programs aimed at reducing poverty among rural women. Some of the programmes include green agriculture (Rasul & Thapa, 2004); nutritional security for rural households (Ferdous et al., 2016); and increase of women's participation in agriculture related activities (Bangladesh Bureau of Statistics, 2016). The government has also created an enabling policy conditions for the participation of Non-Governmental Organizations (NGOs) in tackling poverty.

The Thengamara Mohila Sabuj Sangha (TMSS) is among the many national NGO targeting rural women with opportunities for tackling poverty. TMSS was initiated 1980 with the goal of improving community development and women's empowerment within the rural areas of Bangladesh. The approach included creation of grassroots institutions

that provide an effective platform providing development services to the poor and disadvantaged social groups. The organization has progressively aligned to global development goals. Over the period 2000 to 2015, its activities were aligned to the Millennium Development Goals and later with the commencement of Sustainable Development Goals in 2016, it aligned its activities to Goal 1 on tackling poverty and Goal 10 on reducing inequalities. These goals are now being pursued through greater focus on marginalized rural areas and social groups. Its services are packaged under an overall Rural Development Programme (RDP) that focuses on capacity development, financial assistance, and health services for improved livelihoods. The organization also builds capacity on human rights and social justice. The interventions are aimed to empower the poor and marginalized women (TMSS, 2006; TMSS, 2020).

Tackling poverty requires empirical research to examine citizen satisfaction with public services and related institutional arrangements. Insights can help to assess the gaps between citizens' expectation and performance by institutional arrangements for provision of public services. Additional insights are needed to understand the factors that influence both the ability of households to assess public services and that of institutional arrangements to provide public services in a manner that satisfies households' expectations. This study examines a case study in Bangladesh on the extent to which rural women are satisfied with some selected public services provided by one of the national civil societies, that is TMSS, which is operating within the country. TMSS has been participating in supplementing the role of Government in provision of public services by offering rural women with credit facility, health, and skills development services.

In order to gain insights of civil society organization services like TMSS, this study examines women's perceptions about the overall ability of TMSS and that of its workers to satisfy their expectations on long and healthy life, skills for accessing opportunity in development, and having a decent standard of living. It also examines the range of factors that influence the ability of women to access the public services provided by TMSS.

## 2. Materials and Methods
### 2.1 Study Area
Figure 1 shows the study area in Bogura district in the north-western parts of Bangladesh. Specifically, it covered four villages of Shahjahanpur Upazila (sub-district), namely Titkhur, Kaludam, Horingari, and Notagari villages where TMSS programmes are designed to improve the livelihoods of rural women.
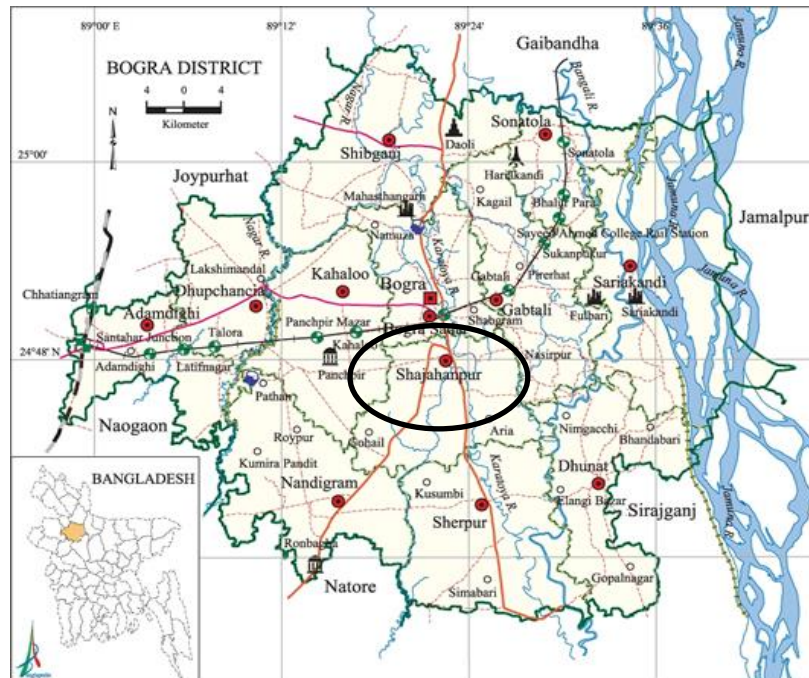


