

Motherhood and Family Planning in a Globalizing World: Perspectives from Bangladesh

Amena Mohsin & Tania Haque

Department of International Relations & Department of Women and Gender Studies, University
of Dhaka, Dhaka-1000, Bangladesh

tania14bd@yahoo.com

Abstract:

The paper examines the politics of motherhood through the family planning programs in two locales in Bangladesh. It argues that the entire discourse centers round patriarchal ideas and values in which women have little voice. The paper looks into the ideas of nationhood, the development, security, environment, poverty discourses, which weave patriarchy into sinews and fabric of the entire political and social milieu. Women's movements and organizations however are making interventions by reshaping discourses and challenging the biological model of motherhood through positing the social political model of motherhood.

Keywords: Family planning, biological motherhood, political motherhood.

Introduction

Let us begin by clarifying what this paper is not about. It is not about the history and evolution of family planning nor does it provide an analysis or critique of the various international conferences and national policies in Bangladesh on family planning or reproductive health. This paper problematizes the issue of family planning in general and in Bangladesh in particular by looking into the location of women within the national paradigm and links it to the global. It raises the ethical questions about the centrality of women in the entire process, yet at the same time, their marginality at the point of debates where they emerge as sub themes, and also their lack of control. While making this contention we are acutely aware of the non-homogeneity of women across boundaries, castes, class, religion and culture. It is however beyond the scope of this paper to make a detailed study of the variations; our focus point is Bangladesh based on a survey of 100 women. The surveys were carried out between March and April 2013, in two slum areas in Nakhalpara of Dhaka

city where 50 women were surveyed through a questionnaire, unstructured and detailed interviews were also taken in few instances. A similar method was followed for the 50 women belonging to the Tripura community, in Tekhpara, Cox's Bazar during the same period. This study therefore does not claim to be representative of the Bangladesh scenario; but it does provide a broad picture of the women being marginal in general, which issues in contention amply demonstrate through surveys that can to a degree be argued to represent marginalized communities. The paper is divided into six sections. Each section seeks to locate the woman within a wider paradigm. It is submitted here that these paradigms are the major frameworks within which the debates around the woman's question and family planning have been evolving.

Nationalism and Women

Women and their bodies have long been the points of debates and contests within the realm of politics, starting with the birth of a nation, a

nationalist movement, development, ecology, and policy making both at the national and international planes; yet, paradoxically enough, despite this centrality the woman is missing. This contradiction is however not surprising given the evolution and location of woman within the discourse of nationalism, which set the parameters and also defined the roles that a woman is expected to play. This however is not to suggest that such a discourse was a rupture from the tradition rather to a large extent it built its bases and drew legitimacy from a tradition, which premised itself on patriarchal values. The nationalist movements being a reaction to the 'other', the 'excluded' often sought inclusions and group solidarity among other things by re-inventing a mythical past and cultural ethos, which by its very essence was based on exclusions. In other words, the exclusions were not a consequence of nationalism rather they were its defining principles. However, in its attempts to *re-locate* and *reform* the tradition to meet the challenges of colonial modernist intrusions the nationalists re-interpreted tradition but interestingly and again paradoxically enough through these re-formulations the nationalist movements *inclusion* of women in fact led to their *exclusion*. The exclusion was necessary to uphold a patriarchal tradition that marginalized women, but at the same time got it sanctified through religious and cultural practices. Women belonged to the *ghor* (home) and men to *bahir* (world). Colonialism was a major venture that was attacking as well undermining both. It was totalizing in its impact.

The Nationalist in India according to Partha Chatterjee conceded defeat at the *bahir* but the *ghor* remained unconquered. According to him to establish the above contention, relevant dichotomies and analogues were drawn. The material and spiritual dichotomy corresponding to that animal / god like qualities which correspond to masculine / feminine virtues were established. Chatterjee aptly alluded to this dichotomy as following: The new norm for organizing family life and determining the right conducts for women in the conditions of the modern world could now be deduced with ease. Adjustments would have to be made in the external world of material activity and men would bear the brunt of this task. To that extent the family was itself entangled in wider social task. To the extent that family was itself entangled in wider social relations,

it too could not be insulated from the influence of changes in the outside world... but the crucial requirements was to retain the inner spirituality of indigenous social life. The home was the principle site of expressing the quality of the national culture and women must take the main responsibility of protecting and nurturing this quality. No matter what the changes in the external conditions of life for women they must not lose their essential spiritual (i.e.) feminine virtues... (Italics mine).

One can also extend this argument and draw the analogy of the tension between primordial and civic that Clifford Geertz refers to in his conceptualization of nation. For our context that primordial represents the woman and the civic the man. Primordila represents the self; this self based on purity of blood brings women to the core of the nation. Women are the bearer of the nation, the sacrosanct mother. This sacrosanct however needs protection, which the male within this discourse supposedly provides.

Motherhood therefore is a matter of much religious and cultural religiosity, inextricably linked in popular culture with the notion that a woman does not attain her fullness unless she becomes a mother. Giving birth is not enough; it is the birth of a male child that is more important. Also though motherhood is much revered and is equated with divinity, yet as our discussion below will show the woman despite being the core is actually peripheralised. The discussion will limit itself to colonial Bengal.

