Home-based Care Model, Values and Entrepreneurial Aspirations of Women Caregivers, and Gender Equality in Bangladesh

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Abstract

Despite the increased visibility of the important role women play in entrepreneurship that liberates them from constrained opportunities, socially constructed stereotypical views continue to reproduce gender discrimination in terms of opportunities, resources, and rewards; and lower women's self-confidence; consequently, women become less entrepreneurial compared to men. Given that the process of undoing negative social constructions varies widely according to culture and interventions, to better explain the intervention process that works to promote gender equality and supports unique aspects of women's values in specific cultural settings requires research enquiry. This research explores how a care model's provision promotes gender equality and women's entrepreneurial aspirations, drawing on observations of ten para-counselors who have shared everyday lives and views of the children and adults in the care model. The care model has great potential to promote gender equality as the model opens up opportunities for women with disadvantaged backgrounds to access education capital that supports women to reach their fullest human potential, realize dignity, and contribute to and benefit from economic, social, cultural, and structural development. Furthermore, the values of these women opened up opportunities to fulfill ideological deficiencies of the girls' socialization process at an early age, help girls from low socio-economic backgrounds to experience early learning and development crucial for reaching their fullest potentials, alter socially constructed male-female differences, and emancipate women and girls from patriarchal oppression.

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Women caregivers' such values and increased personal abilities had a noticeable impact on these women's aspirations to be entrepreneurs, which differ from the constraints placed by cultural stereotypes and prejudices on their gender roles. The analysis of the research will provide nuanced insights and inspire practitioners, policymakers, educators, researchers, and advocates to identify a care model that contributes to achieving gender equality and empowerment of disadvantaged women and young girls in Bangladesh.

Keywords: Care model; gender equality; women's entrepreneurial aspirations.

1. Introduction

Various gender-related biases have declined over the decades, which led to dramatic increase in women's participation in the labor market and visibility of the important role they play in entrepreneurship; however, stereotypic views have been leading to gender discrimination in terms of opportunities, resources, and rewards according to gender, consequently, women are less likely to be entrepreneurs compared to men [1,2,3,4]. Women entrepreneurs' experiences of constraints that are gender specific and stream from cultural values and gender stereotypes include: the traditionally defined gender roles within the home that put household and family responsibilities largely on women, while men provide economically for the family by working outside; the stereotypic view that favors women less than men as potentials leaders because expected behaviors for their gender roles are inconsistent with attributions of leadership; and consideration of male-centered business model as the natural model of doing business in mainstream academic literature where males are believed to possess the masculine traits such as being assertive, dominating, independent, and competitive that are deemed necessary for leadership and associated with high-growth entrepreneurial ventures [5,6].

Many theorists have shown that 'abilities ascribed to a particular set of people are to a large degree socially constructed' [7:102]. Such social construction, on the one hand, reproduces false dichotomies, patriarchal expectations; and unequal status between men and women that value 'hegemonic masculinity' that positions men in society through certain ideologies and discourses that allow men to gain and maintain an advantage over women [3:10]; on the other hand, devalues women's performance by interpreting the same behavior differently and/or by denying credit to women for their successes; lowering women's self-confidence and self-esteem which may result in women withdrawing from the paths leading to success; and demotivating women's aspirations to be entrepreneurs [1].

Emerging literature supporting the undoing of negative social constructions describes the consensus among scholars and suggests that women's leadership qualities play a significant role in the broader entrepreneurship phenomenon and economic development [8:1]. According to this view, women's values can initiate, respect, and maintain gender equality. Because the process of undoing negative social constructions varies widely across cultures [9] and interventions [e.g., 10]; to better explain the intervention process that promotes gender equality and supports the unique aspects of women's values in a specific cultural setting requires research inquiry.

This research is about the values and entrepreneurial aspirations of the women caregivers who have access to home-based care model provisions initiated by BRAC Institute of Educational Development (BRAC IED),

BRAC University, and how these women's values and the values of the care model promote gender equality. While the entrepreneurship-as-emancipation perspective indicates that entrepreneurial activities can generate change, liberate constrained opportunities, foster agency and mobility, and disrupt social structures that acts to constrain women [11], gender equality can be conceptualized as, "women and men, girls and boys have equal conditions and opportunities for realizing full potential, human rights and dignity, and for contributing to (and benefitting from) economic, social, cultural and political development…Gender equality implies that all human beings are free to develop their personal abilities and make choices without the limitations imposed by stereotypes and prejudices about gender roles" [12:7, 13:3].

For many social workers, a concern about gender equality is important because throughout history, women have been and continue to be oppressed and discriminated against in ways that are different than men [14:1]. Women are one-half of the world's population and perform two-thirds of hours work, yet they are poorer in resources and representation in positions of decision-making [15: 69]. In the vast majority of countries, women relative to men have less education despite the fact that education for women is considered a ladder to independence; less access to resources and control; more social obligations; and less advantageous cultural ideologies [16,17,18]. Globally, 10.3 percent of women live in extreme poverty today, and they are poorer than men, which requires investing in policies and programs that address gender inequalities and support boosting women's agency and leadership and that create millions of jobs by 2035 through investments in care services [18]. Similar to the discussion in relation to women's empowerment [17], gender inequality has been historically conceptualized and continues to be conceptualized, and various feminist theories on gender inequality have been developed to explain the phenomenon [e.g., 19]. Gender equality has also been a concern for world leaders [20] and achieving gender equality and empowering of all women and girls is perceived as a key sustainable development goal (SDG 5) and central to the achievement of other SDGs including education, ending poverty, enhancing health and well-being, establishing decent work, and promoting peaceful and inclusive societies [21, 2]. Interventions such as 0-3 pre-school education, a model for provision of quality child care, child nutrition programs, and child grants programs have been implemented to end discrimination against women and girls, to deconstruct gender prejudice, and to close gender gaps [e.g., 10,22,23,24]. A growing body of evidence shows that empowering women economically may lead to economic benefits for women themselves and their households and communities [25,26:193,27,28] and the well-being of all in societies [29]. However, accessing these benefits requires giving full scope to the full range of human abilities and potential [7:102], including education, upskilling, and re-skilling over the life course, which is critical for women's and girls' dignity, well-being, and their participation in the labor market, e.g., in care services [2,30, 31, 32]. Care work, conceptualized in terms of 'who benefits' [33:186] and considered as 'a critical social good' [34:1], is one of the most important means in developing countries to promote gender equality and empower women from disadvantaged backgrounds. A growing body of research suggests that working women who use childcare provisions in low and/or middle-income countries experience empowerment [23,35]; improved labor market outcomes [33]; increased probabilities to be paid in cash [36]; and more time to earn an income and seek employment and thus can help break the cycle of gendered and intergenerational poverty [37]. Child daycare is a place where children, usually, are taken care of by people other than their parents for money [38:72]. Given that subsidized child care for women in poor urban settings could be a powerful mechanism to improve female labor outcomes and reduce

gender inequalities [39] and that caregiver sensitivity in home-based care is positively associated with children's well-being [40]; home-based child care can be the most prevalent form of noncustodial child care, especially for infants and toddlers and children living in poverty [41].