Figure1. Map of Bogura District Showing Shahjahanpur Upazila (sub-district)

### 2.2 Method of data collection and analysis of data
TMSS has been supporting 503 women within the four villages. The study randomly selected 100 women (20%). Data was collected through Focus Group Discussions (FGDs) and structured interviews using questionnaires. The

structured questionnaires were drafted using simple, easy, and direct questions in the local language; pre-tested by applying them to ten women within the study area, and then finalised. The questionnaires were consistently applied over the period 15 to 30 September 2020 across all the respondents to reduce interviewer bias (Patton 1990).

Data was analysed using descriptive statistics including mean, standard deviation (SD), and percentage to describe women's satisfaction with TMSS performance in providing them with public services (Fraenkel et al., 2012). The assessment used a 4-point Likert Scale which consisted of twenty (20) positive and negative statements that were randomly arranged to allow respondents objective responses to describe their satisfaction with provision of public services. The statements examined: whether they 'strongly agree', 'agree', 'disagree', 'strongly disagree' and assigned corresponding score of 4, 3, 2, and 1, respectively. The total scores were computed by summing the individual scores for the responses provided for all the statements. Thus, the total score could range from 20 to 80 where a score of 20 indicated low level of satisfaction, and a score of 80 represented high level of satisfaction in the service provided by TMSS. This method is consistent with the one used by Ganpat et al. (2014) to determine satisfaction level in agriculture extension services.

The problems' rank order was prepared using two equations, a problem-facing index (PFI) which has also been used in several other studies (Hamid et al., 2020; Rashid and Islam, 2016; Pandit and Basak, 2013).

PFI = (Ph×3) + (Pm×2) + (Pl×1) + (Pn×0)………………………………………….. (1)

Where PFI = Problem Facing Index, Ph = number of women with serious problems, Pm = number of women with medium problems, Pl = number of women with low problems, and Pn = number of women with no problem.

Thus, the PFI of a single issue could be somewhere between 0 and 300, where 0 indicates no difficulty and 300 denotes a significant problem in accessing public services such as those provided through the TMSS programs.

### 3. Results and Discussion
### 3.1 Socio-economic characteristics of the respondents
Table 1 presents findings on the 12 socio-economic characteristics and corresponding proportion of rural women accessing public services provided by TMSS.  With respect to age, majority (60 %) of the women were young (18 - 35 years); 52% could only sign documents for participating in TMSS activities;  72% had low (4)  family size;  36% has small (0.21-.99 hectares) land holdings; 57% had low (1-5 years) experience with TMSS services; 61% low income of (up to 14,285 USD); and 36% have received low credit ranging from 95 - 3,143 USD
The women have varying levels of access to TMSS services with 77% having moderate level of participation; 93% having contact with information on services; 97% have moderate knowledge on services; and 59% have no access to training. Overall, (84%) reported to have low (upto 6) social mobility from access to TMSS services.

### 3.2 Satisfaction level of rural-women with the TMSS services
Table 2 presents findings on rural women's satisfaction with TMSS services. Overall, 90.73% of rural women were satisfied with TMSS services 57.87% strongly agreeing and 32.86% agreeing with the satisfaction statement. However, there is 9.25% of the rural women who are not satisfied with the TMSS services with 8.35% disagreeing and 0.90% strongly disagreeing with the satisfaction statement.

Comparison across the different TMSS services shows higher satisfaction with education and training services than financial and health services. A total of 98.50% of rural women agreed with the satisfaction statement (65.50% strongly agreeing and 33.00% agreeing) and only 1.5% being dissatisfied with the services while 86.71% and 85.50% were satisfied with health and financial services, respectively and 13.29% and 14.33% were dissatisfied with the services respectively.

