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THE EFFECT OF THE MATLAB PROJECT ON WOMEN'S STATUS

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This paper presents evidence that intervention programs promoting the use of modern contraception through regular household visits by community workers improve the status of women. We focus on a social process other than that which has typically been the subject in discussions of the impact of programs on women's status. We do not examine the extent to which the availability of contraceptive information and services encourages increased autonomy in reproductive decision making. While that is an important mechanism through which programs affect women's independence, it is by no means the only path through which such influences arise. Another is to examine the experience of, and status implications for those women who have been employed as community workers by family planning programs. This is the approach we use in the present paper.

We present data from the Matlab Project in Bangladesh which, as many other family planning programs, employs women as community workers to conduct household visits for education and service delivery (1). This paper deals with the consequences of such employment for the worker's status within the local community. We examine effects on her prestige as a woman, her professional standing, and her role as social leader.

In Bangladesh women have less power than men in decisions of who gets what, when and how. Women's social status is directly tied to the institution of purdah, a social system in which men exercise power and control over resources and women derive their influence and status from them. Bangladeshi women generally have no direct control over the means of production or other social and economic resources; but must seek security through association with husbands,

their families and sons. The low status of Bangladeshi women has been widely documented. (Youssef, 1974, Caldwell 1978, Cain 1978 and 1979, Abdullah and Zeidenstein 1982). In fact, it has been argued that women's dependency on men in Bangladesh may represent an extreme among patriarchal societies in the Third World.

While specific authors differ in their interpretation of the mechanisms through which gender asymmetry works, there is general agreement that it discourages innovation, and encourages adherence to culturally prescribed roles for women. Above all women are expected to perform familial rather than extra-familial roles, avoiding contact with the "public realm", especially the world of employment and exposure to strangers. In spite of these social norms which dictate that women, especially women from good families should stay home, the Matlab Project has succeeded in recruiting educated female service providers from middle class backgrounds. What then have been the consequences for the status of these women who have been employed as community workers?

In answering this question we acknowledge the multidimensional nature of the concept of women's status and define it in terms of influence, wealth and prestige (Mason 1984). We furthermore distinguish between the worker's status in two separate spheres - the public and the private. In this paper we focus on the public sphere, examining her standing within the local community where she works. We present evidence about her prestige as a woman, her professional standing and her influence as social leader. Consequences of the worker's employment on her domestic authority and control over resources will be the subject of later work.

This paper is a first analysis of a larger study which assesses the impact of the Matlab Project on the status of women (2). Analysis of the status implications of employment as family planning worker is only one of the components of this study. The second component of the overall study addresses the effects of the Matlab service project on reproductive decision-making. Here we hypothesize that the female outreach worker facilitates innovative behavior by encouraging women to assert control over their fertility. The workers introduce an element of choice into a cultural context where childbearing represents a learned, unquestioned response to the definition of what it means to be a woman, and facilitates in a variety of ways the process of adopting contraception. These issues pertaining to women's increased autonomy in reproductive decisionmaking will also be dealt with in subsequent work.

This paper represents an initial analysis of the study of the effects of the Matlab Project on women's status. Fieldwork for the project has been completed but translations are still in progress. The paper presented here is based on a subset of the materials, and should be viewed as a preliminary attempt to interpret the social and gender dynamics set in motion by employing rural women as fieldworkers.

BACKGROUND AND METHODOLOGY

Matlab is a field research station of the International Centre for Diarrhoeal Disease Research, Bangladesh, (ICDDR,B). It is located in a rural, riverine subdistrict 35 miles south of Dhaka, in an area that is isolated because of its inaccessibility except by river transport. Matlab Bazaar is the only small town of significance; clusters of households or hamlets are separated from each other by the multitude of river branches which characterize the landscape in this part of southern Bangladesh. Subsistence agriculture and fishing dominate the economy.

The Matlab area has remained predominantly traditional and conservative and its economic base has not undergone a major transformation in the past decade. Nonetheless, modernizing influences have also reached the area in recent years. Education has received growing emphasis and acceptance; particularly education of girls. The mean age at marriage has also increased, largely in response to rising expectations about the size of the dowry that has to be paid by the bride's family. Contact with the modernizing influence of the larger urban areas are more frequent than they were ten years ago, extending as far as the Gulf countries where some area residents have gone for employment. Contacts with the outside world are facilitated through the increased use of motor-launches or small motorized boats.

