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Ruth Simmons

Rezina Mita

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**WOMEN'S STATUS AND
FAMILY PLANNING IN BANGLADESH:
AN ANALYSIS OF FOCUS GROUP DATA**

FINAL REPORT

Subcontract Number CI92.60A

**RUTH SIMMONS, PHD, AND REZINA MITA, M.S.S.
DEPARTMENT OF POPULATION PLANNING AND INTERNATIONAL HEALTH
UNIVERSITY OF MICHIGAN**

**THE POPULATION COUNCIL
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EXECUTIVE SUMMARY

This study involved secondary analysis of a substantial set of focus group data from 1987-88 in Matlab Thana in Bangladesh, where the Family Planning and Health Services Project had been underway since 1977. That project was highly successful in increasing family planning acceptance, and provided a rich research base for studying the diffusion of family planning and its effects. The 1987-88 study involved 36 focus groups involving fieldworkers, community women, husbands, educated women, and community leaders. A paper from that study, "Employment in Family Planning and Women's Status in Bangladesh" was published in Studies in Family Planning (Mar/Apr 1992). The intent of the present study was to examine the effect of family planning on women's status in Bangladesh, and to prepare papers on that topic.

Following leads in the data itself, two papers were prepared under this subcontract. One dealt with the effect of the family planning fieldworkers on the knowledge and attitudes of young, unmarried women towards fertility and family planning; the other presents a qualitative analysis of the fertility transition in Bangladesh, contributing to the ongoing debate on whether fertility decline is caused by demand-side or supply-side factors.

1. "DIFFUSION OF THE CULTURE OF CONTRACEPTION: PROGRAM EFFECTS ON YOUNG WOMEN IN RURAL BANGLADESH

This paper shows that family planning programs sometimes reach beyond their intended targets, namely to young, unmarried women. Qualitative information from the recollections of a rural Bangladeshi woman and focus group discussions are utilized.

Diffusion of family planning concepts among this unexpected audience in rural Matlab Bangladesh, was first described to the authors by Shamiran, a Matlab woman. Her story retold events that occurred during the initial arrival of the Matlab community-based family planning worker in the late 1970s. Shamiran and a friend, unmarried pre-teens at that time, became curious about the nature of the worker's visit and hid outside the older women's homes to hear the worker's messages. The girls inquired about the meaning of the information from an aunt; the aunt helped them understand what they overheard.

Shamiran's story indicated that contraceptive information was not widely available to young, unmarried women in the community. Yet, her words described the family planning field worker as more than a vehicle for contraceptive information. The family planning worker was a representative of modern ideas and an inspiration for a new consciousness about reproductive decision making. She set an example for female mobility, employment, and modern dress, and through her work legitimized the use of contraception and communicated new ideas about family size norms. These new concepts strongly appealed to Shamiran.

After the worker's visits, the newly acquired information was duly passed on, into a network of female peers. In the process, a group of women in their most impressionable years were reached

with information about contraceptive methods and new ideas of reproductive behavior. Shamiran expounded upon these new ideas to her more conservative and demure companion, and made them a topic of conversation with her peers. Individuals who are knowledgeable about the Matlab community have confirmed that the patterns described in the story coincide with their own recollections.

Four focus group discussions were designed to further explore these issues; newly married, young women were asked to discuss their experiences in the late 1980s. Additionally, other community women were asked a set of questions about young women. The data were derived from a study conducted in 1987-88 in the Maternal Child Health and Family Planning Project in Matlab, Bangladesh. Findings revealed that the diffusion of new ideas about family size and contraception were anchored in perceptions of broader social change. The themes from Shamiran's recollections of events from the previous decade were both reaffirmed and broadened. All of the focus group participants were aware of the family planning worker's visit to their neighborhood and families, and most talked about a growing awareness and curiosity concerning the worker's visits.

The typical first impression of the worker was that she was a doctor who gave out pills, injections, saline solution and other medicines. It was also clear that the community-based worker had become a role model, and that her visits stimulated a pattern of gradual learning and growing consciousness about the worker's family planning tasks. Data also indicated that, for some participants, understanding of the worker's family planning functions began prior to the onset of menstruation; for others menarche was the threshold. Older women commented that the young girls were learning much from the presence of the worker. It was clear that the community worker's presence in the village set in motion a process of observation, questioning and even direct exchanges with the worker. The young, recently married women themselves credited her for their growing awareness of the concept and meaning of family planning. In contrast, the older women acknowledged that they had not had such opportunities to learn about this topic.

Precisely what is being learned or diffused could not be fully answered with the data from this study. The discussions suggest that not only information and knowledge about contraceptive techniques and how to gain access to them is communicated; the very "thinkability" that women can control their reproductive live was also being established.

The receptivity of older women to the idea of fertility control, and their discussion of these topics were also important factors in the diffusion process. Contraceptive prevalence and family planning discussions were increasing among adult women; these increases contributed significantly to the diffusion of new ideas to young, unmarried women. Almost all of the young, recently married focus group participants knew a contraceptive user within their family or bari prior to their marriage. Data also showed that the diffusion of family planning information and ideas occurred within a context where the underlying assumptions and values of reproductive change were encountering increasing approval and where their implications for the status of women were beginning to be perceived. Diffusion proceeded despite prevalent norms that unmarried, young women should be excluded from family planning discussions, and despite the

fact that some mothers succeed in preventing their daughters from gaining access to contraceptive information.

Most participants indicated they had discussed the worker's activities with their girl friends before their marriages. Such discussions continued after marriage, and provided an important mechanism for the diffusion of knowledge about sexual matters and contraception. Because the newly married women were included in conversation with older women and with the family planning worker, she provided an important source of information to her unmarried peers.

The role of the media in communicating new ideas about family size and contraception has also emerged as a central theme. While the community worker, female relatives, peers and other community women were important sources of family planning information, the influences of radios, and even television or printed materials, were also mentioned. Radios were widely available in the villages at the time the study took place, and in 1987 family planning broadcasts were regular and noticed by the young women interviewed. This undoubtedly contributed to their knowledge and awareness as the young women stated that they had heard a variety of programs sponsored by the government family planning program, covering the importance of limiting childbearing, that the two-child family is a happy family, what methods are available, how methods work, etc.

This paper suggests that the Matlab family planning worker acted as a catalyst in the diffusion of new ideas and information to young, unmarried women who were not targeted by the formal program strategies of the Matlab project. Both the presence of the worker and the media campaign provided a stimulus for conversations in which new knowledge and ideas were processed through interaction among peers and family members. The basic conclusion of the paper is that the Matlab family planning program is inadvertently reaching an audience that was not targeted by the formal program strategy; girls and unmarried young women were beginning to be inducted into the culture of contraception as part of their normal process of socialization.

2. WOMEN'S LIVES IN TRANSITION: A QUALITATIVE ANALYSIS OF THE FERTILITY DECLINE IN BANGLADESH

In contrast to earlier demographic and social science predictions, a fertility decline is well underway in Bangladesh. This paper explores factors related to the decline using a qualitative data set collected through focus group sessions. The basic argument presented is that the fertility transition in Bangladesh has multiple determinants, many of which are not easily studied by examining macro-level data.

Dialogue with rural women of different ages in the Matlab communities indicates that multiple dimensions of Matlab women's lives are being transformed, and together these changes explain the interest in family limitation and spacing. The presence of a strong program is a major contributing influence in the demographic transition, but social and economic changes, as well as a new mental outlook, new ideas and orientations, also play a meaningful role. Changes are subtle and have not

affected everyone equally, yet their influence has emerged as a pervasive theme in these discussions.

Important components of the transition involve changes in contraceptive use and family size norms. The data show that family planning has become a frequent topic of conversation and that women are aware of widespread contraceptive use in their communities, and the onset of fertility decline. Women explain that lower fertility benefits them individually and also benefits their families. They believe that using contraceptives, even with their side effects, is preferable to bearing multiple children as their mothers did.

Women are also aware of broader changes that are affecting their lives in areas that are conventionally considered demand-side determinants of fertility decline -- economic and social changes. With regards to economic factors, the cost of living is perceived to be increasing. Women speak about the fact that their families have less land than their parents and attribute this change to population growth, land erosion, or the distress sale of land. In a society where subsistence agriculture is still the dominant means of livelihood, decreased land holding implies food shortages and increasing problems in providing for their families. The rising cost of providing for children's needs is also a major concern for women. Women speak of providing for their children beyond the basic necessities of food and clothing; they must be raised to their fullest potential by investing in their future. Likewise, there is an increasing interest in sending both boys and girls to school. Although education is associated with significant expenditures for many families, women recognize that the future of their children rests with employment in the formal sector of the economy, and that education is a major precondition for securing such employment.

Among important social changes are the dowry system, changes in family relations, women's emerging sense of self-esteem and freedom, and overall modernization. Women associate dowries with an increasing financial burden and link the cost to childbearing; high dowry costs are perceived as reasons for limiting births. Women in Matlab communities also perceive that family relations are not following the old patterns. Data indicate that the role of parents and parents-in-law have become weakened, conjugal bonds are stronger, family structures are changing, intergenerational wealth flows are beginning to reverse, and young wives are believed to have a degree of influence that defies tradition. Moreover, women are beginning to perceive themselves as worthy individuals, capable of thinking and acting independently, and deserving to enjoy at least some of the pleasures of modern life. There is agreement among the younger and older focus group participants that the younger women are even freer than those over thirty. The freedom to delay the onset of childbearing is a central element in this transition.

It is also clear that women not only see their own lives in transition, they perceive the world around them to be in a process of change to which they attach the label of modernity. New modes of transport, electricity and the media have reached the villages, more schools are being built, and more markets exist than in the past. Exposure to a world beyond the boundaries of traditional rural communities brings new ideas, including signs of the orientations and values of a commercialized, consumer society. Women have begun to focus on their own well-being and are

trying to escape from what some perceive as the drudgery that characterized the life of their mothers. They want to be part of the commercial culture that is emerging around them. Within these aspirations many children are viewed as "botheration", and the use of contraception becomes an important mechanism for attaining at least a small share of the attractions of modern life.

The role of the Matlab MCH and family planning program, especially the community-based worker in bringing about the transition in women's lives is also discussed. Data reveal that women often view the worker as a trusted friend, someone they can rely on to help them overcome fears of methods and mediate disputes about family planning with relatives. The worker has gone far beyond simply providing access to methods; indeed, she has helped women put reproductive decisions in the "calculus of rational choice", influenced their family size preferences, and served as a role model for modernization. The media, via repeated messages about family planning, has also influenced women although not quite to the extent of the worker.

The conclusion suggests that the fertility transition should be viewed as a consequence of the forces of both supply and demand, even though the demand-side determinants are much smaller and different in nature than major structural transformations stipulated by conventional demographic theory. Further, women are aware of the changes around them, are conscious and deliberate actors in the fertility transition; the program agents and media help them to escape pre-established cultural scripts.

I. OVERVIEW

The original intent of the proposal to analyze the focus group data collected in Matlab in 1987-88 had been to explore the broader effects of family planning for women's lives and to establish a linkage between program management and these larger effects of the program on women's status.

Much of the analysis followed the original intent of examining the effect of family planning on women's lives. Major efforts were put into coding data for analysis utilizing a computer program for qualitative analysis, Ethnograph. Focus group transcripts from sessions with community women (as opposed to sessions conducted with the Matlab workers) were coded along several variables relating to the effect of family planning on women's lives. The codes were entered into the computer program, and printouts of transcript segments reflecting each of the codes are now available. The code sheet for these variables is attached in Appendix A. The data coded and reorganized through Ethnograph were partially utilized for the writing of the two papers. However, given the new directions pursued in both of the papers, additional coding following more conventional lines of qualitative analysis were undertaken for the purposes of these two papers.

The two papers that have resulted from project activities have diverged somewhat from the original intent. Typical of qualitative work, the Matlab focus group study produced an unexpected research lead, which makes a genuinely new and significant contribution to the field. It showed that the Matlab project affected not only the so-called eligible couples, but also had an effect on young unmarried women, even little girls. With the exception of the work by Alauddin and VanLandingham, the importance of a focus on the young had not been discussed for Bangladesh. The paper, "Diffusion of the Culture of Contraception: Program Effects on Young Women in Rural Bangladesh", traces these effects and interprets them in light of the literature on diffusion of innovation. The paper was accepted by **Studies in Family Planning** and has been revised in response to the suggestions by the reviewers. It will be published in the January/February 1995 issue of **Studies**.