The findings indicate a mix of satisfaction and dissatisfaction within each service domain. For examine in financial services domain, the rural women are more satisfied with savings and loan services (97.00% and 96-100% supported the statement respectively); employment services (92.00% supported the statement); housing (79.00% supported the statement); and less satisfied with foreign remittance services (49.00% support the statement).

Within the health service domain, the rural women are more satisfied with child health, family planning, (98.00% supported the statement); followed by pregnancy health and immunisation services (89.00% and 86.00% supported the statement, respectively); then WASH services (72% supported the statement); and HIV/AID, anti-drug, and anti-smoking services (65% supported the statement).
Under the education, training and general service delivery by TMSS, rural women were satisfied with the services.

Table 1. Characteristics Profile of the Rural Women (n= 100)

| Characteristics (Measuring units) | Range | | Respondent Categories | Respondents Percentage (%) | Mean | SD* |
|---|---|---|---|---|---|---|
| | Possible | Observed | | | | |
| Age (Years) | Unknown | 20 -56 | Young (18-35) | 60 | 35.28 | 7.78 |
| | | | Middle aged (36-50) | 3 | | |
| | | | Old (above 50) | 37 | | |
| Education (Years of schooling) | Unknown | 0-12 | Illiterate (0) | 24 | 2.34 | 3.68 |
| | | | Can sign only (0.5) | 52 | | |
| | | | Primary (1-5) | 3 | | |
| | | | Secondary (6-10) | 19 | | |
| | | | Above Secondary (>10) | 2 | | |
| Family Size (No. of members) | Unknown | 1-8 | Small (up to 4) | 72 | 3.82 | 1.23 |
| | | | Medium (5-6) | 21 | | |
| | | | Large (above 6) | 7 | | |
| Farm Size (Hectares) | Unknown | 0.00-2.27 | Landless (up to 0.02) | 1 | 0.31 | 0.41 |
| | | | Marginal (0.02-0.2) | 24 | | |
| | | | Small (0.21-.99) | 36 | | |
| | | | Medium (1.0-2.99) | 9 | | |
| | | | Large (3 and more) | 0 | | |
| Duration of involvement in TMSS (Years) | Unknown | 2-18 | Low (1-5) | 57 | 6.21 | 4.06 |
| | | | Medium (6-12) | 33 | | |
| | | | High (above 12) | 10 | | |
| Annual Family Income ('0000' Tk.) | Unknown | 46-976 | Low (up to 150) | 61 | 2.11 | 127.91 |
| | | | Medium (151- 300) | 38 | | |
| | | | High (above 300) | 1 | | |
| Social Mobility (Scale score) | 0-18 | 0-9 | Low (up to 6) | 84 | 3.97 | 2.19 |
| | | | Medium (6-10) | 16 | | |
| | | | High (above 10) | 0 | | |
| Credit Received ('0000' TK) | Unknown | 0-310 | No credit (0) | 1 | 59.38 | 53.34 |
| | | | Low (1-33) | 36 | | |
| | | | Medium (34-67) | 32 | | |
| | | | High (above 67) | 31 | | |
| Participation in TMSS program | 0-30 | 9-30 | Low (1-10) | 3 | 16.95 | 4.02 |
| | | | Medium (11-20) | 77 | | |
| | | | High (above 20) | 20 | | |
| Access to information sources | 0-20 | 3-11 | Low (0-7) | 2 | 7.59 | 1.49 |
| | | | Medium (8-15) | 93 | | |
| | | | High (above 15) | 5 | | |
| Training exposure | Unknown | 0-75 | No training (0) | 59 | 9.73 | 18.15 |
| | | | Short (1-7) | 13 | | |
| | | | Medium (8-30) | 13 | | |
| | | | Long (above 30) | 15 | | |
| Knowledge on TMSS service | 0-22 | 8-20 | Low (up to 7) | 3 | 15.89 | 2.32 |
| | | | Medium (8-15) | 97 | | |
| | | | High (above 15) | 0 | | |