Agriculture has seen some degree of modernization through the introduction of high yielding varieties, increased irrigation facilities and the availability of government loans from local cooperatives. A large internationally funded embankment project

which covers a portion of the Project area, promises reduced flooding and increased productivity. Due to a major collapse of the embankment walls in the first year of its completion, this endeavor has so far produced only extensive flooding and loss of crops, however. Modern consumer goods such as wrist watches, and transistor radios are widely available and even televisions, cassette recorders and VCRs can be occasionally found in affluent families. Modern cosmetics, saris made from synthetic materials, earrings, and bangles have become desired acquisitions, especially for younger women.

A little over a decade ago, in late 1977, the ICDDR,B initiated the Matlab MCH-FP project, after its precursor, a contraceptive distribution project proved unsuccessful. One of the key features of the new program was the introduction of the female fieldworker, who in contrast to the previously employed local traditional birth attendants, was selected from respected families within the community. These workers were instructed to conduct regular household visits in their work area to educate all currently married and fecund women about contraception, and to provide household-based services or facilitate access to services in nearby subcentres or the Matlab clinic. Initial services focused on contraception, over time oral rehydration therapy, immunizations, safe delivery practices, nutritional services, and broader maternity care have been added.

Workers are full-time employees of the ICDDR,B; they are carefully supervised by a female paramedic and a male supervisor and spend one day every fortnight in meetings with Matlab organizers to

review the progress of work and to participate in training sessions. The remainder of their time is spent on daily household visits of approximately 20 families per day, covering a total average population of 1100 per month, representing roughly 220 eligible couples in their assigned work area.

When the project began in 1977, most of the women who had been recruited were relatively young, all were married, and contracepting. Turnover of workers has been low, many of the women have been with the project for the last decade, and the large majority of them for at least eight years. Workers who have been with the Matlab Project for most of the past decade are the subject of the analysis presented here.

The study is based on focus group methodology, as well as the authors' considerable familiarity with the Matlab Project. A tool imported from marketing research, the focus group approach has over the past several years been successfully utilized in the population field. Knodel (1980) pioneered the approach in his study of the demographic transition in Thailand; many smaller, operations research projects have turned towards this method since then. Nag and Duza (1988)have recently used it for a study of demographic change in Matlab.

Typically, between three and ten participants are gathered together for discussions around a particular topic of interest. Group discussions as opposed to individual in-depth interviews are valuable in that they can create a relaxed atmosphere in which participants are stimulated to reflect on a set of topics by expressing their own views and listening to those of others. It is, however, important to guard against the possibility that

participants are constrained by the presence of others or that they are unduly influenced by one or two members of the group.

For the present study, focus groups sessions were held with female fieldworkers of the Matlab Project, with their husbands, with community women, and with educated women of comparable social background to the worker but without gainful employment, and community leaders. Twelve sessions were held with groups of 3-5 workers (covering a total of 44 out of the 65 workers who have been with the Matlab service project since 1980), 14 sessions with community women, 4 each with educated women and workers' husbands, and 2 with community leaders amounting to a total of 36 sessions.

Focus groups sessions with the worker, with the workers' husbands, and with community leaders were held in the office of the project headquarters in Matlab station. Other sessions were held in the village homes of focus group participants. Workers selected for participation were invited to come to the central Matlab station on a weekend where they spent the day in a congenial atmosphere of discussions. The workers were frank and talkative beyond the authors' expectations. Participation in these focus groups sessions was an opportunity to share experiences with other workers, and the two moderators, and to think and talk about their lives in ways that they ordinarily have no occasion for doing. Their familiarity with one of the moderators, who herself lives in Matlab and has worked for the Matlab Project for several years, contributed much towards reducing social distance and creating a relaxed atmosphere.

Discussions were taped and later translated. Tape recordings of these sessions vary in length from four to seven hours. Sessions

with community women, husbands and leaders were shorter. The analysis we present here is based predominantly on the transcripts of focus group sessions with the worker, community leaders, workers' husbands and only a few of the sessions with community women. The paper will have to be evaluated against the complete set of transcripts once translations have been completed.