In Bangladesh, research concerning child caregivers and care for children focuses on essential aspects such as alternative care for children of working women [42]. Research on 'child-caregivers' defined as the 'person responsible to educate and take care of children in a home-based setting, … or other improvised family arrangement setting' [43:5], specifically, their values, abilities, and entrepreneurial aspirations, as well as the values of a childcare model/intervention concerning gender equality, is limited but important for several reasons. Firstly, values act as guiding principles in people's lives and can mediate the relationships between gender and different outcomes [44,45,46]. Values can shape 'culturally specific socialization through which children can learn gender identities' [15:69]. Given that child caregivers are part of everyday life for many young children and full-day non-parental child care is, after the home setting, the second most important environment in which children develop their early years [40:102], exploring the role of caregivers' values and skills in socializing children is significant to understand gender equality. Secondly, the theory of change illustrating pathways to women's economic empowerment demonstrates how training of caregivers on appropriate early childhood development practices is considered as the individual-level input that shapes access to quality child care services and corresponding working mothers' labor market participation and economic empowerment [23:3]. Thirdly, effective models/interventions to bring changes in women's lives contribute to women's personal, relational, and collective empowerment and achievement of gender equality [9]. Finally, the promotion of innovation and entrepreneurship is a crucial element in achieving gender equality [47]. This research aims to explore how the home-based care model initiated by BRAC IED promotes gender equality and women's entrepreneurial aspirations, centering on early childhood development in Bangladesh. More specifically, the research aims to better understand: How do the values of caregivers who represent disadvantaged women's groups in Bangladesh help to promote gender equality and gender justice in Bangladesh? What are the aspirations of these women regarding the care model, and how meaningful are the aspirations in the cultural context of Bangladesh? In which ways are the values of these women reflected in the entrepreneurial decision-making process? The research adopts the three feminist conceptualizations of gender inequality that involve opening up opportunities for women to become equal to men in society; elimination of patriarchy, or men's systematic oppression of women; and the idea such as the socially constructed differences between men and women can be socially alterable, to understand how the care model promotes gender equality Reference [19,15,48]. The research also uses the framework for women's entrepreneurship and culture research Reference [5] to illustrate how the care model promotes women's entrepreneurial aspirations. The reason behind using these conceptualizations and the framework is shaped by the views of many researchers who suggest that the existing concepts of entrepreneurship can be used in conjunction with feminist theories to extend the theoretical foundation of the larger entrepreneurship field [6:15]. We assume that the values of women caregivers, their entrepreneurial decision-making, and gender equality are closely intertwined. The analysis of the research will provide nuanced insights and inspire policymakers, practitioners, educators, researchers, and advocates at government and non-government organizations who wish to identify and develop a care model for achieving gender equality and empowering disadvantaged women and young girls in Bangladesh.

1.1 The Care Model

BRAC IED has been working to promote human potential including enabling women and girls to reach their fullest potential through model development, capacity building, research, and advocacy [49,50,51] and is currently in the process of transforming child care into care model that supports the well-being of child, caregivers, and mothers and that is rooted in Bangladeshi cultural context and catered to a co-dependent ecosystem that includes a working mother who, during work hours, leaves her child to a trusted care provider in the community in exchange for some remuneration. The model is a co-created interdisciplinary model that connects gender empowerment and livelihood with mental health, ECD, and child protection. Empowering women to participate in the labor market, ensuring their respect and emotional support, enabling them to apply their values, and providing equal opportunities for children to learn, grow, and participate actively are a few key features of the care model. To support the well-being of the children, BRAC IED rigorously trains care providers on child development, play, child rearing, fundamentals of care, safety, safeguarding, and financial management following liberal learning experiences. A team of para-counsellors supports the socio-emotional needs of care providers through meaningful conversations [52].

1.2 Understanding Gender and Gender Inequality

Gender is a social construction; it concerns the differing qualities culturally attributed to women and men and refers to behavior expectations that are socially learned through culturally specific socialization and that distinguish between assumed identities of men and women, in other words, masculinity and femininity. Culturally, greater value is assigned to that which is associated with masculinity and lesser value to that which is associated with femininity [15:68-69].

According to feminist social workers, gender must be considered when examining discrimination, oppression, and powerlessness in a society [14:1]. Despite that gender is about both men and women, ideas centering gender empowerment and gender analysis conventionally indicate the empowerment of women and how women are an important part of the presence-absence in regard to men and women [53,15:69]. Gender inequality has been conceptualized in various ways. Some believers state women and men are the same and conceptualize gender inequality based on the idea that women's participation in public and social life should be equal to men; therefore, opportunities have to be opened up to allow women to become equals in society [19:40;15:72]. For other believers, patriarchy, or men's systematic oppression of women, is the primary concept useful for explaining gender inequality. They conceptualize the categories of women and men as distinctly different and call for an overhaul of the appraisal of values so that "women's values" become valued [19:41]. Many also argue that if the role of men and women can change over time or from one society to another, then it must follow that the differences between women and men are not predetermined, but rather socially constructed and therefore socially alterable [48:16].

1.3 Gender Equality in the Context of Bangladesh

The Women Development Policy of Bangladesh 2010 and the 8th five-year plan of Bangladesh 2020-2025

emphasize on the elimination of discrimination and abuse of women and female children; the development of women as educated and skilled human resources; providing overall assistance in ensuring the growth of women entrepreneurs; and reducing discriminatory barriers by taking both developmental and institutional measures Reference [12].

Interestingly, in Bangladesh, Female Labor Force Participation (LFP) has increased more rapidly for women compared to men [54] and much of this gain was due to an increasing number of urban and rural women working from home [55]; women's increased accessed to microcredit schemes to become self-employed; women's employment as teachers etc.; and the expansion of garment industry [56]. Yet, the LFP gender gap remains wide [54]. By sex, Bangladesh's labour force participation rate in 2016-17 was 36.3 percent for women and 80.5 percent for men [12]. Lack of access to childcare [57,58]; gender norms that shape the division of labor in families and gender-based violence in the public sphere are pressing issues for Bangladeshi women affecting their employment decisions [54,58].

The number of women entrepreneurs in Bangladesh is low, but growing, and more work is required to reach the desired outcome [59,54,60]. A larger share of Bangladeshi women (62 percent) undertakes home-based work compared to Bangladeshi men (6 percent), and women overwhelmingly work from home as women's entrepreneurship in rural areas often involves micro-businesses [54]. Notably, despite Bangladeshi women's increasing entrepreneurship and educational attainment, existing programs to build the capacity of women entrepreneurs compared to their male counterparts are currently inadequate [54,60].

Importantly, in the context of urbanization, children from low socio-economic status are affected by inadequate access to child protection, education, and health care services, which has created a need for child care for working mothers from low socio-economic backgrounds [38,56]. Moreover, women's involvement with jobs in the garments sector, the increased rate of working women due to increased female education rate, and the scarcity of housemaids led to the demand for child day care centers in Bangladesh [38]. Child care research has also recommended developing such an alternative care system for children [42].

