

Local Understandings of, and Responses to, Population Interventions in Bangladesh

Background

Interest in early marriage and childbearing (EM&C) has recently surged, and numerous international health and development agencies have called for research and action on this topic (Mathur et al. 2003; Save the Children 2004; UNICEF 2001). EM&C is associated with a wide range of social and health consequences; it is increasingly viewed as an abuse of girls' human rights as well as a cause of health problems and rapid population growth (Human Rights Watch 1995; International Planned Parenthood Foundation 2004; UNICEF 2001). Demographic analyses now suggest that lengthening the interval between generations – by increasing age at initiation of childbearing – will have a greater impact on reducing population growth than further reducing fertility rates in developing countries where contraceptive use has already reached moderately high levels (Bongaarts 1994; Caldwell and Caldwell 2003). In light of these projections, it would not be implausible to expect the issue of EM&C to overtake family planning as a central focus in the international population movement.

Like national family planning programs, mass efforts to delay marriage and childbearing are intended to curb population growth and improve social and economic conditions; like family planning, they also potentially threaten patriarchal norms. Many national family planning programs in developing countries have adopted strategies to avoid confronting inegalitarian gender norms for fear of provoking a patriarchal backlash. In our study site of Bangladesh, for example, female family planning workers bring contraceptives to women in their homes so they will not have to interact with men and can remain in *pardah*. In Bangladesh and many other countries, family planning has been construed as women's domain as an important way to create "happiness" and economic prosperity of families, and not as a way to liberate women or give them choices (Schuler et al. 1995; 1996). The policy and program literature on EM&C suggests much less caution with respect to challenging cultural norms that reflect gender inequality. The growing body of policy and program literature on EM&C portrays it as an abuse of human rights as well as a cause of health problems and rapid population growth, and emphasizes empowerment of girls and women. The interventions being developed to delay marriage and childbearing have a broad focus, including girls' education and employment and legal awareness (Human Rights Watch 1995; International Planned Parenthood Foundation 2004; UNICEF 2001).

Our research site of Bangladesh is second only to Niger as having the highest percentage of adolescent brides in the world, and nearly three out of five (57%) of currently married 15-19 year-old Bangladeshi girls have already had their first child (NIPORT 2000). Recently the Bangladesh government and

international donors have become apprehensive that the country's fertility decline has stalled (Government of Bangladesh 2002). An analysis commissioned by USAID concludes that the problem can only be effectively addressed through efforts to raise girls' and women's ages at marriage and initiation of childbearing (Streatfield et al. 2004). International agencies, including UNICEF and UNFPA, are now supporting large-scale interventions to delay marriage and childbearing in Bangladesh, as they are in a growing number of countries around the world. Demographic surveys suggest that modest increases in age at marriage and childbearing have begun to occur--perhaps as a result of these policy and program interventions, which include secondary scholarship programs for girls (Amin and Sedgh 1998; Arends-Kuenning and Amin 2000) .

In the 1990s, we conducted extensive ethnographic research on community-level responses to Bangladesh's national family planning program and on ideational change processes associated with the country's "reproductive revolution," in which fertility declined from over six to just over three children between the late 1970s and the early 1990s (Bates et al. 2003; NIPORT et al. 2001; Schuler et al. 2001; 2002b; 2002a; 1996). More recently, we have begun collecting data on EM&C in Bangladesh. In the current phase of this long-running research project, we are examining how rural people understand and respond to a new set of national policies and programs (intended to delay marriage and childbearing), which follow on the heels of, and overlap with, Bangladesh's family planning program. Both initiatives aim to influence peoples' private behavior and change cultural norms. The paper will build on our earlier work documenting rural peoples' understanding of, and responses to, family planning policies and programs, draw on in-depth interviews currently being conducted, and juxtapose language in policy and program documents with statements of rural people.

Data

Our data come six villages in three districts of Bangladesh (Rangpur, Faridpur, and Magura Districts), where the investigators have been working since 1991. The villages as a group have no outstanding characteristics that distinguish them particularly from others in Bangladesh. The villages are poor but not unusually poor for rural Bangladesh, the health services are average, the ethnic and religious composition of the study population is quite typical, and while NGOs are active in the study areas, none of the areas is an NGO "showpiece."