The second paper is entitled: "Women's Lives in Transition, a Qualitative Analysis of the Fertility Decline in Bangladesh". This paper has also taken on a slightly different focus than originally intended, but the outcome warrants the endeavor. Reading the recent literature on Bangladesh and especially the volume by Cleland et al. (1994) **The Determinants of Reproductive Change in Bangladesh** reconfirmed the importance and uniqueness of the qualitative data collected in Matlab. An analysis of these qualitative data shows a slightly different picture than what Cleland et al. conclude based on analysis of available demographic research and statistical indicators. Cleland et al. conclude that in Bangladesh, the influence of family planning programs and policies accounts for the onset of fertility decline. While the influence of the program is indeed strong, (as one would expect given that the data come from Matlab), the data also show social and economic change as well as modernizing trends to be important factors affecting decisions to limit family size and use of contraception. While these changes may be objectively small, they amount to life-transforming experiences in the perceptions of the women involved in the transition.

The subsequent sections of this report provide a description of the coding process and the two papers in their entirety.

**DIFFUSION OF THE CULTURE OF CONTRACEPTION: PROGRAM
EFFECTS ON YOUNG WOMEN IN RURAL BANGLADESH**

Rezina Mita, M.S.S.

Formerly, Operations Researcher, International Centre for
Diarrhoeal Disease Research, Bangladesh

Ruth Simmons, Ph.D.

Associate Professor, Departments of Population Planning and International Health, and Public
Health Policy and Administration, University of Michigan School of Public Health, Ann Arbor,
Michigan

Introduction

The concept of diffusion has assumed prominence in recent discussions of the fertility transition and reproductive change (Cleland and Wilson, 1987; Freedman, 1987; Casterline et al., 1987; Montgomery and Casterline, 1991; Rosero-Bixby, 1991; Kincaid, 1993; Pollak and Watkins, 1993), although its relevance to the field had of course been indicated earlier (Freedman and Takeshita, 1969; Rogers and Shoemaker, 1971; Freedman, 1982; Retherford and Palmore, 1983). In the most general sense, diffusion refers to a process whereby new ideas, information, practices or technology are disseminated through a variety of mechanisms that affect attitudes and behaviors at local, national and international levels. One of the central arguments of the diffusion literature has been to emphasize the possible independent role of changing ideas and aspirations in enhancing the fertility transition (Cleland and Wilson, 1987; Freedman, 1982).

In literature of the European fertility transition, diffusion has referred to a process where new ideas about fertility regulation spread spontaneously or autonomously through a variety of social, cultural and linguistic networks. There was no attempt to deliberately plan and influence these trends through the formal institutions of society. Similarly, modernization or westernization can act as the sources of ideational change affecting fertility behavior through complex but undirected interactions. By contrast, the advent of officially constituted family planning programs has added a strong element of social engineering into the process of diffusing technology and new ideas about contraception and family size. Programs deliberately and consciously direct contraceptive information, "motivation" and services at specific populations with whom they interact through personal or impersonal communication. New ideas knowledge and practices are then spread further as they are passed on to others through informal social networks consisting, for example, of family members or peers.

In this paper we show that as ideas and information spread, they reach not only people the program intends to reach, but others as well. This phenomenon has been noted earlier. In the Taichung experiment of the 1960s, IUD acceptance spread to areas where no formal efforts were

made to recruit acceptors (Freedman and Takeshita, 1969). Similarly, the interventions initiated within the Matlab project in Bangladesh have some influence on women in the project's comparison area as well (Phillips et al., 1988). The so-called condom gap in Bangladesh has revealed that contraceptives intended for the public sector program have found their way across the border into Myanmar. In these examples, the spread of ideas and practices or technology crossed geographic boundaries.

The key point here is that family planning programs can act as the stimulus that sets in motion the spread of new ideas, information, beliefs, behaviors, and even technology beyond formally targeted audiences. Diffusion effects may be both planned or unanticipated. This paper describes the social interaction by which new ideas and information spread to a very young audience that was not intended to be reached. Such unanticipated effects became visible in the course of a qualitative study in Matlab, Bangladesh which showed that the presence of the community-based family planning worker had an effect on young, unmarried women and even on little girls.

The potential effect of family planning programs on younger women has been noted in studies of family planning in India (Poffenberger, 1971) and Turkey (Carpenter-Yaman, 1982). Both of these authors present evidence of the indirect effect of programmatic efforts on the young. With the exception of a paper by Alauddin and VanLandingham (1989), policy discussions and related family planning literature on Bangladesh, by contrast, have exclusively focused on married women of reproductive age. Given the predominantly traditional and conservative nature of Bangladeshi society, where the idea of family planning has been until recently controversial and the level of demand for fertility regulation uncertain, such focus was appropriate. What has been missed, however, is that ideational change, set in motion through the formal family planning program and other modernizing trends, has reached young women whose age and unmarried status requires that they be modest and, at least in theory, protected from knowledge about sexuality and contraception. When new ideas about fertility regulation reach young, unmarried women in the years preceding the onset of sexuality and childbearing, their influence on future family size norms and contraceptive behavior is potentially significant.

The insights into these unanticipated diffusion effects were stimulated by a serendipitous discovery made in the course of a focus-group study examining the relationship between women's status and family planning. In Matlab, Bangladesh, Shamiran, one of the staff members who facilitated focus-group discussions and who had grown up in the Matlab treatment area, vividly remembered the arrival of the community based family planning worker in her local village ten years earlier when she was still unmarried. Her story suggested a fascinating pattern of how new ideas about contraception and norms regarding family size were beginning to reach young women prior to their marriage. We recorded it in detail and adjusted the design of the focus-group study to explore these issues further.

We begin the paper with Shamiran's story and an interpretation of the context within which it occurred. Story telling is not usually considered a methodological tool for the study of family planning or the diffusion of new ideas. However, this method is gaining increasing recognition as an important approach in anthropology, sociology and in the feminist literature (Shostak, 1983; Mishler, 1986; Watson, 1992; Sarris, 1993; Lawrence-Lightfoot, 1994). The information contained in a story can emerge in the course of participant observation, or in in-depth interviews; its objective is to capture how respondents themselves portray a series of incidents and attach meaning to them. We consider it important to tell Shamiran's story because it shows the path through which we gained insight into a diffusion process that has remained largely unrecognized in the literature. It allows us to witness how one woman remembers learning about birth control and to note the circumstances within which such learning occurred.

Subsequent sections of the paper present findings from a focus-group study examining the perspectives and recollections of young women a decade later, when the program was more established in the community. These findings both reaffirm and broaden the themes from Shamiran's recollections of events from the previous decade. In addition to the varied and complex contribution of the family planning worker, and of social and familial networks, the role of the media in communicating new ideas about family size and contraception emerges as a central

theme. The data also show that the diffusion of new ideas about family size and contraception is anchored in perceptions of broader social change.

Shamiran's story or the unanticipated effects of family planning diffusion in the late 1970s The incidents described in the story occurred in the late 1970s in one of the villages where the Matlab family planning project had selected and trained local women to function as community-based outreach workers. These villages are in a remote part of southern Bangladesh, accessible mainly by river transport, dominated by fishing and agriculture and marked by poverty and an essentially stagnant economic base (Phillips et al., 1988; Rahman, 1986). They are characterized by a conservative, Muslim culture where female literacy is low and where young, unmarried women lead a life of relative seclusion from exposure to outsiders, particularly men. In the late 1970s, exposure to radios and other forms of communication was minimal.

Until 1975 this area had been exposed to family planning information and services through the formal government program, whose impact upon the rural population was marginal. In 1977 a special contraceptive distribution project undertaken by the International Centre for Diarrhoeal Disease Research (ICDDR,B) was reorganized into the Matlab Maternal and Child Health and Family Planning Project (for a detailed discussion of this project and its impact see Phillips et al., 1982, 1988). The impact of this project on contraceptive prevalence was immediate and sustained, rising from 7 percent at the inception of the reorganized project to 20 percent within three months and to 30 percent by the end of 1978, the approximate time when the events described in the following story took place. As described elsewhere (Simmons et al., 1992), the women who were appointed as community-based family planning workers caused an uproar among many villagers when they first began to make their household visits. They were considered the incarnation of a devil that appeared to bring misfortune to the villages, or were rudely compared to bitches in heat who chased after men. Despite such devastating comments, workers succeeded in establishing their trustworthiness and credibility within a relatively short period of time, and the Matlab project has been hailed as an example of the kind of program impact that can be achieved despite the existence of major socio-economic constraints (Phillips et al., 1988). In the story, we see Mukti's

Ma as someone who visits the married women in Shamiran's bari on a regular basis, and who appears to be a well-accepted and welcome visitor. The story is based on the initial conversation with Shamiran and a detailed follow-up interview with her to reconstruct the events that had occurred a decade earlier:

One day in the mango and jack fruit orchard Shamiran and Bani, two young girls of 18 and 19 years, were talking and laughing among themselves. They had heard that the previous night a marriage proposal had come for Bani. Her parents were going to consider it seriously. The girls were talking about the would-be husband of Bani and laughing.

Suddenly, Shamiran saw a lady with a colorful sari and a bag on her shoulder. She entered into a house. Shamiran said: "Look Bani, this lady is wearing her sari the way I have seen my relatives, who live in the city, wear their sari." After some time, they saw the lady coming out of that bari and entering Shamiran's bari. Bani said: "Who is she? Why is she going to different houses?" Shamiran answered: "Let's go to our bari and see what she does."

The two young girls went to the bari and found the lady was talking with Shamiran's aunt in a low voice. A few other women of the bari were surrounding her. Shamiran and Bani approached the group but Shamiran's aunt immediately said: "Go away, you are not supposed to join the discussion of older women." Shamiran had noticed that the lady had stopped talking when she saw Bani and Shamiran.

The two girls left, but became extremely curious about the discussion and the role of the lady. Shamiran could identify her: "She is Mukti's Ma (women in rural Bangladesh are typically referred to as the mother of one of her children) from another bari of the village. She used to come to our bari previously as well. But why is she so dressed up and talking in such a low voice?" Shamiran could not forget the lady. The next day Shamiran went to her aunt pleading: "Please aunt, tell me what is the secret of Mukti's Ma? What was she telling you?" The aunt, a young woman, was quite friendly with Shamiran. She laughed at her and said: "No, not now, after some time. When you will be eligible, then I will tell you." Shamiran held the hand of her aunt, pleading: "Please tell me," but the aunt replied: "No, when you will be married, then I will tell you."

Shamiran rushed to Bani telling her: "This is something to do with the married women, can you guess?" Bani also became excited. But they could not reach any conclusion about Mukti Ma's work. Finally, Shamiran said: "The next time Mukti's Ma comes, we will listen to their conversation." Bani was hesitant: "No, no, we

should not do that. The aunt will mind." But Shamiran insisted: "Nobody will know, we will hide inside the room and listen. Please do not say no." Bani then was convinced and they started waiting for Mukti's Ma.

Finally the day came when Mukti's Ma returned to Shamiran's bari. Secretly Shamiran and Bani entered the room and carefully listened to the conversation. It was difficult to hear, because the women were talking in a low voice. First they heard Mukti's Ma asking about the date of the women's last period. Then she gave them some medicine and explained how to use it, telling them that if anyone had any problem then they should inform her immediately.

Shamiran was so excited that she came out of the room and went to her aunt, saying: "We have seen what Mukti's Ma said to you and gave you. We know the story." The aunt said: "Didn't I tell you not to listen?", but Shamiran replied: "Now I know." Then the aunt said: "Well, since you came to know already, listen: Those medicines are for controlling childbirth. If you do not want any more children then you can have those. When you will want another child then stop using those medicines and you can have the baby. You should not discuss these with anybody. When you will be married off Mukti's Ma will go to you or I will tell you ok? No more questioning, go."

Shamiran was amazed at her discovery. She went to Bani and explained everything. Bani said: "You should not say all these things, I feel shy." But Shamiran and Bani continued to discuss the topic several times. Shamiran said: "I think Mukti's Ma is doing a good job. I will have those medicines when I will be married off. Bani said: "How dare you talk like that before marriage." But Shamiran replied: "I think you should also think about these medicines, because you are going to get married soon."

Then Shamiran went to school and discussed everything with the other young girls of the village. Some of them knew about Mukti's Ma and her work. Some did not. But everybody was interested in talking to her. One girl said: "I would like to work as she does. Look at her, she wears her sari so nicely, and goes to different bars. My sister told me she earns a good amount of money." Others said: "But my father and grandmother said she is not a good lady." Shamiran replied: "Grandmothers and fathers are always behind the times. They do not want to let girls go to school, I do not want to consider their opinion. I like Mukti's Ma's work and I will have pills to control birth." Some girls said: "Yes, I think we should have this medicine, so we will not have so many problems with too many children. With few children we will be able to keep our sari clean and nice." Everybody laughed together.