Evidence suggests that despite the Children Act 013 favors children, social perceptions and expectations of childhood vary according to age, gender, class, disability, etc. Children who are "non-understanding" are considered dependent [56:46]. In some instances, "understanding" is likewise linked to gender roles; for example, an "understanding" girl is born to be given in marriage and is expected to participate in housework, and an "understanding" boy is expected to work outside the household and earn an income, and to be responsible for the women and children in his family. Thus, the status of children in Bangladesh is deeply rooted in gender beliefs, norms, attitudes, and practices [56:47].

2. Materials and Methods

In this qualitative study, critical ethnography research was chosen to discover, describe, and interpret everyday interaction patterns of the culture-sharing group involving children, women caregivers, and mothers marginalized in society; the shared and learned patterns of values of these women caregivers, and the care

model to promote gender equality. Ethnographic fieldwork or 'naturalistic enquiry' was conducted by the ten women para-counsellors who located themselves in the field and spent several months with the group of women caregivers and children, as members in the childcare centers; played an important role in obtaining meaningful cultural information by observing and interacting with the group of women caregivers, children, and others in their real-life situation or ordinary settings in the child care centers; and made sense of the cultural characteristics of this group of individuals, in other words, how local culture or developed norms operates, how women caregivers collectively make meanings of their values, and how gender and power is negotiated across multiple childcare centers of the care model [61]. In line with the idea of 'collaborative ethnography', these para-counsellors, as ethnographers, simultaneously conducted their individual fieldwork in childcare centers in different contexts or field sites, i.e., Dhaka, Gazipur, and Tongi, and collaborated by sharing insights and sometimes their own fieldnotes [62]. More specifically, an initial collective goal guided the para-counselors' individual fieldwork in different contexts that were then brought into dialogue.

Importantly, these para-counsellors came together, collaborated, and shared their dialogue, specifically their rich insights of everyday interaction, detailed observations of day-to-day lives, the meaning of behavior, and language; as well as the voices of the children and adults in the centers, following a storytelling approach. They shared their stories through three repeated one-hour and thirty-minute consultation sessions, facilitated by a woman moderator who asked open-ended questions, such as, "When you entered the center, what did you observe?" etc., accepted and respected a diversity of responses; and ensured a comfortable environment that created opportunities for all para-counsellors to freely express their thoughts, or "to speak on their own". Consent was sought for para-counsellors' autonomy to participate in and voice recording before beginning each consultation session. A back-and-forth process was followed, where para-counsellors shared insights in a consultation session and then went for individual fieldwork, and then came together to share insights. Additionally, an informal conversation with a professional of the care model about the elements of the model was useful to generate understanding. The emerged insights of these para-counselors in the form of collective ethnography experiences gathered from what is observed or heard from participants were synthesized following the emerged themes and an overall interpretation incorporating both emic and etic perspectives to conclude how the cultural values of a group of women caregivers marginalized and underrepresented in society contributed to promoting gender equality in the context of Bangladesh.

3. Results

Women caregivers are located and care for children in a context that often describes disempowering lived realities due to cultural and economic marginalization of women and girls in the community influenced by son preference, less recognition of girls' potentials, abuse of girls and child marriage, female gender expectations and denial of opportunities and choices that shape low self-esteem and low self-worth of girls and women. In this context of unjust gender inequalities, the philosophy of the care model and the values of caregivers support the liberation of women and girls, the emancipation of women and girls from oppression, the reconsideration of socially constructed male-female differences, and women's entrepreneurial aspirations.

3.1 Liberation of women and girls

The philosophy of the care model supports the idea that women and men are equal, and therefore, they should be afforded equal status and opportunities. Hence, the model provided an opportunity for women to participate in the labor market on equal terms with men. By providing such an opportunity to participate in the labor market, the model contributed to liberating women from low socio-economic backgrounds and enabled them to exercise their freedom to choose their roles as housewives or institutionalized child caregivers. In the same vein, research in Nigeria indicated women's liberation through labor market participation, as many married women took up occupations while staying at home in order not to exclusively depend on their husbands, which contributed to changing the traditional role of stereotyping of women [63]. Moreover, the liberation of these women who have migrated from rural to urban areas also liberated men from bearing the responsibility alone for the well-being of their families, as well as the next generation to study in urban areas and find a job. Thus, the care model is important for women and promoting gender equality by liberating women to participate in the labor market equally with men. These women's values centering on child care can be an asset because, through care work, they access public opportunities, improve their quality of life, and liberate men from one-sided responsibilities for the well-being of their families. Previous research also concluded that the role of women has undergone a paradigm shift, which lessens the burden of husbands who work in informal sectors, farm laborers, construction workers, and market coolies and earn insufficient wages for meeting the needs of their families [64]. Hence, women's values centering care work have the same worth as that of men, and by doing such work, women can succeed and promote the idea that the women's way of doing business is the right way of doing business. Numerous studies have also demonstrated that women, in the present era, are recognized as successful entrepreneurs because of their strong desire and abilities, and factors such as self-confidence, risk-taking, the need for achievements, perceived value, entrepreneurial mindset, etc., shape the success of women-owned enterprises [65; 66].

In line with the values of the care model, the process of women's liberation was strengthened by creating provisions for the capacity building of these women caregivers. Besides ensuring women's access to the labor market, the care model also provided equal opportunity for women to develop their fullest potential. Women caregivers' such access to quality care education and care pedagogy seemed useful to improve and develop skills to enable them to understand the difference between women's natural capacities of child care and education; perform the care work with greater capacity; see revised socialization about continuing their participation in the labor market; and demonstrate their values towards 'openness to change'. Previous comprehensive reviews on the multifaceted role of education and skill-building programs in empowering women also highlighted the importance of targeted interventions and investing in education, promoting skill-building opportunities, and challenging discriminatory practices for creating a world where every women and girls has the chance to thrive, contribute, and lead and thus to build a more inclusive and equitable society for present and future generations, where the empowerment of women is not just a goal but a fundamental principle of social progress and human dignity [67].

Women caregivers' values created provisions for liberating young girls by ensuring opportunities for girls in early learning and development to reach their fullest potential on equal terms with boys. In other words, by

creating such provisions, women caregivers contributed to bringing up a generation of girls with opportunities for early learning and development, and promoting their well-being. In the child care centers, it was observed that caregivers played the role of the first teacher in the lives of many of these girls and boys, specifically for those who attended the centers at a very young age and spent most of the time of the day with the caregivers. Caregivers sang songs including traditional songs that were appealing to children; told rhymes and imagination-based stories, helped children to draw, supported children's free play with blocks and other play materials that favor girls' emergent literacy and numeracy development; brain development, cognitive and language development; social-emotional development, physical development; and development of a range of skills including thinking, creativity, problem-solving, recognize colors and shapes etc. Interestingly, a range of caregivers-girls interactions e.g., feeding children with much care; watching TV and sleeping together by singing songs; helping children to play in natural outdoor space or using a self-made cradle with the support of a cloth, sac, and mango tree behind the home to help children "to feel fresh"; taking care of a neglected child during Eid day; and cooking for children in few instances because children were fond of food that the caregivers prepared etc., can be characterized by positive relationship, love, and kindness crucial to promote girls' enhanced social-emotional wellbeing.

