# Health and Development Policies and the Emerging "Smart Woman" in Rural Bangladesh: Local Perceptions

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## Abstract

Based on findings from two qualitative studies, this paper describes changes in gender norms in Bangladesh from the perspectives of men and women in rural communities and examines their ideas about the factors driving these changes. Data from in-depth interviews and group discussions on a variety of topics reveal a widespread perception that women are changing, that they are better educated, better informed, more daring, and more resourceful than they used to be. Study participants explained this phenomenon both in terms of adaptation to intensifying problems, such as poverty and population growth, and as a response to new opportunities. They also portrayed policies in the population and health sector as catalysts for changes in gender norms. The authors argue that policy makers should take into consideration the dynamic nature of culture and that they should go further in making gender equity an explicit goal in health and population policy.

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## BACKGROUND

Since the late 1970s, the national population program in Bangladesh has treated gender inequality as a cultural constraint in the effort to reduce fertility rates and improve health by increasing access to family planning methods and services. Beginning in the 1980s, governmental and nongovernmental organizations (NGOs), with substantial donor support, trained and deployed thousands of female workers to bring family planning information and methods to rural women in their homes. In the mid-1990s, a debate developed as to whether cultural norms continued to limit women's freedom of movement and constrain their use of services outside the home to such an extent that door-to-door services were still needed (Hossain and Phillips 1996; Phillips and Hossain 2003; Schuler 1999). We were among a growing group of researchers and policy analysts who argued that the norms affecting women's mobility outside the home had changed considerably, and that the door-to-door family planning policy was inadvertently reinforcing traditional gender norms even while other policies and programs were bringing women into the public sphere. During the 1990s, the enrollment of girls aged 15–19 in secondary or higher education increased from 4.7 to 52.2% (NIPORT et al. 2001:13). Microcredit programs, such as those of the Grameen Bank, which only makes loans to women, and the Bangladesh Rural Advancement Committee, had reached millions of women by the late 1990s with remarkably successful repayment rates.

In 1997, the government of Bangladesh issued a Health and Population Sector Strategy, which centered on a "package" of essential health services. This strategy was criticized by many; one concern was that, with its implementation at the community level, door-to-door family planning services were to be reduced and eventually phased out (Bates et al. 2003:88). Beginning in late 1997, prior to the introduction of this strategy throughout the country, home distribution of contraceptives was discontinued in areas served by a group of NGOs supported by the United States Agency for International Development (USAID). In 1997, shortly after door-to-door services were discontinued in these areas, we commenced a three-year qualitative study to document client and community responses to the new program. The idea that women were becoming "smarter" came up repeatedly in response to our questions regarding women's mobility and ability to access services outside the home. We subsequently undertook further research to explore the theme of changing gender norms and perceptions of women.

## DATA SOURCES

The purpose of this paper is to examine changing gender norms from the perspectives of rural women and men. Here we combine data from two successive phases of a long-running research project on gender and reproductive health in Bangladesh, which began in 1991. The first is a qualitative study conducted in four rural and two urban sites between early 1998 and late 2000 in which we investigated client and community responses to changing health and population policies. The second is a broader qualitative study (still ongoing) initiated in 2001 to examine persistence and change in various dimensions of gender inequality. The "smart woman" theme had come up

spontaneously in various contexts in the 1998–2000 study; we pursued it in more depth in the subsequent phase of our research.

The 1998–2000 study and the ongoing research that began in 2001 included two villages in common, one in Rangpur (in northwestern Bangladesh) and one in Magura District (midwestern Bangladesh), where we have been working on and off since 1991. Most of the material presented in the paper comes from these two villages, some from a third village in Rangpur District, and some from the other two rural sites in the 1998–2000 study, in Chandpur and Kishorganj Districts (east-central Bangladesh). The Magura village, where government workers were still providing door-to-door family planning services, was included in the 1998–2000 study as a comparison site.

For this paper, we reviewed previously coded material on selected themes from the 1998–2000 study (205 in-depth interviews with women and 45 with men, six group discussions with women and one with men), which generated a large body of data, much of it not relevant to the present paper. From this phase of the research, two group discussions and three in-depth interviews with individual women are quoted directly in the paper and the remaining material is summarized. In addition, we incorporate data from a set of 60 interviews done between 2001 and 2003 on inter-generational relationships and changing gender norms. These include 46 in-depth interviews (two with men and 44 with women) and 14 group discussions (two with men and 12 with women). In these interviews we explored the terms and concepts associated with the smart woman, among other topics. Again, all of the latter set of interviews was done in the sites where we have been working since 1991 and where we therefore had excellent rapport and a longitudinal perspective.

Microcredit programs were present in the two villages where we had been working since 1991. Additionally, there were rice processing centers nearby that offered employment opportunities for a few of the women. Apart from these, there was little in the way of enabling factors for women's empowerment, and most women were isolated within their families. Reproductive norms were changing, but changes in gender norms were quite limited. Since then, the villages have been exposed to many influences that appear to be reshaping the parameters of women's lives, including girls' education, voter participation campaigns, promotion of health and family planning services outside the home, and mass communications aimed at reducing son preference and gender-based discrimination. Employment opportunities have also expanded somewhat. Although gender inequality and inequities are still painfully evident (for example, levels of gender-based violence are high and women have minimal employment opportunities and property rights), change is also apparent, especially in terms of women's physical mobility and in the ways that women are viewed when they become educated, employed, and able to function effectively in the public sphere. Comparison of 1994 and 1999–2000 survey data from the study villages with rural statistics from the Bangladesh Demographic and Health Surveys (DHS) (NIPORT, et al. 1994, 2001) suggests that the study villages are somewhat below the average for rural Bangladesh in terms of women's education and use of antenatal care, but about average for contraceptive prevalence (Bates et al. 2004:192). (We did not do a structured survey in the two additional 1998–2000 rural sites.) The main study areas are poor and somewhat conservative, but not unusually so for rural Bangladesh. The population consists of ethnically homogenous Bengali speakers who are predominantly Muslim (both villages have a handful of Hindus—4% in one village and 1% in another; 88% of the country's population is Muslim and 11% is Hindu). NGOs are active in the study areas, as they are throughout most of the country, and health services are not outstandingly good or bad compared with other areas of the country.