In this paper heavy emphasis is placed on presenting quotations from the focus group sessions. We feel that conveying the actual words of participants is the most meaningful way of communicating a sense for the social realities through which employment has transformed the lives of female family planning workers. Most of us, although we are perhaps empathetic towards the lot of rural women, rarely have an opportunity to understand these women from their own viewpoint and experience.

In the following section of the paper we address first the effect of employment on the worker's prestige as women. Subsequently we analyze their standing as health professionals and assess their broader social influence within the village community.

THE EFFECT OF EMPLOYMENT ON WOMEN'S PRESTIGE

Mason (1984) and others who have clarified the various meanings of the concept of women's status, insist upon the distinction between the prestige or respect that women derive because of their gender, and women's autonomy or dependency in relation to men. We begin our analysis by asking how employment in the Matlab service project has affected the workers' prestige as women.

A woman's honor, in a traditional, Islamic society such as rural Bangladesh derives from the extent to which she abides by the norms of purdah: the set of social and cultural prescriptions which allocate to women the roles of devoted mother and wife and mandate that these must be performed in physical and social seclusion from non-family members. Abdullah and Zeidenstein (1982) characterize the purdah-system as follows:

> The strict practice of purdah is a social and religious ideal in rural Bangladesh. Strict practice means that a woman stays within the family compound or bari which is usually surrounded by a wall of vegetation and sometimes has screens of woven rushes to protect the inner courtyard. If possible she stays within the inner courtyard...She is never seen by any but close family males....If a woman in strict purdah must go out to visit her parents once or twice a year or for an emergency, she will wear a burkah, a loose garment that covers her from crown to toe ...

At the beginning of the Matlab service project employment as community worker entailed adverse effects on women's prestige. Shortly after their initial appointment, fieldworkers began making daily rounds in their villages, visiting every household in their area twice a month for discussion of family planning and health matters, for distribution of contraceptives, and family planning motivation.

While many women accepted the services that were provided, the dominant reaction of the community was hostile. Here was a woman from a respected, middle class family of the village, a woman who would generally be expected to set an example to others by her strict observance of purdah, making her daily rounds through areas she would normally not visit, not even in the company of trusted relatives. Moreover, she talked about women's reproductive health and contraception, subjects not considered acceptable topics of conversation, certainly not with outsiders. Worst of all, she was seen talking to male supervisors and other male project staff. Not only had she ventured into "male space", she interacted with men who were not part of her immediate family.

The response from the community was one of shock, almost disbelief, and fierce criticism. Referring to the religious story according to which "khanedarjal", the devil , would come one day to lure people away from obedience to god, they saw the worker as the incarnation of an unfortunate evil that had befallen the community:

> Many people used to say many bad things. They used to say that a "khanedarjal",a devil has come to the village in order to destroy the women. They would not even look at us, or used to tease us whenever we passed their houses.
>
> They used to say: "The women come swimming in the water, one person's wife is working with another man. A khanedarjal has come; that is why there is poverty everywhere, there are no crops. They are working and going through the fields during monthly menstruation. Hence there is no paddy. The country is becoming a hell. Evil will fall on us. We suffer from rains and flood."
>
> Don't you remember what that moulana used to say when we just began our work? He used to gather a religious instruction meeting and used to say: "All those women who have come to the field, they are not good, they are the khanedarjal. They will walk behind men with a bag on their shoulder, an umbrella in their hand. They call themselves doctors; they are not doctors but prostitutes."

> Once when I was going along the road for my duty a man stopped me and started saying: "Aren't you ashamed of yourself? Working with men only for money? Stay at home and take care of your family. A woman's sari is bought to keep her covered, you do wear sari but in such a way that your whole body is seen. You have arrived as the darjal, and are behaving so. Never try to enter my house."

Not a modern health worker but a devil had come, bringing floods, crop failure, poverty and doom. Clearly, when women lose their honor, they are viewed as hurting not only themselves, but as inflicting damage on the community as a whole, bringing shame on everyone:

> One day a respectable person of the village said: "I cannot lift my head because I feel such shame. These women seem to be the tails of those doctors and supervisors."

Ridicule and criticism come not only from men but from women as well. The profound challenge which the worker's behavior and her job constitute to the existing social order is reflected in the repeated references to her as an immoral woman who chases men:

> If I went to a bari all of the women of that bari would gather together and would pinch each other and say:"who is she, is she a woman or a man, going from this village to that. We never saw a woman doing such sort of dirty job."