The politics of motherhood

In colonial Bengal, the policies of the British Raj on health matters, with few exceptions, was most explicit only on the issue of childbirth. Much has been debated about the reforms that the British Raj had undertaken in its colonial enterprise; and quite aptly regarding the women issues arguments suggest it a part of the ideological gamut the raj had set up to justify its rule, and the reforms done to bring women to the core rather demonstrated the inferiority or crudeness of the indigenous or the local. A good instance of this field of medical health was the establishment of the lady Dufferin Fund. It was intended to set up maternity hospitals and baby clinics. The opposition was also very political; the Dufferin women doctors were compared with women missionaries who supposedly had come to

India to destroy the local culture. These hospitals were regarded as an insult to the Indian system of birthing. Acceptance of women to attend these clinics was regarded as an insult to the Indian system of birthing. Refusal by women to attend these clinics was regarded as allegiance and regard for the local culture. Local newspapers were very vocal in their resistance and criticisms of these institutions, more often than not pleas and appeals were made to local traditions and purity of women. In many instances resistance was put up by the local patriarchy to such reforms and even when a section of the male population supported the reforms much of it was done from the perspectives of religion and culture rather than the women. As pointed out earlier medical science was no exception to this. The study of medicine by women was not encouraged. It was regarded as men's domain, as Engels puts it:

Gender ideology rendered the study of medicine an unsuitable occupation for a woman. Western medicine and science - complete with dissections during anatomy lectures - was incompatible with Hindu teachings. Women were more vulnerable than men because their purity was more important and more violable. Moreover, young women were not used to social contact with men from outside their families. They found it difficult to sit with unrelated young men listening to medical lectures that dealt with the functions of the human body¹

The case of Muslim women understandably was no different if not worse since the institution of purdah (veil) was stricter. It is also well known that having lost their power to the British they were reluctant and were late comers to the education system introduced by the British. As discussed earlier within the nationalist equation women being the essence of purity and spirituality were the bearers of culture as well, no matter how oppressive it was for women. The rituals of birthing illustrate this point well. Motherhood, at least the first pregnancy or additional pregnancies in expectation of a male child was eagerly awaited. The would be mother was pampered and looked after very well depending upon the economic circumstances of the family. It was common for a woman to travel to her parents' house for birthing so that she could be more relaxed and at ease. During the pregnancy different kinds of rituals were performed for the wellbeing of the mother and child. How much of the care was for the mother to be or for the child to be is however

a matter of debate. However, once the birthing has taken place the notions of purity and impurity comes into play. The blood loss following the birth is symbolic of being impure, though it is only a natural biological function of the body. This notion of impurity following child birth is common both among Muslims and Hindus. In the case of the former the woman is supposedly impure for forty days after which she takes a bath cleans off everything to regain her purity. It is posited here that through this dyad of purity and impurity a woman is turned into an object of manipulation and control; with her turning into an impure object once the birthing has taken place. The irony of the situation is that the same body was pure and much pampered and revered till she was bearing the child, so essential for the continuation of the family, the nation. In case of Hindu women childbirth took place in a special room, *aturghar* or *sutikagriha*. A vivid description of the place has been provided by the Census of India. It says:

The character of the room depends on the means and enlightenment of the family, but generally it is one of the worst rooms in the house, or a shed is erected outside the compound. Among the poorer classes, the woman's accommodation is wretched. A portion of one of the living rooms may be screened off, or she may have to use the verandah; some doctors' even state that cowshed or kitchen is occasionally used. As a rule, when a separate room is assigned, it is small, dark and ill ventilated.⁷

Often the windows were blocked off; this was done to keep the evil spirits from entering the house and the mother and child from catching cold. An argument can be made here in support of the local customs citing their well meaning intentions, but this begs the question why this had to be done in a manner so oppressive and suffocating to the women concerned. Several rituals were also observed following the childbirth, more festively in case of a male child. The notions and periods of purity and impurity indeed are critical from the perspectives of both, men's hegemony and control vis a vis women's marginality. Though the process of birthing has changed much but the control over women's body and their marginality continues in different forms. It may be mentioned here though birthing was considered to be a women's affair but in actuality it was never so. The notions of purity and impurity are testament to this. The establishment of the maternity

hospitals tied the local to the global and women's body in India became an issue of the colonial enterprise, an issue of contest and debate between the colonial power and the Indian nationalists, the woman being *re-presented* while actually not being *present*.

Politics of Development

Development is one of the most debated and contested terms. Questions like development for whom, for what, and also what kind of development and at what cost have long engrossed political and economic agendas. Following decolonization high hopes were placed on the primacy of the state's role in development; though there was an emerging counterargument in favor of free trade and private investment but there was no real challenge to the statist paradigm. By the end of the 1960s the trickle down critique emerged. It was argued that the approach had not only failed to reach the poor and raise living standards but also set in the process of expropriating resources to powerful forces both within and across boundaries. The dependency school critiqued the international economic order and argued for addressing poverty alleviation and basic needs. By the mid 1970s the focus shifted from economic growth per se to the entitlements and needs of the poor. The 1970s also saw the emergence of an international women's movement. Drawing upon other social movements it drew its agenda of gender equity demanding the recognition and visibility of women and their integration as equal partners into the engines of development. From practical gender needs one moved into the arena of strategic gender needs.⁸

Population, population control and integration of women's voices were an integral part of this movement. The linkage between poverty population and development is a long one. Two major points are critical here: a) rapid population growth is a drag on development, it is eating up the resources; b) womanhood is associated with motherhood, giving prominence to that the fatherhood is not, family planning programmes therefore made women their targets. Women more precisely the control of their fertility became the central agenda of population control. The entire equation is a problematic one. To begin with, woman alone by herself cannot get pregnant there is a man involved in the entire

process, yet it is the woman who is made to bear the primary burden. The equation of development with population growth without taking into account the asymmetries at the systemic and sub-systemic levels addresses the issue only partially. There is lack of contextualization of local socio-economic as well cultural factors. It is suggested here this is deliberate and politically motivated, for development policies, as has been observed earlier, have benefited the rich and the dominant at the cost of the poor. Globalization has only accelerated the process.

Major shifts in power relations have occurred at both the micro and macro levels. In the latter case, the developed world is setting the pace and conditions for changes, and more often than not at the expense of the developing states. As national economies are becoming globalized, one observes a growing polarization of wealth, compromises in the security of domestic populations, and threats to the sustainability of local resources.⁹ The gap between rich and poor countries has increased rapidly in recent years. The income difference between the 20 per cent of the world population that lives in the world's richest countries and the 20 per cent that lives in the poorest countries was in the order of 30:1 in 1960. By 1990 it was 60:1 and by 1997, 74:1. This trend will continue because the flow of capital, new technologies, skilled labor and information continues to favor the advanced industrialized world.¹⁰ Within countries globalization favors market-oriented sectors and completely bypasses those oriented towards subsistence production. Women being the most marginalized of the marginalized, arguably would be most affected. Yet the development planners continue to put the blame on population growth. It has been identified as a *national* problem of Bangladesh by the policy planners and population control has been made an integral component of national development.