The fact that the smart woman theme emerged spontaneously from the 1998–2000 study is both a strength and a weakness of this analysis—a weakness because we gleaned a small amount of data from a large number of interviews not designed to elicit information on this particular theme, and a strength in the sense that we feel relatively confident that we were not imposing our own ideas about local perceptions of women's changing nature in the way that we worded the questions. The presence of the USAID-supported NGOs who had switched from household distribution to clinic-based family planning in three of the sites creates another potential source of bias. However, we do not believe the effect of these particular NGOs on women's self-perceptions, and on men's perceptions of women, makes these sites different from areas served by the government because the scope of their work was limited to the provision of primary health care and family planning services. There were no NGOs providing family planning services in the Magura village, which was included in the 1998–2000 study for comparative purposes. Women's mobility in that site was as good if not better than in the three sites with family planning NGOs and many women there went to government facilities for family planning. Furthermore, in the Magura site many women went out of their homes to get contraceptives because household distribution was irregular (which was also true throughout much of the country, judging from DHS data). Contraceptive prevalence was higher in the Magura villages than in the Rangpur village. (We do not have prevalence figures for the other two sites of the 1998–2000 study.) Women in all of the sites went out of their homes for many other reasons in addition to accessing family planning services, and we have argued elsewhere that in shifting to clinic-based services the family planning program was able to capitalize on and reinforce changes that had been catalyzed by changes in other sectors (Bates et al. 2003:92). Finally, there are many NGOs providing microcredit and other services in rural Bangladesh, and villages with no NGO presence have become rare. One might speculate that the periodic visits by the research team could also have exposed the study participants to "other ways of doing things." This may well be true, but the field researchers tried to blend in as much as possible with the local culture by dressing simply, avoiding the use of urban slang, eating and sleeping in local homes, and using local means of transportation.

The researchers used a combination of tape recordings and field notes from their interviews to generate written transcripts in Bengali. The transcripts were then translated into English by independent local translators not formally affiliated with our project and not intimately familiar with its aims and substantive focus. The translations were checked for accuracy and corrected by both the original interviewer and a second reviewer as needed. This process was designed to minimize the imposition of interpretations as part of the transcription and translation process. The transcripts were reviewed by the local Bangladeshi researcher and the two US-based American researchers. We then did thematic coding of all the transcripts, communicating with the Dhaka-based team on a regular basis to get clarification and check our interpretations. We used an ethnographic software package, SPData, to organize and retrieve data by theme.[1] During periodic meetings in Dhaka, the field researchers reviewed the investigators' preliminary analyses and were asked to confirm or refute these interpretations by providing supportive or discrepant evidence and offer alternative interpretations.

Changing gender norms were discussed in the interviews in response to both direct and indirect questions. In the 1998–2000 phase of the research, for example, women who had visited health facilities, either by themselves or with a companion, were asked whether anyone criticized them for doing so and whether they knew of any women in their village whose families would not allow them to leave the home to get health or family planning services. Men and women were also asked

to comment on whether women used health services more now than in the past, and to speculate about why. The study that began in 2000 addresses a range of topics related to gender and reproductive health, including marriage, education, women's employment and control over resources, and gender-based violence. The two group discussions, designed to explore the smart woman theme, elicited terminology used in describing such women, attitudes towards them, and ideas regarding the factors explaining their emergence. Additionally, once the notion of smart women came to our attention, we instructed the field researchers to probe for further details when the topic was mentioned spontaneously during interviews on other topics. Where there were appreciable differences between men and women's perspectives they are noted below.

## THE "SMART WOMAN" PHENOMENON

> Woman 1: People have become very smart (*chalu*) nowadays.
> Interviewer: What is the meaning of "smart"? What kind of smartness are you talking about?
> Woman 2: It means that we use our brains and do things.
> Interviewer: Which women would you say are smart in your village and who would you consider foolish (not so smart)?
> Woman 3: Those days are gone. Nobody is "foolish" anymore. There is nothing for the "non-smarts."

The opinion of these three women—ages 40–50—in one research village reflects a general perception articulated by the study participants: that women, and society, have been undergoing a period of rapid change. Although none of the rounds of interviews conducted was designed to investigate the topic of women's intelligence per se, the idea that women in general were becoming more intelligent, or smarter, with a few especially pioneering individuals standing out as leaders in this trend, came up repeatedly.

Study participants used a variety of Bengali terms to talk about women who were smart or intelligent, clever, and capable with varying connotations, reflecting the fluid nature of social categories in a rapidly changing context. By far, the most common among these terms was chalu, which we translate here simply as "smart" and which was used mainly with positive connotations. (This contrasts with standard urban speech in which the term often has negative connotations.) Another frequently used term with mainly positive connotations was *budhiman*, probably best translated as "intelligent" or "wise."

The term chalu is elaborated upon in the following excerpt from a discussion with a group of six women between the ages of 24 and 37, all but one of whom worked outside, as well as within, their homes:

> Interviewer: Yesterday when we were talking with people in another village, they said that women who work outside of the home are smart. What does smart mean? Who is smart?
> Woman 1: We don't understand what that means—smart—everyone is the same.
> Interviewer: What sorts of women would you call smart?
> Woman 2: There are different types of smart women. Some women are smart about doing bad things and, then again, others are smart about doing good things. Some are smart

after getting an education and some are smart without getting any education. Some are smart in doing household work and some are smart in doing agricultural work.