> About me they say: "The bride of that big bari is educated and does such type of work. She walks from house to house and runs after men. She has no sense of shame.... She has a husband at home but still runs after men."

> You cannot imagine apa, what these people used to say when we first started working. They used to say: "That bari has no fence, so it has allowed the bride to roam around the village like a shameless bitch."

Walking from house to house and working with male supervisors violates the expected patterns of behavior suitable for women from good families. In the eyes of many members of the the community, the worker's honor, her prestige as a woman, had ceased to exist.

In the mid-80's, after a decade of successful service delivery,

the Matlab Project is solidly entrenched in the community, and the critical voices that saw in the female worker an incarnation of evil have quieted. The worker herself feels, that she has regained, if she ever lost, her prestige as a woman. The mechanisms through which such change was possible attest to the personal qualities of the worker, to the quality of the services she provides, and to the management structure within which she functions.

How can workers claim that they did not lose their prestige as woman? Did they not behave in ways that contradict the cultural prescriptions of what constitutes a woman's prestige in Bangladeshi society? How do they feel they have maintained their honor? The workers resort to an explanation that other women in Bangladesh have also been reported to use in order to justify employment outside of the home: "inner purdah". This concept implies a shift in emphasis from the external and physical criteria of seclusion to internalized moral standards. As long as this moral code of conduct is observed, purdah is not broken. As is apparent from the following quotations, the workers use this notion of inner purdah in conjunction with continued emphasis on physical distance or the physical seclusion provided by the burkah:

> But I do not mind them saying such things. I will be able to work with a hundred men. Nothing bad will happen if I remain perfect. My mind is the greatest thing. If I can maintain a distance and work with them nothing will happen.

> Apa, the main thing is one's belief...If you are clean internally, then no one will be able to insult you. We are human beings so we have some errors, but we have to try to remain as pure as we can.

> We behave very well. Dress properly by maintaining purdah (in this case: covering her head with the end of her sari) in our work.

> The main thing is that your mind must be clean. If I wear burkah but when I see a man I think it would have been better if I had been married to that man, then will my mind be clean? If my mind is not clean, I cannot be pure by wearing a burkah. And it is much better if I can work with prestige even without wearing burkah.
>
> They also see the way we are walking, the way we are behaving with people, even with men. They do not find any fault with us. Each and everyone has become acquainted with each other. We are like a family now.
>
> When we go for our duty, especially with our supervisor, we have to talk to him. I walk behind him. So if he has to say anything, he has to turn around and say it. If the village women see this they will laugh and implore us to say what we were talking about. They will not believe that we were talking about the patients. Even after going to a bari I try to remain as silent as possible. Only talk to my supervisor when necessary. But after seeing this and seeing that we do not talk about rubbish or do not go anywhere else other than work, they began to respect us.
>
> Once a woman asked me: "You are working with men. Do you have any relationship with them? Otherwise how can you work so closely?" At first I felt very bad, and then I told her that we are educated and we can't just sit at home. We we have come to work. We have read in schools and there were male teachers. They were teachers and we were students. Similarly, these men are the doctors, they are our supervisors, like our teachers. We do not have any relationship with them. They do not misbehave with us. If anything bad happens then we will be immediately terminated from our job.

That these views do not represent the worker's convenient reinterpretation of a cultural tradition to suit her personal needs, but is shared by villagers is reflected in the following quotation from one of the focus group sessions, where community women discuss the reputation of the worker. Here a village woman herself uses the term "inner purdah":

> Apa listen, I heard a story from my father and I think this is the right example for women. It is a story from hadis (Islamic religious text), which says that Bebe Ayasa (R), wife of the Prophet Hazrat Muhammad (SM) served water to soldiers on the battlefield, but did not break her purdah. Apa, our body is covered with skin. Soul and conscience remain under it. So the purity of a woman is her inner purdah. (Moner bhetrer purdah-e-purdah) Nobody can see it or break it unless she herself breaks it.

Respectful and polite behavior towards all members of the community, modest dress and especially maintaining distance from men have been important factors in safeguarding their prestige as women. This code of conduct has been strictly reinforced by project management; in fact, the selection of workers itself was guided by considerations for their ability to face provocation and abuse in the village with politeness, dignity and a conservative code of conduct. Now in the late 1980s the large majority of the village population has changed their views of the worker; no longer is she viewed as the devil who has come to mislead the people.