This however is not surprising; Bangladesh has been tutored into this long before it emerged as an independent state. It was colonialism which introduced these ideas in this region. Malthus's views that densely populated areas would not benefit from rapid population growth, India and China according to him faced disastrous population problems. These ideas were internalized by the Raj and its local agents. Periodic famines in India especially in Bengal were attributed to the rapid population growth. Malthus

spent most of his life teaching economics and population theory to young members of the British raj who went out to rule India. The argument that population increases at a geometrical progression while economy has an arithmetic progression rate was accepted uncritically. The poverty famine equation has been contested by Amartya Sen who pointed out that it was not the lack of food that caused the famine rather the lack of buying capacity was responsible for the situation.¹² The uncritical acceptance of the Malthusian view however is understandable. As pointed out earlier Edward W. Said¹³ dealt with it elaborately and pointed out the totalizing impact of colonialism through its policies, vocabulary and language. Quite explicitly he has made the argument that only by inferiorizing the Orient, which itself was the creation of the colonial enterprise the Occident could be created and privileged. This colonization of the mind resulted in uncritical acceptance of the Malthusian thesis. The pre-independence Indian civil service was deeply imbued with the Malthusian idea. It carried itself to Pakistan and then Bangladesh. It is therefore no surprise then that in 1952 independent India created the world's first national family planning programme. Pakistan started it in 1956.

Ayub Khan, the Martial Law Administrator and later the President of Pakistan stressed upon the need for population control upon the administrators in the then East Pakistan. It was seen as a race between food production and population growth. Population control became *the* policy of the country. In 1959 the US AID and the Ford Foundation, set up administrative colleges in Pakistan to train the recruits to the civil service of Pakistan. There among other things they were taught the need to control population growth. Then the East Bengalis among them were sent for further rural development training to the Academy of Rural Development in Comilla in East Pakistan. There they were given further training in family planning and in 1961 the Academy developed a family planning component of its development projects.¹⁴ Such planning and control indeed were necessary from the perspectives of the Pakistani rulers since West Pakistan was being developed at the cost of resource transfers from the East to the West, which ultimately led to the separation of East Pakistan from West Pakistan and the emergence of the later as independent

Bangladesh.

The state administration being tutored in the population development discourse continued with the old paradigm. However, the population program went through various twists and turns largely due to external and to some extent pressures from within the women's movements. Population policies in Bangladesh have mostly been undertaken in the five-year plans of Government of Bangladesh (GOB). Only in 1976 and then in 2004, GOB has given separate population policies. In all the plans it has consistently been asserted that, high rate of population growth had been hindering socio-economic development of the country. In 1976 rapid population growth was identified as the number one problem of the country. In the first five-year plan (1973-78), it was stated that, no *civilized* measure would be too drastic to keep the population of the country on the smaller side of fifteen crores (i.e. 150 million).¹⁵ What constitutes the *civilized* measures however remains unexplained. While identifying population growth as the number one problem the policy planners conveniently forgot to factor in the high level of political and economic corruption at all levels mostly concentrating at the top, which is consuming the major resources of the state. It can be argued that since higher population growth is prevalent among the poor sectors of society so by identifying population growth as the number one problem (to the exclusion of the high level of corruption among the rich) the poor are being targeted. Development strategies thereby whatever nomenclature it adopts in actuality remain a pro-rich agenda. The state however has pursued its population program most aggressively. The Information, Education and Motivation unit of Directorate of Family Planning have had information courses for leaders at all levels, including imams (religious leaders). The latter have been paid lecture fees for making positive statements about family planning at the Friday prayers. The electronic media has been allocating time for population programmes since 1975.¹⁶ These policies have had their impact and Bangladesh despite controversies on the issue have been hailed among the international population funding agencies as a success case. The argument that population decline is necessary for development has also seeped through. Our sample survey revealed that 80 per cent of the women interviewees believed that family planning was

necessary for development. Development for them indeed entailed education and job opportunities for their children. In a widening polarizing situation worsened by the forces of globalization, to what extent their dreams of development would be realized remains a matter of debate and conjectures.

Women's movements both within and at the international levels have been trying to hammer at the ethical and women's rights dimensions of the population policies. It had been making interventions at the international population conferences. The most crucial point of these interventions was to emphasize upon the integration of women in all development agendas and their right to exercise family planning. Such interventions went through various phases and led to challenges to the population planners. The challenges were made on both ethical and gender grounds. This opened up new vistas of debates and also provided feminist interpretations of the issues at hand. In case of development versus population, the 1974 World Population Conference at Bucharest was a milestone. A number of third world and socialist countries pointed out that the straight equation of population poverty and development is a way of distracting attention from the underlying asymmetries. It was pointed out that the spread of economic and social progress in Europe at the beginning of the twentieth century had brought fertility decline. It declared that development was the best contraceptive, thereby putting the equation other way round. It further declared that population programmes were constituent elements of socio-economic development policies rather than substitutes for them.¹⁷ Following it in the Tehran Conference the right of women to complete integration in the development process was affirmed. The Mexico Conference in 1984 made important innovations in the area of population and gender. It segregated the role and status of women from those dealing with reproduction and family, and urged the governments to integrate women into all phases of development. The Cairo Conference on Population and Development held in 1994 further broadened these discussions¹⁸ (the discussions below will explicate this). The Women's movements explicitly made the point that,

Inequitable development models and strategies constitute the underlying basis of growing poverty and marginalization of women ... there is a need to

design social development policies starting from the concerns and priorities of women. These include: redistribution of resources, restoration of basic services eroded by macro-economic policies.