Interviewer: Explain to me, how are they smart?

Woman 2: Some are running the family with their intelligence and improving their income and the condition of their family. Others have a lot of money but they can't do anything intelligently, so they can't improve their family's well-being and we can't call them smart.

Woman 3: Suppose that I make one taka (one US dollar is equivalent to approximately 60 takas). If I spend 25 paisa (a quarter of one taka) and save 75 paisa, then I would be considered a smart person. If you study, then your knowledge develops—people become smart through this kind of knowledge as well.

Interviewer: Not every woman in the village is educated, so how do they gain knowledge?

Woman 3: They are learning things by watching and following what others do. For example, now you [the interviewer] are here. We're all talking to you and watching what you do and say—that's the way everyone becomes smart. Again, educated women are intelligent, they become smart.

Men seemed to hold a similar conception of the smart woman, as reflected in a group discussion with four men aged 36–41:

Interviewer: Who are the smarter women in your village?

Man 1: Now everybody is smart, more or less.

Interviewer: What is different about a woman that you would say is smart?

Man 2: Those women who can struggle, who aren't easily subdued, we call them smart.

Man 3: You can't be smart just because you go to Magura [the district headquarters] or anywhere else. To be smart you have to be capable.

Man 1: To be smart you have to be capable of tackling all kinds of situations. Women like this aren't afraid to go to the office [where they work] and come home safely after finishing all their work there.

Man 4: The smart women are more conscious and more informed. They can convince a group of people of something by explaining things logically.

Interviewer: How many smart women in your neighborhood are good at talking to different kinds of people?

Man 1: Around here, there's [names three women], among the younger ages.

Interviewer: So why do you call them smart?

Man 3: Not everybody is the same kind of smart. Women are smart in different ways. But all of them are good talkers. If you can't talk well, then you can't really be smart.

Several points emerge from these conversations: Women who are aware and well informed about the world are identified as smart. Such women are likely to be educated, equipped to contribute to the household income, articulate, and not afraid to talk to strangers. Many other study participants elaborated on the points made by the men quoted above, explaining that confidence in communicating with others and the ability to talk persuasively and use logic to convince others of something are key features of women's intelligence. Another is the ability to secure employment or to prosper economically through self-employment. Women who run their own microenterprises, are engaged in trade between villages, or hold leadership positions in development organizations like the Grameen Bank or CARE were typically identified as smart. In addition, although such individuals stood out, there was a sense that women in general were becoming smarter. The ability

to move around in public space is another trait that many study participants associated with smart women. These characteristics depart from traditional gender norms, in accordance with which men are expected to handle interactions with the world outside of the family. Even a generation ago, women generally did not possess, and were not expected to need, skills in seeking out and negotiating services, conducting commerce, and interacting with formal institutions. When speaking of smart women and of women's increasing mobility and exposure to the outside world, it was clear that the study participants were not referring to a life-cycle effect (the increased autonomy and influence of older women), but rather were contrasting women today with women of the recent past.

## AMBIVALENCE ABOUT THE "SMART WOMAN"

A minority of people made negative comments about smart women. A few said girls were becoming arrogant and failing to respect their elders and that women were behaving immodestly, interacting with men who were not related to them, or failing to move aside for men on the road, which they took as signs of declining morals rather than growing intelligence. Several group discussions revealed signs of ambivalence about smart women. For example, a later segment in the previously-cited discussion with women ages 40–50 went as follows:

> Interviewer: What do you exactly mean by "smart" or "clever"?
>
> Woman 1: Those who have no shame and those who go out of the house with other men.
>
> Interviewer: Do you all think that this is the sign of smartness?
>
> All: No.
>
> Interviewer: Then whom would you call smart?
>
> Woman 2: People get smart by associating with other people, by mingling with others. They learn a lot by doing that…
>
> Woman 1: Smart or clever means that person who is using her intelligence to do a good job, benefiting the family by doing so. Those women are smart.
>
> Interviewer: How are you portraying "smart" or "clever"--as good or bad?
>
> Woman 1: Those who are smart are the ones who are doing better. They are the ones who are working intelligently and contributing in the family. And the ones that are "foolish" (non-smart) can't contribute in a productive way, so they can't do much for the welfare of the family.

In a group discussion with men who worked in jobs including agricultural work, small business ownership, and rickshaw pulling, several mentioned drawbacks as well as advantages to women's increasing awareness:

> Man 1: Today's women not only cook, now they also tell the men what to do and what not to do.
>
> Man 2: There isn't any news in the village that the women don't know about. The women know more than the men.
>
> Interviewer: What do they know?
>
> Man 2: They know which thing costs how much, where which association is meeting, which men make how much money, they have that information as well.
>
> Interviewer: What is the benefit of having women like this?
>
> Man 3: The women can catch the tricks of the men, so the men can't deceive them.
>
> Interviewer: So what's the loss and the benefit to the family?

Man 1: In those families, conflict increases and they do not benefit at all. But if someone gets henpecked, then in that family the children benefit.

Interviewer: How is that?

Man 1: The wives want their husbands to earn more, to support the family, save money for the future—that's good ultimately.

Interviewer: Good how and bad how?

Man 1: The family benefits, but the disadvantage for men is that they don't have any power.

In some contexts, the term chalu was used with negative connotations, more often for women than for men, probably because men are generally expected to be more assertive. Another term that often had negative connotations was *chalak*, probably best translated as "clever" or "cunning." Other negative terms for women included *beporoa*, someone who "doesn't care" and does not observe proper conduct—for example, a woman who wears heavy lipstick or exposes too much of her body, such as her hair or part of her abdomen; and *oossrinkhal*, meaning someone lacking discipline and used to describe a woman beyond the control of her husband or other guardian. The terms *dangari/danghati* (quarrelsome) and *chanchal* (restless, impatient) were used in related contexts.