It is not surprising that the appearance of the family planning worker would be noticed by the two

young women. Visitors who are not related to the households of the bari or who are unfamiliar to its members are rare. Given the norms of female seclusion, women - especially those with social status and prestige - would not normally visit other baris, certainly not without the accompaniment of a male relative. Thus, the very presence of a single woman from a good family, wearing a burkah which covers her from head to toe, signaled a departure from tradition and the possibility of excitement. The fact that the older women attempt to hide information about the worker's purposes from the young women fits established patterns of decency, whereby topics related to sexuality are not to be discussed with elders. Young, recently married women in the bari or peers are often the source of sexual information; mothers do not usually transmit such information to their daughters (Abdullah and Zeidenstein, 1982; Aziz, 1985).

To anyone who has done fieldwork in rural South Asia, it will not be surprising that the young women succeed without much difficulty in their plans to secretly overhear the worker's conversation with the older women during her next visit to the bari. Privacy or secrecy are not easily assured in houses where walls are thin or consist of no more than a bamboo mat, where windows are open, and enclosed spaces small and cramped.

It is clear from the story that contraceptive information was not widely available to young, unmarried women in the community, although some had learned about the family planning worker's role earlier than Shamiran. The ideas represented by the family planning worker exercise a strong appeal to Shamiran, who begins proclaiming the values of change to her more conservative and demure companion, and engages in a set of conversations with her peers. In quoting the final passage from Shamiran's story, Pollak and Watkins (1993) conclude that Conversations such as the one between Shamiran and her friends expose culture.. in the process of change...(T)he accumulation of such conversations is likely to establish a commonality of perception that these new contraceptive techniques are available, that their use is preferable to a life of continual childbearing and dirty saris, and that their use is not only within the calculus of conscious choice but would be acceptable to their friends (p. 486).

Shamiran's story allows us to witness the multifaceted dimensions of the diffusion process. The presence of the family planning worker in the community constitutes the "pebble in the pond" that generates a new consciousness about reproductive decision making, provides information about the means of contraception, legitimates its use, and communicates new ideas about family size norms. Older women, such as married aunts, who were practicing contraception or merely took part in the conversations with the worker - acted as a reference group essential in unlocking the secrets behind the worker's visit and in affirming new norms about contraceptive use. The newly acquired information does not remain a secret, but passes on into the network of female peers, who examine and evaluate what has been learned within a context of some prior knowledge about family planning and its controversial nature in the community. In the process, a group of women in their most impressionable years are reached with information about contraceptive methods and new aspects of reproductive behavior in ways that were entirely unanticipated by the official diffusion strategies of the Matlab project. These strategies were focused entirely on interpersonal exchanges with married women of reproductive age with a strong preference for waiting until a woman had her first child.

It is important to ask to what extent this story truly reflects the experience of Shamiran herself and of other young, unmarried women in the community. While inaccuracy in some of the detail is to be expected in any interviewing process that reconstructs events from a decade earlier, individuals who are knowledgeable about the Matlab community have confirmed that the patterns described in the story coincide with their own recollections. As Shamiran's story revealed, for some young women learning about the worker's functions might have occurred within a context of personal, or parental disapproval of the use of contraception. Since the initial community response to the presence of the Matlab family planning worker was hostile, not all young women would have experienced exposure to the new information as positive or enlightening. Moreover, cross-pressures might have been generated by a contrast in the general tenor of the debate among peers and parental responses to the worker's presence. It should also be noted, however, that the young women described in this story come from relatively well-to-do and more modern families because formal schooling for girls is not affordable to the poor and not necessarily considered

desirable by the more traditional families. Thus, girls who do not attend school would have more limited exposure to peers.

The diffusion of contraceptive ideas to young unmarried women in the late 1980s. When we heard Shamiran's recollection of her encounters with the community based family planning worker, four focus-group sessions with young, recently married women were added to the study, and a set of questions about young women were incorporated into the guidelines for the sessions with other community women. In order to explore the possible influence of the community worker's presence on adolescent women, we initially contemplated interviewing unmarried girls in their teens. This idea was quickly rejected. In a society which values female seclusion and modesty, especially in young, unmarried women, participation in a focus-group discussion would not have been allowed or might have had negative repercussions. Interviewing recently married women, asking them to reflect upon the years prior to their marriage and upon the role of the community worker in their lives at that time, seemed a more feasible approach. The considerable difficulties involved in arranging sessions with young, recently married women, which we discuss below, reaffirmed the wisdom of not seeking to interview unmarried ones.

The day preceding the focus-group session, one of the moderators (herself a resident of Matlab with considerable experience in arranging other data collection activities in the local community) identified appropriate participants together with the family planning worker and sought the permission of older relatives. After much explaining, she was usually able to obtain such permission. However, it was not uncommon to find that consent had been withdrawn the next day. Since it is a requirement of focus-group research that participants assemble in one place, some of the young women must leave their own household and their bari in order to do so. Even though one of the moderators would always accompany them, elder women in the family were hesitant to grant permission. These circumstances reflect the extent of social control exerted on recently married women and the limited exposure they have to influences coming from beyond the boundaries of their husband's families, their own parents, and their bari. In one instance, resentment against one of the family planning workers who was known as haughty and

unsupportive of community women, especially when they needed help with side effects or other problems, also complicated the process of obtaining permission.

A total of 15 recently married women participated in these special focus-group sessions. Their average age was 16.7 years; they had been married between 6 months and a year. Six participants had no formal education; the mean years of schooling was three. The husbands of these young women worked in agriculture or fishing (6), in service (4) as shopkeepers (2), as a day laborer (1), a tailor (1), or was a student (1). We refer to these focus-group participants as the young, recently married women.¹

The sessions lasted several hours and were typically interrupted by relatives who came to call one of the participants asking her to return home. In one session, for example, a female relative came and told two of the participants: "Your husbands have come from the field, immediately go home or your husband will beat you". The session was interrupted for several hours, to allow these two women to return home and attend to their domestic responsibilities. One eventually came back to continue the session; the other was beaten by the husband because she had not returned in time to have his food ready when he arrived home from his field; she did not return. When we subsequently visited her, we found that even her mother-in-law lived in fear of her son. She felt unable to protect her daughter-in-law, even though she had granted permission for her to attend the session.

Despite these troublesome circumstances, the sessions produced on the whole rich information, confirming and elaborating the themes contained in Shamiran's story but also introducing new ones. In particular, the media emerged as an important influence and the social learning that occurs through the family appeared more prominent than in Shamiran's story. Not all sessions, of course, were equally productive. In one, two of the participants were so shy, they hardly contributed at all. One of them was only fourteen and the other two were sixteen years of age. They had been married for six months. Given the shyness of the participants in this session, the moderator often resorted to leading questions. The analysis has excluded any reference to

answers produced under such circumstances. Participants in the other three sessions were slightly older and had been married somewhat longer, which seemed to make it easier for them to express their views in front of strangers.

The focus-group study of older women consisted of 17 sessions with participants between the age of 20 and 45 from different villages of the Matlab project area. Thirteen of these sessions were comprised of women with no or minimal level of education. Their husbands worked predominantly in agriculture, but also as owners of local shops or small businesses, as teacher, local priest, or craftsman. The participants of four remaining sessions had a least an eighth grade education; their husbands worked in farming, business, as village doctor or in a service position. We refer to these focus-group participants as the older women.²

Focus-group sessions were taped and translated verbatim by Bangladeshi translators. Quotations from these transcripts are extensively utilized in presenting findings. Except for minor editorial changes, quotations have not been altered from their original translations. The intent here is to convey as much as possible the tone of the original conversations. With the exception of quotations that cover a conversational sequence, we typically present passages from several focus-group sessions.

As was true for Shamiran and her peers in the late 1970s, the process of social interaction by which diffusion of contraceptive information and ideas to young, unmarried women takes place in the 1980s involves the family planning worker; mothers, female relatives as well as other community women; and peers. The role of the media, however, constitutes a departure from the previous pattern. Below, we discuss each of these influences in turn.

The role of the family planning worker: All of the young, recently married focus-group participants were aware of the community health worker's visit to their neighborhood and their families. However there were differences in the extent to which they understood her family planning role. The shy and very young participants in one focus-group knew only that the worker

visited their families. They indicated that they did not understand anything about her purpose, did not overhear any conversation, and did not discuss any of these issues with anyone prior to their marriage. Reticence to acknowledge knowing about contraceptive use may have influenced their responses to our questions, but obviously, not all the unmarried young women, especially not those who are very young, learn about family planning prior to their marriage. Participants in the other three groups, however, talked about a growing awareness and curiosity concerning the worker's visits.

The first impression typically was of the worker as a doctor, (villagers address her as doctor, often referring to her as "little" doctor in contrast to nurse midwives and physicians) who gave out pills, injections, saline solution and other medicines. They also realized that "she was a doctor for mothers and children, not for fathers". In one of the sessions, participants remembered talking to the worker and being extremely impressed by her. Undeterred by the negative comments of some villagers, they decided that they liked her, and began wishing they might one day become such a "doctor" themselves:

First we feared Mahmuda and gazed at her when she moved from place to place.
We thought, if we could only become a person like her.

I also thought a lot. I asked her how she applies her knowledge as a doctor, and requested her to take me along. She replied: "What will I do with you, if you come along? Will you be able to practice like me?"

I insisted: "If I carry your bag, and move with you, one day I will be able to become a doctor like you?"

The community-based worker has become a role model, although initially some of young girls feared her because she gave injections.³ The notion that she is a doctor is reinforced by the considerable maternal-and-child health components of the Matlab project, especially in the later years of the 1980s.

The worker's visits stimulated a pattern of gradual learning and growing consciousness about the worker's family planning tasks.

I was very curious and used to ask Mahmuda (the worker) every day what is this, and what is that, ultimately I came to know.

I heard Mahmuda advising women about the methods that suit them and saw aunts taking methods. We youths discussed among ourselves that as the babies are born, Mahmuda gives different things. We gathered by the side of Mahmuda and asked her what is the thing that she holds on. We ran away when Mahmuda raised her hand to give us a splash.

Our curiosity increased and we started listening to her conversation with mothers, sisters, and aunts.

I and Nilufer listened to the conversation and saw her handing over medicine to a young lady, whom we used to call sister. We two started observing her (wanting to know) what happens to her. Why is she taking medicine? Nilufer one day asked her about the medicine. She said: "You will not understand, it is for family planning." After some months we came to the conclusion that her belly is not getting fatter bigger. Then we were sure that this is for birth control.

As Mukti's Ma is here that is why we have access to adopt family planning. She is coming to our mother, aunt, sister, relatives and neighbors and we have been observing her since our childhood.

As the last quote indicates, the worker is known to some participants from their early childhood on. For some, understanding of the worker's family planning functions begins prior to the onset of menstruation; for others menarche is the threshold:

I could realize all these (things) from a time when I was not married. Actually you can say when menstruation had not yet started.

I did understand they came to teach our mother about the way of controlling birth. Then I was not so big, before menstruation had started.

At the age of 10-12 years I understood why they were coming and after

menstruation things became more clear.

I understood this at the age of 10/11 years.

We are seeing Mahmuda visiting us with methods since the dawn of our understanding.

While some young focus-group participants acknowledge that their mothers succeeded in preventing them from overhearing their conversations with the worker, the older women acknowledge that girls are learning much from her presence. For example:

The girls are observing Mahmuda (the worker), who comes to their bari and talks with their mothers, aunts, and sister-in-laws. They quite often listen to what she says and have learned many things. Then they themselves decide that they will not give birth to many children, and will take contraceptives from the night of marriage.

Many girls specially the newly married girls have learned a lot. There are workers in almost all the villages and most of the women are using contraception. The young girls hear from behind and learn about family planning.

They (the young girls) gather and try to listen to Mahmuda and have by now understood almost everything.

These patterns are quite similar to what Shamiran remembered from the late 1970s, although they occur earlier in life for girls in the 1980s. The community worker's presence in the village sets in motion a process of observation, questioning and even direct exchanges with the worker. The young, recently married women themselves credit her for their growing awareness of the concept and meaning of family planning: "If we would not have seen Mukti's Ma during our early age, we do not think that we could realize what family planning is or how it could be useful to us". They acknowledge the significance of this learning for their later life: "Yes, we also then thought we will be practicing family planning later during our time," or "the root of the decision was founded then." By contrast, the older women acknowledge that they did not have such opportunities: "Our mothers and aunts did never discuss family planning and they were not visited by family

planning doctors. So, we couldn't learn anything."