It was also observed that caregivers empower girls with opportunities for exploration and freedom to choose, given that girls are allowed to participate in all types of play using all categories of toys. During free play time, girls were found to choose whether they would play alone or in pairs or groups, on the bed or the floor, and watch TV or play. According to the girls' own choice, they participated in group play from a range of culturally relevant play, such as role-playing of a teacher and learners, hide and seek, etc.; chose play materials from a variety of toys, including colors; chose a space to play, such as indoor or outdoor spaces; and chose forms of entertainment such as carton, songs, and dance in television. To support such a process of making a choice, caregivers were found to consider individual girls' needs and interests. Interestingly, the process of enabling girls to make their own choices led to increased self-confidence and independence among girls. Girls' responses such as "I can sing", girls' interest in "serving food independently", etc., are examples of their increased confidence and independence, which are important gains in early life.

In the childcare centers, it was also observed that caregivers encouraged children to collaborate and play together, mentioning that they are friends. Caregivers' values thus value collaboration rather than developing and reinforcing sex segregation, stereotypes, and discrimination between young girls and boys, and thereby indicate their concern to promote a non-sexist attitude, with the implication that the care model will change the attitudes of children of the present day, which in the long run will change society that sustains gender stereotypes and discrimination.

Observation data also suggest that caregivers' values regarding equal opportunity for girls were crucial to empower girls who were marginalized due to poverty and developmental delays. Caregivers' values are demonstrated by their willingness to include special needs girls in spaces mostly used by abled children. In this inclusive space, caregivers displayed sensitivity and responsiveness and enhanced caregiver-girls communication as they interacted with girls with developmental delays. They loved these girls more than other children, were much more concerned about their preferences, and spent more time supporting their learning and

development. Consequently, these girls developed skills to use the necessary vocabulary and experienced positive well-being. Thus, by ensuring opportunities to access childcare centers and scaffolding early learning and development, caregivers played an important role in supporting these girls to address difficulties compounded by community attitudes and beliefs regarding girls from poor families and widespread taboos and discrimination based on deeply rooted negative perceptions about disability.

Caregivers' values that ensure opportunities for early learning and development for girls from different backgrounds may result in girls' experience of equal status to that of boys. Such equal opportunity fulfills deficiencies related to the ideology of girls' socialization process at an early age as remedies to girls' appropriate socialization, which has the potential to enable girls to advance in any discipline of education, and disregard the belief that women are not suited for certain kinds of men's jobs. In this sense, equal opportunity for girls in early learning and development has the power to promote gender equality.

3.2 Emancipation of women and girls from oppression

Besides the liberation of women and girls, the care model shows women's values that support emancipating women and girls from patriarchal oppression, leading to the transformation of a gendered society and promoting gender equality. A range of examples endorses the idea.

The organizational structure and management process of the childcare centers emphasized the creation of women-centered spaces and girls-only centers. The home-based child care centers were run by women caregivers and supported by women educators, curriculum developers, para-counselors, quality assurance professionals, etc. Thus, a group of women managed these women-only centers and drew attention to the unfolding and inclusion of women's perspectives; defined rules that differ from men-defined rules, which men change as soon as women show any sign of becoming as successful as them; and ended sexual harassment against women in the workplace. Thus, the philosophy of the care model supported overcoming the structural barriers and reproductions of power relations. Similarly, by creating girls-only centers as a space, caregivers' values contested structures that perpetuate discrimination in the form of exclusionary practices, and older boys' defined values that often benefit boys in different settings, including home, playground, etc.

Additionally, in the child care centers, caregivers practiced an alternative management process, which is primarily collective and sharing, and which functioned as a non-hierarchical way in relation to division of labor, roles, and responsibilities. In this system, along with caregivers, their daughters and daughters-in-law, sons, and husbands shared labor for accompanying children, and helping children to play in the outdoor space and take a shower. Consistent with this idea, research also discovered that part-time housewives, who stayed at home and took up occupations, got support from their husbands, children, family members, and in-laws [63]. Caregivers' husbands were observed telling stories to the children, feeding them, helping children to sleep, etc. It was noted that children loved to spend time with para-counsellors because of their friendly, trusted, and close relationship with the para-counsellors. Thus, in the management process of the care centers, the caregivers contested male-centered views, such as hierarchical with a clear division of labor, roles and responsibilities, competition, and power distance. Caregivers' such management practice can be described as collaborative, cooperative, team-

oriented, flexible, loosely structured, like a community, and friendly, which encourages open communication. Hence, caregivers' values embraced egalitarian, non-hierarchical, and mutual relationships that fostered equality and mutual respect in the process of managing home-based child care centers that train children in various skills and support early learning and development.

Besides practicing the collaborative management process of the childcare centers, caregivers also demonstrated non-hierarchical and cooperative interactions with external stakeholders. Caregivers' values mirrored the principle of being harmonious and responsive to women's needs. As opposed to following a conflict-oriented approach, the caregivers followed a collaborative and flexible approach when deciding the timing for care centers (e.g., according to the work schedule of children's mothers), treatment of children when they are in the centers (e.g., by visiting a doctor and buying prescribed medicine), and feeding children (e.g., by providing self-made alternative food that children prefer). Caregivers' such values aligned with being cooperative and flexible, indicated their cooperation to enable working women to work in public spaces, which can help reconsider the subordinate status of women to men.

Importantly, caregivers' such practice of a value concerning non-hierarchical relationships is transferred among the children. It was repeatedly observed that the relationships between older and younger children in the care centers were very friendly, and children treated the youngest ones with much affection. This non-hierarchical relationship between girls and boys with age differences also supported equality and mutual respect between them.

Besides egalitarian and cooperative management practices, the caregivers' upbringing process of children supports the emancipation of girls from oppression. In a care center, it was observed that two girls were playing *Iching Biching*. Thus, the game allowed the girls to set rules; choose play, initiate play, and cooperate in play. Participation in such play enables girls to realize their strength in areas of how to set rules, choose, initiate, and cooperate. Besides supporting such girl-girl play, caregivers encouraged boys and girls to be collaborative and flexible when sharing toys or playing in groups instead of demonstrating values concerning competition, aggression, emotional distance, and values related to a conflict-oriented approach. Thus, the caregivers encouraged boys to learn to respect girls and also to learn that the best way of resolving conflict is not a violent one. In this way, the care model serves to end violence against girls and eventually women, and promote gender equality. While these examples demonstrate that the upbringing process of girls and boys was different, some examples also show that the upbringing process of girls and boys was similar and supportive in ending girls' oppression. Interaction patterns among children in the care model indicated that both boys and girls learn how to be nurturing as well as how to be inquisitive and creative. For example, it was observed that a boy child first erased the teardrops of a crying child and then showed affection so that the child stopped crying. Similarly, a girl child was playing with a doll, and another girl child was feeding a child. Additionally, a special needs girl's endless questioning around different issues indicated the girl's inquisitive mind, intellectual curiosity, and intention for discovery. Similarly, boys indicated their creative and imaginative skills by making a horse and feeding the horse, drawing a fish, and expressing the idea of leaving the fish in water.