Another term, *dewan/dewani (feminine form)*, stems from feudal times. The dewan was an agent of the landowner (*zamindar*), collecting taxes, keeping order, and fulfilling other political duties. As middlemen attempting both to extract resources and to maintain civic harmony, they needed diplomatic skills. Nowadays the term, at least when used to describe men, connotes power, authority and, in some contexts, skill in intermediation. Men described as dewan are those who play leading roles in solving disputes, through traditional mediation (*shalish*) or in more informal ways. The term may be used somewhat negatively, to indicate someone who tries to "show off" or rise above his life station, meddling in the affairs of others, possibly at the expense of neglecting his or her own duties. A man in one of the villages described his own wife as dewani; in doing so, he seemed to be expressing admiration for her while at the same time mocking her unusually assertive personality. Several years earlier, the researchers heard the same term used to describe a local family planning volunteer who came from a very modest background, who provided information and tried to persuade people to adopt family planning. Many viewed her comportment as inappropriate for someone of her level in the social hierarchy. Women in a group discussion described the dewani "type" woman negatively because she challenged gender role expectations:

Interviewer: Who (what sort of women) would you call dewani?

Woman 1: Suppose a couple of men or women begin to fight. If a woman runs over to watch or involves herself in it then we call her dewani. Or if someone (an outsider) comes to the village and a woman runs to see who it is, that's dewani... They are restless types.

Interviewer: What do you think of these dewani women?

*(Laughter)*

Woman 1: We don't like this kind of woman very much.... No matter how educated or clever a woman is, she should live behind purdah. The dewanis are very restless, so people don't like them.

Interviewer: So there are differences between you women and the dewani women. What kinds of differences are those?

*(Silence)*

Interviewer: Are you dewani women?

*(All shake their heads no.)*

Interviewer: What are the differences between you and the dewani women?
Woman 2: There are no differences.

But later in this discussion, the first woman again insisted that dewani women were different. She repeated her initial statements and added, "Dewani women do not care whether they are men or women."

This ambivalence towards dewani women suggests ambivalence about the changing role of women in general. Dewani women were accused of failing to observe purdah, but it should be noted that in these villages, purdah is a dynamic concept with multiple interpretations, and not everyone agreed that it was necessary to stay within the home to observe it. To further delineate the separation between herself and a dewani woman, "Woman 1" quoted above later said, "It is purdah if I move around in the company of other people and if I talk to them nicely. We cannot say that someone is maintaining purdah when she moves about restlessly."

Women in a second group discussion in the same village defined dewani simply as the tendency to move about alone. They admitted that they socialized with such women, but they tried not to do so extensively, partly because their husbands discouraged it. "If you mix with them you will become like them," one of the husbands warned, according to his wife.

Thus, there were some women whose freedom of movement and comportment were deemed excessive. They were criticized by some and avoided to some extent, but they did not appear to face severe sanctions.

## PERCEIVED BENEFITS OF WOMEN'S CHANGING NATURE

Despite the expressions of ambivalence that occasionally emerged in discussions about women's changing roles and nature, the vast majority of study participants viewed smart women in a positive light, and when we spoke with such women, it was very clear that they were proud of their own abilities and accomplishments. Smart women's intelligence was invariably focused on ensuring their families' well-being. Thus, although the smart woman represents a largely new phenomenon, her social legitimacy is grounded in cultural values consistent with traditional gender roles. "Smart means that person who is using her intelligence to do a good job and benefiting the family by doing so," said one woman.

Men saw a variety of practical benefits to women's greater assertiveness and ability to function in the public sphere. If they did not need to accompany their wives outside, for example, they would have more time for economically productive activities. "If the wife is smart and can gather some courage to go to the doctor, then the husband benefits from it," said one man. A man in another village said that educated wives could "guide" (*parichalana kora*) their husbands and that "foolish" women, in contrast, could not contribute anything to the household. Women who are assertive with their husbands and demand that they save and earn more will benefit their families, several men said.

The perceived value of intelligence in women is also becoming evident in women's own assessments of their roles within their families, and in marriage strategies. One woman we

interviewed said she had been unable to educate her own children because of the family's extreme poverty (and possibly also because she and her husband, both illiterate, did not see a value in education until relatively recently). But she was an intelligent and determined person, and she managed to improve the family's economic condition through her own efforts. She had taken up a variety of income-generating activities herself, and afterward had persuaded her husband and (when they got older) her sons to engage in various work and to make a series of small investments that later paid off. "Everything you see in this house was created by me," she said with great pride. "My husband is not so intelligent, so I have had to look after everything, and my sons are like their father so I have to look after their interests too." Asked about her eldest son's marriage, she explained with a sad expression that her educated daughter-in-law had left her son, who was illiterate:

> "I chose her and took her into my home because I thought my family would prosper if my daughter-in-law was an educated girl. She was very intelligent; she could understand what needed to be done and how to do things. I tried my best to keep her in the family. I behaved very well with her and arranged things to accommodate her likes and dislikes… I had thought that if we had an educated girl as a daughter-in-law we would get good counsel from her…but she did not want to live with us."

After the girl left, the mother-in-law appealed to a local official and to the girl's father to prevail upon her to return, but these efforts failed. Despite the humiliation that her family suffered as result of the daughter-in-law's desertion, she was more wistful than bitter: "Every household needs such a girl as their daughter-in-law. I tried many strategies to keep her in our home but I failed. If she came back even now I would welcome her into my home."

## IDEAS ABOUT THE CAUSES OF CHANGE

When asked to reflect on what had stimulated these changes in women's nature and behavior, study participants mentioned several catalysts for change, including some that were directly related to health and other governmental and NGO programs. Among the factors mentioned were poverty and population growth, greater awareness and availability of health and family planning services, education, women's participation in microcredit and other NGO programs, contact with foreign and urban cultures, and the country's female prime ministers.

