BIDS Public Lecture: New Series No. 03

HOW HAVE WOMEN CONTRIBUTED TO BANGLADESH'S DEVELOPMENT?

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October 2022

BANGLADESH INSTITUTE OF DEVELOPMENT STUDIES (BIDS)

BIDS Public Lecture Series

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OCTOBER 2022

BANGLADESH INSTITUTE OF DEVELOPMENT STUDIES (BIDS)

Published by

Bangladesh Institute of Development Studies (BIDS)
E-17, Agargaon, Sher-e-Bangla Nagar
G.P.O. Box No. 3854, Dhaka-1207
Telephone: +880-2-58160430-37
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Email: publication@bids.org.bd
Website: www.bids.org.bd

An earlier version of this paper appears in Pachauri, S. and R. Verma (edited) ***Transforming unequal gender relations: An intersectional perspective on challenges and opportunities.*** New Delhi: Springer. *Forthcoming*.

Price: Tk. 100; US$ 5

Cover Design & Layout Setting
Ahshan Ullah Bahar

Printed in Bangladesh at Chowkash
52 Nayapaltan, Dhaka-1000.

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Abstract

Women have made considerable contributions to Bangladesh's development. In many indicators where the country made considerable progress—improved life expectancy, declining births, and education—women's roles in implementing programmes and changing their own behaviours have been central to changing the overall trends in the country. Early on, the architects of policies and programmes understood that women's participation was essential and designed programmes accordingly. This recognition is most clearly articulated in the design of family planning. Subsequently, similar strategies of inclusion are also clear in the implementation of primary health and basic education. This lecture concludes with a discussion on approaches to social transformation that can address remaining barriers to women's empowerment and argues for life-cycle sensitive gendered approach for bringing about long-lasting change.

Introduction

This lecture explores the literature and evidence on social and economic trends to understand the role of women in Bangladesh's development. Starting from a low base, Bangladesh has achieved considerable progress in many aspects of development, including in indicators of gender equity as specified in the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs). These indicators reflect positive social change across sectors as measured by trends in fertility, life expectancy, schooling

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and workforce participation, and these changes are reflected in gender relations in the home as measured in agency in decision-making. However, there is also a range of indicators that still cause concern. Bangladesh is still the country in Asia with the lowest mean age at marriage; a series of surveys measuring prevalence and attitudes about gender-based violence find sexual and gender-based violence as important causes for concern.

Bangladesh's Development as a Paradox, Puzzle or Surprise

At independence in 1971, Bangladesh ranked among the poorest countries in the world. In 2015, it graduated to rank among low middle income countries. For much of the first three decades of its existence, Bangladesh ranked among the poorest countries in the world in terms of proportion of population living under the poverty line and other economic indicators. The announcement by the United Nations that the country is on track to reach full middle-income status led to a renewed assessments of Bangladesh's development and its antecedents (Asadullah, Savoia, & Mahmud, 2014; Basu, 2021). While there is some difference of opinion on factors that contributed to positive economic growth and trends in poverty, there is a broad consensus about the nature of that growth- that social development has preceded economic development- is a key element of that consensus. Progress in health and education far exceeds the levels that would be expected given the countries' level of income and economic development.

Bangladesh's development is typically described in terms that suggest it is unexpected, using words such as miracle, surprise and paradox. This refers specifically to the fact that none of the economic fundamentals has been favourable as well as the sequencing of indicators of change. Compared to economic predictors, the country had unexpectedly positive social indicators

such as fertility, mortality, and education. More importantly, these changes in the social sectors preceded economic transformation.

There are some compelling arguments that are essentially of a sociological and political nature. Hossain argues that a fundamentally pro-poor social stance drives development policy and discourse (Hossain, 2015). Studying elite beliefs of poverty, Hossain argues that this pro-poor inclination of the elite aligns with donor priorities and explains why development policies have stayed focused on the poor. Hossain's thesis was on the importance and the collective trauma of natural disasters such as the Bhola cyclone in 1970. This same storm, described as the deadliest in history, has more recently formed the central thesis of more popular writing on Bangladesh's antecedents that gives the cyclone of 1970 a principal place in informing not just development policy, but also in arguing that it played a vital role in the independence of Bangladesh (Carney and Miklian, 2022). These theses, however, do not ascribe any role to a more gender-sensitive approach to development.

In general, although women feature in small ways in the telling of the Bangladesh story, it is not central as a driving factor in the country's development. If anything, the question asked more often is whether women's empowerment has been a result of the overall development of the country.