The critical elements in these interventions were attempts to turn women into subjects rather than objects of development and to shift the ends-means debate. Women were not to be the means of developments through the control of their body by population and development planners; rather development was to be a means for population control. This was to be brought about by broadening the notion of development and integrating women in all phases of development activities.

Politics of environment

By the late 1980s and early 90s environment made its entry into the population debate. The Earth summit brought new awakenings about the world environmental health. The population versus ecology debate had however started earlier. The environmentalists projected the rapid population growth as a threat to the earth's carrying capacity in terms of its available resources. It was argued that rapid population growth in the South along with poverty is resulting in the fast depletion of world's natural resources through over exploitation of forest, land and water resources. A major consequence of this is also the extinction of many rare species of plants and animals.²⁰ Such an argument, as will be discussed later, however begs the point that environment is a global issue not local, it also (dis) misses the cultural practices often intertwined with religion of environment conservation by local indigenous communities.

The national and international bodies picked up and adopted the arguments and environment became an integral part of the population control strategy. The Bangladesh government's population control policy, 2004 declared that, in Bangladesh the land man ratio is 834 per sq. kilometer, which is one of the highest in the world. This high density is resulting in loss of forest and arable land, pollution of air and water, malnutrition and lack of living habitat. To face this calamity population growth has been identified as a *curse that* needs to be tackled firmly to attain sustainable development for the survival of Bangladesh in the comity of nations. In order to implement these specific measures have been

suggested. These are mostly targeted towards the poor and people living in rural areas, for instance -among others it includes control of the growth of slums, social afforestation programmes, and discouragement of the rural urban migration. The policy also recognizes the need for relaxation of rules for international migration for qualified people and suggests that measures ought to be taken for granting dual citizenship. The word *control* has an inbuilt hegemony; arguably it is the weak and the marginalized that can be controlled. It is therefore no surprise that the environment nexus like the developmentalist is targeting the poor and the marginalized to the exclusion of the various intervening factors including globalization, which largely are responsible for environmental degradation.

Feminists have quite rightly picked this up and called for integrated and holistic interventions. The connectivity between consumption patterns and environment has been stressed. The need and greed divide has also been underlined. It has been argued that the poor people squeeze the earth's resources to meet their basic needs whereas the rich does it out of greed.² It has been argued that overpopulation is not only a matter of population density, but the areas' carrying capacities in terms of available resources, per capita consumption and pollution and other resource degradations must also be factored in. Within this formula the developed world is also overpopulated. The US uses approximately a quarter of the world's fossil fuel and is the largest contributor of carbon dioxide, undesirable combustion products and chlorofluorocarbons - chemicals that contribute to greenhouse warming and attack the earth's ozone shield.²³ It has also been stated that one billion people in the industrialized countries consume 80 per cent of the world's resources. Yet it is the poor and the wretched of the earth that are being controlled and blamed.

Little attention is being paid to the harm caused to the environment by the activities of the multinational companies' development agendas sponsored by the donors. Globalization, as argued earlier, is a pro-dominant force. The underlying notion of the current emphasis of the poverty reduction strategy paper (PRSP), which constitutes the core of the Bangladesh state's development agenda equates growth with poverty reduction. Yet analyses of GDP growth over a decade period indicate three major

areas of growth: agriculture, industries and services. Increasingly the industrial and service sector is growing by passing the agriculture. This is indicative not only of the growth of the urban sector but also the growing gap between the rich and the poor. Under such a scenario the rural urban migration is bound to increase so is the growth of slums, the areas of control identified by the population control policy. The case is not different in the instance of social afforestation also identified as an area in the population control policy. In Bangladesh the Asian Development Bank (ADB) proposed to undertake a major forestry program in the Chittagong Hill Tracts (CHT) region. The program known as Social Forestry Rules, 2000 has been rejected by the Committee for the Protection of Forest and Land Rights in the CHT, and other local NGOs of the CHT as "anti-people, anti-environment and anti-national interest." In order to put the Social forestry (SF) program into effect the government passed the Forest Amendment Act 2000. The following provisions of the Act have important implications for the forest people:

The prohibition of "land cultivation" and "attempted land cultivation" in RF and PF backed by penal sanctions; The penalization of activities that may cause damage to SF programs; The appointment of special magistrates to try Forest-Act related offences; The vesting of further powers on Forest Development Officers (FDOs) to take possession of seized forest produce and take custody of alleged offenders;

The vesting of authority on FDOs to prohibit certain activities within privately owned lands or other lands for the protection of publicly owned forests or for the protection of "property" and the environment; The strengthening of indemnity of government officials (essentially FDOs) from criminal prosecution action against them in performing their responsibilities under the Forest Act and ancillary (and delegated) legislation.²⁴

The Hill people allege that vesting of extra authority to the FDD's and their indemnity from criminal prosecution will increase the harassment of the local population at the hands of government officials. The drafts of the 2000 legislation were prepared by expatriate consultants who have little or no knowledge or understanding of the dysfunctional problems within the existing forest administration set-up and the needs and wants of indigenous and forest dependent peoples. There was no local

participation in the drafting of the legislation, though the ADB emphasizes on the participatory approach. The taking over of land as RF has marginalized the Hill people in various ways. These include displacement and the traumas associated with it. Loss of rights over their livelihood. 'Criminalization' is a new emerging factor in this context. With the loss of lands and rights to the resources traditionally enjoyed by the Hill people and more importantly with no alternative means of eking a living available to them, the latter are forced to enter the RF 'illegally' as 'thieves'. This is especially true of the Kheyang community in the CHT. Consequently, a shift is taking place in the traditional gender roles of their society. Their women now go to the market places, traditionally a men's domain, as the latter stay at home for fear of being caught.¹

The activities of the MNCs also cause much damage to environment plantations. Commercial or industrial plantations are cases in point. The objective of these plantations is not natural forest cover but short rotation crops that would yield revenue. The plantations of teak, rubber and pulpwood, thus is of particular concern. Besides exotic species such as acacia, eucalyptus and pine have now replaced much of the native forests in the CHT. Tobacco is also now grown as a major cash crop. The curing of raw tobacco consumes an enormous amount of fuel wood and results in the destruction of forests in and around the tobacco growing areas. The above have led to a complete extinction of a variety of indigenous plants and animal species and in severe erosions in these plantations. It is also important to note that while the state has barred the local population traditionally using the forest resources from these areas; huge tracts of forestlands have been given to Bengalis and MNCs as plantation plots.