Caregivers' values regarding the non-gendered socialization of children, as reflected in their acceptance and reward of non-stereotypical play, may have influenced children's toy preferences and play behavior. It was observed that girls preferred toys such as blocks, water, and a thermometer classified as neutral and important to stimulate intellectual and scientific skills; balls that are judged to be more competitive and conducive to moving in space; and a napkin to wipe their bodies for collaborative role-playing of teachers-learners, which required verbal interactions. Similarly, boys were also found to draw collaboratively on the floor and interact verbally. Consistent to this finding, research on sex differences in toy preference, and play creativity suggests that rural mothers in Bangladesh often appear less stereotypic about children's play behavior as they mention that girls may play with balls and boys may wish to play with dolls [68], girls preferred neutral toys more than boys did [69], the time spent with male-typed toys increased with age for both girls and boys [70], and no gender difference in play creativity [71].

Caregivers' day-long engagement in care practices supports the idea that, in line with women's ways of valuing the process, caregivers valued process in care activities equally to product, specifically when considering early learning and development. Caregivers practiced playful parenting featured by joyful, actively engaging, meaningful, iterative, and socially interactive caregiver-child play. This process drew the power of culture to promote early learning and development and ranged from telling culturally relevant stories, including stories of kings and queens, angels, etc., rhymes such as *Am pata jhora pata*, *Ayre pakhi Leg dula,* etc., songs including traditional songs known as *Geet*; to involving children in a variety of play. As girls heard all these songs repeatedly, they learned how to sing the songs. Additionally, girls in early childhood got the opportunity to learn through a process of observation and participation in culturally relevant play with other children using a range of toys.

It was observed that caregivers also valued learning through play as a process, the sequential process of skills acquisition through play, and strengthening the skills before attending school. Interestingly, different forms of play (such as object play, symbolic play, pretend role play, etc.) created different kinds of cultural environments for learning. Given that there are various benefits of play in children's learning and development, emphasis on play to learn as a process that helps children to explore new skills, roles, and values, bears implications on these children's early learning and development and corresponding school readiness and transition from home to school. School readiness is important for lifelong success. Caregivers' emphasis on the process of care activities thus seemed useful to help children to be 'ready child', in other words, equally 'ready girl' and 'ready boy', which is one of the three important dimensions of school readiness. Importantly, caregivers also valued the process of nurturing care including the *opportunity for early learning* by introducing stories including imagination-based stories, songs, rhymes, drawing, and opportunity to play; *responsive caregiving* by being responsive to each child's temperament and needs during play and feeding e.g., when a child was playing alone in the balcony, a caregiver did not discourage the child to play alone given that the caregiver perceived such diversity normal; *security and safety* by keeping all kitchen materials having a sharp edge, hot cooking pots, and vegetables that may cause itching in hands in places that were out of reach to children; and *adequate nutrition* by offering children alternative quality food if they did not wish to eat food they brought from their homes. By valuing these processes equal to product, these caregivers valued the conceptual model for quality home-based child care [72,73].

Interestingly, when telling stories, caregivers displayed values of emphasizing female-centeredness in the story representation. Instead of representing male experience as everyone's experience and thus avoiding sexist bias in the representation of the male experience, caregivers' use of stories, for example, the story of the king and queen, represented women's visibility. In general, a queen in a story performs high-status tasks and demonstrates ability, a sense of creativity, and superiority. Hence, the education that caregivers provided to children differed from transmitting a dominant ideology – i.e., masculine superiority. Thus, caregivers' stories against discrimination seemed useful to shape the ideas and experiences of young girls. From this point of view, the childcare model represented one of the ways in which girls and women were included in power, previously held by males.

The care model created provisions for caregivers to reconceptualize patriarchal power relations in which men are socially, economically, and politically more powerful than women. Caregivers' experience demonstrated that they are tremendously successful in child care activities, especially in creating strong emotional bonds with girls and boys attending the centers. Thus, caregivers empowered themselves and regained strength in the sense that they have the power to make things happen rather than having the power over others. This reevaluation of women's nurturing and caring roles enabled them to redefine their worth in areas of strong interpersonal relationships and trust in communication that differ from male values, such as assertion. Additionally, through care activities, the caregivers demonstrated the potential to shift power imbalance and thus experienced power as empowerment or power as capacity. A caregiver's experience suggests that her knowledge, skills, and values in regard to nurturing children were recognized by her local community; consequently, she earned a good image in her community. According to this example, the caregiver's power is not to influence people by imposing her supreme authority. Instead, her capacity for child rearing, following information related to child care, enabled her to acquire recognition from the community, which men often acquire by their socially constructed higher position in the power hierarchy. Furthermore, given that the skills of these women caregivers as marginalized groups were recognized and legitimized by society, it is possible that these caregivers can shift the power imbalance between the dominant culture and the culture of the oppressed.

In the care model, emotion is perceived as the source of power reconceptualization. A range of interactions between caregivers and children indicated how caregivers experience the key emotions, such as excitement, happiness, and feeling loved and trusted. Such emotional bonding between them was understood by the language they used to call each other, and children's expressions of anxiety when a caregiver was unwell. For example, a child who was used to seeing the caregiver throughout the day used the terminology "*Ma*" (mother) to address the caregiver. Hearing this word from a child of another mother functioned as the source of happiness and feeling loved and trusted by the child. Similarly, many caregivers called children using the words "*Dadu Bahi*, *Nanu Bhai*" (grandchild), indicating their expression of love and affection for these children. Such feelings, resulting from reciprocity in expressing emotions, differ from the feelings that emerge from submissiveness and thus can contribute to caregivers' reconceptualization of power.

Moreover, children's expression of anxiety toward caregivers was evident when a caregiver placed her hands on her head; the children immediately asked her if she had a headache. Similarly, if a caregiver was upset, the children immediately responded to her feelings by saying that they would never repeat such behavior.

Children's such responses indicated their concern for the caregivers, which has grown day by day through the pleasant interaction between the caregivers and the children, and was helpful for caregivers to understand the meaning of power, which was not about exercising power over others. In line with the idea of power over others, previous research has shed light on the intertwined aspects of gender, power, and emotion and showed how power over others, in other words, the negative view of power, affects girls' agency, dignity, and a sense of self; and results in a range of negative emotions such as anxiety, fear, anger, disgust, and embarrassment [74]. Additionally, literature on humor and systematic construction of gender prejudices, differences, and discrimination indicates the idea of power over others and its relation to disparagement humor by stating that the process of male dominance and female submission is common in disparagement humor and that girls, in general, are more specifically the target of disparagement humor compared to boys [75].