Precisely what is being learned or diffused is, of course a complex issue that cannot be fully answered with the data from this study. The above quotations suggest, though, that not only information and knowledge about contraceptive techniques and how to gain access to them is communicated; the very "thinkability" that women can control their reproductive lives is also being established. As has been argued in the demographic literature, placing reproductive control within the calculus of rational choice (Coale, 1973) and establishing numeracy about children (Van de Walle, 1992) are important elements in the fertility transition.

Has the process of diffusion created ideational change regarding family size preferences? The data from the study of young women are too limited to address this question.⁴ However, there are glimpses indicating that the worker contributes in clarifying the importance of smaller family size in a socio-economic context where there is increasing awareness of the costs involved in raising, educating and marrying children; where population growth has created pressures on the land; and where the demands of an increasingly monetized economy and the overall level of poverty suggest that fewer children are desirable. The following exchange from one of the focus-group sessions with the young, recently married women illustrates the interactive effect of larger social context and the worker's role:

Woman 1: Everybody wants few children.

Woman 2: How one can keep a family small that is the major thought of the people now.

Moderator: How did this attitude grow?

Woman 3: People now understand the benefit and the miseries of small and big families. The poverty compelled people to adopt family planning.

Woman 1: No, listen apa, the government has introduced family planning and the doctors are going house to house and explaining to people again and again, people are also getting interested after continuous listening from the doctor. We now think, well what doctors are telling that is right. We will have fewer children.

Woman 3: More children make so much noise and disturbance to the mother, it is unbearable. This one does not have cloth, that one wants food, another one is sick, and arranging marriage is also a tough thing.

Woman 4: People have now realized that the root of all miseries lies with too many children. So they like to be happier with fewer numbers of children.

The role of female relatives and other community women: The receptivity of the older women to the idea of fertility control, and their discussion of these topics are important factors in the diffusion process. The increase in contraceptive practice (from less than 10 percent to a prevalence rate in the mid forties at the time of the focus-group study) and concomitant increases in family planning discussions among adult women, contribute significantly to the diffusion of new ideas to young, unmarried women. The influence of the worker occurs in a context where mothers, aunts, or sisters-in-law and other community women are practicing and talking about family planning. Almost all of the young, recently married focus-group participants knew a contraceptive user within their family or bari prior to their marriage. They grew up surrounded by a culture of contraception where, as one of the participants phrased it "family planning has become like dal-bhat", (rice and pulses) i.e. something very common. This culture of contraception is defined by the extensive availability, accessibility and use of contraceptive methods, widespread and increasingly open discussion of the topic among adults, and by a structure of beliefs affirming the value of fertility control. These beliefs are shared by the young women and expressed in such statements as:

It is good to have less children in this age. People who have 5-6 children are facing serious problem in rearing them up. If they have had 2-3 children, they would have become educated and established;

or in the acknowledgment that the use of contraception creates greater freedoms for women:

Mothers take Copper T, injection. So repetition of births within a short period is being avoided. Methods are being taken to prevent and delay births, facilitate working and free

movement of mothers in all respects.

The diffusion of family planning information and ideas thus occurs within a context where the underlying assumptions and values of reproductive change encounter increasing approval and where their implications for the status of women are beginning to be perceived.⁵ If the above quote sounds like program propaganda, this is precisely because the worker's message has been heard and accepted as valid. As a result, the potential benefits of contraceptive use are appreciated by the young women. However, as will be seen from later quotations, not only positive information about contraceptive use spreads, the negative implications especially about side effects are learned as well.

Obviously, the older women who use contraception are themselves influenced by the presence of the family planning worker and the Matlab project. In fact, the high contraceptive prevalence in the community is in large measure a reflection of the project's activities. As innovations become widely accepted, they are spread through multiple sources. In the evidence presented here, the worker and family members are simultaneous and mutually interactive influences on the young, unmarried women beginning from an early age. The presence of the family planning worker in the community is noticed and observed, but a member of the family, the bari or - as we will discuss later- a peer unlocks the mystery of her visits. Diffusion proceeds despite prevalent norms that unmarried, young women should be excluded from family planning discussions, and despite the fact that some mothers succeed in preventing their daughters from gaining access to contraceptive information. News about contraceptive use involving regular administration of injections, or even home-based IUD insertion is not easily concealed in an environment where privacy does not exist. As one of the young women remarked: "We used to know from people that they use [contraception]. If a couple takes any such method, the news somehow spreads."

While norms about excluding young women from access to contraceptive information continue to be strong, the futility of assuring adherence to this norm in daily practice is becoming increasingly apparent. When mothers take their small children on their lap while talking with the family planning worker, they may miss the point of transition where the young child begins to grasp the content of the conversation. With growing awareness that girls are beginning to learn about contraception, efforts to actually hide the information from them may simply decrease. Thus in the late 1980s when contraceptive use has ceased to be the innovation it had been a decade earlier, girls and unmarried young women are beginning to be inducted into the culture of contraception as part of their normal process of socialization.

Discussion with peers

Except for the one group that claimed no knowledge of the worker's family planning function prior to marriage, most of the other participants indicate they discussed the worker's activities with their girl friends:

We have had discussions with our girl friends of our age. I have told my friends that when methods will be available in our place, we will adopt these. We said we won't take 10 or 12 children. What need is there to have so many children...

At another point in the session, the same young woman commented:

We saw a newly married couple taking methods but couldn't ask them what they were doing. Many women's body was swollen after taking injection and many other experience side effects. One woman while taking the copper T reacted violently and left the clinic and later died. We thought a lot and sometimes had fun over the issue. Our mothers asked us what we used to talk so much.

All the young girls of the same age discussed.

We discussed with our married friends.

We discussed that she explains to people to control birth and provides them with

pills and the Copper T.

(We discussed) how many children we would have, what method would be suitable for us, for example the Copper T, operation etc. Whether we should adopt family planning or not, all those topics.

Someone knew more than others. When they used to discuss with each other then they came to know in detail.

We discussed that we will take method when we'll have our family and will take a child after 2 to 3 years.

Communication patterns in rural Bangladesh are strongly shaped by gender and age. As indicated earlier, family planning is on the whole still considered a sensitive subject between older women and girls or young women. As such communication, is not sanctioned by the norms of traditional culture, especially with mothers, the older women know with less precision what goes on in peer networks. As one participant put it: "(The elders) do not know that the girls know so many things. The young girls do not say anything in front of their mothers or aunts. They talk about it with their friends, newly married sisters and sisters-in-law." However, as the above quotations illustrate, there are no bars to discussing these topics with girl friends. Such discussion continues after marriage, and provides an important mechanism for the diffusion of knowledge about sexual matters and contraception. As the newly married woman is now included in the conversation with older women and with the family planning worker, she provides an important source of information to her unmarried peers.

The role of peers in the diffusion process is multiplied by the fact that an increasing number of girls are allowed to go to school. This provides them access to a network of peers with whom they would otherwise not have the opportunity to meet and talk. However, because sending girls to school is associated with monetary expenses and other costs, the number of girls who attend school is still limited.

The influence of the media: While the community worker, female relatives, peers and other

community women are important sources of family planning information, the influence of radios, and even television or printed materials, is also mentioned. The young women hear a variety of programs sponsored by the government family planning program, covering the importance of limiting childbearing, that the two-child family is a happy family, what methods are available, how methods work, etc. For example in the following exchange women indicate a focus on the characteristics of contraceptive methods:

Moderator: Do you listen to radio programs regularly? What are the programs normally played by the radio?

Woman 1: The radio plays varieties of programs: songs, talks of different people, family planning programs etc.

Moderator: Can you tell me what are the texts of a family planning program?

Woman 2: The texts of a family planning program vary. Sometimes we find that a man has been narrating how he has been able to check the birth of a baby or how a woman has been able to overcome the side effects of Maya Bori etc.

Women 3: One lady says she has been using family planning for six years. She has taken 9 babies and will not take any more now.

Woman 2: Sometime they say about the side-effect of Maya Bori, at the same time they explain the meaning and how the Maya Bori functions.

Woman 1: Apa initially for one or two months are may be some vertigo, some nausea, but after some time it becomes normal. It is the same as injection also.

Woman 4: Copper T is for three years then it is to be removed.

In another group of women, one commented on the motivational aspects of radio programs:

All the time they say, a son and a daughter is enough and they will have peace in the future and there will be no crisis of food, clothings. That's why government has introduced family planning.

Although the interviews do not allow us to identify when the young women began listening to

such programs, it seems plausible that this began prior to, and not after, marriage.

At the time the focus-group interviews were conducted, radios had become widely available in the villages. They were clearly a stronger influence on these young women than on Shamiran, who grew up at a time when radios were rare and the family planning content of programs limited. In 1987, family planning broadcasts were regular and were noticed by the young women we interviewed. This undoubtedly contributed to their family planning knowledge and awareness. As one participant put it, women "learn from the doctor (that is from the worker) and from radios, and the educated girls learn by themselves." One of the young women indicated that without the presence of the worker in the community and the discussions which ensue, the knowledge obtained from the media remains abstract:

As she visits us we began understanding that methods are available now and that it is good to take methods. They (CHWs) helped us know and understand that actually methods are of great help to people. She was the one who circulated the message of family planning and made it popular in the community. The radio has been talking, but did not put these things in the hands of the people.

Another recently married woman however indicated that in her case the learning came specifically from the radio: " No, Mahmuda didn't help me understand. At first, I heard the advertisement in the radio and came to understand the matter."

The older women also acknowledge the influence of the radio. One participant remarks perceptively that it is not always easy to sort out the relative weight of the various sources of information that affect the young women's knowledge of family planning:

Girls eventually learned about contraceptives. They also indirectly followed Momtaz [the worker]. The trend of age made them curious to know about family planning. Often they follow our discussion. We don't exactly know who formally told them about family planning but Momtaz's visits to us and the massive radio programs on family planning certainly and significantly contributed in their learning about family planning methods and its utility and importance. Often they follow

our discussion. We don't exactly know from whom they have learned.

Conclusions and implications for research and policy

In this paper we have suggested that the Matlab family planning worker acted as a catalyst in the diffusion of new ideas and information to young, unmarried women who were not targeted by the formal program strategies of the Matlab project. The family planning worker was important in the diffusion of information and ideas in the late 1970s when the Matlab project had recently been initiated, and her role continued to be strong in the 1980s in the presence of a stronger media influence and increased acceptance of the culture of contraception within the community.

The diffusion process described here is a complex one and does not consist only of simple dyads between the worker and young women. The "pebble in the pond" model much more accurately defines the significance of the worker. Her presence as well as that of the media provide a stimulus for conversations in which new knowledge and ideas are processed through interaction among peers and family members.⁶ These are the salient social networks of the young women in these traditional, conservative villages of rural Bangladesh. Thus, "women's gossip" (Watkins, 1992) assumes an important influence in the process of demographic change while contact with agents of the family planning program serves as a major impetus for conversations about contraception and family size.

Precisely what is being diffused is not as easily specified as the components of the network through which it is being communicated. As we indicated above, some of the comments made by the young focus-group participants suggest that the program introduced the concept or "thinkability" that women can control their reproductive lives, placing reproductive control within the calculus of rational choice and establishing numeracy of children. Closely related, though worthy of differentiation from the thinkability of reproductive choice, is the legitimacy of fertility regulation. Clearly this is also being communicated both through communication with peers and elders, and through the social identification with the worker as a symbol of modernity. Similarly, the media messages also

legitimate fertility regulation as appropriate behavior within a modern lifestyle.

Since the data presented here have concentrated on the experience of girls prior to their marriage, the question of whether the means of fertility control are made available in this process of diffusion has limited applicability. Information and knowledge about contraceptive techniques, how they work and even of the side-effects are spreading. However, the actual availability of methods is not as relevant for young, unmarried women. Of course, it is becoming clear to them that the means are indeed available within the community and will be available to them once they are married.