### *Population, Poverty, and Disease*

National campaigns to promote family planning and primary health care have used a variety of approaches, including television and radio messages, as well as person-to-person communication, to encourage the idea that large families lead to greater poverty, at both national and household levels, and that family planning, vaccinations, and treatment for common illnesses, such as diarrhea, are necessary. Statements made in discussions about changing times suggest that people in the study villages often wove together ideas from national behavior change campaigns with information from other sources (popular media and informal communication) and from their own experience, as they interpreted their own lives and changing environment.

Many people saw a link between a growing national population, poverty, an increasing prevalence of disease, the advent of clinical medicine and disease categories that previously did not exist in this setting, or existed under other names, and changing gender norms. For example, people frequently explained that women needed to go out of their homes more now than in the past to obtain health treatments. They described women's growing use of health facilities and medical care as an adaptive response in the face of proliferating disease caused by poorer food quality, greater scarcity of resources, or the use of pesticides and fertilizers. Both men and women offered these sorts of explanations for women's increased mobility and use of health facilities.

Several said that girls married at later ages now than previously because they were not as physically resilient as their predecessors were. Many of the study participants had been exposed to informational campaigns against child marriage, which focused on the potential harm from childbearing at young ages to the young women's and their children's health. Yet the majority of these women had themselves married at puberty or even earlier, and they may not have been aware of such problems in their own cases. Rather than question the veracity of the "official" information, they appear to have come up with such explanations to reconcile what they knew from experience with what they were hearing from what they considered reputable sources. Some mothers in the study, when they saw that their young married daughters were in poor health after giving birth to children, attributed this to early marriage and childbearing, whereas in the past they might have identified other causes.

There were many statements to the effect that people in general were becoming more aware. People now realize the importance of things like family planning, immunization, and other preventive health measures and therefore behave differently, many said. People also maintained that growing poverty and/or population now made family planning a necessity. "Before, [women] did not go [to get contraceptives] because they did not understand. Now, women realize…If they have more babies, then the requirement of the food increases, and there will be no financial improvement in the family. Now women realize all these things," explained a woman in one of the study villages.

A woman in her late 20s explicitly linked women's mobility with the advent of family planning and the subsequent withdrawal of door-to-door pill distribution. "Earlier there were no family planning methods," she explained:

> "Women did not need to go out of their homes. Their husbands would buy medicines for them when they were ill, and there was no nearby clinic where women could go on their own. Later, family planning was invented, and women got family planning methods while sitting at home. But when those women [family planning workers] stopped going from house to house to distribute family planning methods, women had to start going to the clinic. The women realized that if they didn't practice family planning they would have too many children…. In earlier times, women didn't understand this because there were no methods. If there had been, then women then would have adopted family planning, too."

Women in other sites made similar comments without going into so much detail. Asked why she had never gone to clinics previously (this is what she said when we interviewed her a few years earlier) but now did, a woman replied, "I was using the pill then. You didn't have to go to the 'hospital' to get pills—they were brought to the home. But now I use [contraceptive] injections and

they are not provided at the home so I go in person to get them—I am compelled to go to the 'hospital.'"

Traveling outside the home for health care and to obtain family planning supplies now carries widespread legitimacy for women in the study sites. The vast majority of the study participants said that such travel was justified because women had to attend to their own health needs and had the need to practice family planning (Bates et al. 2003:90). For example, asked whether anyone had ever prevented her from going to a clinic for health or family planning services, one study participant said, "I do not go to clinics and hospitals without a reason, so why would anyone prevent me from going?" This was a very typical remark. More dramatically, a woman in a 1998 group discussion, explaining why women used health facilities more than in the past, said, "Some years back women could not understand much, they did not know much. They used to die while confined to their homes. Now they are becoming self-reliant, they all make efforts on their own behalf."

Another person from the same group discussion, in response to the moderator's question regarding whether women could go to clinics by themselves, said:

> "Women going to the 'hospital' used to take ___'s mother (the government family planning worker) with them. Now everyone goes alone to solve their own problems. Nobody [no guide or intermediary] is needed anymore. Previously people did not know so they did not go [by themselves]."

Study participants also explained that a multiplying population and increasingly scarce resources had led to greater economic competition and the need to diversify means of economic survival. Previously, the most disadvantaged women, including the poorest, widows, and those with disabled husbands, were considered special cases who had no choice but to leave the home to work in the fields or do various menial jobs. Many perceived that economic hardships had increased over the last two or three generations. They cited this as the reason for women's movement out of the home and into wage labor, such as in commercial rice processing centers, construction or road maintenance (in the case of the poorest women), or in factories, offices, or other work sites open to somewhat educated women. Microcredit programs for women were cited as another catalyst for women to travel outside their homes and villages.

*Mobility and Contact with Others*

Greater freedom of movement, and the greater contact with others that it brings, was described as both a cause and an effect of women's evolving nature. As a result of clinic-based services and economic incentives to seek employment, women's use of health facilities for family planning and other reproductive health services has become much more commonplace, as has wage work outside the home for some categories of women (educated women on one hand, and the very poor on the other). The expansion of space in which a woman moves allows her to "look over the world and learn which person is good and which is evil. She learns by seeing others," said one woman. Another attributed her own growing intelligence to being able to move around, stating, "For example, I may go to the town or marketplace alone, and sometimes I go to my mother's house, which is near my home. I come and go everywhere. And so now I am becoming more conscious; earlier I was very stupid." One mother reported, "I never tried to confine my daughters within the

home. They were free to move about where they pleased. I believed that the more they went outside, the more they would learn."

