

## Empowerment of Women in Bangladesh: Does it Help Make Reproductive Decision?

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### Abstract

*Role of NGOs, empowerment of the women and reproductive decision have been the most pronounced issues in development discourse in Bangladesh. The paper attempts to explore the role of NGOs in improving the empowerment status of the women and to see whether 'empowerment' helps the women make reproductive decision. A sound methodology was adopted to determine the sample size. A total of 186 randomly selected respondents were interviewed using both close and open-ended questionnaire. Both qualitative and quantitative (descriptive and analytical) techniques were used to analyze data. Data show that in six indicators of empowerment almost all the respondents have significant achievement. For the cases of "ability to make small and larger purchase"; "participation in family and reproductive decision making"; "enjoy freedom in the family"; "free from dominance by other family members"; "increased mobility" women achieved a significant improvement between pre and post NGO period ( $P < 0.000$ ). For the case of "Participation in political activity" they have also been able to achieve significant change ( $P < 0.001$ ). A significantly higher percentage of respondents have control over reproductive decision in post NGO period and a negligible percentage of respondents reported to have taken reproductive decision due to husband's insistence. Cases of pressure from other members of the family on reproductive decision in post NGO period have been significantly lower ( $P < 0.000$ ). The NGOs have played important role in empowering the women and empowerment helps make reproductive decision.*

### 1.0 Introduction

In Bangladesh, rural women live in the confines of the extended family home and compound. Many women have no independent sources of income, little or no education, and few marketable skills (Hadi, 2001). Reproductive decision-making has been influenced by traditional female role expectations and women's dependence on men (Ullah, Routray, 2003; and Miller, 1992). Empowerment and reproductive decision are one of the most pronounced issues at the sphere of the women development discourse. NGOs in Bangladesh have been working since the last three decades with major two goals of women empowerment and poverty eradication. On an average, rural women

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nce 10-12 pregnancies in their life time. Powerlessness of the rural women has been blamed for the high frequencies of pregnancies of the women. Pregnancies arising from two to three children are the impositions on the wives. Economic lassness has seized their say in decision making in the family and in the society as sues of empowerment received tremendous support from the government and the as well as the awake of booming population growth in Bangladesh, when only planning programmes were a necessary strategy for reducing the growth but were efficient one (Ullah, Routray, 2003; and BBS, 1999). Thus women have become et beneficiaries of the NGOs (BRAC, 1996). About 25% of the 20,000 NGOs in desh have been working since the last two decades of whom 87% are working in al areas and around 96% of the beneficiaries are the women of these NGOs , 1996; BBS, 1999; Hadi, 1997), since it is believe that women have been the ally deprived section of the society.

desh, one of the most densely populated countries in the world face many as of poverty, such as high illiteracy rate and low access to health care, while in ndicators of well-being the country has improved concerning food supply, zation of children and access to safe drinking water. Life expectancy has also (Hadi, 1997). Bangladesh is known as the laboratory of NGOs, while some other ment practitioners called as the motherland of NGOs. It has large part community ment organisations, most of the NGOs are small but growing fast. Some of the ations have been successful in organizing the rural poor and reducing poverty. ocus is on the grassroots level. Focusing on who is ensuring services to local poor mplementing the rural public sectors, which often have failed in reaching the poor. he local organizations and NGOs have emerged with a new generation of ideas to gainst poverty and gender inequality (Mahmud and Johnstone, 1994). Donors have ayed their role in initiating the process. A significant feature of this phenomenon sroots NGOs has been the rise of organizations providing a fora for the nized rural poor women. Various kinds of women's organizations work in desh. The traditional women's organizations have been focusing on delivering : women's education and health service (Hadi, 1997). However, this approach has adequate to address the strategic needs of the women.