Caregivers' responses also stated emotional bonding between children and caregivers. During the conversation between the para-counselor and a caregiver, a child who was sleeping woke up and looked at both of their faces one by one. When the caregiver called the child with great affection, saying, "Come, *Dadu bhai*, come", the child stood up and sat on the lap of the caregiver. This interaction indicates that the caregiver is trusted by the child and that the child has confidence in the caregiver. Furthermore, examples of caregivers' responses, such as, "I look after the child similar to the way I take care of my child. I feel sad when I see that a child's lunch includes only rice and pulses. This is why I share my food, e.g., fish or meat, with the child", and "the child only eats when I feed her using my hand" illustrates feelings of trust and being loved, which may not always be present in oppressive power relations.

Considering all these, a caregiver felt compassion when she saw the faces of the children and felt truly sad when she thought that one day these children would leave her and this center. Regarding such emotional bonding between caregivers and children, research on changes in the traditional roles of housewives illustrates that the smile on children's faces was enough to help them carry on their duties [63]. Thus, the feelings of the caregivers of the care model indicate that attachment, reciprocity, and trust are the power of child care, which are different from power as domination and feelings of submissiveness.

Caregivers demonstrated the ability to manage emotions, specifically anger, as they interacted with children. They convinced children with greater affection, made fun of children to calm them, and demonstrated patience, considering their responsibility and the age of the children, when there is peer conflict centered on a toy, or when a child sat on the shoulder of a caregiver. Thus, the information, skills, and values gained from the care model and support provided by the para-counsellors seem useful for caregivers to reconceptualize powerlessness, described as the inability to manage emotions, skills, knowledge, and material resources.

Caregivers also recognized that the para-counsellors are the only people who are concerned about the painful life experiences of the caregivers. According to a caregiver, "If I feel sad, there is nobody to listen to my sad feelings. There is nobody who asks us about how we feel". Given that para-counselors are skilled in empathy competence, caregivers understood that stressful situations can be handled with empathy instead of creating violence, which men often practice. Thus, caregivers can understand power differently; specifically, they can relate power to the capacity to give others emotional comfort. Caregivers thus experienced benefits from the

fully informed and engaged relationships with women para-counselors and viewed the relationship as supportive, given that para-counselors examined the contexts of caregivers' needs and supported them with empathy in stressful situations. In line with the role of empathy and the relationship between emotional support and caring behavior, previous research stated that empathy is a mediating factor in the relationship between emotional support and caring behavior, which suggests that interventions promoting empathy may serve as a pathway to enriching caring behavior [76:1]. Furthermore, prior research on the relationship between such social support and women's psychological well-being suggests that when faced with an environmental stressor, women are more likely to adopt a tend-and-befriend strategy and rely on social support, and that women are more effective at providing such social support, which enables help-seeking women to be better equipped to respond to stress [77].

Furthermore, in the exchange of views sessions of the capacity building sessions run by the female educators, caregivers openly discussed their concerns related to girl and boy children and gender power relations and experienced a sense of solidarity through the collective understanding of the common problems and gained insights about how to address these concerns collectively. In these sessions where women educate each other about gender issues in a safe and equal relationship, women's voices are valued in the process [78]. Moreover, caregivers' sense of solidarity experienced in these sessions is closely related to the idea of 'feminist solidarity' that indicates mutual support between individuals and groups and that strengthens the power of women to challenge gender-based violence, abuse, marginalization, and poverty and that lessens the risks associated with isolated resistance [79]. Caregivers' understanding of their strength and success in gender and child care and their reconceptualization of power may help them to experience improved self-esteem, self-efficacy, and feelings of pride. It is widely recognized that a positive perception or deeper understanding of a phenomenon is associated with higher self-concept and self-efficacy and a reduction in feelings of inferiority [80].

Besides considering emotion as the source of power reconceptualization, the care model also provided options for many caregivers to be financially independent; consequently, their dependence on men has reduced, and they demonstrated the ability to support their families along with male family members. These capacities regarding independence indicate concepts such as autonomy and equality helpful for reconceptualizing women's unequal status in gender power relations.

The caregivers' experience of power as empowerment enabled them to remake the false dichotomy of "good mother" and "bad mother" that exists in the context of poverty. A caregiver who provided care to twelve children bore the cost of educational and other living expenses of her three sons and three daughters, as well as the treatment costs of her sons. In the absence of her husband's income, the caregiver's contribution indicates that the resources provided by the child care activities enabled caregivers to care for their children in ways that are aligned with their parenting beliefs and aspirations, and thus can be helpful for them to reconceptualize that women can empower others in the poverty context.

The idea of power as empowerment was also evident as caregivers, as a group, self-consciously enabled other women (mothers) to work in public spaces. Thus, caregivers demonstrated a collective purpose and determination to support these working women to reconceptualize female power.

Caregivers' provision for keeping children safe throughout the day resisted the practice of blaming mothers for sexual abuse of children and the enforcement of gender stereotypes of motherhood. Notably, "the child abuse establishment assigns responsibility for abuse to mothers regardless of who assaults the child, and responds punitively to women if women fail to meet expectations of "good mothering" [81:97]. By keeping girls safe throughout the day in the care centers, caregivers prevented the abuse of girl children and thereby protected punitive respond to women by men in their community, which seems useful for these women to negotiate violence against women and thus reconceptualize women's oppression or subordination of women to men.

Caregivers' experience of freedom to choose and autonomy and informed decision-making ability in their daily lives is another example of their emancipation from oppression. Caregivers exercised their freedom to determine the content and sequence of activities in the centers, including the selection of rhymes and stories, and deciding on the time for offering food, engaging children in play, and sleeping. They also exercised freedom to choose the space to advance their career as entrepreneurs. By virtue of the care work, caregivers experience increased autonomy in decision-making regarding going out of their homes. For example, engagement in a child model enabled a caregiver to go out every day with two children to play in an open space at around 11.00 am, where she sat under a tree and observed children's play. Another caregiver also experienced the autonomy of a walk outside the home by carrying a four-month-old child to get relief from the heat resulting from a power failure. Moreover, on every school day, many caregivers accompanied children when they were on the way to school. Furthermore, caregivers are supported with resources, i.e., relevant information, skills, and toys, by the intervention that enabled them to make informed decisions about their own lives and contributed to their agency. For example, a total of ten children attended a child care center, and the caregiver decided to increase the number of children.

3.3. Reconsideration of the socially constructed difference between women and men and girls and boys

Besides the possibility of emancipating women and girls from patriarchal oppression, the care model shows women's values that support altering socially constructed differences between men and women and girls and boys. Altering such differences eventually can lead to the transformation of a gendered society and the promotion of gender equality. The following examples illustrate the idea.