Being in public space also allows women to widen their social networks and become acquainted with more people. In general, study participants said that women associated more with one another, exchanging goods, solving domestic problems together, and communicating more. One study participant also asserted that women who work outside the home are more powerful than women who work inside, because they know more people who will defend them if anyone treats them badly. Becoming smart involves mixing with different kinds of people, many said. Speaking about a woman in her village who was known for her intelligence, a study participant explained, "She mixes with ten different kinds of people and she visits different places—and so she became very intelligent." Another woman believed that she herself was an example for others who, according to her, were becoming smarter by imitating her behavior.

Men also said that women had seen the behavior and dress of foreign women in the capital city and on television and that middle-class women were the first to start imitating these women. Increasing access to media, like television and movies, brings notions about life in foreign cultures into the home as well. Besides the public health messages promoted in media, which have helped to establish norms of family planning use, vaccinations, and greater use of health facilities, some study participants felt that television and movies influenced husbands to give women more autonomy.

*Education and Local NGOs*

Women's access to education was frequently cited as a direct cause of the emergence of smart women and the advancement of women in general. Many people said that sending girls to school increases their chances of employment or marrying an educated man. Besides the qualifications it grants, schooling exposes girls to institutional culture and requires daily travel. During a group interview in one village, a woman explained that achieving a level of education gives women courage to protest domestic abuse from men:

> Woman: In the time of our mothers and aunts, it was difficult for women to get through the fifth or seventh grade; now there are mothers and wives [with secondary school degrees] in each and every home, and so they are able to protest.
>
> Interviewer: So education is the reason behind their ability to protest?
>
> Woman: Protesting [abuse] has increased due to education. Not that every woman who does this [has a middle or secondary school degree], but when I [a secondary school graduate] protest against my husband's maltreatment, then my neighbor who has only studied up to class five thinks, "I will also protest against my husband's behavior like my sister-in-law did—why should I tolerate such oppression?"

Women who did not receive an education felt at a disadvantage—one middle-aged female study participant said:

> "If we also had an education, then it would have been wonderful. We could have done so many things. Even though we have our eyes, we still can't see so many things. We could have learned how to carry on a decent conversation. We don't have any education, so we don't have any say or any significance."

Mass education programs for adults have empowered women as well, as several people reported. Women who had attended training sessions offered by NGOs that teach skills like investing, fertilizer use, hygiene, and health, said that such opportunities made them smarter. Study participants also said that participation in community development organizations had increased women's confidence to move around alone. The *samities* (associations)—most of those working in the study sites were NGOs providing microcredit—have raised women's awareness, and now they are getting the courage to go outside. Asked what she believed had made her smarter in recent years, one mother of teen-aged daughters said, "Being a member of various associations… If I had had such intelligence when starting my family I never would have had so many children, and I would not have had them so early."

*Female Prime Ministers*

In 1991, Khaleda Zia, a woman became prime minister of Bangladesh. Following her term, Sheikh Hasina Wazed, popularly known as "Hasina," became the second female prime minister, to be replaced in 2001 by Khaleda Zia's return to the head of state. Many women pointed to these female prime ministers as an example of what women could accomplish and an inspiration for their own advancement. "If the head of the government of the country can be a female, then I can raise my own daughter to be like her, even if I can't be like her myself," said one mother. Study participants saw widespread benefits for women from having a female in the top governmental position in the country. "Now women understand everything. Women rule the country, so they have courage," remarked a male study participant. Women in a group discussion said that men move aside for women in the road since the last election. In one village, women said that they were able to ride buses because their prime minister was a woman.

Female study participants associated the female prime ministers with the promotion of women's rights and well-being, even though some of these measures were introduced under previous male heads of state. They mentioned marriage registration, which they described as providing a footing for lawsuits against men who abandon their wives. They also mentioned educational scholarships for girls and allowances for widows and elderly people with no children to support them.

## EVIDENCE OF THE PERSISTENCE OF GENDER INEQUALITY

The smart woman phenomenon may represent a meaningful step towards gender equality, but other evidence from the study makes it clear that inequality persists. As noted in previous publications (Schuler et al. 1996:1738–1740; Schuler et al. 1998:151–154), in this setting domestic violence may become more frequent when a woman's awareness or autonomy increases. Many women said they were afraid to provoke violence against themselves by asserting their rights or opinions. "There are so many disadvantages of making protests," explained one woman, noting that a young woman who failed to obey her husband and in-laws might be sent back to her parents' home. Another woman said that when she did not want to have sex with her husband, "I got beat up, so I relented."

Another consequence of women's increasing work outside the home and participation in community organizations is that their burden of work may be growing. Women who hold jobs, have businesses, or lead organizations are typically still expected to do all the household work on their own. A small number of study participants said that husbands had taken on some domestic

responsibilities in order to support their wives' income-earning activities. Poorer women, however, reported that, while they do men's work in the fields, the men rarely help out in the home.

Greater visibility and participation in the public sphere did not translate into greater power in the household for all women. For example, a woman who held an office job at an insurance company in the district town and had been elected to the local governing council (a certain number of seats are reserved for women) felt that this had given her more power to demand governmental benefits available to poor families, but she explained, "In my family life, I just can't give any opinion contrary to my husband's. My husband doesn't give any importance to my opinion. It is true that as a member [of the local government] I became empowered, but in my family life, I have no power at all. There I am in the same position I always was."

While nearly everyone agreed that education is important for children, including girls, many said that basic education would suffice. "If she can just read and write, then it's enough. No need to educate her more," said one woman. Others endorsed the idea of more extensive schooling but removed their daughters from school for practical reasons. Continuing social pressure to marry daughters at a young age, the costs of maintaining daughters for additional years, the fear that girls will become involved in sexual liaisons, and the related fear of escalating dowry costs as a girl's age advances beyond puberty limit many girls' opportunities for secondary and higher education. Laws setting the legal age of marriage at 18 years and criminalizing dowry transactions appear to have had minimal impact in the study sites (many women are married prior to the age of 18, and the vast majority of marriages entail dowry agreements).