PROFESSIONAL PRESTIGE

Inner purdah and correct behavior alone would not have sufficed to dissipate the notion that the worker was a loose woman or an incarnation of the devil. Community acceptance of the worker's role as modern health and family planning professional played a major part as well. While there was some acceptance of her professional role on the part of the early acceptors of family planning, for others she had to labor hard to establish trust and the credibility that would eventually engender widespread acceptance of her professional status.

In the ideal-typical accounts of the purdah system, there is no place for a woman's status as a professional or as community leader. Her prescribed roles are those of devoted and self-sacrificing mother and wife. It is recognized that, as she advances through life, and has borne many children, especially sons, she may acquire considerable influence within the family. But in the community, in

the public realm, in the space of men, she is to be invisible, without a role.

In spite of these strong cultural prescriptions, the Matlab worker has become an influential and respected voice in the community, who speaks with authority in matters related to family planning, health, and family problems. The authority with which the worker acts within the community derives from her successful performance as outreach worker, and is exercised with autonomy. She is respected not only for the provision of family planning services to those who want them; her contribution to the welfare of families and the community as a strong advocate of the use of family limitation and spacing, as someone who actually influences family decision making is not only recognized but appreciated. Community leaders talked frankly about their own role in mobilizing social criticism against the workers, as well as about the subsequent change in attitude that occurred:

> Well at that time (1977, the beginning of the project) we all used to talk behind their backs. We used to say that these "Matarees" (pejorative term for woman) have fallen from hell to mislead women. They have no shame.
>
> It is natural that people will say bad things because women do not usually go out of the bari in the village. They are supposed to be confined to the house.
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> Moreover, people would not have said bad things if these women did the work of a teacher. They said bad things as they are working for family planning. They talked with everyone without any hesitation. They have to carry bags and contraceptives. Many people, even the women used to say "Khanedarjal" has arrived ... The women would not talk to the workers freely, would not let them enter their bari, even the yard. Small children used to tease them by saying: There go the devil women.
>
> Now such attitudes have changed...Because they are doing a very good job. They are helping the people of the village. We are getting better treatment facilities from them. Fewer children die from polio and measles. Pregnant women die less

from tetanus and also during delivery.

> People are giving birth to few children as the women are getting family planning methods from the workers. As there are few children so people face less food problem, they can live in peace. Mothers have to suffer less. Both the mother and the child have favorable health condition.

> Seeing all these improvements the people's perception started to change gradually. At present they perceive the worker as very good and well behaved.

The worker has the respect of the community for being a doctor; a "little" doctor no doubt, but she is generally the only source of modern medical care in the local community, and above all she is connected to the "big" doctors of the project in Matlab Bazaar, who can provide care when her skills are too limited. She is called upon and respected for help which exceeds formally prescribed job responsibilities; extending in the following examples to the administration of injections for curative care and emergency transport to the Matlab hospital.

> Well apa, we have learned many things. Give medicines, can push injections. So if we go to a bari then people will come and request that we give them an injection. They have bought everything but are not able to push it. There is a woman who has to be given two injections twice a day. One at 5 AM and the other one at 5 PM. So she comes to me daily and I give the injection. People come to us as we are expert in these things. Otherwise would they have come?

> Well, I have to help the people too. There are many burn cases in my village. But I cannot give proper treatment in burn cases. A few days ago a girl burnt her legs... All the people came running. When I got there I saw that it was quite serious. So I quickly sent for the boat and then took the girl, her mother and grandmother to the Matlab centre... The girl had to stay at the hospital for ten days. She got well. Whenever I go near their house she calls out to me: Barama, Barama (grand grandma). Her parents and grandmother are also very grateful to me. They have gained extra faith in me.

The worker has acquired scarce skills and resources which allow her to provide valued services or to provide access to medical care facilities elsewhere. In this respect she occupies almost a unique

position within the Matlab community, which typically has some traditional healers but only in rare cases allopathic physicians. Government health and family planning staff also work in the area but their services and referral capacities are considerably more limited than those of the Matlab Project. Trying to capture the special position the worker occupies in their lives, a village women said of her: "She is our guru in our family planning practice. She is our teacher and guide as she brought these things to us and we are her students."