The men-women interaction pattern in the childcare centers indicates that the roles of men and women can be changed over time. Observation findings revealed that men valued women's labor devoted to child rearing, and they were involved in nurturing children in the child care centers. Caregivers' husbands told stories and rhymes to children, sat and ate together with children during lunch time, helped them to sleep, and kept children on their laps at different times of the day. Consistent with this finding, previous research investigating men's involvement in ECCE uncovers how a group of men navigate themselves within an ECEC terrain and deconstruct the gender binaries through which occupations are structured [82]. Consequently, women's gender-specific alienation or isolation in child care work was eliminated because they saw men as co-workers in child care work. Furthermore, keeping children in the child care center for specific hours of the day enabled other women to work in public spaces. These examples thus provide insights regarding the altered role of men and women concerning the division of labor. It is also possible that by changing the roles of male and female, the

way society sees and uses gender can be altered, and thus society can be transformed.

Women caregivers may experience false dichotomies aligned with sexism and classism. In the care model, caregivers negotiated with stereotypical classifications that support women's subordinate position to men. For instance, if a child played in the backyard with another child living next to a caregiver's door, the caregiver cautiously observed the child so that the child would not be out of sight. Additionally, they never left a child alone in the center, for example, when they went out to drop off other children at school. Caregivers thus demonstrated that they had the knowledge and skills to be responsible, and they applied such skills when taking care of children. Literature on the emancipation of women also states that nowadays, women and men do not differ regarding achievement and skills [83].

Caregivers' ability to demonstrate such skills is thus useful to reconsider gender inequalities and dichotomies centering responsible/irresponsible and knowledge/ignorance that are reproduced through categorization processes in mainstream discourse over decades, and thus to deconstruct the prejudice, stereotypes, and/or discrimination typically against women as caregivers and the way the cultural norm sees women and constructs a system responsible for women's oppression.

Caregivers also contributed to remaking the socially and culturally constructed gender-based behavior that influences girls to learn how to be a girl and boys to learn how to be a boy, and the corresponding gender identity. To do so, caregivers allowed girls to adopt attitudes and behavior that are similar to those of the other sex. For example, when playing, girls were allowed to set rules, choose play, and initiate play, which are often regarded as stereotypical traits of boys. Caregivers also facilitated the process of transforming girls' self-endorsement of gender stereotypic traits. They allowed a girl child to play sitting on the caregiver's shoulder and jumping from her shoulder. Thus, the caregiver attempted to remake the normative gender values, in other words, culturally defined, accepted, and traditional conceptions of the oppositional category of active/passive and fearless/timid. Additionally, caregivers also supported both the girls' and the boys' choice of space to play. They positively responded to a girl's choice to play in the rain in a public space and a boy's choice to watch cartoons and play with a phone in a private space. These examples also demonstrate that the caregivers practiced rewarding girls and boys if they did not display appropriate behavior in line with gender. Moreover, caregivers supported both girls and boys to play with balls, dolls, bats, blocks, thermometers, and pots, and to draw. Playing with these materials reshapes behavior categorized in line with preferences typically displayed by boys and girls and promotes non-gender-stereotyped behavior. In this way, the caregivers tried to deconstruct the fixed binary opposition, including active/passive, fearless/timid, public/private, and science/arts. The caregiver's such process of remaking the normative concept of fixed binary opposition is important to reconsider the traditional meaning of the former category as boys and masculine, and the latter category as girls and feminine. Girls in this process of remaking meaning seem to experience themselves as valued individuals because "in virtually all cultures whatever is thought of as manly is more highly valued than what is thought of as womanly" reference [84:18]. By changing the meaning of stereotypical forms of classification, caregivers thus tried to remake the socially approved difference between boys and girls and assign a particular position and status to girls in society.

3.4 Caregivers' aspirations

Caregivers' values, beliefs, and ideologies centering on child care work eventually shaped their entrepreneurial aspirations. The language of the caregivers communicates their desire to expand female-owned start-ups. Their justifications for service expansion were influenced by two ideas: the service is appealing, and the expansion of the service would achieve useful ends and thus be rewarding for them. Interestingly, the caregivers' such entrepreneurial aspirations were meaningful in accordance with their gender role expectations and identities, and entrepreneurial environment contexts.

Caregivers' gender role expectations and identities are aligned with entrepreneurial leadership style, including both female leadership style and masculine traits. Caregivers' experiences demonstrated that they were tremendously successful in nurturing children, specifically, in developing strong emotional bonding, and loving, warm, friendly, and kind relations with children, including girls attending their centers. A caregiver's experience suggested that girls and boys in her center truly love to spend time with her. Even on *Eid day*, children wished to celebrate the religious festival with her; consequently, early in the morning, they ran to her. This moment made her very happy; correspondingly, she thought that she truly loved the girls and boys and nurtured them accordingly, and this is the reward of her true love and devoted nurturing; in other words, this is her "success" of doing this work. Importantly, being nurturing and affectionate are qualities that are particularly important for leadership characteristics and thus can influence the successful running of child care entrepreneurship.

Additionally, in line with women's identity and leadership style, caregivers demonstrated their values associated with being compassionate and empathetic. Caregivers considered children as "blessings"; hence, they tried to understand children's feelings and respond to their feelings with compassion, and took full responsibility for these children throughout the day. Achievements of useful ends of taking such responsibilities included feeling less stressed and being able to avoid loneliness. Caregivers' such feelings and values, such as being compassionate and empathetic, also shaped their entrepreneurial decision-making process.

Caregivers' values, including concern for other women and enabling them to live a dignified life, largely influenced their entrepreneurial intentions. Such a value can be considered an important leadership trait aligned with women's gender roles and identity. Furthermore, women's values such as being cooperative, collaborative, egalitarian, and responsive to women's needs are important leadership characteristics and needed for being an entrepreneurial leader, and business creation and success within the existing child care services. Consistent with these findings, prior research exploring feminist values within the venture-creation process reflected a strong sense of 'enabling other women' by referring to women respondents' gendered motivation to support other women by facilitating access to resources such as capital, professional development, and role models to empower them and creating an organizational structure and governance that reflects cooperative, collaborative, and ethical principles [85]. Additionally, research documenting the evolution of women's cooperation highlights the idea of 'enabling other women' by stating that "women who cooperated as traders were also likely to provide childcare for each other, and this exchange allowed them to solve the tradeoff between allocating time to childcare and economic activities" [86:5].

The caregivers experienced a sense of gender equality and female empowerment because, as women, they were able to support their daughters' studies in secondary schools, which will eventually lead to achieving gender equality in education. Notably, the elimination of gender inequality seems useful for reducing gender-based violence and living a life with dignity, particularly for women. In these contexts, caregivers functioned as change agents who were concerned with the improvement of women's quality of life and wellbeing, and represented a leadership trait crucial for being successful as women entrepreneurial leaders.