The theme of EM&C initially emerged from 120 in-depth interviews with women conducted in 2001. These interviews explored changing norms and social processes related to marriage and gender inequality.

We followed up with additional exploratory interviews to further understand the types of cultural supports for EM&C, to look for evidence of change in norms related to the timing of marriage and childbearing, and to examine the kinds of community responses to EM&C messages and campaigns. To this end, we conducted an additional 39 in-depth interviews (9 unmarried and 2 married adolescent girls, 17 mothers and 11 fathers of adolescent girls) and held 11 group discussions with women in 2002-2004. The paper will draw from these 170 interviews and, as useful, contrast some of the findings from our earlier work on social transitions in Bangladesh which began in 1991. These data include three quantitative surveys and hundreds of in-depth interviews covering topics such as reproductive decision-making, health service utilization, social and economic underpinnings of gender inequality, microcredit and family planning programs, women's empowerment, domestic violence, conceptualization of women's rights within marriage and, more recently, EM&C.

Preliminary findings

In many respects the community-level process of normative change that has begun with respect to the timing of marriage and childbearing resembles the process that took place during Bangladesh's "reproductive revolution," but there are also striking differences. Below we summarize some of our earlier findings describing the fertility transition, and (in italics) our related preliminary findings on EM&C, which we plan to develop further in the paper.

1. In individual families there is often a disjunction between ideas and practice – a tendency documented in numerous national surveys worldwide (as well as in our qualitative research in Bangladesh) and labeled by demographers as "unmet need" for family planning. *Both quantitative survey data and individual case studies suggest a gap between ideation and practice with regard to EM&C. (In this setting most marriages are arranged by parents; many parents believe early marriage and childbearing are harmful but marry off their daughters in early adolescence anyway.) Further analyses will consider the extent to which "unmet need" for later marriage reflects a lack of access to information or resources, as is widely thought to be the case with unmet need for family planning.*
2. As mentioned above, the national family planning program adopted strategies which accommodated rather than challenged gender inequality (Schuler 1999; Schuler et al. 1995; 1996). *In contrast, several large scale EM&C interventions have employed female empowerment approaches. The largest such intervention is a secondary school scholarship program for girls, which has been implemented nation-wide since 1994. There are also EM&C interventions in schools. For example, in one of our study sites an adolescent girl had brought home posters stating that compelling a girl to marry prior to the age of 18 was a punishable offense, as well as describing the negative health*

impact of EM&C. She proudly put them up on the wall of her family's hut, and read them out to (often illiterate) adults who visited. (Efforts to persuade young couples and their families to delay childbearing following marriage, however, have exclusively used more familiar health-related arguments which do not challenge traditional gender stereotypes.)

3. The idea that families could become “happier” and more prosperous through fertility control was met with optimism, but also generated a certain amount of guilt and remorse as family planning became a norm in rural communities. In the discourses that evolved in rural communities, women who were among the early adopters of contraception were often blamed and stigmatized; within a relatively short time, women came to be criticized for *failing* to practice family planning. In the context of rapidly changing norms, some early adopters of family planning (especially sterilization) felt guilty, and many who waited until later felt remorseful (Schuler et al. 1996). *Similar discourses have begun in rural communities regarding the proper ages at which to marry daughters. Some parents are criticized for keeping daughters unmarried for too long, and others for marrying them too early. Some parents now express regret for having married off daughters at very early ages.*
4. Official endorsement of family planning gave some women the courage and social legitimacy to act on their own desires and preferences for fertility limitation, even against the wishes of other family members. Mass communications provided a language that ordinary people could use to talk about fertility control and its benefits (Schuler et al. 1996). *Preliminary findings: Rural people are beginning to adopt some of the concepts and language used in official communications meant to discourage EM&C.*
5. The very poor were inclined to feel disadvantaged with respect to the health system and the family planning program; they felt more vulnerable to inferior treatment from family planning staff than wealthier, more powerful families who could use their resources and influence to ensure good access and care (Schuler et al. 2002b; 2002a). *Poor parents say that delaying daughters' marriages puts them at greater risk than wealthier parents – that they would be unable to deflect criticism should “something happen” to a daughter (i.e., should she become sexually involved with a male and should this be discovered). They also say they are unable to afford the much higher dowry that would be required to marry off a girl whose reputation is suspect.*

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