It would be a mistake to conclude, however, that such recognition was automatic, or that it extends even today to all members of the community. Acceptance of their role as modern health and family planning workers came at a considerable price, involving regular confrontation with hostile villagers, and on occasion personal threats to their safety. Particularly in the earlier years of their work, when their ties to the community were not as thoroughly established as they are today, workers faced hostility and threats without much of a support network behind them. Supervisors can be called upon, but not necessarily immediately. Thus the worker has to confront conflict and opposition as they arise, as is illustrated in the following example where she tries to administer a tetanus injection:

> Apa once I went to a bari. ...The wife had given birth to a still born baby. Then conceived again but the husband would not let me give a tetanus injection to her. He would not understand that tetanus should be given during pregnancy. According to him why should this woman give injection during pregnancy. She wants to kill the baby. Now he has two daughters but I have not entered his house even now. If he sees me he comes running with a bamboo stick in his hand like a wild dog.

Certainly, individual cases of conflict and resistance to the worker's role continue. Not everyone follows her advice on family planning, not everyone is ready to accept the preventive health services she provides. But with the large majority of the community, her professional standing and influence are undisputed.

COMMUNITY INFLUENCE

The faith that villagers have in the worker is not limited to health and family planning but covers a broad range of family problems. She has become a valuable resource to women who normally cannot turn to anyone outside of their immediate family circle for help and advice, solving problems related to marriage of daughters and sons, their education, conflicts between husbands and wives, and conflicts with neighbors or between mothers-in-law and their daughters-in-law. Their advice extends even to financial matters. The following quotations illustrate key cases:

> Many women will come and complain about their daughters-in-law; they want me to tell her to wear clothes properly, to talk to people nicely and not to mix so much with men. That she has a son-in-law and has become older too, and that such sort of behavior does not suit her. We then have to talk to the brides, but also have to be careful so that they do not mind or get angry with their mother-in-law.

> In some houses the bride tells us that her mother-in-law gives her food only twice a day. In the morning and in the evening. After hearing this I say: "Where is the baby's grandma. Why don't you give food to your daughter-in-law? She has given birth to a child and must take better food many times. Otherwise both your daughter in law and grandson will be unhealthy, and will suffer from diseases." After a few days when I went to that house that bride told me that her mother-in-law is always telling her to eat this and that. She scolds her if she does not eat perfectly.

Relationships between mother-in-law and daughter-in-law are often fraught with conflict. That the family planning worker is

called upon to instruct the daughter-in-law in "proper behavior" seems to confirm once again that her authority in matters of prestige and female respectability are well established. In the second example we see the much discussed phenomenon that women in South Asia are not always given the same access to food as others; in this case control over food is exercised by the older woman in the family. Once again, the worker's instructions are heeded.

While the worker interacts predominantly with village women, and is probably more influential with women than with men, she does not hesitate to confront the husband when she feels this is necessary to protect the interest of women:

> Most of the quarrels are between husband and wife. More or less all families have some conflicts. But in some families it becomes serious. For example there is a serious quarrel between the husband and the wife if the husband marries again. They come and tell me. I have to go and sometimes talk to the husband: "don't you have any sense? You have married again in such says of hardship. "ou already have such a beautiful wife, but have married again. What kind of a person are you?" They then feel ashamed and sometimes apologize for doing such a bad thing.
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> A wife and a husband had a quarrel over a piece of soap. The husband had lifted a big stone to hit the wife and was constantly saying: "I will kill you, let me see how you enter the house". At that time I appeared there. All the women of the bari started saying: Naila's Ma has come. For they know that the husband will not hit his wife in front of me as everybody respects me. I said: "what is happening". They said: "the man will not allow his wife to enter the house as she has lost a piece of soap. I said to that woman: "Bhabi come inside with me". Everybody started screaming: "No, no he will kill her". I said "let me see what happens. If he hits her this means that it will not hurt her but will be on me". Then I started telling the husband, you are doing such a bad thing for only a single piece of soap. Aren't you old enough and have many children. Won't you marry off your children after a few months. And you are doing this now"...Then I heard that they did not even take their meal. So I arranged everything and told them to eat together.