Caregivers' values concerning providing equal opportunity for girls, including girls with special needs, is helpful for these girls to reach their fullest potential, valuing process equal to product, and valuing power as empowerment or capacity to empower others are associated with feminine values and considered as assets and important leadership characteristics. Notably, caregivers' value regarding power as a capacity, put differently, their capacity to nurture children appropriately, enabled them to acquire recognition from their local community, which also shaped their entrepreneurial aspiration.

Interestingly, sometimes caregivers switched between different gender identities and leadership identities and styles, and thereby displayed masculine traits such as being responsible, independent, confident, inquisitive, and creative. Caregivers enjoyed the trait "independence" because such a trait enabled them to support their mothers' treatment, buy gifts for grandchildren, etc., which can be the source of immense pleasure and positive feelings. Caregivers also supported enabling other women and girls to be independent. Thus, caregivers contested gender binaries and gender order, doing gender, and social norms associated with gender status beliefs, centering masculinity and femininity. Given that entrepreneurship requires both masculine and feminine skills [87:688], caregivers' such masculine traits seem useful for the successful running of their business.

Interestingly, caregivers' entrepreneurial leadership style, experiences, and resulting vision may influence indirect learning and social encouragement among the aspiring female child caregivers or entrepreneurs to create, develop, and lead their child care centers. In the research context, it is stated that "keeping children in child care centers has become the norm in recent days, in other words, every household is now interested in providing such support to children as care providers, even students are also interested in doing so because they can play with children and can help the working women of their community". Thus, many women are now interested in playing the role of child caregivers. These women can be influenced by the role models who live in their community and may have close relations with them.

Besides the benefits of gender role expectations and identities, the entrepreneurial environment contexts were considered meaningful to promote caregivers' entrepreneurial aspirations. Two ideas can be related to the entrepreneurial environment. One idea states that the gender aspect of cultural expectations and practices supports women's business. Caregivers' responses revealed that child care work allowed them to earn while staying at home. A thirty-five-year-old caregiver mentioned that she does not prefer to do any work that requires visiting public spaces. According to this example, caregivers' values of work-family life balance can be a constructive solution to the problem related to gender role expectations that have traditionally limited women's access to income-earning opportunities.

The other idea emphasizes model development through women-friendly institutional provisions. Caregivers' responses revealed that their access to resources, e.g., training and education, toys and materials to design space, psychosocial support provisions, was vastly useful to create provisions for women to improve and/or develop skills to perform the care work with greater capacity and concept and emotional wellbeing, and to equip them in the labor market. Furthermore, by attending the capacity-building sessions, these women also had access to ties formed with other women caregivers that differ from personal networks in private space. Hence, the innovative and progressive institutional provisions for care model development, combining a focus on women and girls' empowerment, educative programs on gender and quality early learning and development, and psychosocial support provisions supported by professionals such as curriculum developers, educators, para-counsellors, and professionals who ensure center quality and operations, and monitoring and research offered 'basic premises as a roadmap to achieve the goal' [88], and capacity building of women caregivers played a crucial role in advancing women's values centering nurturing children and developing their fullest human potentials. Regarding the role of the educative programs in developing women's fullest human potentials, previous research illustrates, "Women, like all other people in our society, must have the chance to develop their fullest human potential…Educative programs have been considered as an important strategy to equalize opportunity and to enable these women to overcome the constraint on the free choice of women" [48:6-7]. Thus, women caregivers who have access to quality care education and care pedagogy can develop their fullest human potential and benefit from public opportunities. Additionally, prior research on developing human potential indicates that women caregivers' access to capacity building and family support is considered as inputs of nurturing care for early childhood development and growth, and thereby is positively associated with a child's early cognitive development, child growth, early learning, and nutrition outcomes [89,90,91]. Hence, women caregivers' values and increased capacity regarding child care are important for the liberation of young girls in the sense that these caregivers ensure opportunities for early learning and development for girls equally with boys, and thus support the girls to reach their fullest potential, who, in the future, would perform as human resources to promote gender justice and fairness in society.

This research illustrated the importance of the home-based care model to the success of promoting gender equality and women's entrepreneurial aspirations. In line with the National Women Development Policy 2011 that emphasizes on elimination of discrimination against women and female children and providing assistance in ensuring the growth of women entrepreneurs, and the gender mission of the 8th five year plan of Bangladesh 2020-25 which emphasizes the advancement of women as self-reliant human beings and reduction of discriminatory barriers by taking both developmental and institutional measures; support for women and girls in the key areas of care model would be largely beneficial to open opportunities for many women irrespective of class to advance their entrepreneurial aspirations on equal terms with men as well as to create equal opportunities for young girls and boys to learn and develop in early years [92,12].

4.Conclusion

This research explored how the home-based care model provision of BRAC IED, BRAC University, promotes gender equality and women's entrepreneurial aspirations. Evidence suggests that the care model has great potential to promote gender equality in the sense that the model believes in the liberation of women and in line

with such belief, the model has opened up opportunities for women with disadvantaged backgrounds to access education capital i.e., care education and pedagogy that enables women to reach their fullest human potential, realize dignity, and contribute to and benefit from economic, social, cultural and structural development. Consistent with such values, these women caregivers' values opened up opportunities for girls and boys to experience a different kind of socialization that can be helpful to alter culture-specific behavior expectations; support girls to realize their dignity and boys to respect girls; and enable girls from low socio-economic backgrounds and developmental delays to experience quality early learning and development vital to reach their fullest potentials. Moreover, men's supportive role in child care and women caregivers' transformed attributes that differ from culturally assigned qualities to women suggest that socially constructed gender roles can be socially alterable. Furthermore, the psychosocial support and the values of these women to promote women's values have the possibility to emancipate women and girls from patriarchal oppression and thus can reduce women's and girls' inequalities. Interestingly, women caregivers' such values and increased personal abilities had a marked impact on these women's choices and aspirations to be entrepreneurs, which vary from the constraints imposed by cultural stereotypes and prejudices on their gender roles. Importantly, such aspiration is meaningful in line with women's leadership styles and in accordance with the entrepreneurially supportive environment where the women-friendly institutional provisions ensure access to relevant resources, such as a gender-transformative model.

The analysis of this research unpacks the process of addressing women and girls' inequalities and provides evidence for informed decision-making regarding care model development and large-scale capacity building of caregivers and aspiring entrepreneurs, centering the values of the home-based care model and the women caregivers in Bangladesh and other geographical locations in a context-sensitive manner, considering cultural differences in values and practices. Future research could therefore be conducted in different contexts to strengthen understanding of the full range of benefits of the care model in line with gender equality and empowerment of women and girls who are marginalized due to gender, class, ability, and/or other factors.

5.Study Limitations

By studying the home-based care model and the values of women caregivers descriptively, this research offered a unique opportunity to understand how the care model and the values of these women shape the achievement of gender equality in the Bangladeshi context. However, the chosen research approach is not the only valid method for discovering the experiences of caregivers and children in the care model. An alternative approach could yield different, potentially complementary, insights. Additionally, the use of a single theoretical framework to interpret the results may overlook alternative explanations of observed human behaviors and insights of caregivers and children attending the care model.

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