## DISCUSSION AND CONCLUSIONS

It may be instructive to think about the advent of the smart woman in relation to the efforts policy makers and program implementers in Bangladesh have made over the past 20 or so years to accommodate what they characterized as traditional culture (and could also be described as a system of gender inequality). Whereas the same phenomenon has occurred to some extent in health and non-formal education programs, and even in the expansion of microcredit, it is most visible in the evolution of the country's national family planning program.

Much of the published and unpublished literature on the Bangladesh family planning program has identified gender inequality as an obstacle to the adoption and widespread use of contraception. The family planning program responded to this by developing "culturally sensitive" interventions (Cleland et al. 1994:86–88) and working "within the system." Communication strategies construed family planning as a natural extension of women's traditional roles and thus contraceptives were made available to women in a way that did not overtly threaten male control. Women's lack of access to cash and their isolation within their families were dealt with by having community women bring free contraceptives directly to homes. There is little question that these efforts were effective in legitimizing the idea of family planning and in popularizing contraceptive use within a relatively short span of time. Population programs such as that of Bangladesh have been criticized, however, for manipulating inequitable gender norms to achieve their objectives and, in the process, for reinforcing women's relative powerlessness (Germain 1997; Schuler 1998; Schuler et al. 1995).

Meanwhile, during the 1980s and 1990s (perhaps more during the '90s), women were changing. Girls' education was expanding rapidly and women, as the material presented above illustrates, were beginning to emerge into the public sphere. Employment, microcredit, and public and private health services were becoming more available, and the norms governing women's physical mobility were beginning to relax as families realized that they could benefit when women exploited these opportunities. Microcredit was the first intervention that brought large numbers of rural women out of their homes and gave them opportunities to interact with men and institutions outside the family (Mahmud 2003; Schuler and Hashemi 1994:65–67).

In the late 1990s, with the introduction of new national strategies for providing integrated basic health services, a plan was developed which would require most women to visit community clinics rather than receive contraceptives at home from family planning fieldworkers. In most areas, the community clinics never became functional and concern developed that many women were discontinuing contraceptive use and that contraceptive prevalence rates were falling. In early 2004, door-to-door contraceptive distribution was officially restored.

The findings presented here, as well as in other publications (e.g., Bates et al. 2003:92), suggest that women were not nearly as dependent on home distribution of contraceptives as many had believed, and that in the future the family planning program could capitalize on the changing norms that now permit most women to access services outside the home. Some of the remarks quoted above suggest that once the venue of family planning service delivery shifts from the home to the clinic, the widespread acceptance of family planning that now exists becomes one more factor supporting women's presence in the public sphere. Gender norms still do not condone women's being out in public without justification, but the need to obtain contraceptives now constitutes a legitimate reason to go out.

The data presented in this paper also suggest that ordinary people in rural Bangladesh have considerable insights into the effects of social policies on norms related to gender, even though they do not label "gender" as such. They have observed rapid changes in the social, political, and economic contexts in which they live. They also believe that people, and especially women, are changing—that they are becoming more "conscious" and aware of what is going on around them, that they are better educated, better informed, more daring, and cleverer in comparison to people (again, especially women) in the recent past. Most people in our study described this modernizing trend, and the new freedoms for women that are associated with it, in positive terms, yet some were ambivalent.

As the smart woman emerges and as women in general change, the dominant view of what constitutes a "good" woman is also evolving in a way that allows more space for women in society. Claustration (through the practice of *purdah*, which restricts women's presence outside the home and, ideally, keeps them from being seen by unrelated men) has long been considered to be a marker of a "good" and respectable woman. Yet some women interviewed in 2001 said that "good" women could be trusted in the public sphere, whereas "bad" ones had to be kept inside or closely chaperoned. It may be that the increasing numbers of girls and women who attend school and use health facilities outside the home have helped to put a positive "spin" on women's presence in the public sphere. In the past, in contrast, mainly desperately poor women were seen as having legitimate reasons to be out in public (to work or beg for food). Thus, cultural norms are constantly rearticulated and redefined to keep pace with changing circumstances.

Asked to reflect on the causes of the changes in women's nature and behavior, some people in the study sites described the phenomenon in terms of adaptation to intensifying problems, such as poverty, population growth, environmental deterioration, and disease.[2] Others explained it in terms of new opportunities, noting that health and family planning services, along with accessibility of education for girls, employment opportunities, and the existence of microcredit and other NGO programs, were drawing women into public and community life. The smart woman was seen as a product of these specific opportunities, as well as a result of the greater exposure to the world outside the home that is entailed in exploiting them.

The smart woman phenomenon documented in this study should not be mistaken for a fundamental transformation in women's gender position. As many study participants articulated, women also understand that their expanding roles and capabilities are developing within a context in which men still dominate. Bangladeshi women are still subordinate to men in most spheres of life, especially in terms of property rights and control over income.

Yet the findings presented here do suggest that health and development policies, along with other factors, have been contributing to an evolution towards gender equality and equity. In some sectors, such change has been an explicit objective. For example, education policies in the past decade or so have been formulated to promote equal access for girls, in the interest of strengthening women's participation in the economy and society. Microcredit programs, similarly, were designed with women's empowerment as an explicit goal, intertwined with that of poverty alleviation. The goals of population and health policies, in contrast, have tended to be focused more narrowly on their primary objectives of reducing population growth and combating common causes of mortality and morbidity. The country's family planning program, in particular, was designed to overcome practical obstacles imposed by gender inequality, without confronting the issue of inequality per se. Positive effects in terms of reducing gender-based inequalities have been largely serendipitous. Our findings suggest that there is an active and two-way relationship between culture and policy and that, even in societies with highly inequitable gender systems, policies that are not designed to advance gender equality can still have that effect by creating incentives for behavior change in areas of life affected by inequitable gender norms.