The above instances only illustrate the argument made earlier about the poor and subordinate being controlled and dominated while the rich and dominant remain unaccounted and uncontrolled. For the sake of equity and social justice the carrying capacity thesis must factor in the asymmetries and inequities.

Politics of Security

Within the nationalist discourse states have sought to control population in various ways. It has been perceived as a source of power, a curse and threat to development and environment, and

also states have gone for selective breeding. In each instance either the national security or human security paradigm has been invoked. The linkage between the local and the global is indeed there. The above according to the

'This was stated by a Kheyang person in a seminar on "land and Forest Rights of the Indigenous Peoples of Bangladesh" organized by SEHD, Taungya, Committee for the Protection of the Forest and Land Rights of the Hill People in Dhaka on 9.6.2001.

traditional statist argument, is a pre-requisite of national power. In Japan, for instance, the government offered a reward of USD 38 a month for each child under school age and twice as much for a third child. Media campaign exhorted people to have more children. The state argued that population growth was required for the welfare of the nation.²⁵ The conflict between Israel and Palestine illustrated this point well. Shimon Peres, in his capacity as Israel's Foreign Minister regarded politics as a matter of demography not geography. In regions infested with insurgency states have sought to bring demographic shift through ethnic cleansing and also population settlements. In CHT Bangladesh where an insurgency was waged for over two decades, both the strategies were employed and by the mid 1980s 400,000 Bengalis were settled through state settlement programmes in order to bring about a demographic shift as a counter insurgency strategy.²⁶ In CHT the local people allege that family planning programmes target the ethnic communities to bring down their population. Indeed, a demographic shift has taken place and the Hill people are minorities in many areas in the region. Today Bengalis constitute 49 per cent of the total population of the CHT.

States have also gone for selective breeding in accordance with the eugenicists. In Nazi Germany 'pure Aryans' were made to breed through various state incentives while forced sterilization was carried out for the weak. Singapore pursues this policy most aggressively. The highly educated women are expected as part of their patriotic duty to produce children who would be genetically superior while poor uneducated mothers were given cash award to be sterilized. Akhter argues that the South is seen by the North in a similar light.²⁸

Bangladesh indeed is seen to be a classic illustration of the Malthusian discourse. Its

population control policy, 2004 explicitly states that couples having one child would be given preferential treatment in different aspects of society. Population growth of the 'lower breed' is also perceived as a threat to the stability and status quo of the rich and the privileged. A declassified report of the US government, which was later adopted as a National Security Policy in 1975 identified thirteen key countries, Bangladesh among them for vigorous measures of population control. Its major concern was the radicalization of the developing world. It stated that younger people in high fertility populations can more readily be persuaded to attack MNCs and other foreign influences. Dr R.T. Ravenholt, Director of US AID had demanded in 1977 that one quarter of fertile women around the world should be sterilized to meet the US objectives of population control and to maintain the normal functioning of the US commercial interests around the world.² One only needs to stretch the imagination and impute the post 9/11 scenario to the dynamics and politics of population control in the light of the above arguments.

Akhter also suggests that very strong fears persist in the North of the South laying a claim to the resources and consumption patterns of the North. She quotes Nafis Sadik, the Executive Director of UNFPA, according to Sadik, "One billion people in the industrialized world already consume 80 per cent of the world's resources. What happens if the other four billion decide to consume at the same rate."³⁰ The links between the security threats of the local and the global are evident. The North for that matter the privileged within the South is also alive to the security threats posed by the asymmetries at the systemic and sub-systemic levels. Depopulating or population control without addressing the issues of equity and justice therefore are only partial interventions. Unless a holistic and systemic approach is adopted the insecurities would continue to persist.

Politics of empowerment

As suggested earlier family planning has gone through major twists and turns. The interventions and critiques by rights groups and feminists resulted in various interpretations and incorporation of values within the program. Empowerment of women has entered the development and women's discourse

in a big way. Implicit in the term is the concept of power, which according to the realists constitutes of control and domination; while feminists see it as collective sharing. Power constitutes of both, tangible and intangible factors. Control over land, resources, decision making, availability of options are all elements of power. In other words, empowerment requires the creation of institutions as well ideologies that create an *enabling* environment for women. This however is not to suggest that women are totally disempowered and lack agencies; rather each society and culture has its own notions and traditions of women's empowerment. In Bangladesh the indigenous women enjoy more freedom and mobility than Bengali women; but at the same time they do not enjoy rights of land inheritance, which Bengali Muslim women do, though it is half of the share of men. In other words, marginality of women is there though the degree and levels vary. Besides, within an asymmetrical system with patriarchy being the dominant ideology, both at the systemic and sub-systemic levels it is also questionable how far the notion of empowerment can be implemented.