(Source: Field Survey, 2021), Note: SD stands for Standard Deviation

Table 2. Rank Order of the Statements Related to Rural Women's Satisfaction

| No. | Statements | No. of Respondents | | | | Mean | Rank Order |
|---|---|---|---|---|---|---|---|
| | | SD | D | A | SA | | |
| | *Financial issues* | | | | | | |
| 1. | I am happy to have received a loan from TMSS | 0 | 0 | 13 | 87 | 3.87 | 3 |
| 2. | Low Income Community Housing Support Project (LICHSP) helps me very much | 1 | 19 | 74 | 5 | 2.81 | 18 |
| 3. | I like the TMSS Savings Service that helps me to minimize financial crisis and poverty elimination | 0 | 3 | 15 | 82 | 3.79 | 7 |
| 4. | TMSS Foreign Remittance Service helps in reducing cost of remittance processing | 3 | 48 | 27 | 22 | 2.68 | 19 |
| 5. | Loan for Enterprise Advancement and Development (LEAD) service helps women as a new entrepreneur and self-dependent | 0 | 4 | 59 | 37 | 3.33 | 16 |
| 6. | I am satisfied with the BADP of TMSS for reducing poverty and creating employment opportunity | 0 | 8 | 40 | 52 | 3.44 | 13 |
| | *Health issues* | | | | | | |
| 7. | I am pleased with TMSS Health Services | 0 | 2 | 6 | 92 | 3.90 | 2 |
| 8. | I believe that pregnant women are benefiting a lot from the Pregnancy Healthcare Services of TMS | 1 | 10 | 34 | 55 | 3.43 | 14 |
| 9. | Child Health care Services of TMSS helps in reducing child and infant mortality rate | 0 | 2 | 36 | 62 | 3.60 | 11 |
| 10. | I like their family planning services | 0 | 2 | 26 | 72 | 3.70 | 9 |
| 11. | The immunization service of TMSS is very helpful for rural women | 1 | 12 | 47 | 40 | 3.26 | 11 |
| 12. | TMSS awareness campaign such as HIV/AIDS, Anti-drug, and Anti-smoking is very helpful to prevent that | 8 | 27 | 40 | 25 | 3.82 | 5 |
| 13. | TMSS workers are very supportive to the installation of latrines and the provision of safe drinking water | 4 | 24 | 47 | 25 | 2.93 | 17 |
| | *Education and Training issues* | | | | | | |
| 14. | I like TMSS livelihood Skill Training Services that helps me to train industrial sewing, poultry farming, duck farming, dairy farming etc. | 0 | 0 | 14 | 86 | 3.86 | 4 |
| 15. | I also like TMSS another training service such as HRD, Technical and SED training | 0 | 3 | 52 | 45 | 3.42 | 15 |
| | *Performance of TMSS and its workers* | | | | | | |
| 16. | I have a good working relationship with TMSS field workers | 0 | 0 | 5 | 95 | 3.95 | 1 |
| 17. | I am happy with the activities of TMSS field workers | 0 | 2 | 38 | 60 | 3.58 | 12 |
| 18. | TMSS field workers try their level best to provide all services | 0 | 1 | 40 | 59 | 3.58 | 12 |
| 19. | I am pleased with the TMSS service and will continue to depend on it | 0 | 0 | 25 | 75 | 3.75 | 8 |
| 20. | I believe that the TMSS service helps me without expecting anything in return | 0 | 0 | 19 | 81 | 3.81 | 6 |
| | Mean Score of Satisfaction | 0.90 | 8.35 | 32.86 | 57.87 | | |

Source: Field Survey, 2020; Note: SA: Strongly Agree; A: Agree; D: Disagree; SD: Strongly Disagree
Acronym: SED = ; TMSS = ….., HIV/AIDS = ……; HRD = ………; BADP = Bangladesh Agribusiness Development Program; LEAD = Enterprise Advancement and Development; LICHSP =Low Income Community Housing Support Project

Rural women's satisfaction scores vary from 35 to 70 against the possible range from 20 to 80, with an average of 68.90 and a standard deviation of 4.70. Table 3 presents the possible range of scores, the women were classified into three categories. Majority of rural women (53%) were highly satisfied with TMSS service with only 42% being moderately satisfied and 5% being lowly satisfied.