Undoubtedly more controversial and complex is the question of whether the diffusion of new ideas and values regarding family size desires has occurred. A long-standing and continuing debate within the population field surrounds this issue as well as the question of the contribution of program effort to the fertility transition (Davis, 1969; Hernandez, 1981; Pritchett, 1994). Much demographic theory and analysis suggest that programs have no effect on family size desires, and that, at best, they mobilize or crystallize latent demand for lower family size. Our data on the young, unmarried women do not allow us to address this question with depth and conclusiveness. The fact that survey data from both the treatment and the comparison area of the project reveal parallel reductions in family size desires (Koenig et al., 1992) would suggest that preferences have remained unaffected by the Matlab program, or that the government and the Matlab program have had similar effects on family size desires. However, to entirely disavow the influence of diffusion effects on family size desires would misrepresent the voices of focus-group participants, who attribute an influence to the worker that is broader than the mere communication of information, the placing of reproductive behavior within the calculus of rational choice, or the legitimation of these new ideas.

The diffusion of family planning ideas to young, unmarried women and the process by which it occurs, is part of a larger configuration of new influences that affect rural, traditional communities in Bangladesh. Some of these influences have already been identified above, namely radios, television, and somewhat greater access to educational opportunities, especially for girls. Other changes include some increased exposure to urban employment, improved transportation facilities, increased electrification of rural areas, and the gradual penetration of a commercial economy into the rural sector. In fact, both exposure to the worker and to the media simply not only a confrontation with new ideas about contraception but signify exposure to the influence of modernity as well. These changes do not amount to a socio-structural transformation of the type that is conventionally associated with fertility decline (Cleland et al., 1994). Nonetheless, they encourage a new outlook on life and engender a set of aspirations which are eminently compatible with the idea and practice of modern birth control.

There are several implications from these findings for both research and policy. The analysis presented here is based on a small, exploratory study pursuing an insight that arose in the course of a larger study. The results presented in this paper cannot be viewed as definitive or complete evidence on the issue of program effects on the young in Bangladesh. Additional research on the diffusion of contraceptive knowledge, attitudes and aspirations to girls and young, unmarried women would obviously be desirable. It would be especially important to examine whether the female workers in the national, government run program have had similar effects on this audience. However, extreme sensitivity to the vulnerability of young women must be exhibited in such studies to assure that young women do not suffer negative repercussions as a consequence of their participation in the research.

The unanticipated benefits that result from the presence of a community based family planning worker in a traditional, rural community have several implications for policy. First, these findings are important in the context of the broader policy debate about the future role of female workers within the national family planning program. There has been much discussion of the role of female workers in the Bangladesh program (Simmons et al., 1988, 1992; Phillips et al., 1994).

With the increased nationwide prevalence of contraceptive use, questions about the need for continued reliance upon female outreach workers have been raised. The findings from this study underscore previous arguments about the significance of the female outreach worker in rural Bangladesh communities. While the data presented here do not allow us to generalize to Bangladesh as a whole, it is highly plausible that some of these effects would occur there as well. Our findings imply that investments in the employment of women as community-based family planning workers may have had important pay-offs beyond what had been expected. While this paper does not review the multiple roles of female workers in the national program, its findings suggest additional evidence for their critical contribution in rural areas.

Our findings also draw attention to the need for programmatic attention to the contraceptive needs of young married women. As Alauddin and VanLandingham (1989) have argued, there has not been enough attention to these needs of younger women. From everything we learned in the focus-group discussions, it is clear that the new generation of young women may have great interest in contraceptive use early on in their married lives.

We wish to conclude with a caveat. The findings presented here should not be interpreted to imply that similar effects on the younger generation can be expected in all program settings where women are employed as outreach workers. The findings presented here are dependent upon a social context where women's exposure to the outside world is minimal, and where women and especially young, unmarried women lead a life of relative isolation from the larger influences of the community and society.

Notes

1. In order to establish a sampling frame for focus-group sessions, the 80 villages in which community-based workers are active, were divided into four cells based on their perceived level of socio-economic development and the performance of the worker. A focus-group session with young unmarried women was conducted in a village of each of these cells in order to assure that they reflect the different settings and worker performance levels. Beyond this there was no attempt to randomly select villages or participants.

2. Focus-group sessions for these older women were also selected from the four cells described in (1). Within this framework four sessions were deliberately chosen to represent women with at least an 8th grade education, and two to represent women who were considered opposed to family planning. The remaining groups were composed of women between the ages of 20-30 and between the ages of 30-40.
3. The argument that the community based family planning worker has become a role model should not be read to imply, however, that all workers are equally and universally appreciated by all community women. In fact negative reports about one particular worker were not only widespread but extremely intense.
4. Focus-group study undertaken in the treatment area of the Matlab project, not in its comparison area. Survey data from both treatment and comparison area indicate that in 1984 family size preferences between these areas were similar, while contraceptive use rates in the treatment area were 39 percent as contrasted with 17 percent in the comparison area. It has been argued that the contribution of the intensive Matlab outreach project has this implies the Matlab project has been instrumental in reducing the social, psychological and other costs of contraception while not affecting the underlying climate of demand (Cleland et al., 1994).
5. In fact during the fieldwork we were so startled about the overall level of approval of family planning and the worker that we added four focus-group sessions which deliberately sought out women who were identified by the family planning worker as representing the most extreme form of opposition within the community. Their opposition was clearly delineated by a personal rejection of the use of contraception without any attempt to judge or condemn the use of contraception by others. Overall, the number of individuals in this group within the community appeared to be small.
6. Of course, there are other sources of information besides the worker or the media, especially with increasing exposure to urban, modernizing influences. However, these are not the subject of this paper.

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**WOMEN'S LIVES IN TRANSITION: A QUALITATIVE ANALYSIS OF
THE FERTILITY DECLINE IN BANGLADESH**

Ruth Simmons, PhD

Associate Professor, Departments of Population Planning and International Health, and
Public Health Policy and Administration, University of Michigan School of Public Health,
Ann Arbor, Michigan

Bangladesh has provided scholars and population professionals with a double surprise. In contrast to earlier demographic and social science predictions, a fertility decline was initiated in what is one of the poorest countries in the world, producing a shift in total fertility from 7 births per woman to about 5 by the late 1980s, and an continued decline in the early 1990s (Cleland et al., 1994). With a fertility transition well underway, a second puzzle presents itself: what are convincing explanations of such a decline? Is conventional demographic theory which views fertility decline as the consequence of socio-economic or other structural transformation of society a valid explanation for demographic change in Bangladesh? Or is it more persuasive to view the onset of the fertility transition as a reflection of an ever growing level of poverty in Bangladesh, which compels couples to opt for a smaller number of children? Have the diffusion of new ideas and modernizing trends been responsible? Alternatively, to what extent can demographic change be attributed to the massive investment in resources, policy commitments, and operational measures in the family planning program?

In a recent analysis, Cleland et al.(1994) have taken a forceful position on these questions, arguing that the data do not support the conclusion that fertility decline has been driven by socio-economic development, nor that it is predominantly a function of rising levels of poverty. Instead, they conclude that the evidence supporting the influence of the government program is very strong, and suggest that,

For Bangladesh the relative importance and primacy of the demand and supply side factors should be reversed. The crucial change that has taken place concerns acceptability of and access to birth control, and *not* structural change that has driven down the demand for children (p. 134).

While the evidence for a demand-oriented theory of fertility decline in Bangladesh is viewed as weak, the authors nonetheless acknowledge that Bangladesh is affected by changes which, though not amounting to the socio-structural transformations typically associated with fertility decline, may have profound influence. The authors argue:

Though these changes have not yet brought growing prosperity, their collective impact represents an element of modernization, with unknown but

perhaps profound, effects on outlooks and expectations. It is unlikely that family planning would have flourished in the absence of all these changes. Thus the results of our analysis should not be regarded as an emphatic rejection of demand theories of fertility decline. There is simply insufficient evidence, particularly on adult perceptions of the economics of childbearing, to justify such a claim.

In this qualitative analysis of focus group interviews with women in Matlab on precisely such adult perceptions of not just childbearing but more generally the nature of change within rural society, I argue that women's lives in Bangladesh are in transition. Multiple dimensions of their lives are being transformed, and together these changes explain the interest in family limitation. The presence of a strong program is a major contributing influence in the demographic transition, but social and economic changes, as well as a new mental outlook, new ideas and orientations, also play an important role. The shifts that have taken place are subtle and have not affected everyone equally. They do not amount to a major transformation of economic and social structures, nor to the emergence of entirely new patterns of thought and action. But their influence emerges as a pervasive theme in the many long conversations with rural women of different ages in the Matlab communities as they seek to explain this world and the role of demographic change within it.

The basic argument presented here is very similar to the analysis of Caldwell et al. (1988) on the causes of demographic change in south India. The increased economic burden of large families, an increasing influence of a monetized economy as well as critical changes in schooling and the increasing penetration of elements of modern urban life in the village, together with the influence of the program, were seen as the causes of the onset of the fertility transition in south India. Although Bangladesh had not reached the same level of adult literacy as south India, the parallels are important.

As is clear from the above quotation, Cleland et al. regret the absence of evidence on

people's perceptions regarding the economics of childbearing. Caldwell et al. emphatically affirm the importance of listening to the participants in the process of social change as well, arguing that, "The reasons for this (fertility decline) are known to the participants, and any reported mystery is the product of the nature of large-scale surveys and not of social forces so deep that they are neither noticed nor understood by the actors" (p. 67). In this paper I present data from a focus group study with women in the Matlab villages in southern Bangladesh, which suggests that those who participate in the fertility transition are not passive actors in this historic process of change, but are knowledgeable of the multiple changes that affect their lives.¹

Of course, the Matlab villages do not represent all of Bangladesh, and in that sense the arguments presented here have limitations in explanations of the fertility transition for the country as a whole. Since the eighty villages covered by the Matlab project are in one of the more conservative regions of the country in southern Bangladesh, reachable mainly by river transport, socio-economic change and modernizing influences might be even stronger in other areas. On the other hand, since programmatic influences are unusually strong in Matlab given the special nature of the Matlab MCH-FP project, conclusions presented here are likely to overstate the influence of the program in comparison with other dimensions of change. Limitations also arise from the fact that the data deal with only women's perceptions, and not those of men as well.

The paper begins with a presentation of women's perceptions of changes in contraceptive use and fertility, and then describes the changes they experience in the economic and social circumstances of their lives, including their views of the influence of modernity. The final part of the paper is devoted to women's reactions to the family planning program as represented by the Matlab community-based family planning worker and by the media. The conclusion draws on insights from the debate on deconstruction in the social sciences in an effort to place the divergent conclusions about the fertility transition in Bangladesh into perspective.

TRANSITIONS IN CONTRACEPTIVE USE AND FERTILITY:

In 1988 when data collection for this study was completed, contraceptive prevalence in Matlab had reached 52 percent, with almost half of this prevalence being accounted for by Depo-provera, and the remainder by the pill, sterilization and to a much lesser extent the IUD, condoms, foam, and traditional methods. Since then, prevalence has surpassed 60 percent.

The focus group data show that women are not only aware of widespread contraceptive use in their communities, but they are also aware of the onset of fertility decline.

Statements such as the following are common:

In our mother's period, a mother had 7-8 children. By the grace of the Almighty our development has been made. Nowadays we all use method.

They (people) have fewer children now. Not more than four.

They (mothers) used to have many children, while we have relatively few.

At present the people have 7 or eight children, that is those who do not adopt a method. Many are using family planning methods; users have four to five children.

In the past people did not practice family planning and used to have 10-12 children. Nowadays, couples have less children because they use family planning methods more. After three they take operation.

People use contraception hence have few children so they are better now.

Associated with this awareness of the changes in contraceptive behavior and fertility is the recognition that the normative context of contraceptive use has been altered. Although norms of shyness and modesty continue to dictate a certain reluctance to address topics of reproductive behavior, especially for young women, participants acknowledge that family planning has become a frequent topic of conversation. While once a subject that could barely be discussed in whispers, there now is an emerging culture of contraception even in

remote rural areas of Bangladesh. To use the words of a very young focus group participant - family planning has become like dhal-bhat (rice and pulses), that is like very ordinary or common food. Barriers that existed in the past are beginning to crumble: "husbands tell their wives to use family planning even on the night of marriage", or in the past "mothers did not allow their daughters to talk about family planning, now mothers do not object if their daughters learn about family planning."

Women are clear that lower fertility benefits them individually and also benefits their families, but they frequently voice concerns about the dangers of contraceptive use. In fact, they believe that contraceptive use implies a sacrifice which women take upon themselves because of the benefits of lower fertility. They generally do not believe that their spouses should use contraception, because they fear for the well-being of their husbands, upon whose strength and support they depend. Alternatively they argue that men are simply not ready to bear the responsibility of contraceptive use.

We opt for family planning along with problems. It is better than to have a child.