The current speech analyses gendered aspects of social and economic trends to contribute to the broader discussion on how women featured in and contributed to the country's development. For a description of the historical context, I draw on an analysis of the literature and an analysis of time trends in nationally representative surveys that include relevant indicators of progress.

Women's Roles in Development

Women's inclusion in development may be conceptualised in two ways—as agents of development and as focal beneficiaries. Although the rhetoric of development in the early years of Bangladesh's development did not feature gender equity as a primary goal of development action, specific programmes and policies, as well as development priorities, were inclusive of women. In many instances, the recruitment of women may have been more a matter of expediency than for any other loftier goal of inclusion. This was true as much for women as beneficiaries as it was for women as agents of development (Feldman & McCarthy, 1983).

In the early years after Bangladesh's independence, development activities focused on health and family planning, and sectors where it was imperative to reach women in their communities and homes. Programmes recognised early that reaching services to women was key to achieving goals in primary health care and family planning. This emphasis was followed by corollary recognition that women needed to be included in the frontlines of service provision. Thus, women workers were in the development workforce as early as the 1970s when these programmes were first rolled out. Even though overall participation of women in the workforce was extremely low, as were levels of education and presence in the public sphere, all of which were considerably lower than that of men. One added factor that may have fuelled the reliance on community outreach may also have been the absence of a reliable health infrastructure (Kalam & Parvin, 2015). To deploy services fast, development programmes relied almost exclusively on special projects such as ones that offered immunisation or motivated women to use contraception. Family planning programmes preferred female frontline workers since female workers have better access to women's spaces than men.

Writing about rural social change in the 1970s, a series of studies saw frontline workers and rural women as central to the change process. McCarthy articulates a pragmatic view of mobilising for social change that emphasises the context of women's seclusion (*purdah*) as a barrier and the importance of recruiting women as agents of change to overcome that barrier (McCarthy, 1977). Ruth Simmons and colleagues echoed similar ideas and wrote about the strategic importance of female health and family planning workers in gaining women's and community trust (Simmons, Mita, & Koenig, 1992). They developed this idea in a paper arguing that women frontline workers helped to elevate the status of women by serving as positive role models and change-makers (Simmons, Baqee, Koenig, & Phillips, 1988). Shirley Lindenbaum went further and described ways in which women workers transformed marriage practices (Lindenbaum, 1981).

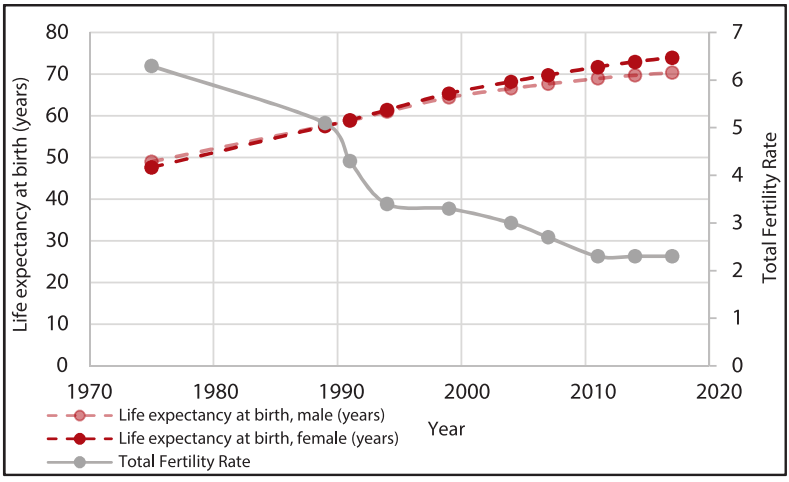
While the critical role of frontline workers and the importance of reaching women in their homes was becoming clearer through research studies such as the ones cited above, the health sector received a large infusion of resources to mount mass immunisation campaigns. By the 1980s, the designers of these programmes and their implementers clearly recognised the need to engage women for better outreach (Ahmed & Islam, 1989). The government family planning programme had 64,000 female family planning workers visiting women on a regular basis to supply contraception and maternal health counselling. With a mostly male health workforce that had more limited access to women and their children, the child immunisation campaigns made a conscious decision to enlist the help of family planning workers to reach mothers and their children in their homes as well as to build trust in the health sector.

It is perhaps important to note that in addition to the provision of resources, all these programmes perceived the importance of collecting evidence to track progress. Family planning (Sarkar, Kumar, Doulah, & Bari, 2015), the immunisation programme and later the education interventions tracked progress through nationally representative data and documented clear success in reaching high family planning, immunisation and enrolment rates (UNESCO, 2020). In similar vein, the primary education sector prioritised recruitment of female teachers, even using female quotas to reach a target ratio of 60 per cent of female to male teachers (Cleland & Mauldin, 1991).