Does empowerment mean, and what does empowerment imply in social, and ic terms? An empowered woman would be one who is self-confident, who y analyses her environment and who exercises due control over decisions that er life (Hadi, 1997; Schuler and Hashemi, 1994; Salahuddin, Shamim, 1996). rogrammes for women's empowerment failed as they overlooked the structural that perpetuated the exploitations. The fulfilment of practical needs such as food, are and education can not empower women unless the long-term strategic needs . Empowerment of rural women can be viewed against the backdrop of patriarchy of social relations with a material base that enables men to dominate women and an be thought of in terms of an improvement in intra-household gender relations (Chanam and Nahar, 1979). The process of empowerment requires transformation tures of sub ordinance, control over material and intellectual resources, gaining is, making authority and reduction of gender inequality. This requires that women

must recognize their strategic needs, their social position and understand how coercive it is. The women's strategic needs are here defined as to increase the women's bargaining capacity, reduce violence against women and make them gain more influence over decision-making. However, six indicators has been well-used to measure empowerment status of rural women, which are: ability to make small and larger purchase; participation in family and reproductive decision making; enjoy freedom in the family; free from dominance by other family members; increased mobility; and participation in political activity (Ullah, Routray, 2003; Afrin, 2002; and Hashemi, Schuler, Reily, 1996).

WHO defines 'Reproductive health' as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive systems and its functions and processes. Reproductive health, therefore, implies that people are able to have a satisfying and safe sex life and that they have the freedom to decide if, when and how often to do so. Implicit in this last condition is the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of family planning as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health- care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (ICPD, 2000). In recent years, there has been an increasing awareness of women's productive roles, mobility and contribution to development in Bangladesh. They have been found to contribute tremendously to their households and economy and they have participated well in Bangladeshi society as teachers, lawyers, journalists, politicians and as informal workers. In 1978, the country established a Ministry of Women's Affairs. Moreover, the government has already prepared a National Policy for Advancement of Women and made some noteworthy progress in implementing the National Action Plan, prepared in response to the Beijing Platform for Action. However, in spite of these achievements gender discrimination is widespread in all spheres, as indicated by official statistics on health, nutrition, education, employment and political participation (Hadi, 1997, BBS, 1999). Despite the quota which ensures women's presence in local government and the National Parliament they still face an ominous challenge. Lack of empowerment of the rural women makes them exposed to taking as many children as their husbands or in-laws want. Wives didn't have any say in making their reproductive decision. The objectives of the paper are to examine the role of the NGOs in empowering the women; changes taken place in the indicators of the women empowerment after NGO intervention, and to see if women empowerment helps them take part in reproductive decision making.

## 2.0 Methods

Data for the paper were collected from the beneficiaries of four NGOs having empowerment-focused interventions. Pre and post NGO situation of the beneficiary households were examined. Pre-NGO period refers to the situation "before" joining NGO and post NGO period refers to the situation "after" joining NGO. The villages under study in Barisal, Rangpur and Dinajpur districts were selected since; (i) these villages have almost all major NGO activities (ii) the sample NGOs have been working in these districts from 5-15 years; and (iii) sampled four NGOs have interventions focusing

empowerment of women. Four NGOs, BRAC, Proshika, DSK and Come to Save (CTS) have been selected purposively. A total of 186 samples were taken using an appropriate sampling method. For selecting the respondents, simple random sampling technique was opted. Data were collected from February to May 2003. Interviews with the NGO beneficiaries were conducted using both open and close-ended questionnaire, while a semi-structured checklist were used. Few PRA techniques were used to collect qualitative data. Chi-square ( $\chi^2$ ) test and t-test were applied to compare a range of indicators of empowerment of the NGO members between pre and post NGO period.

## Results and Discussions

The mean membership length of the beneficiaries is 8.4 years, which is considered sufficient time to measure impact of any intervention. An overwhelming majority of the respondents (71%) have been empowered after the NGO intervention when judged against each indicator of empowerment. NGOs in Bangladesh do not see only women's economic empowerment as its goal, but encourages uniting of the poor women in groups as part of a larger struggle (Hadi, 1997, (Ullah and Routray, 2003). If the programmes are undertaken collectively they are more likely to achieve their goals than otherwise. Credit based income generating activities are the main tasks for most of the NGOs (Schuler, Shemi, 1994). Credit programmes, begin by organizing poor rural women into small groups can be a means to women's empowerment. The group formation among the women helps generating peer group support and solidarity. Through meetings the awareness process starts. After selecting a specific income generating project they are given training. Issue-based meetings is a forum where each credit group member must participate, they chose issues which are important to their lives such as immunization of children, family planning, school issues, legal issues etc. Through the credit group the women have access to money. The money borrowed from the NGO helps them raise their position towards their husband and other household members, and their self-confidence increased (Afrin, 2002; Ullah and Asaduzzaman, 2002). As a result their practical needs are largely fulfilled and their strategic needs are recognized by the family and the community, as both their conditions and positions begin to change. Data show that a significantly higher percentage of the respondents have "ability to make small and larger purchase" after NGO intervention as compared to pre NGO period ( $P<0.000$ ).