Table 3. Distribution of Respondents According to their Level of Satisfaction with TMSS Services

| Level of Satisfaction | Percentage of Respondents | Mean | SD |
|---|---|---|---|
| Low level of satisfaction (up to 40) | 5 | | |
| Medium level of satisfaction (41-60) | 42 | 68.90 | 4.70 |
| High level of satisfaction (above 60) | 53 | | |
| Total | 100 | | |

The results support the mandate of TMSS of provision of rural women with microfinance services to help in empowering them economically through demand–driven, holistic, multi-dimensional and integrated financial services. TMSS has developed innovative microcredit approaches to deliver the financial services such as the "Health, Education and Microfinance (HEM). It entails boosting basic literacy, that is reading, writing, and numerical skills to help in microfinance management; promoting primary healthcare, that is health hygiene and nutrition; and keeping and utilisation of health records. The findings agree with the study by Elias et al (2016).

### 3.3 Relationship between characteristics and satisfaction levels of rural with TMSS services

Table 4 presents findings on correlation tests on the relationship between the characteristics and satisfaction level of rural women. Seven out of twelfth variables were significant. These include family size, social mobility, time spent in the project, annual incomes, access to credit, knowledge on the services, and skills development.

The more the time the rural women spend in the program, the more they gain knowledge about the programme which in turn influences expectations and level of satisfaction. Similarly, a rise in annual incomes, literacy levels, and skills development may trigger increased access to credit facilities which can improve health and enhance productivity. This may trigger social mobility which in turn, can increase in needs and expectations for better thus, influencing satisfaction level with services (Rahman, 2019; and Zhou et al. 2021). Provision of skills for development helps rural women to participate in opportunities for development including on-farm and off-farm activities to improve household incomes and livelihoods. Such activities may include agriculture, food processing, tailoring, carpeting, fashion garments, Karchupi work, beautification of homes, and childcare. Other skills include providing women with skills for protecting children and themselves from abuse, exploitation, neglect, and harassment. Efforts to improve literacy, knowledge, and skills are essential in helping rural women to set expectations, know the providers of public service, ways to access and utilise them to optimize their satisfaction. These findings agree with those from similar studies by Mehmood and Abedin (2017); Maheen et al., (2021) and Rahman (2019).

Table 4. Result of Correlation Analysis between Selected Characteristics and Satisfaction of Women with TMSS Services (n=100)

| Selected characteristics | Value of coefficient of correlation (r) with 98 df | Tabulated values of r with 98 df | |
|---|---|---|---|
| | | 0.05 | 0.01 |
| Age | -0.079 | | |
| Education | -0.002 | | |
| Family size | -0.235* | | |
| Farm size | 0.093 | | |
| Duration of involvement in TMSS | 0.264** | | |
| Annual family income | 0.414** | | |
| Social mobility | -0.024 | 0.197 | 0.256 |
| Credit received | -0.130 | | |
| Participation in TMSS program/activities | -0.050 | | |
| Contact with information sources | -0.022 | | |
| Training exposure | 0.374** | | |
| Knowledge of TMSS services | 0.375** | | |

Notes:   * Correlation is significant at the 0.05 level (2-tailed)
         ** Correlation is significant at the 0.01 level (2-tailed)

### 3.4 Factors affecting the satisfaction of women with TMSS services.

Table 5 presents results from regression analysis which indicates the satisfaction index computed ($F_{(12, 87)}$ = 4.539, $p < 0.01$) from all variables. Collectively the factors contribute 38% of the variation in satisfaction ($R^2 = 0.38$) of rural women to services provided by TMSS. The Variance Inflation Factors (VIF) used to detect multicollinearity

among independent variables where a value of less than 10 implies that the factor has significance. Individual regression analysis (t-tests) indicated family size, annual family income, training exposure, and knowledge of the program had significant influence on their satisfaction levels to TMSS services.