Figure 1 shows trends in life expectancy for men and women and in Total Fertility Rate (TFR) from 1975 to 2020. TFR fell from 6.3 in the mid-1970s to just over 4 in the early 1990s to 2.3 births per woman by 2005. The most precipitous decline in TFR occurred in the early 1990s when poverty levels were still high resulting in the recognition that the family planning programme had brought about this decline despite an otherwise challenging environment (Alam, 2021; Cleland, Phillips, Amin, & Kamal, 1994). Trends in life expectancy were more gradual but still impressive. The most notable pattern is that while Bangladesh was highly unusual in the 1970s in having higher female than male mortality, improvements in female life expectancy have been greater than male life expectancy. By 2020, females expect to live about 5 more years than males, a pattern of advantage that is more like the global average.

Figure 1: Life Expectancy at Birth and Total Fertility Rate

(births per woman)

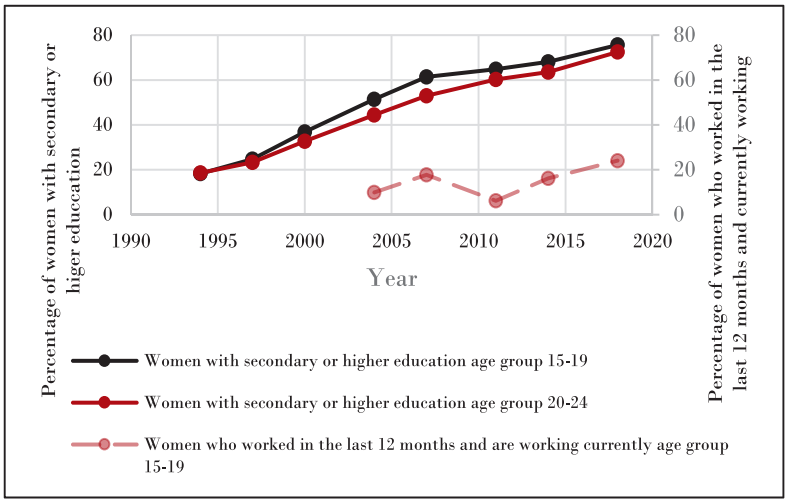


Education

As with health and fertility, schooling rates were concerning. Overall low levels of schooling were accompanied by large gender differentials. The observation that girls attended school at much lower rates informed education policies that favoured rural, poor girls. These included building primary schools in every village, preferential recruitment of female teachers, removal of school fees and the introduction of scholarships and stipends for girls and the poor. Figure 2 shows trends in girls' schooling that attest to the success of these programmes in improving girls' school attendance rates. Prior to the introduction of the female secondary school stipend programme in 1993, only 18 per cent of girls completed secondary school, and by 2014 that rate rose to 70 per cent. By the mid-1990s, these programmes were in full swing. Asadullah and colleagues (Asadullah & Chaudhury, 2009) have attributed gender parity in education and universal schooling to these targeted

interventions. By contrast, also shown in Figure 2, young women's labour force participation has remained low with less hovering at around 20 per cent. For perspective, the participation of men in the labour market has held steady at around 80 per cent with no discernible trend over time.

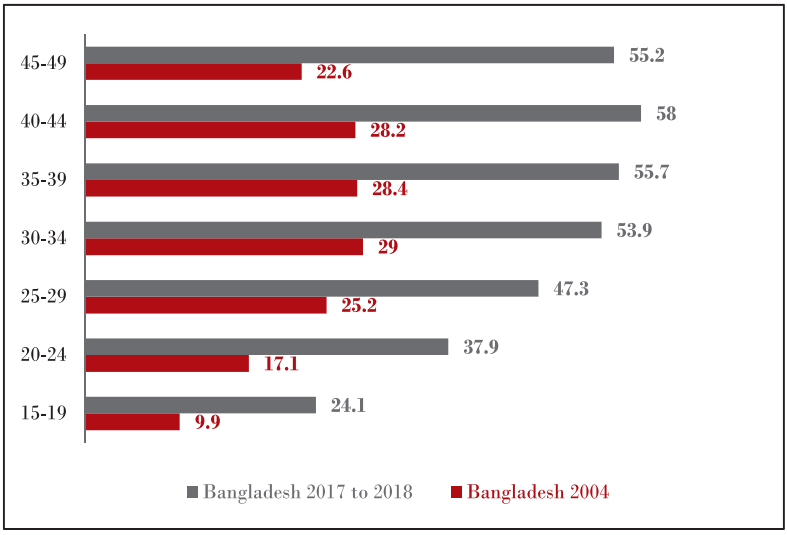
Figure 2: Completion of Secondary Plus Education and Workforce Participation, Women 15-24, Demographic and Health Surveys, Various Years