My husband was also in favor of contraception then I decided, it is better to use method, if there is any side-effect then I might die, which is better than all these botherations.

People ask me what I am doing. I reply that I am taking methods. They express concern of what destruction I am doing to myself by taking family planning methods.

If the women die after taking method, then it is alright, but women cannot go without men.

As I am unable to take any family planning method because of Asthma and am suffering a lot, still my husband will not use anything. I have told him many times but he will not understand.

They (men) think that they will lose their work power after vasectomy. They will not be able to work hard. Very few men like to use condom. They do not feel better with condom.

Thus, women are conscious of the fertility transition and the contraceptive revolution that is affecting their communities. As the following part of the paper demonstrates, they are also aware of broader changes that are affecting their lives in areas that are conventionally considered demand-side determinants of fertility decline.

ECONOMIC AND SOCIAL CHANGE

With living standards stagnant and broad indicators of the level of poverty approximately unchanged, Cleland et al.(1994) concluded that there has not been a major socio-economic change in Bangladesh that would explain the fertility decline. A slightly different perspective emerges from the analysis of women's perceptions. They do see change in the material and social circumstances of their lives and acknowledge the influence of new ideas. This change is relatively small, by no means amounting to the massive structural transformations that are conventionally associated with a fertility decline. Yet from the perspective of women these changes are full of meaning and significance for reproductive decision-making. The central themes in the focus groups include: the cost of living, the expenses involved in raising children, educational aspirations for children (including daughters), changes in family relations, the dowry system, women's social position, and the influence of modern lifestyles and ideas.

The cost of living: The perception of the contraceptive revolution is embedded in a broader consciousness of alterations in people's livelihood and means of survival. Above all women speak about the fact that their families have less land than their parents and attribute this change to population growth, land erosion, or the distress sale of land. In a society where subsistence agriculture is still the dominant means of livelihood, decreased land holding implies food shortages, and many women remember, or at least believe, that resources were more plentiful when their mothers were young. While some families, especially those who can rely on the income from formal wage earners, are perceived to be well off, there is a pervasive sense among the participants that most people cannot keep up

with the increases in the cost of living.

There is less of everything. Lands are getting divided.

Many people are losing land by flood erosion, and the rest is taken for road construction.

Say there were five members in one's house. Those five members gave birth to 10 children. From those 10 children 20 more human beings are born. All these people are now sharing the land property that is being divided among them.

The volume of land and property has decreased with the increase of population.

Land decreased through fragmentation. When there are 10 sons in a family, land must automatically reduce. Again, if there are too many daughters in a family, parents are obliged to sell portions of their land to meet the expenses of the daughters' marriage.

Things were more in the past, but now we do not get plenty of vegetables and fish due to the population increase.

There is food problem. Due to excessive rain or flood we are unable to cultivate enough good crops. The land has become subdivided.. The yield of a year is not enough for all the family members.

Given the shortage of land together with the increasing commercialization of the economy and price increases, which are also mentioned as a significant trends, women face increasing problems in providing for their families.

We have to think twice before eating. If we eat everything in a day, how will we pass other days. Moreover, we have to buy clothes for ourselves and our children, there are educational expenses too.

Nowadays money has less value, while the price of commodities has increased. The more people are earning, the more is their expenditure.

Earlier our parents could buy a bag full of things by selling cow's milk. But now even a person who is earning goes to the market with Taka 300, and he will not be able to fill up this shopping bag with commodities.

Yes, nowadays a bag cannot be filled.

Compared with the past the condition is not good. The cost of good food has increased rapidly. We cannot afford to eat rich food. We live mostly on rice, pulse, or spinach.

Emphatically one woman declared that there was no progress in these communities:

How could there be development. We lack everything so much that we often become bewildered. Should we give food to our children only or should we wear (clothes) and take food also?

In spite of the many laments about the deterioration of economic conditions, women also realize that some families in the community, namely those able to secure employment, work in contracting or in a variety of other jobs, are better off. The new aspirations for the future of their children, discussed later in the paper, must at least partially be grounded in the recognition of the differential material circumstances that apply to those who begin to participate in the modern sector of the economy, and those who do not.

The cost of children: Within an economic context where the conditions of livelihood are perceived to be deteriorating for many members of the community, the cost of raising children is a major concern for women. The conversations revealed that rational calculations about the relationship between food and other supplies, and the number of children in a family are very much part of women's consciousness. For example:

Those who have fewer children have the advantage of feeding their children better than those who have many.

I need to clean my children with soap which I don't have. How could I then do the job. If there is one child we can move freely without having any anxiety.

People now understand that if there is only one mouth it can be fed by anything, but if there are several mouths, ashes would not be enough to feed them.

People have fewer children now. They have less because they can take better care and provide them more with their necessities.

We don't want too many babies because we can't afford to feed them well, or bring them up well.

They know they will not be able to rear their children, will not be able to provide proper food, clothing, education, so they adopt family planning to keep the family small.

We feel that if we have many children our health would break down and we would not be able to build them up as ideal men. So what need of having more children. We will try to educate them, provide them with good clothes, food and will ensure our good health and will be mighty in all respects. But those who do have many children couldn't give them adequate food, clothings and education.

Themes pertaining to the quality of children begin to emerge in the above quotations. It is not enough for children to be fed and clothed; they must be raised to their fullest potential by investing in their future. Evidence presented in subsequent sections of the paper will build further upon these notions, demonstrating that women perceive the raising of children as increasingly costly and thus consider it in their own best interest to have "quality" children.

Education: The dominant theme that reverberates throughout all of the focus group transcripts, whether women in their teens, twenties, thirties or forties are talking, is that they see their lives in transition. The world is not what it used to be, stable and predictable. They perceive significant change in the value of education, in the way family members relate to each other, in the financial transactions involved in marriage, and more broadly speaking, in the emergence of a modern lifestyle.

While overall literary and educational levels may not have changed much over the past decade as Cleland et al. indicate, aspirations certainly have. References to the desire for, or interest in, sending children to school appear in relation to many different conversation topics:

Now people have more interest in education than before. About education everybody's interest is growing.

Now both the guardians and the children themselves have realized the importance of education. So children show their interest thus the guardians become interested and send their children to school.

Parents are putting efforts to make their children educated with their limited resources. Let us see to what extent Allah helps us.

We didn't take care of the education of our older children. But we have to think of the younger ones. Let us see how Allah helps us.

Education involves expenses even though primary schools are free. Books, appropriate clothing and related educational supplies constitute significant expenditures for many families. While women's aspirations are beginning to focus on the education of their children, they also acknowledge that realizing these hopes may depend on forces beyond their control.

New educational aspirations are associated with related changes in women's approach to

the quality of children. Women are not only interested in sending their children to school, they also contrast their approach to child-rearing with that of their mothers:

We take more care (of children). We try to keep them neat and clean, do not allow them to roam about in the sun. We give them better food and are always forcing them to study. Earlier the mothers did not bother whether the children studied or not. But we are always forcing them to study.

(our mothers) were only busy with husking, boiling of paddy. cooking and other household duties. They used to give birth to many children, but they did not care very much about their children, where they were going or not, what they were eating.

There is interest in the education not only of boys but of girls as well. As is clear from the following comments, the reason for this interest is closely related to the marriage of daughters, to be discussed in greater detail in the subsequent section dealing with the dowry system.

The value of education is more than before. Even those who eat hand to foot will also send their daughters to school.

Educated daughters can be married off to worthy men and both educated sons and daughters will be able to live better. We also will require less amount of money in their marriage.

Many things have changed. Nowadays people provide education to their children, specially girls. Then they look for an educated and well off groom... While earlier the people used to marry off their daughters to any groom. They never used to see whether he came from a respectable family, whether he was educated or not.

Education is seen as one of the major mechanism for people to attain their vision of a better life. Women argue that:

The children will lead a better life. And the parent will be proud of them. Education has the highest value now. Everyone wants to sit in the upper class. Don't we want to be in upper levels?

(We) will have good days in the future as our children are getting education.

The statements just quoted draw a connection between education and a better, more secure future. Women recognize that the future of their children rests with employment in the formal sector of the economy. They understand that education is a major precondition for securing such employment, an investment in the future, not just for men but also for women.

Our children are being sent to school because it is our duty to educate them. What will happen later, whether they will benefit by education, is left to be seen, because they are now in the process of learning, not bringing income to the house. For example, to begin a business we need capital to invest. Our children are not our capital as yet. We are in the investment stage, providing books, pens and so on without which there can be no education.

Life had a different meaning to our forefathers. For them children were a source of income. So, as soon as the children would grow up, they would send them to the field for cultivation work. But now we send them to school on the idea that they would be employed somewhere after their education to earn their livelihood.

Changes in family relations: Women in the Matlab communities perceive that family relations are not following the old patterns. The role of parents and parents-in-laws have become weakened, conjugal bonds are stronger, family structures are changing, intergenerational wealth flows are beginning to reverse, and young wives are believed to have a degree of influence that defies tradition. The decreasing role of the mother-in-law, whose position in the traditional extended family was strong is reflected in the following quotes:

No, they (the mother in laws) do not say anything. All the decisions are made by the husband and the wife. In spite of this will the brides care or listen?.. We used to value our mother-in-law's opinion and decisions. But nowadays the brides do not care. Rather than the mother-in-law has to listen to the brides' order.

Nowadays sons are more inclined to their wives not to the mothers.

(women) do not listen to their mothers-in-law or their husbands. It is the husbands who listen to their wives more. Men used to listen to their parents before, but now they act according to their wives demands. They will do whatever their wives say. They will even rebuke their parents for their wives.

Son's wives say they would not live jointly with their fathers and mothers-in-laws as they say there lacks peace in a joint family.

By contrast, the bond between husband and wife is viewed as strengthened, and couples are "taking liberties" in front of their children that would have been considered shocking in the past. They talk to each other in broad daylight, or discuss family planning:

Our sons and their wives don't need the nightfall to come. They can talk during the day.

No, they (the young women) never used to talk with their husband about such affairs (when they should have children, how many they should have). The brides used to stay with their mothers and sisters-in-law most of the time. But now we stay near our husbands, take our meal together in front of our parents-in-law.

Nowadays the brides will stay near the husband all day long. They will sit with their husbands holding their neck even in front of the children.

Sons become more selfish and seek their own happiness after marriage. They pay less attention to parents, who have done so much for them. Sometimes the wife forces her husband to quit his parents to avoid their responsibilities and to live happily.

Earlier we used to call our husbands as "Apni" (with honor) but now the girls will address their husbands as "Tumi" (informal you) in front of everyone.

Increased interest in establishing nuclear households was also mentioned. When women explained this change, the new lifestyle theme and the influence of a somewhat diversified economy where some can rely on regular incomes and others not, were mentioned:

There are too many people. And a single person's income cannot serve all. Moreover, the people have become more self-centered. They want to do everything and enjoy the life by themselves. They think that they will not be able to live better if they stay with their parents or brothers.

They (extended families) do not have a congenial relationship. There is lack of love and affection and cooperation. Moreover, there is always some sort of quarrel if there is monetary insolvency and few earning members but many feeding members. That's why they get separated.

Opinions were divided over the issue of whether sons can still be relied upon to support parents in their old age.

If some of these statements, especially those involving the role of women within the family, seem surprisingly strong, it should be remembered that these are conversations in which women compare themselves to standards they feel dominated the lifestyle of an older generation. They may perceive changes in their social life that an outsider would consider extremely small. From a subjective point of view of women who have seen the old ways of life, however, the new patterns may appear genuinely transforming. For them, the old rules have lost some power, though by no means all, and traditional bonds are not as strong as they used to be. With old ties weakening, new ones emerging and, as we will see later on, horizons broadening, the transition in reproductive behavior begins to appear more like a strand in a seamless web of change rather than an isolated phenomenon.

The dowry system and its effect on women's position: Changes in marriage transactions from a system of bride prices to dowries are of recent origin in Bangladesh, and have been associated with the forces of modernization and the emergence of the cash economy (Lindenbaum, 1975). A shift towards dowries signifies a deterioration of women's position, rendering them increasingly vulnerable to forces over which they have no control. Concerns about how to procure the resources needed to pay for dowries has assumed the proportions of a financial crisis for families, especially since amounts required to arrange a satisfactory marriage are perceived to be increasing. If parents cannot assemble the required resources for a daughter's marriage, she stays unmarried beyond what villagers consider "marriageable" age, an image that conjures up visions of over-ripe or spoilt fruit. The assets required for dowries lead families to sell land and to incur other

heavy financial responsibilities. If parents fail to make contractually established dowry payments, their daughters are likely to be sent back home. Husbands may choose to remarry because they seek another dowry, and women have to submit to the suffering this implies.