Equity and social justice are essential to the realization of empowerment. It has been a major contention of this paper that while civil society movements have been emphasizing upon these values and have been successful to a large extent in exposing the inequities and contradictions of the system; yet the system remains a highly unequal one. Globalization has empowered women through the channels of communications it has opened, the rights groups indeed have made crucial interventions; but at the same time polarizations have widened the gap between the rich and poor. In other words, though the ideologies of equity are being pronounced loudly the world is becoming more unequal. Religious and nationalist militancy are also on the rise. The rise of the above it can be argued is a defense against globalization, which is regarded as a homogenizing and hegemonic force,³¹ on the other hand globalization also facilitates these forces. Women are the major victims of militancy in whatever form it may be. Bangladesh is signatory to all major human and women's rights documents, including the Convention on the Elimination of all forms of Violence against Women (CEDAW). Yet Bangladesh is in the third position as regards women repression in the world, according to the UN Human

Development Report. In 2005 between January to September 4,444 incidents of violence against women took place, this exceeded all previous records. According to a report of the Bangladesh Mohila Parishad (Bangladesh Women's Association), between 1997-2003 20,134 incidents of violence against women had taken place.³² The increase in violence against women along with the growing religious militancy and terrorism is indeed alarming.

Yet resistance to the above is also very forceful. In the context of family planning the right of women over her body, the right to choose and the responsibility of men in this regard has been emphasized time and again through various conventions and national policies. CEDAW adopted by the UN General Assembly in 1979 affirmed the equal rights of men and women to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights. This has been reiterated in all the major conferences on population. Strong emphasis has been placed to the centrality of women's empowerment in the entire process. On the basis of these debates and arguments fertility control has been taken out of the rubric of family planning and the concept of reproductive health has been instituted. Accordingly, the GOB has stressed on the need for multisectoral interventions, such as, raising age at marriage, women's education, employment and income generation to sustainable livelihoods, gender equity, to interventions in nutrition intake, environment management have been envisaged as part of the population control policy. Based on our survey, however this paper submits that in the case of the marginalized women, who arguably are in need of being empowered, empowerment remains an illusive agenda. The paper takes the following as empowerment indices: understanding family planning, decision making, informed choice, well-being. It needs to be emphasized that each of the above is interlinked.

Understanding Family Planning

The interviewee women in the Nakahalpara slums were aged between 15-45. Most of them were illiterate. The age group suggests one of the failures of the GOB in family planning. The legal age for marriage in case of girls is 18 and for boys is 21. The women's conception of family planning was limited

to taking of pills, i.e., Maya Bori, the most popular pill. It also implied having two children or keeping the size of the family small. The above reveals the lack of awareness on the part of the respondents about reproductive health and its underlying connotations.

The 50 Tripura women who were interviewed in Tekhpara in Cox's Bazar also belonged to the age category of 15-45. Their conception of family planning did not vary much from the Bengali women. For them also family planning implied keeping the family small. However, there was greater awareness about the state being a factor in this equation since many of them observed that since they were poor the government wants them to have small families. Greater awareness of various methods of birth control was also observed among them. They talked of pills, safe periods, herbal methods and injections. Three major factors can be attributed to this awareness: a) many among them had school level education; b) being minorities they are more conscious and sensitive to state interventions; c) women in ethnic communities enjoy more freedom of mobility than Bengali women. The second factor is indeed important from the perspective of nationalism, state and the location of minorities, but our respondents did not refer to any coercion on the part of state agencies regarding family planning operations among them. The point to be noted here is the greater sensitivity of minorities to the state apparatus vis a vis members of the majority community.

In an attempt to get a comprehensive idea of family planning men's perception of family planning was also taken into account. A few (numbering around ten) of the spouses were interviewed. Men's attitude, both Bengali and Tripura, towards family planning was in general positive and often supportive. They often bought the pills for their wives. This however is not to suggest that they shared equal burden and responsibility regarding family planning. It was commonly observed that family planning was a woman's affair. The general feeling was that since women get pregnant so it is their responsibility to stop it. Some men even observed that it is a private matter that needs to be dealt by women. Men refused to use condoms on the ground that it was uncomfortable and denied them full satisfaction. It was also observed that in general they had no objections to their wives taking pills,

but they reacted sharply and negatively when the taking of contraceptives resulted in complications like frequent spotting and prolonged menstruation among the women. At that point they often forced their wives to discontinue contraception. In other words, the entire responsibility of the family rested upon the women. They were at the receiving end. It is significant to note the similarity between men's perceptions and the mainstream perception about family planning, which regards it to be a women's affair. Family planning it had been observed earlier is gendered, it is the women's body which is targeted and remains at the receiving end.

Decision Making

It was observed among the interviewees in the Bengali community that there was a growing trend towards joint decision-making regarding the adoption of family planning. In joint families the process was complex, often the mother in law or elder female members of the family intervened. The newly wed bride, it was found had little or no says in this regard. However, it is important to note that the term joint is an illusive one in this context. It has been observed earlier that men did not want to use any contraceptive method and regarded it as a women's affair. The decision was taken jointly but the women had to take the responsibility of using the contraceptive. In other words, women did not have control over decision-making. During discussions with the women it was revealed that many women opted for family planning to maintain peace and harmony in the house. Abject poverty was also cited as a major factor. It is understandable as argued earlier home is the domain of women, so the burden of maintaining peace and harmony in it also rests with women. At this point one indeed needs to ponder if the women had any option other than adopting family planning. The concept of equity indeed remains far from realized within such a public-private divide, which again is a construct of the patriarchal ideology.

Table1 : Family planning decision-making process in Bengali Community

| Bengali Community | |
|--|-----|
| Joint decision | 85% |
| Women decided alone | 10% |
| Decision undertaken by others (Relatives, neighbors) | 5% |

Joint decision-making was found to be the dominant mode among the Tripura community as well. However, in their case, as the use of contraceptive method below will reveal, women are much more empowered than Bengali women and the joint decision making process is real rather than illusive. This only reiterates the point made earlier that empowerment needs to be contextualized within the cultural specificities of a community.

Table 2 : Family planning decision making process in Tripura community

| Tripura Community | |
|-------------------------------------|-----|
| Joint decision making | 85% |
| Decisions undertaken by women alone | 18% |
| Decision undertaken by others | 2% |

Informed Choice: Pill is the most popular method among the Bengali interviewees. The reasons for preferring pill to other methods were given as following:

- Pill is easily available. Community based field workers supply pill free of cost.
- It is least expensive.
- It is the most popular method and has a great deal of acceptability.
- It is easier to take pill than taking injections.