"I arranged everything", the worker says and her influence in the community is such that this often means she manages to settle conflicts in ways that protect the interests of women. As one worker observed: "An obstinate husband who does not believe his wife...will respect our decision, even if it is in favor of his wife.

In some cases the worker supports women in their desire to act independently. Such influence is portrayed in the following example where the worker advises a mother to allow her daughter to attend school against the wishes of the husband:

> Apa, there is a family that has no respect for education and where no children are educated. One of their daughters had great eagerness to study but her father will not allow her to go to school. He and his brothers would say: "What is the use of getting educated. We do not allow boys to study so there is no question of girls' education." One day, when I went to that bari for duty, the girl's mother told me: "I want my daughter to go to school but my relatives will not give permission."... I then told that woman:"Send your daughter to school, don't listen to other people. None can take away the knowledge from your daughter." Then the girl started going to school and this year she passed the S.S.C examination with a second division and letter marks 80+ in two subjects. The day when the result was published, the mother of that girl came running ... and embarrassed me by saying: "My daughter has done so well only because of you."

Other examples from the focus group sessions attest to the fact that the workers are fierce advocates of education, especially for girls. The know that they would have never had the chance to work for the Matlab Project had they not been educated. They all send their own daughters to school in the expectation that they will attain even more and better education, and eventually a "big job and a good job".

The dowry system has become a major burden in rural Bangladesh for families with daughters. Not only has there been a shift over the past years from bride price to the dowry system, but rising

expectations about the size of the dowry imply increased hardship for families with several daughters, often leading to delays of girls' marriages beyond what villagers consider marriageable age. Since marriages are arranged between families who do not necessarily know each other well, the possibility of dowry fraud looms as a major threat. Once again the worker is called upon for help:

> One day I went to a bari and found the women of the bari crying. I asked them what had happened. One woman said that they have married off a daughter. The groom lives in Barisal. They had to pay Tk. 7,000 in cash. One of the uncles of the girl took her to Barisal. There they saw that the groom was already married. He has a wife and five children. So both the girl and her uncle returned back. They did not know what to do and asked for some advice. I told the girl's father and uncle to go to my brother-in-law at Pabna. He will do whatever he can. They went there and he sent his men to Barisal, caught hold of the groom and his father. They took the money back given for dowry. They did not give the money to the girl's father and uncle in case the groom's relatives do anything to rob the money. So they brought the money and gave it to me. I then went to that bari and gave the money to the girl's mother. Now they are very happy and much obliged to me.

The worker mediates neighborhood quarrels and as we show in the last example she is even called upon to provide financial advise:

> Many women will come with complaints of their neighbors. That the neighbor's cow has eaten their crop, goats have destroyed the vegetable garden, or about the quarrel between their daughter and the neighbour's daughter, etc. Sometimes women from both the houses will come and start speaking at the same time. They will find fault with each other and then suddenly will start quarreling. At that time we have to break the fight and then try to come to a compromise.
>
> A woman of a bari once told me that her husband works at Matlab. He will get a sum of Taka 25,000 after resigning from his work. So he wants to do so and then start a business and build a house with that money. But they could not decide what to do. She asked me to give my opinion. I told her that her husband is very much safe in a government service. There is no surety in a business that there will be much profit and what's the use of constructing a house. It will bring no return. The woman and her husband understood the matter... The husband then told her to have gold ornaments made. I then said that your wife already has some ornaments.... So keep the money, it will be doubled and you can do a good thing in the future. They also understood the thing and decided not to touch the

money but to keep it in a fixed deposit for five years.

From contraceptive advocacy to financial advice - the female worker of the Matlab Project has established her professional prestige and expanded the network of her influence beyond what anyone would have expected when they were initially recruited a decade ago. This is not to imply that the village community is always completely satisfied with the services they receive from the worker, or that all workers are held in the same esteem. But on the whole, the Matlab Project workers are widely respected. And the workers themselves know it. As one of them put it:

> We feel that our status has increased a lot. Such as if we are absent in any problem such as illness or anything else, in any wedding ceremony or festival, we hear the people saying: "We would have been glad, and it would have been much easier in many cases if she had been present."

CONCLUSION

In conclusion we would like to emphasize five key points. First, we conclude that employment in the Matlab MCH and family planning project has had positive effects for the worker's status within the community. They are respected as family planning and health professionals, and as women. As professional and social leaders they acquired a form of influence to which normally only men not women have access. As women, they command the same esteem as others from respected families.