The credit programmes have a visible impact on the women's empowerment (Afrin, 2002; BRAC, 1999). The women's bargaining position in the home increases as they enhance their economic contribution to the family (King, 1993). The strength of earning income together with the strength of belonging to a group help women establish new roles for themselves. However, there may also be threats, such as if the women hand over money to their husbands they may be more dependent of the husbands, and gender equality will be reinforced (For more see Ullah and Routray, 2003; Hadi, 1997). Indeed, in most indicators respondents gained substantial improvement in the post NGO period. The achievement for the indicators of 'participation in family decision making'; 'enjoy freedom in the family'; 'free from dominance by other family members' improved significantly in post NGO period ( $P<0.000$ ;  $P<0.045$ ;  $P<0.000$ ). In the case 'increased mobility' showed the same result with a slight difference in the indicator

'participation in political activity' ( $P<0.001$ ). It indicates the important role played by NGOs in empowering women in rural Bangladesh.

**Table 1: Changes in empowerment indicators in pre and post NGO periods**

Empowerment indicators	Pre NGO (%)	Post NGO (%)	Significance*
Ability to make small and larger purchase	12	58	$P<0.000$
Participation in family and reproductive decision making	9	71	$P<0.000$
Enjoy freedom in the family	21	37	$P<0.045$
Free from dominance by other family members	14	61	$P<0.000$
Increased mobility	12	67	$P<0.000$
Participation in political activity	2	39	$P<0.001$

Source: Survey, 2003

\*Significant at 95% confidence level

The NGOs provide non-economic support, such as health care, non-formal primary education, family planning in addition to the skill training. The non-economic support helps organizing the group formation for the credit program. The governmental formal education often helps to reinforce the women's domestic role and does not bring about any change in social relations either within or outside the family (King, 1993). The non-formal education run by the NGOs on the other hand seeks to promote consciousness among the women about gender inequality so that women not only understand the causes of their oppression but also take steps to improve their conditions (BRAC, 1996, Hadi, 1997, 2001). Empowerment has worked for the case of Sakhi (24) and Morzina (27) effectively.

*We married nine years back. We have one son of seven years. We decided not to take any more children. We have to think about our capacity to take care of them (Sakhi, 24).*

*I have been able to make my husband understand that giving birth to kids is not difficult but what is difficult is to take care of them properly. He values my opinion. (Morzina, 27).*

Most of the violence towards women in Bangladesh takes place within the households (Krishnaraj, 1991), cases of which are on increase. The increased awareness of violence against women has facilitated uncovering occurrence of violence and rural women are at a crossroad now and have been faced with the ideology of patriarchy which help reinforce the power hierarchies within the family (Flavia, 1990, Farashuddin, Hossain, Akter and Banu, 1998). The increasing trend of violence against women should therefore be explained as the outcome of a contradiction against the ideology of patriarchy, manifested in social restrictions against women's mobility, the system of early marriage for girls, restriction on negotiation rights etc (Heise, Pitangy and Germaine, 1994).

Sometimes, empowerment and even awareness do not happen to play a role in taking part in decision making on reproduction when some people want to see a gender-balance family. Thus empowerment processes are hampered.

*I have six children. They are all daughters. My husband wanted a son. But it never happened. I used to give birth only daughters. Consequently, I was divorced (Amena, 39).*

Interventions only for empowerment sometimes do not work if their partners are left unattended. When mutual decisions rank very high in case of reproduction, both parties should have a balanced and rationale idea toward reproduction.

*Now I know how to protest against injustice of the husband. But the problem is husband always does not want to understand. He thought that NGOs have made his wife disobedient. Talking about reproduction is considered as disobedience and sin. Women should be silent about it (Kohinoor, 29).*

A classic case of patriarchy is the assumption that the male must exercise control over women by limiting her mobility to the home. Such control of female sexuality is further elevated by creating an image of the mother as divine and women who do not live up to the ideal, as "fallen women" (Hadi, 1997, Mohajan, 1990). In Bangladesh the family is the breeding grounds for some of the most persistent discrimination against women, such as sexual subordination of women, restriction of the mobility of women and different access to resources within the family. The NGOs are still facing difficulties when trying to convince the women that gender inequalities are not natural but a social construction (Hadi, 2001, Islam and Begum, 1984).