There is a growing body of literature arguing that the promotion of women's empowerment should be an explicit goal of health and development policies, and that gender analysis is essential to health and development planning. These arguments are presented in instrumental terms (in which women's empowerment is seen as a means to ends such as improved health and poverty alleviation), as well as in terms of human rights and social justice (e.g., DFID 2000:10, 12; Kabeer 2001:17–18; Kishor 2000:119; Mahmud 2003:577–578; Sen et al. 1994:3-12); Sen 1999:189–203; World Bank 2001:235–239). The findings from this study underscore the potential for health and development policies to weaken constraints that inequitable gender systems place on women. When they construe gender inequality as part of traditional culture, and therefore as something to be accommodated in designing strategies to achieve other ends, policy makers may fail to appreciate the changing and sometimes contentious "nature of culture."

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## NOTES

[1] Developed by Michael D. Nossaman

[2] Popular perceptions about worsening health caused by poorer food quality, and the use of pesticides and fertilizers have also been documented in West Bengal (Amin and Basu 2004).

## REFERENCES


Amin, Sajeda and Alaka Malwade Basu
2004 "Popular Perceptions of Emerging Influences on Mortality and Longevity in Bangladesh and West Bengal." *Population Studies* 58(3):357–364.

Bates, Lisa M., Md. Khairul Islam, Ahmed Al-Kabir, and Sidney Ruth Schuler
2003 "From Home to Clinic and from Family Planning to Family Health: Client and Community Responses to Health Sector Reforms in Bangladesh." *International Family Planning Perspectives* 29(2):88–94.

Bates, Lisa M., Sidney Ruth Schuler, Farzana Islam, and Md. Khairul Islam
2004 "Socioeconomic Factors and Processes Associated with Domestic Violence in Rural Bangladesh." *International Family Planning Perspectives: Issue on Gender-Based Violence and Reproductive Health* 30(4):190–199.

Cleland, John, James F. Phillips, Sajeda Amin, and G.M. Kamal
1994 *The Determinants of Reproductive Change in Bangladesh: Success in a Challenging Environment*. Washington, DC: The World Bank.

Department for International Development (DFID)
2000 *Poverty Elimination and the Empowerment of Women: Strategies for Achieving the International Development Targets*. London: DFID.

Germain, Adrienne
1997 "Addressing the Demographic Imperative through Health, Empowerment, and Rights: ICPD Implementation in Bangladesh." *Health Transition Review* Supplement 4 to Volume 7:33–36.

Hossain, Mian Bazle and James F. Phillips
1996 "The Impact of Outreach on the Continuity of Contraceptive Use in Rural Bangladesh." *Studies in Family Planning* 27(2):98–106.

Kabeer, Naila
2001 "Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment." In *Discussing Women's Empowerment: Theory and Practice.* Stockholm: Sida Studies No. 3, pp. 17–57.

Kishor, Sunita
2000 "Empowerment of Women in Egypt and Links to the Survival and Health of Their Infants." In *Women's Empowerment and Demographic Processes: Moving beyond Cairo*, edited by Harriet B. Presser and Gita Sen. New York: Oxford University Press, pp. 119–156.

Mahmud, Simeen
2003 "Actually how Empowering is Microcredit?" *Development and Change* 34(4):577–605.

National Institute of Population Research and Training (NIPORT), Mitra and Associates, and Macro International, Inc.

1994 *Bangladesh Demographic and Health Survey 1993–1994*. Calverton: Macro International, Inc.

2001 *Bangladesh Demographic and Health Survey 1999–2000*. Dhaka and Calverton: Macro International, Inc.

Phillips, James F. and Mian Bazle Hossain

2003 "The Impact of Household Delivery of Family Planning Services on Women's Status in Bangladesh." *International Family Planning Perspectives* 29(3):138–145.

Schuler, Sidney Ruth

1998 *Accommodating, Reinforcing Gender Inequity in Family Planning Programs*. JSI Working Paper No. 14. Boston: JSI Research and Training Institute.

1999 "The Next Chapter in Bangladesh's Demographic Success Story: Conflicting Readings." *Reproductive Health Matters* 7(13):145–153.

Schuler, Sidney Ruth and Syed M. Hashemi

1994 "Credit Programs, Women's Empowerment, and Contraceptive Use in Rural Bangladesh." *Studies in Family Planning* 25(2):65–76.

Schuler, Sidney Ruth, Syed M. Hashemi, and Ann Hendrix Jenkins

1995 "Bangladesh's Family Planning Success Story: A Gender Perspective." *International Family Planning Perspectives* 21(4):132–137, 166.

Schuler, Sidney Ruth, Syed M. Hashemi, Ann P. Riley, and Shireen Akhter

1996 "Credit Programs, Patriarchy and Men's Violence against Women in Rural Bangladesh." *Social Science & Medicine* 43(12):1729–1742.

Schuler, Sidney Ruth, Syed M. Hashemi, and Shamsul Huda Badal

1998 "Men's Violence against Women in Rural Bangladesh: Undermined or Exacerbated by Microcredit Programmes?" *Development in Practice* 8(2):148–157.

Sen, Amartya

1999 *Development as Freedom.* New York: Anchor Books.

Sen, Gita, Adrienne Germain, and Lincoln Chen

1994 "Reconsidering Population Policies: Ethics, Development, and Strategies for Change." In *Population Policies Reconsidered: Health, Empowerment and Rights*, edited by Gita Sen, Adrienne Germain, and Lincoln C. Chen. Boston: Harvard University Press, pp. 3–14.

World Bank

2001 *Engendering Development: Through Gender Equality in Rights, Resources, and Voice*. World Bank Policy Research Report. New York: Oxford University Press.