Labour Force Participation

The lack of appreciable change in young women's labour force participation stands in sharp contrast to older women's participation rates that rose steadily as measured in labour market surveys and the demographic and health surveys. Figure 3 shows that participation rates rose for every age cohort over the years. Overall, the oldest women who have the lowest rates of schooling (data not shown) report the highest rates of labour-force participation. These results suggest that work opportunities continue to be dominated by low skill jobs.

Figure 3: Percentage of Women Currently Working by Age and Survey Year



Source: Demographic Health Survey, Bangladesh.

According to Rahman and Islam (2013), labour force surveys confirm a similar pattern- overall labour force participation rose from 14.1 per cent in 1991 to 36 per cent for women while for men participation declined slightly from 86 per cent to 80 per cent during the same period. While the garment sector may have contributed to the rising participation rates, employment in this sector is skewed towards younger women and cannot explain the considerable increase among women in older age groups. Instead, data on place of work and payment collected in labour surveys suggest that participation rates are driven by home-based economic activities, an equal increase in participation in self-help groups that stood at nearly 40 per cent of all women suggests that the growth of micro-enterprise is partially responsible for the rise in home-based economic activity. It is also likely that the decline in fertility freed up women's time spent in domestic chores and child-rearing and contributed to their increased participation in the labour market.

Changing opportunities for work in manufacturing can have direct and indirect implications for women's beliefs about opportunities and choices. Heath and Mubarak (2014) showed that in villages close to factories families invested more in the health and education of girls compared to families in villages that were further away.

Indicators of Empowerment

There is some positive evidence that improvements in health, declining fertility, increasing educational achievement and gender parity and increased workforce opportunities were accompanied by some improvement in women's participation in household decision-making and in their overall sense of gender justice. The DHS (Demographic and Health Survey) surveys ask a series of questions about decision-making, and comparisons over time suggest considerable improvement in reports of participation in decision-making which increased from 39 per cent to 60.7 and over the period 2007 and 2017. The proportion of women who did not disagree with all the reasons that justify wife-beating also improved although to a lesser degree than decision-making indicators.

Table 1: Women's Empowerment Indicators in Bangladesh

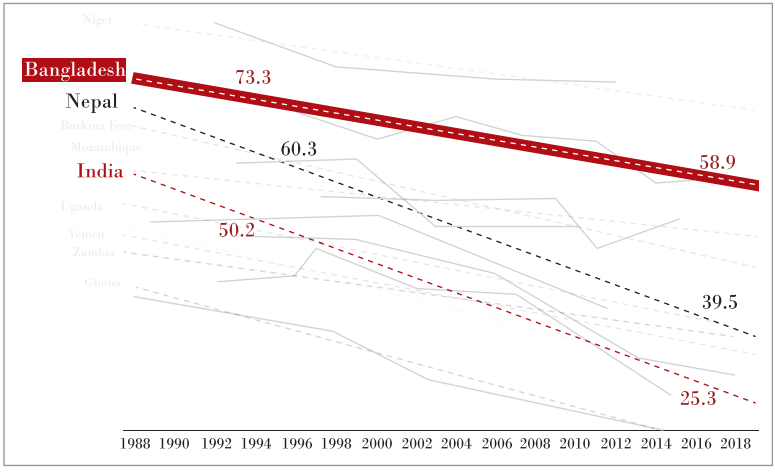
Indicator	2007	2011	2014	2017
% of currently married women who report participation in major decisions	39	48	49.8	60.7
% of currently married women who disagree with all the reasons that justify wife-beating	67.2	65.8	67.3	75.3

Source: Demographic and Health Surveys (2004-2017), Stat Compiler.

Note: Percentage of women who say that they alone or jointly have the final say in all the three main decisions (own health care, making large purchases, visits to family, relatives, and friends).

However, a much more concerning pattern is seen in rates of child marriage. An overwhelming majority of women in Bangladesh are married before the age of 18, and while the proportion has declined somewhat in comparison with other countries of the world, this proportion has changed relatively little. Between 1994 and 2017-18, among women aged 20-24 in Bangladesh, child marriage rates fell from 73.3 per cent to 59 per cent in 2018 (Figure 4). This period saw considerable improvements in education, and a comparison with other South Asian countries shows that trends in child marriage declined rapidly in Nepal and India from similarly high rates during this period.