The respondents pointed out that family planning field workers do not give them sufficient advice about family planning that is why they do not feel confident about trying other methods. They were also not aware about the suitability of the other methods. Since pill is supplied free of cost and is advocated most by the field workers so there is a general belief that it is the most effective and acceptable method of family planning. In other words, it is the supply side determining the demand. The demand has been created by the family planning body itself through its supply and motivation strategy. In the absence of availability of information about the various methods one cannot posit the preference for pills to be based on informed choice. Some male respondents claimed that the field worker always provides information to their wives so they have very limited idea about male methods. At the same time, they said that male method options

are very limited compared to female methods. The field worker through home visits made contacts with couples. But it is the woman who was focused upon and encouraged to have small families. The discussion below would further reveal that most of the women suffer from side effects and what is more critical over here was their ignorance about the side effects prior to the adoption of the family planning method. Their complains about the family planning workers have been noted earlier. The field visitors' targeting of women demonstrates the gap and contradiction between policy and practice. Despite having explicit state policies on equal responsibility between men and women regarding family planning the state agents target women. The following graph is illustrative of this.

Table 3: Contraceptive methods used by married Bengali women aged 15-45 years

| | |
|-------------|-----|
| Traditional | 4% |
| Condoms | 1% |
| Pill | 75% |
| Injection | 20% |

Among the Tripura women, however the situation was different. They mostly opted for safe period method. They preferred this because there was greater awareness about the long-term effects and side effects of using medicalized means. Women pointed out that safe period was the best option since it did not make women vulnerable, while pills and injections have side effects. Literacy of women and the continuity of traditional cultural practices among ethnic communities may be deduced as contributory factors for this awareness.

Table 4: Contraceptive methods used by Tripura married women aged 15-45 years

| | |
|--------------------|-----|
| Safe period method | 65% |
| Condoms | 10% |
| Pill | 15% |
| Injection | 10% |

In a situation where women have little knowledge about different contraceptive methods and also little option other than adopting family planning for the sheer survival of their families, the notion of informed choice is indeed a chimera.

Well Being

World Health Organization's (WHO) definition of health is a "state of complete physical, mental and social well being".³³ In the context of developing countries health then is a Utopia for majority of its population. The women's situation is even worse given the structure within which they have to operate. For the purposes of this paper our attempts to investigate into the health of women taking contraceptive methods revealed that their state of health is far from what may be termed as healthy or a state of well being. The most common complains were excessive menstrual bleeding, irregular menstruation and lower abdominal pain. Vomiting, dizziness headache, enlarged and tender breasts, fluid retention and weight gain were also mentioned as common problems with certain methods. They complained that when side effects are experienced no follow up support service is provided to them. This affects their daily chores and they fail to take care of their families, which results in chaos and violence in the family. Thus the adoption of family planning measures instead of providing physical, mental and social well being causes anxiety for them.

To substantiate the allegations of the slum dwellers the office of "Surzer Hashi chinitta Paribarik shastha Clinic", Nakhhalpara, Dhaka was visited. The field visitors denied the allegations and instead alleged that the slum women were not serious and did not come for check ups. They also pointed out that when women experience serious ailments as a consequence of taking contraceptive they advice them to give it up and ask the men to use condoms, which is mostly refused by them. The women centric approach was further revealed through this visit. There was no male family planning worker in the clinic to advise men. More importantly men are approached only when women fail to continue with the contraception.

The following are some of the instances of side effects:

Reduced menstrual cycle: Rehana Begum is a housewife; she has been married for 15 years. She has three daughters and one son, now she has started taking pills. Two months after taking pills she noticed an unusual decrease in the duration of her menstrual cycle. It was normal for her to have bleeding for four days, now the bleeding is reduced

to two days only. It caused her considerable anxiety because she heard this might lead to weight gain, which not only hampers one's working capability but also results in various diseases.

Heavy bleeding: Jasna is a housewife; she has been married for four years. She has four daughters. Now she has started using injection. She experienced heavy bleeding after using the injection for two months. She never had so much bleeding before. Then she switched over to taking pills (fevicon), which also made her weak. Now she can hardly attend to her household chores.

Giddiness and weakness: Ratna Begum is a housewife. She has been married for seven years. She has three daughters. She has been using pills for two years but now she wants to give it up due to nausea. It is often accompanied by headache and she has become very weak. She asked the family visitor for help but no follow up support was provided to her.

These side effects can influence women to discontinue contraceptive methods. This puts them in the risk of becoming pregnant unless they switch to some other method, but the options made available to them are few and men are most reluctant to cooperate. Women thus continue to suffer despite much rhetoric about the success of fertility control in Bangladesh. Indeed, fertility control has been attained through the control of women and her body.

Empowerment, it may be argued from the above discussion is an illusive concept. It needs contextualization and there may be different degrees of being empowered, as the case of our Bengali respondents it would be wrong to suggest that they are completely disempowered lacking any agency. The realization that they need to maintain peace and harmony of the home for the sake of their children and family itself empowers them with power, the power to maintain the family. The argument that in the process her *self* is marginalized is also debatable, not a single respondent alluded to this, therefore one might suggest, as women are nonhomogeneous, the category of empowerment

is also a fluid one. Nonetheless the targeting of women and their bodies is a strong instance of patriarchal values and despite much rhetoric about reproductive health, the narrow focus on family planning and women remain. The case of the Tripura women demonstrated that women were much more empowered in terms of decision making, but less empowered in terms of the tangible attributes of power.