Table 5. Summary of multiple linear regression explaining the focus variable (n = 100).

| Model | B | Std. Error | t | p-value | VIF |
|---|---|---|---|---|---|
| (Constant) | 65.070 | 5.436 | 11.969 | 0.000 | |
| Age | -0.036 | 0.061 | -0.586 | 0.560 | 1.690 |
| Education | -0.158 | 0.134 | -1.184 | 0.240 | 1.720 |
| Family size | -0.860 | 0.384 | -2.240 | 0.028** | 1.196 |
| Farm size | 0.001 | 0.003 | 0.177 | 0.860 | 1.077 |
| Duration of involvement in TMSS | 0.135 | 0.132 | 1.024 | 0.309 | 1.435 |
| Annual family income | 0.012 | 0.004 | 2.976 | 0.004*** | 1.251 |
| Social mobility | -0.331 | 0.239 | -1.387 | 0.169 | 1.678 |
| Credit received | -0.010 | 0.009 | -1.149 | 0.254 | 1.184 |
| Participation in TMSS program/activities | -0.008 | 0.107 | -0.077 | 0.939 | 1.309 |
| Contact with information sources | -0.035 | 0.281 | -0.124 | 0.902 | 1.240 |
| Training exposure | 0.050 | 0.023 | 2.166 | 0.033** | 1.357 |
| Knowledge of TMSS services | 0.442 | 0.183 | 2.415 | 0.018** | 1.389 |
| F (12, 87) | | | 4.539** | | |
| R2 = 0.38,   Adjusted R2 = 0.30 | | | | | |

Note. * = p < 0.10; ** = p < 0.05; *** = p < 0.01

Results indicate that family size, annual income, and training exposure had a significant influence on satisfaction of women with TMSS services. For example, family size had a significance of ($\beta$ = -0.86, t = 0.177, p < 0.05); annual income ($\beta$ = 0.012, t = 2.976, p < 0.01); and exposure to training ($\beta$ = 0.050, t = 2.166, p < 0.05). Similar findings were observed in the study by Caffaro et al. (2020); Lobley et al. (2013); Mitul et al. (2023) and Sattaka et al. (2017) where training of farmers through organized groups encouraged learning and helped to solve shared problems. Notably, one-unit increase in rural women's knowledge and skills led to an increase in satisfaction level by 0.442 ($\beta$ = 0.050, t = 2.166, p < 0.05).

### 3.5 Challenges faced by rural women in receiving TMSS services.

Table 6 presents results on the preference of challenges that rural women experience when accessing public services from TMSS. It indicates that the majority of the rural women (96%) experienced very few barriers when accessing public services provided through TMSS programmes.

Table 6. Frequency distribution of rural women based on the problems they faced

| Extents of Problems | Rural Women (%) | Mean |
|---|---|---|
| Low (Up to 10) | 96 | |
| Medium (11 to 20) | 4 | 4.22 |
| High (Above 20) | 0 | |

Some of the challenges that rural women face and that limits their ease of accessing service include overburdening with responsibilities; inadequacy of personnel to provide services; and inadequate training and discussions under the TMSS programmes.

Results indicate 44% of rural women were overburdened with responsibilities which limited their accessing services provided by TMSS with 40% engaged in crop farming and 60% in livestock related activities such as dairy production. The respondents observed that such work is not valued and therefore, not paid. Yet, the work takes up most of their time and thus, limits their opportunities to access the public services available from programs by TMSS. Tanwir & Safdar (2013), Uddin et al. (2021) observed similar challenges of rural women being overburdened with unpaid housework, reproductive responsibilities, and caring for the elders which limited opportunities to access public services.