Figure 4: Percentage of Women Aged 20–24 Married by the Age of 18



Source: Demographic and Health Surveys (1993–2018).

How Have Women Contributed to Bangladesh's Development?

This lecture argues that women's inclusion and deployment in the frontlines of development, particularly in the early years of independence, are critical elements in Bangladesh's development success. While the importance of women's engagement as change

agents is well recognised, particularly by feminist analysts, its overall contribution to the development process is not widely acknowledged. However, the transformational impact of frontline women in sectors that saw early successes, such as family planning, immunisation, primary education, and health, is undeniable. Perhaps equally important or just secondary to it is the focus on girls and women as the primary clients/beneficiaries of development programmes and policies. Arguably these are the distinctive hallmarks of the country's development.

However, there is some concerning evidence that women's active participation in the social development of the country has fallen short in achieving overall empowerment goals. This shortfall is most clear in national trends in the persistence of child marriage. While Bangladesh out-performs neighbouring countries in terms of pace of improvement in health, fertility and education, it lags in terms of child marriage indicators. This even though there are well-documented examples of small-scale programmes in Bangladesh that have proven that it is possible to bring about significant declines in child marriage through targeted investments to extend life-skills training for girls to expand their opportunities and choices and to elevate their status in families and communities. These programmes are small and localised in their impact and have not been replicated at large enough scale to be clear in national data.

Programmes such as *Kishori Kontho* and *BALIKA (Bangladeshi Association for Lifeskill Income and Knowledge for Adolescents)* highlight the importance of a life cycle and developmentally sensitive approach to empowerment and emphasise the importance of life stages such as puberty that help to shape the future. Globally, there is an emergent consensus that social support and soft skills such as negotiation skills are also important for improved economic outcomes such as higher

productivity, higher wages, and success in the labour market. These soft skills may be acquired through social networks and support to affect better mental health outcomes, or they may work by helping women to have higher aspirations.

However, these demonstrations of success in empowering women to keep them in school, reduce their experience of violence and delay marriage, while impressive in their ability to show that they work, often with very rigorous evidence, have not yet been proven to show that they can be implemented on a scale that can make a difference. The challenge of scaling the success of small boutique interventions is yet to be proven. There are several targeted studies that offer important interventions that can be taken to scale. One such study showed the importance of offering transport to overcome barriers to women's mobility (Heath, & Mobarak, 2014).

Empowerment refers to getting the ability to make choices, starting from a position where such choices were denied. Thus, the condition of the disempowered implies to be denied choice. Therefore, empowerment is also a process of change. While at independence Bangladeshi women started from a position where they did not have choices and that they have undergone a process by which they now have choices, we concur with Hossain and others that in the presence of indications where there is a widespread practice of child marriage, gender-based violence, and acceptance of such violence, women in Bangladesh remain short of being fully empowered.

I have argued that women have played a critical role in Bangladesh's development. While we cannot conclusively say it is women's empowerment that is key, we can make the case that the inclusion of women as implementers and as target beneficiaries is

important and central to this success story, particularly when success is defined in terms of social development goals. Exploring trends in women's education, life expectancy, participation in decisions affecting their lives, and the number of children they bear, we conclude that over the past 50 years women have experienced considerable improvement in their circumstances. The number of years that women can expect to live has improved by over 25 years; average children born has declined from over six births to just over two births on average; education is universal, and girls' education is at par with boys; most women now report that they have a role in decisions that affect their lives and equally high numbers reject the notion that women deserve to be beaten for any reason. However, there are major areas where the well-being of women, especially of girls, falls short of ideal. The most striking is the extremely high number of girls who are married off while they are still children. Similarly, while women who work for cash are more empowered than women who do not, women are less than half as likely as men to be gainfully employed. Young women have the lowest rates of employment, but work opportunities improve for women over the lifecycle. The low levels of employment that contribute to women's disempowerment early in life and prevent them from reaping the benefits of education suggest that there is an urgent need to focus on remedies that improve access to the labour market, address the struggles that prevent women from achieving work life balance, and thus enable women to reach their full potential.

Overall, women have played a significant role in Bangladesh's success story. Investing in women's inclusion as development actors and beneficiaries has made this success possible. It is now important to address the remaining barrier to ensure that inclusion amounts to positive empowerment.

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