Evidently, the engagement of women in credit group activities and empowerment are positively linked with the use of contraceptives. The success of increasing the use of contraceptives in Bangladesh in spite of the lack of economic development was made possible through the massive door-to-door supply service that has been provided throughout the country (BBS, 1999). This programme may *per se* have had a consciousness raising effect on the rural population. When the contraceptive knowledge is universal and the social costs to use contraceptives has been reduced it has led to a rise in use of contraceptive (Hadi, 2001). If the development programmes tackle the sources of subordination, provide access to information, help women to gain self esteem and ability to control their own affairs, they will increase the possibilities of creating a context in which use of contraceptives will rise. The credit empowerment process addresses the structural problems as the power relations change and the women's bargaining situation improves.

The social context of the rural women has been changing as the economic life has become more complex. Many of them have accepted that the use of contraception can be economically beneficial as fewer children are born. Women's growing sense of self respect and bargaining capacity within the household may have diminished the men's assistance towards contraceptives. The question of how rural poor and the powerless

women achieved growing sense of self-respect? The Table 1 has the answer, which clearly shows a greater role of NGOs. Before NGO intervention, nearly 52% of the respondents thought it was only the husband who has right to take decision on reproduction, while 27% thought it was a matter of mutuality and only 3% thought that it was only their own decision, while 18% therefore thought that they have to satisfy their in-laws by giving births of as many children as they want. Data show that in post NGO period a significantly lower percentage of respondents thought that reproductive decision is only in husband's discretion ( $P < 0.009$ ), while a significantly higher percentage of them thought that decision on reproduction should be made mutually with husbands ( $P < 0.008$ ). Extremism has also been nurtured (!) in the field of empowerment by the NGOs resulting in a significantly higher percentage of respondents who opined on making reproductive decision only by the wives ( $P < 0.001$ ). The ideas that decision is dependent on the desire of the in-laws has not changed between pre and post NGO periods ( $P < 0.065$ ).

**Table 2: Changes in reproductive decision making during pre and post NGO periods**

Opinion	Pre NGO (%)	Post NGO (%)	Significance*
Husband's decision is final	52	29	$P < 0.009$
Mutual	27	53	$P < 0.008$
Only mine	3	7	$P < 0.001$
In-laws	18	14	$P < 0.065$

Source: Survey, 2003

\*Significant at 95% confidence level

Women's reproductive rights and empowerment goes together (Hadi, 2001). Increasing the status of women also enhance their decision-making capacity, especially concerning sexuality and reproduction. This is essential for a long-term success of the population programmes. Though most of the NGOs in Bangladesh do not directly provide health services they contribute greatly through promoting the messages that women should have control over their own body and the right to decide over when and how many children they should have. The participation in such programmes by poor women may lead to a dynamic process of social development with increased empowerment and self confidence. Decisions of reproduction however do not always depend on the couples themselves in rural Bangladesh and hence empowerment of the unempowered does not often work, revealed by Shefali (34), a NGO member.

*I have two children. We are happy with them. My husband does not want more. But his parents want more. They need more people in the family to protect their property against their village enemy! (Shefali, 34).*

#### 4.0 Conclusion

In the conventional rural society, husbands and in-laws want the women in the family to remain within the domestic confines. Mobility of the women is believed to have correlated to shamelessness, and disobedience. Reproductive empowerment has not only provided better opportunities for women's control of other areas of their lives. The

home contraceptive delivery system has reinforced the isolation of rural women using family planning. Despite having significant impact of NGO interventions on the empowerment indicators, they have often failed due to being less strategic and in compliance with conventional social structure. Hence, NGOs should include more male counterparts in their programme interventions otherwise in-house conflict leading to domestic violence might largely take place. Possible number of family members of the beneficiaries should also be included in the NGOs' issue-based meeting that might reduce the growing gap between the participating women and the other members of the family. A balanced empowerment approach should be taken in consideration at all programme strategies regarding empowerment otherwise unlimited empowerment of women might disempower the men, which is also not desirable in the society. They should be made able to translate reproductive empowerment into social and economic areas of their lives.

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