The results also indicated inadequacy of personnel to provide services under the TMSS programmes. About 30% of the respondents experienced shortage of resources persons under TMSS programmes which limited access to services and opportunities for providing feedback.

Further, the results indicated the challenge of inadequate training and discussion. For example, about 42% of the respondents indicated to have experienced inadequate training which may be related to shortage of resource persons under the TMSS programmes.

Table 7. Challenges faced by the rural women when receiving services from TMSS

| No. | Problems | No. of Respondents | | | | Score | Rank |
|---|---|---|---|---|---|---|---|
| | | H | M | L | N | | |
| 1. | Poor communication skill of TMSS worker | 0 | 0 | 43 | 57 | 43 | 5 |
| 2. | Overburdened with responsibilities | 10 | 44 | 30 | 16 | 148 | 1 |
| 3. | Inadequate manpower of TMSS | 3 | 30 | 45 | 22 | 114 | 2 |
| 4. | Weak transportation system | 0 | 0 | 44 | 56 | 44 | 4 |
| 5. | Lack of appropriate program planning | 0 | 1 | 26 | 73 | 28 | 6 |
| 6. | TMSS workers are hard to reach | 0 | 0 | 14 | 86 | 14 | 9 |
| 7. | Helping only rich/big farmers | 0 | 5 | 10 | 85 | 20 | 8 |
| 8. | Providing wrong information | 0 | 3 | 7 | 90 | 13 | 10 |
| 9. | Information is not updated | 0 | 1 | 19 | 80 | 23 | 7 |
| 10. | Inadequate training and discussion | 3 | 15 | 40 | 42 | 79 | 3 |

Source: Field Survey, 2020. Note: H=high, M=medium, L=low and N= not at all

### 4. Conclusion and Recommendations

This has examined the supplementary roles by civil society organizations in providing public services to the rural poor women of Bangladesh. Findings from a case study of four villages in Shahjahanpur Upazila in north western parts of Bangladesh. Findings show that rural women differ with respect to socio-economic characteristics including age, education, family size, farm size, and annual income. These, in turn, influence rural women's demand, expectations, and access to supplementary public services. Civil societies supplement the public services provided by the government. This study has examined the extent to which rural women are satisfied with the supplementary public services provided through the programmes of TMSS. The services financial, health, and education and training. It concludes that rural women are more satisfied with education and training, moderately with financial services and less by the health services provided through the programmes of TMSS. It notes that although TMSS has a primary mandate to provide health services to rural women, it provides education, training and financial services to improve access, use, and satisfaction with the former. Thus, first the TMSS provides them with education and training to increase awareness, knowledge, and skills to improve access, use, and satisfaction with health services. Secondly, it provides rural women with financial services including financial literacy, skills on income generating activities, loan facilities for investing in on-farm and off-farm livelihoods activities, and services to receive remittances from relatives working abroad. It also concludes rural women have varying satisfaction levels across and within the financial, education and training, and health domains. This critical analysis shows which areas TMSS needs to improve to satisfy the expectations of rural women with the services provided through its programmes. Lastly, the study has examined the overall capacity of TMSS as an institution as well as the capacity of its personnel to meet the expectations of rural women with the services it provides. It concludes that TMSS has a shortage of personnel to provide public services and evaluate the success of the programmes. The implication is that for civil societies to successfully supplement the public services provided by the government, they need to examine the existing gaps and barriers that need to be addressed in providing the services. They also need to understand the socio-economic characteristics and the factors that influence the demand, access, and expectations of rural women from public services.

Recommendations for further studies: There is opportunity to pursue further research related to this issue. Some of them are listed below:

•Future research should use a broader geographical area to collect diverse voices of rural women's satisfaction with public services provided by civil society organizations.

•Research should also document the barriers and challenges faced by civil society organizations when providing services. This would enable the development of viable solutions for improving the quality of services geared toward the needs of rural women.

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