While the dowry system with its relentless financial burden has decreased the status of women, its linkage to the cost of childbearing is possibly one of the elements in the new calculus of reproductive choice. For example:

Nowadays the bridegrooms demand a lot of money, a constructed house, wrist watch, radio, bicycle. The bride's parents are unable to meet such demands and hence are unable to marry off their daughters.

And speaking of girls - daughters - one needs 10 to 12 thousand taka to give a daughter in marriage. This is another reason why people want fewer babies."

Everyone cannot afford to spend such a large amount of money. So they have to beg or borrow money from other people.

I also did not have much money. So I borrowed money from others and married off my daughters. I had to spend Taka 50 thousand. So isn't it a great problem for us?.. We have a headache as our daughters are surpassing marriageable age but we are unable to give their hand in marriage.

There was no such problem before... When I got married my in-laws gave me a pair of earrings, a necklace, three saris and they brought sweets and had fun. But now no such thing happens. The parents are afraid if a proposal comes for their daughters. From where will they get so much money? This is our greatest problem. Even greater than food problem.

In the past days there were very much less cost involved in the marriage of girls. So people gave their daughters in marriage easily at the early age. But not the bride groom's party demand one tola of gold, a wristwatch, radio, cassette changer, bicycle, cash money etc. as dowry;. They cannot afford these things which causes delay in their daughter's marriage.

Now some people's daughters are engaged in pursuing education. By this time their guardians manage money for the daughter's marriage. So these cases there is delay in their daughter's marriage. They want to ensure good for their daughters by

making them educated.

The heavy weight of the dowry in parent's financial calculations was summarized by one woman when she said: "Girls have become a rope around their parents neck".

There also is a potential link between the desire for women's education and the dowry system. Educated young women may require less of a dowry, are likely to be considered a more a desirable marriage match by some than uneducated ones, or possibly might be able to earn an income themselves. Thus while there are costs associated with the education of girls, potential advantages are perceived as well. Certainly, considerations of the future price of marriage of daughters are likely to have assumed a compelling influence in planning family size.

Women's emerging sense of self-esteem and freedom: While the increased payments and expectations of the dowry system signify a deterioration in women's status, their consciousness appears to be moving in a direction of greater strength. In fact, one of the surprises in these data is women's emerging sense of themselves as worthy individuals capable of thinking and acting independently, and deserving to enjoy at least some of the pleasures of modern life. Such self-esteem is not what one expects in a culture that extols women's honor but traditionally deprives them of a sense of personal efficacy. That old patterns are changing is clear from many points in the conversations:

No woman used to go out from the house before. As the country has obtained independence, so they (women) have become independent too.

I was married in the month of Bhadra and the country obtained independence(check) in the month of charia. Since then the women have become independent.

Yes, (women are) very much independent. They are receiving more education and are willing and fit to earn their own living.

There has been lots of improvement.... The women are getting educated and are able

to work. We are able to earn money, mix with different people; we are freer than before are able to move around the village.

We also encourage our daughters to get educated so that they will be able to get a job and earn for maintaining a better life. These were not before. The girls were kept under the veil, they were not allowed to do anything.

Women are also aware that some of these changes involve underlying tensions and disapproval from men. For example one woman commented, "My husband gets annoyed quite often. He says that when I come from the bazaar, I see many young girls about 19 or 20 years of age walking along the road, staring at the people and sometimes laughing." According to the norms of the traditional society, women (let alone young ones) are not to be seen in public places unless they are covered by a burkha. For men who have been socialized within a culture that dictates women's honor must be protected by hiding them from public gaze, the sight of young women who freely examine the world around them is shocking. The focus group participant went on to explain: "No woman used to go out from the house, specially to the bazaar, before. The men used to buy all the essential commodities. But now they go to the market themselves if they want a small thing."

While contraceptive use is at times viewed as a sacrifice, it is also an important ingredient in women's new freedom. In explaining why women tend to be more interested in family planning than men, for example, one woman pointed out that "women have become very much concerned about themselves. They want to live in peace and happiness, as they suffer maximum." Women in rural Bangladesh work extremely hard, and they are the ones who bear the burden of raising many children. With contraception available and increasingly legitimized, and with the concomitant emergence of the idea that women have a right to be concerned about their own well-being and not only about that of others, the benefits of contraceptive use are beginning to be apparent. They will have more time and energy to develop a closer bond with their husband, and to take better care of their health. The connection to their health condition is also clear from the frequent comment that

"women's health condition deteriorates if they have frequent births."

There is agreement among the younger and the older focus group participants that the younger women are even freer than those who are over thirty. The freedom to delay the onset of childbearing is a central element in this transition. As one of the older women put it:

Nowadays all are very conscious (about family planning). Especially the girls. They want to remain young and pretty. So they tell their husbands on the night of marriage that they do not want many children. The husbands also agree as they too want their wives to remain young and their breasts to remain pointed. But we did not say such a thing to our husbands. We were shy to talk about this. That's why we have as many children as our husbands wanted.

Though significant, the emerging sense of self-esteem and freedom experienced especially by the younger women, does not imply substantial undermining of the institution of patriarchy. Women continue to depend in large measure upon the presence and support of their husbands or their sons. Earlier comments about women's reluctance to see men use contraception serve as examples of this continued dependence.

Modernization: Women not only see their own lives in transition, they perceive the world around them to be in a process of change to which they attach the label of modernity. New modes of transport, electricity, and the media have reached the villages, more schools are being built, and more markets exist than in the past. Exposure to a world beyond the boundaries of traditional rural communities brings new ideas, including signs of the orientations and values of a commercialized, consumer society.

Yesterday, a motor-cycle was going by. My daughter came running to fetch me in order to see the motor-cycle. My daughter is now seeing this and I myself also saw it. But did my mother see such a thing before? It's new in the village. Changes are taking place day by day.

Earlier we did not have any electricity, but now there has been electricity supply in the

village. Almost each and every bari has electricity. There are hospitals and small clinics in different places. Hence we get treatment facilities There were very few schools and colleges before. But now there are lots of schools and colleges. There are also more weekly markets and bazaars.

The people before were satisfied with only one cloth. All the family members could use a single pair of shoes in turn.

Nowadays the people wear clothes in competition. If another person has five saris I will require eight saris. We require three, four pairs of shoes. Before the people used to walk barefoot, or used to wear sandals made of wood. Before seven brothers would share one shirt. But now there is competition among brothers as well. If a brother has a new shirt another one will try to make two shirts. They will not even allow each other to wear each other's clothes.

Education has increased and all are modern. Everything has changed. Boys and girls are growing up together.

The generations are changing. Time are also changing. People now want to be modern, they want to live up to date. They want to live and eat well.

People are beginning to wear clothes in competition and expect more for their lives than the bare minimum essentials for survival. In wanting to live up to date and be modern, younger women contrast their own expectations with those of their mothers. A self-congratulatory sense of superiority pervades some of the remarks:

They were aloof from all other fancies. Only they thought of paddy and eating. But nowadays whether we eat properly or not we want to spend some money on fancies. We want beautiful saris and ornaments, cosmetics.

Listen Apa, we can easily follow what program or song is being played in a radio or how a Lux soap differs from a Lifeboy but our mothers are quite blank in this regard.

Mothers cannot wash the body without a Bangla soap, but we use Lux, Cosco, Gacotus, Lemondew. They do not know the names even.

We know about different types of bangles and request husbands to bring those, but old people say only about rubber bangles. As we have seen all these in our days so we can say about this.

We can ask for organdi sari, but they are happy with this simple and ordinary sari.

An older woman laughingly comments on the difference in her lifestyle and that of her daughters and daughters-in-law: "My mother was simple like me. She was not modern and with the times. (Daughters)wear different saris. The girls and the daughter-in-laws wear alike. Sometimes, we also wear them, when they offer us." Almost sounding like the mother of a teenage daughter in an industrialized society, another older participant acknowledges that women have to purchase the newly available consumer goods for their daughters, and allow them to depart from the traditional dress-code for women:

You see, in our times we never used Snow (a cream) and powder, but we have to buy these for our girls. This is a must for them. In our times we wore only saris, but they wear Shalwar-kameez (trousers and long shirt). We have to buy them the things that are available these days.

Having fewer children is viewed as an integral part of the view of a better and more comfortable life:

They (the women) have taken family planning methods for their own happiness and peace. They want to live better, so that they do not have any trouble getting food and beautiful clothes.

We are better off, because you know Apa, we were eight brothers and sisters. My mothers was lean and weak. I never saw her in good health. She had no time to take rest. She spent the whole day in cooking and washing. But I am free from all such sort of botheration. I have only three children. I am able to take rest, look after my children properly.

Women have begun to focus on their own well-being and are trying to escape from what some perceive as the drudgery that characterized the life of their mothers. Their horizons are expanding. Women are better off because, as one of them put it, "now they are more exposed and get to hear many things. They watch, they get to know." Women want to be part of the commercial culture that is emerging around them. Within these aspirations

many children are viewed as "botheration", and the use of contraception becomes an important mechanism for attaining at least a small share of the attractions of modern life.

THE ROLE OF THE FAMILY PLANNING PROGRAM

In the Matlab villages women are exposed to two programmatic influences - those of the government family planning program, which reaches them predominantly through the media, and through the special Matlab MCH-FP program, which affects their lives primarily through the community-based family planning worker. Both of these constitute significant innovations in women's lives, although the influence of the worker is likely stronger than that of the media.

The presence of the Matlab MCH and family planning project has been a major influence in the lives of local women. Just as in the government family planning program, the link to rural women is a community-based family planning worker, who visits women on a regular basis. In contrast to the public sector program, however, the scope and intensity of contacts between the worker and community women differ considerably. Contact is bi-weekly, and contraceptive and maternal and child health services are real and have been sustained over time (Phillips et al. 1988). The influence of the community-based family planning worker on women's lives is multifaceted, transcending in several respects conventional notions of the functions of "systems of supply". Having earlier in the paper identified women's perception of the determinants of demand, I now examine their perceptions of the influence of the family planning program, or system of supply.

A trusted friend: A previous paper discussed at length the transition of the community's opinion about the Matlab community based family planning worker. Initially portrayed as a "devil woman" who had come to the villages to destroy the community's well-being, the worker succeeded in gaining acceptance for her professional role, established herself as a social leader and maintained her honor as a woman (Simmons et al. 1992). One quote may suffice to characterize the transition to her role within the community:

People said, she will kill all the women by feeding them those medicines. Women used to hide themselves, on seeing Mahamuda (the worker) coming to her house. Mahamuda spent her whole day explaining and making the women easy to talk to her. After her continuous saying and seeing her day after day, she became famous to the women.

There are difference in the performance of individual workers and not all of them are necessarily equally appreciated; one was widely disliked for her arrogant personality and lack of support to women when they felt they needed her. Nonetheless, most are so highly respected by both women and their husbands that in one of the focus groups, women commented in response to the moderator's questions whether they considered the worker a relative:

Woman 1: We think of her as more than a relative.

Woman 2: Her feeling for us, her behavior towards us, concern for us are much more pleasant than (that of) a relative.

Similarly:

Women 1: She has become so close that she is more than our sister.

Woman 2: We do not feel better if we do not see her for one or two days. We wish that she was able to visit us every day. We like to chat with her.

Overcoming the fear of contraception: A recurrent theme in comments on the worker's role is the reassurance she provides to community women about contraceptive methods, and about that fact that she will assist women if they experience any difficulties. As one woman put it: "She is able to overcome fear about methods. That's why so many women are taking family planning methods. Otherwise many women would not have taken family planning methods." If a worker does not perform this function, as was true in one case, she was heavily criticized with several negative comments about her failure to assist women with side-effects.

Overcoming the opposition of family members: When women opt to use contraception without informing their families, the worker is frequently called upon to mediate when others discover it. "She explains the benefit of family planning methods to the husbands and mother-in-law and makes them understand why the woman is using a method".

Providing access to the means of contraception: Women in Matlab are well aware of the fact that the family planning worker distributes contraceptives, provides contraceptive injections, and facilitates access to clinic-based methods. For example, "If anyone wants to get sterilized, then Rekha (the worker) makes all the arrangements. She goes to the Matlab Centre and fixes the schedule. Then she makes arrangements for the boat. Takes the client with her. Stays there during the operation and afterwards and then brings her home."