To argue that the worker's status within the local community has increased does not imply that workers are flawless "superwomen". Both villagers and project managers can point to individual inadequacies and lapses of behavior. Neither is it to say that services were always adequate or that they necessarily meet the

villagers' expectations of what ought to be available to them. Nonetheless, workers are held in great esteem by the community and command a remarkable degree of influence with all segments of local society.

Second, the positive effects that arose were neither automatic nor immediate. They were the result of a strict code of conduct followed by the worker and of their eagerness to find ways in which they could prove useful to the community. Often this implied provision of a type of assistance that went far beyond the formal scope of work defined in their job description.

At the beginning of their employment workers suffered adverse effects on their esteem because they ventured into the public sphere, assuming a range of functions believed to the be domain of men. Moreover, the specific functions they performed were of such sensitive nature that even men's prestige might have suffered. In retrospect, it should not have surprised anyone that this challenge of accepted social and cultural norms provoked a loss of esteem.

By observing a strict code of conduct, entailing close observance of traditionally appropriate behaviors for women, the workers regained their honor in the eyes of the community. Innovation was limited to the requirements of the job: conducting regular household visits and promoting the use of contraception and other preventive health measures. In almost all other aspects of behavior workers conformed to the dictates of what traditional culture regards as appropriate behavior for women.

In addition to this adherence to a strict moral code of conduct, workers pursued a deliberate strategy of seeking out ways in which

they could prove helpful and valuable to the community. Contraceptive services were valued by only a few, and even the preventive health measures that were gradually introduced were not particularly in demand in the community. Her assistance in medical emergencies, her ability to provide referrals, her own growing competence as medical care provider which allowed her to provide basic help with curative care, and her skills as social leader were the factors that made it possible for her to establish her influence in the area of family planning and preventive health care.

Third, the influence and standing the workers have acquired within the community have implications not only for their own status but for that of other women as well. Workers act as role models in their community, encouraging increased education for girls, and establishing the legitimacy of employment for women, for example. Mothers are insisting that their daughters go to school because they hope that they will be able to get a "good job" in the future. The job as community worker with the Matlab Project is considered highly desirable, and the worker is frequently approached with requests to assist families in seeking employment for female members. This stands in complete contrast to the situation a decade ago, when project organizers had to labor hard to persuade families to allow their daughters to come for an employment interview.

In a more general sense community workers have succeeded in establishing the notion that women can assume leadership roles. Community acceptance of this new role entails a status improvement not only for the worker but for other women in the community as well. It amounts to a social redefinition of what are appropriate roles for women.

Fourth, it must be noted that the changes described here occurred within the context of a supportive management structure. Candidates for the position of community worker were selected not only for their formal qualifications, but with an eye to their ability to withstand community opposition, and to behave in ways that would engender credibility and acceptance. As was apparent from the evidence presented above, workers were aware that improper behavior would entail termination of employment.

Project management also provided consistent support to the worker in her search for means of enhancing their standing within the community. Referrals for services at the subcentre or the Matlab hospital must occur through the worker, tying access to highly valued services to her support. When visiting a worker's area, senior project staff pursue a deliberate strategy of showing respect to her, thereby reinforcing her image within the community.

Fifth and finally, it must be noted that the status effect of employment outlined here, occurred in a setting that is affected by some degree of modernization. While these changes do not amount to a major socio-economic transformation, they undoubtedly facilitated the status effects we observed. But it would be a mistake to conclude that these broader social influences, rather than the employment opportunity created by the intervention program, were responsible for the changes that occurred.

The broader social and policy significance of these findings deserves a last remark. Family planning programs tend to be viewed entirely in terms of demographic objectives, and changes in women's status are generally sought through means that are unrelated to the

public promotion of modern contraception. That these two important policy objectives can be attained through one strategy seems worthy of attention.

NOTES

1. For literature on the design and impact of the Matlab MCH-FP Project see: Bhatia et al., 1980; Phillips et al., 1984; and Rahman, 1986.

2. The study was conducted within the MCH-FP Extension Project of the International Centre for Diarrhoeal Disease Research, Bangladesh. Major support for the Extension Project is provided by USAID. The study authors wish to express their appreciation for the generous guidance the present study received from their colleague J. Chakraborty.

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