Conclusion

The study attempted to locate women within the family planning orbit of the global and the local. The interlink age between the two has been a major argument of the paper, which it has tried to show by factoring in the twists and turns and the debates that occurred in the population discourse. Throughout the study our emphasis, as argued earlier, has been to focus on the politics of the discourse. The patriarchal ideology and its institutions of hegemony have been the pace setters, though interventions by the rights groups and feminists have been largely successful in making important breakthroughs and establishing at least in principle the ideals of equity, social justice and well being. Distinctions are being made between the ideas of being a biological mother and politically and socially constructed notions of motherhood. The shift from the narrow focus on fertility control to reproductive health in family planning marks a qualitative shift in terms of gender parity. States have come to accept these as targets or objectives to be attained. The Millennium Development Goals (MDG) of the UN has reiterated these as objectives to be attained by states by 2015. Though the odds are enormous, but the goals have been set. This study through its problematization of the issues and the field survey has attempted to make a critique of the population discourse as it evolves within a national and international/global milieu, the major objective was to demonstrate the hegemony of the milieu and sieve out women's voices fighting this hegemony across boundaries at various levels, be it a slum in Dhaka city or a *para* (cluster of houses) in Cox's Bazar.

References

- ¹ Edward W. Said, *Orientalism: Western Conceptions of the Orient*, Penguin Books, 1995.
- ² Partha Chatterjee, The Nationalist Resolution of the Women's Question, in Kumkum Sangari & Sudesh Vaid (eds.), *Recasting Women Essays in Colonial History*, Kali for Women, New Delhi, 1989, pp. 233-253.
- ³ *Ibid*, p. 243.
- ⁴ See Clifford Geertz, [1963] Primordial and Civil Ties, in John Hutchinson & Anthony D. Smith (eds.), *nationalism*, Oxford: Oxford University Press, 1994, pp. 26-29.
- ⁵ Sangari & Vaid, *op. cit.*
- ⁶ Dagmar Engels, *Beyond Purdah? Women in Bengal 1890-1930*, Delhi: Oxford University Press, 1999, p. 138.
- ⁷ Census of India, Govt. of India, 1911, v. 1, p. 328.
- ⁸ Gita Sen, *Development, Population, and the Environment: A Search for Balance*, in Gita Sen, Adrienne Germain & Lincoln C. Chen (eds.) *Population Policies Reconsidered: Health, Empowerment, and Rights*, Harvard University Press, March 1994, pp. 63-73.
- ⁹ Philip McMichel, *Development and Social Change: A Global Perspective*, Pine Forge Press, London, 1996, p. 150.
- ¹⁰ Rawoo, *Coping with Globalization: The Need for Research Concerning the Local Response to Globalization in Developing Countries*, Publications No. 20, September 2000, Rawoo, Netherlands Development Assistance Research Council, p. 5.
- ¹¹ Bangladesh Gazette, Ministry of Health and Family Welfare, Govt. of Bangladesh, 24 April, 2005.
- ¹² Amartya Sen, *Poverty and Famines An Essay on Entitlement and Deprivation*, Oxford University Press, Oxford, 1981.
- ¹³ Said, *op. cit.*
- ¹⁴ Thomas T. Kane, Barkat e Khuda & James F. Phillips (eds.) *Reproductive Health in Rural Bangladesh, Policy and Programmatic Implications*, V.2, ICDDR, B, Dhaka, July 1997, p. 435-436.
- ¹⁵ Tehmina Ghafur, *A Shift family Planning to Reproductive Health in the Population Policy of Bangladesh: Process of Change, Commitments, Contradictions and Challenges*, Social Science Review, V. 17, No. 2, December 2000, p. 248.
- ¹⁶ Thomas Kane *et. als.*, *op.cit*, p.442.
- ¹⁷ Naila Kabeer, *Reversed Realities, gender Hierarchies in Development Thought*, Verso, London, 1994, p. 189.
- ¹⁸ Reports and Statements on Population, Gender and Development. 33rd session of the Commission on population and Development held on March 27-31, 2000. Compiled by : FPLM in collaboration with Ministry of Heath & Family Welfare, Dhaka, 2000. pp. 27-28.
- ¹⁹ Sonia Correa in collaboration with Rebecca Reichmann, *Population and Reproductive Rights, Feminist Perspectives from the South*, University Press Limited, Dhaka in collaboration with DAWN, p. 65.
- ²⁰ Sen *et. als.* (eds.), *op.cit*, 1994, pp. 69-71.
- ²¹ Bangladesh Gazette, *op.cit*.
- ²² kabeer, *op.cit*, p.203.
- ²³ Farida Akhter, *Depopulating Bangladesh Essays on the Fertility of Bangladesh*, Narigrantha Prabartana, Dhaka, 1996, p. 113.
- ²⁴ Raja Devasish Roy and Sadeka Halim, "A Critique to the Forest (Amendment) Act of 2000 and the (draft) Social Forestry Rules of 2000, in *Critique: The Forest (Amendment) Act, 2000 and the Social Forestry Rules, 2000*, SEHD, Dhaka, 2001, pp. 12-13.
- ²⁵ Nira Yuval Davis, *Gender and Nation*, Sage Publications, 1997. p. 29.

- ²⁶ Amena Mohsin, *The Politics of Nationalism, The Case of Chittagong Hill Tracts, Bangladesh*, UPL, Dhaka, 1997.
- ²⁷ Amena Mohsin's personal interviews with Local women in Khagrachari district of CHT in May 2004.
- ²⁸ Akhter, *op.cit.*, 1996. ²⁹/to/, p.86, 109.
- ³⁰ UNFPA, *Population Issues: Briefing Kit*, NewYork, 1991, Ct, in Akhter, *Ibid*, p. 108.
- ³¹ Amena Mohsin, Globalization, Hegemony and the State in Bangladesh, in Patricio N. Abinales, Ishikawa Noboru & Tanabe Akio (eds.) *Dislocating Nation States Globalization in Asia and Africa*, Kyoto University Press & Trans Pacific Press, Melbourne, 2005, pp. 64-88.
- ³² *The Daily Star*, Dhaka, 16.10.2005.
- ³³ Mahmood F. Fathalla, Fertility Control Technology: A Women-Centered Approach to Research, in Sen et.als (eds.) *op.cit.*, p.224.