The thinkability of reproductive decisions: Coale (1973) argued that one of the preconditions for fertility decline is that reproductive decisions must be perceived to fall within the calculus of rational choice. Van de Walle (1992) expanded on this idea to point out that "numeracy about children". Historically, thinking about children in numerical terms became part of people's mental outlook as they passed through a process of reproductive change. Some of the comments from community women speak to these issues quite explicitly. For example, one woman commented that people who have adopted contraception have four children, but those who don't "have no measuring rod". Others also confirm the notion that previously the very concept of family limitation did not exist, and that the worker had a major part in introducing it. For example in response to questions about why people want fewer children, or about the role of the worker, women said:

It is due to the family planning program. If this program had not been introduced no one would have reduced fertility. The people used to beg food and stay ill fed before. Still they wanted many children. Was there any such force before, as they

are now saying "two are enough?". They used to say "God will give as many as he wishes. We have no hand over his desires".

We see Mahamuda here with family planning methods. She taught us at the same time that God has given us the strength to decide about birth control.

For the first time Momtaz had given us a clear concept of family planning. As she is our close person, and as she is a most reliable one, and as she is giving us continuous help, we decided to take family planning.

This, as well as the earlier comment that those who do not control their fertility "have no measuring rod", affirm how clearly participants in the fertility transition perceive the changes that are transforming their lives, and how strong a role the worker plays in these changes. The above comments also suggest a strong influence over family size preferences, a topic that will be addressed in greater detail below.

Influencing family size preferences: While many focus group participants credit the worker with convincing women to use family planning, it is not always easy to disentangle whether they are referring to the provision of the information and means, the communication of the thinkability of reproductive choice, the creation of demand for methods by overcoming fear or family opposition, or to her influence in readjusting family size preference. However, some comments address the issue quite directly while also acknowledging the complexity of the issue. For example, when the moderator asked whether the worker can stop those who want more children from having another birth, women answered that this depends on the situation and that the worker cannot force anyone. Finally one woman asserted: "We have restricted our family size and other women also were convinced by the persuasion of M. and are restricting their family size."

Other comments also support a strong influence of the worker and the program:

People are observing that, by having few children, they are now enjoying a happy family life in which the working of CHW (the worker) has great contribution. They realize that such comfort would have not been possible if they had many children.

(People have fewer children) because the government is telling them to have few children. They are imposing this on the people. Otherwise would people want to reduce fertility forcibly?² They are taking family planning methods after listening to the speeches from time to time.

Debi goes from village to village and explains that too many children is a problem for mothers. The women have begun to understand.

However, in the same sessions a woman also affirms the autonomy of reproductive decision-making: "It struck our mind that if we take many children, how could we give them education, dress them up." The simultaneous influence of the compelling social circumstances and of the worker are well represented in the passage which followed the above comment:

Moderator: Who taught you these ideas?

Woman 1 : Automatically such idea came in our mind.

Woman 2. : By persistently hearing about family planning and its advantages, women's consciousness has been shaped.

Woman 3: We became convinced that family planning would ensure well-being for us.

In one comment, the relationship between the social and economic factors that create demand for family limitation and the worker's role in providing access to methods was lucidly summarized:

One needs 10 to 20 thousand taka to give one's daughter in marriage. This too is a problem. It causes one a lot of worries, which tell upon one's health. Under the circumstances, one has to use one of the birth-control methods advised by "the doctor". There are too many mouths to feed. so one has no choice but to go for a birth-control method. Some choose injectables, some prefer copper-T, some condoms. some people think that injectables are quite good. Others however complain of their side-effects. Nevertheless, they continue to use that method as the need to limit family size is urgent.

The worker as social leader, modernizing influence and role model: The influence of the Matlab worker by far exceeds her formally defined family planning and health functions. She mediates conflicts in the community, especially conflicts between husbands and wives, advises women on marriage arrangements, and is consulted in financial transactions. She makes a wide range of suggestions to women about how they should lead their lives. And women generally acknowledge her enlightening influence, though not always as vividly as in the following remark:

She gave us the idea about many things. She said that "Bhabi, this is good and that is bad. You should act accordingly". You see if a dirty pot is rubbed with ash every day, it will become clean. So like this she also came from time to time and explained everything. Thus helped to remove the black dirt from our mind it turned white. Gradually we came to like her. She helps us a lot.

The imagery of black dirt being removed from women's minds suggests that women themselves perceive they are exposed to new ideas and influences. Not only does the worker provide access to contraception, she provides a link to modern trends and ideas. She is an agent of the Matlab family planning project, but also of forces of modernity and change, in which the role of woman remains less restricted and confined than in the past. In a social and cultural context where women are traditionally sheltered from outside influences, the significance of her contribution to the lives of local women is powerful. In the words of one of the participants: "She is the one who has helped women become more conscious about themselves." Many view her as a role model they wish they could emulate, or that suggests a path that the daughters might be able to pursue:

We ourselves feel that had we been educated like Bethar Maa, we too could have worked outside the home and earned money. Unfortunately, we don't have any education.

If any of their daughters don't want to go to school, her parents persuade her by telling her that by learning she will be able to wear saree like Mahmuda and could be able to practice as a doctor and earn money.

The influence of the media: Just as the worker represents two influences, the media also have dual effects on women. Availability of radios had become widespread in the Matlab villages at the time the focus group sessions were conducted. Women consistently report that they are aware of the radio programs on family planning and acknowledge their influence, although frequently this influence occurs in conjunction with the interpersonal exchange with the worker.

We heard many things on the family planning program but did not believe in them. We came to understand more and believed it after M. explained everything clearly to us.

In the past we heard about methods but did not believe. But now we listen to the radio and Mahmuda comes to us and explained about methods, we understood the family planning methods. Mainly Mahmuda's visit made the people aware of contraceptives. Initially we refused Mahamuda but after her repeated motivation people understood.

By continuous persuasion of M. and by regular listening to the radio's family planning program our desire for contraception got the shape.

Husband used to listen to the radio program on family planning where people are asked to take family planning. Everyone is listening to the radio program and what is said in it. After listening to the radio he asked to take family planning. (check this quote 16:9)

CONCLUSION

This paper has traced women's perceptions of how their lives are changing through a textual analysis of focus group data conducted with women in the Matlab community. The central dimensions of this change consist of the new culture of contraception, increases in the costs of living and raising families, rising educational aspirations, changes in family relations and in women's social position and sense of freedom, the growing influence of modernization, as well as of the presence of a strong program whose key elements are the media and the community-based family planning worker. In analyzing these changes I found myself increasingly skeptical of the major conclusion drawn by Cleland et al.(1994) in their study of fertility decline in Bangladesh. Their conclusion that Bangladesh "appears to possess no features that are conducive to fertility decline except for a strong, persistent government commitment to reducing population growth"(p.xi) simply does not fit the picture that emerges from the data discussed in this paper.

I do not disagree with significance of the supply-side factors in explaining the fertility transition in Bangladesh. The data from this study support the conclusion that a very strong programmatic influence as represented both by the media and especially by the Matlab community-based family planning worker exists. The influence of the supply-side is particularly strong in Matlab, but the evidence of a programmatic effect in other parts of the country is persuasive as well. However, in light of the data presented here one cannot conclude that these are the **only** factors that are new in rural communities. Evidence of socio-economic change and of modernizing influences has clearly emerged from this analysis of focus group data collected in the late 1980s.

Have the villages served by the Matlab project become so thoroughly transformed by the activities of the research staff and special project activities that Matlab women's perceptions have no relevance for the remainder of Bangladesh? Such effects cannot be completely brushed aside. Exposure to outside influences represented by

researchers, including foreigners, and other project staff has been considerable and has undoubtedly enhanced the modernizing trends that exist elsewhere as well as contributed to an enhanced resource base through the creation of project generated employment. But to argue that these account for even a substantial portion of women's perceptions of change in their lives appears excessive. More likely than not, the lessons from Matlab about the occurrence of social and economic change have significance for the country as a whole, just as earlier Matlab had significance in demonstrating the potential for programmatic effects.

In concluding that there has been some change in the social and economic spheres of life, I do not wish to imply that these amount to a major structural transformation of the society and the economy. I concur with Cleland et al. that high material standards of living have by no means been attained, and that levels of poverty have not reached new heights either. However, incremental change in several important spheres of women's lives can be clearly seen in the data presented here. Some of these were also noted by Cleland et al., for example, the increasing fragmentation of land holdings, and increased schooling, although the authors do not attribute any significance to these in their overall conclusion.

The conclusion I draw is that relatively incremental, or small change with social, economic and modernizing components on the demand-side combined with substantial inputs on the supply side account for the onset of the fertility transition in Bangladesh. The point here is that what appear to be small changes as measured by objective indicators, are not necessarily so small or insignificant in terms of the actual life experience of people. The changes in women's position are objectively speaking minimal, but their subjective meaning, especially in conjunction with a strong programmatic influence, may be sufficiently life-transforming to engender new aspirations within which smaller families make eminent sense.

Deconstructionist theory in the social sciences provides a useful perspective on the type of disagreements that the experience of Bangladesh has elicited over time, and to which this paper contributes.³ Deconstructionist theory argues that there can be no stable or lasting principle, theories or doctrines. Instead knowledge is always in a process of being constructed, then taken apart by critical analysis (deconstructionism) and eventually reconstituted (reconstructed) into new intellectual frameworks. Without wanting to sound too presumptuous, I suggest that the dialogue on fertility and its decline in Bangladesh can be understood within the logic of such a deconstructionist process.

Theory construction over questions of the potential for fertility decline in Bangladesh began with statements about the primacy of demand, as illustrated most prominently in the writings of Cain (1981) and Demeney (1975) who saw evidence of strong socio-economic and cultural supports for high fertility norms with little potential for a supply-side role. With a fertility decline well underway, Cleland et al.(1994) inherently "deconstruct" arguments about the primacy of demand in order to do justice to the important contribution of the forces of supply. In making this valuable contribution to our understanding, the authors nonetheless continue to reinforce an unhelpful theoretical stance in the population field. That theoretical stance consists of a tendency oriented towards mutually exclusive supply-**versus**-demand explanations of fertility decline, and the concomitant premise that demand-side determinants must be of major proportions in order to exert an influence.

An appropriate "reconstruction" of the evidence for Bangladesh suggests the simultaneous effect of both demand and supply.⁴ It further suggests that in the presence of strong systems of supply, relatively small or incremental change in socio-economic conditions or modernizing influences may produce a significant fertility decline. A strong program magnifies demand-side effects by helping people understand that the world around them is changing, and to interpret such change in the context of decisions about family size and the use of contraception.

The reconstructionist approach suggested here in no sense undermines the importance of supply-side determinants. However, by emphasizing both supply and demand it takes a different reading on some of the data presented by Cleland et al., interpreting them in light of the qualitative evidence of women's perceptions of the changes in their lives. As pointed out above, Cleland et al. discard the evidence of shrinking farm size and increased schooling in their conclusion. Listening to women's voices and interpreting them in light of theory that allows for the simultaneous and interactive effects of supply and demand suggests a different conclusion. Shrinkage in farm size, and increased schooling may be small, but in conjunction with strong program influence and other modernizing influences in the economy and the society, these contribute toward the creation of a new calculus of reproductive choice that lends support to smaller families, and to the use of modern contraception.

The use of qualitative data and a focus on the perceptions of those who participate in the fertility transition plays an important role in reaching these conclusions. Quantitative indicators are inevitably distant from actual fertility decisions. Qualitative data focused on the subjective, interpretative and contextual stories and explanations of the actors themselves allows us to see the "situational flexibility of action" and to see people in the process of social change as more than "role bozos...who dully act out pre-established cultural scripts" (Fuchs and Ward, 1994: p. 490). Women are aware of the changes around them, are conscious and deliberate actors in the fertility transition; the program agents and media help them to escape pre-established cultural scripts.

Notes

1. The data for this paper are based on a focus group study with women in villages covered by the Matlab MCH-FP project in southern Bangladesh. A total of 21 focus groups were utilized for this paper consisting of sessions with community women in their

teens, their 20s, 30s and 40s, and with women who had at least 8 years of education. To assure representation of community women from different types of villages covered by the Matlab project, the project area was divided into a fourfold matrix, defined by the family planning worker's performance and by the nature of the socio-economic setting, including measures of conservatism, poverty, accessibility, education and land value.

2. A better translation than "forcingly" probably would have been "deliberately".
3. For a recent discussion of deconstructionism see Stephan Fuchs and Steven Ward, 1994.
4. This argument has been made at a general level by George Simmons, 1992.

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