

Small Powers, Little Choice:

Contextualising Reproductive and Sexual Rights in Slums in Bangladesh

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IDS Bulletin Vol 37 No 5 2006

1 Introduction

What do we mean when we speak of reproductive and sexual rights of women, particularly in the context of extreme poverty and rapid social and economic changes occurring in urban slums in Dhaka City?

In this article, I would like to discuss some of the evolving factors which shape young women's reproductive and sexual health experiences in the broader conditions of rapid urbanisation and extreme poverty. As an anthropologist, I carried out ethnographic fieldwork among 153 married adolescent girls, aged 15–19, in a Dhaka slum from December 2001–January 2003. The fieldwork included 50 in-depth interviews, eight case studies, and observations and discussions with family and community members. The information gathered showed that there is a shift in the traditional marriage practices in urban slums, with 81 out of 153 young women having love marriages. Financial constraints compel many young women to work in garment factories to earn a living, which exposes them to men in the public domain and work environment. While on the one hand, young women have greater mobility and freedom to choose their own partners, on the other hand, the urban environment has resulted in greater social and marital insecurity. Married adolescent women, in the face of these insecurities, often rely on their sexuality as an economic resource, to hold on to spouses or to attract potential suitors. The lived experiences of engaging in sexual relations with their spouses are fraught with contradictions, as some women tolerate bad marriages and forced sex, which place them at risk of adverse reproductive experiences.

2 Background

Structural and social inequalities, a harsh political economy and indifference on the part of the state have made the urban poor in Bangladesh a marginalised group. Little is known about the combined effects of macropolitical and economic conditions and social and cultural factors on women's reproductive health experiences and their lives. Informed by critical medical anthropology,¹ this article illustrates how the reproductive and sexual lives of young women in an urban slum are grounded in the social, political and economic structures of their lives.

The rapid entry of rural poor families into Dhaka has led to a swift increase in urban population growth, slum settlements and worsening poverty. A total of 40–70 per cent of urban population growth is now attributed to rural–urban migration (Wood 1998; World Bank and Bangladesh Centre for Advanced Studies 1998; Islam *et al.* 1997). Almost 60 per cent of the urban poor live in extreme poverty, and the remainder in “hard core” poverty, in which families survive on a monthly household income (1995) of only US\$44² (Wood 1998; Perry 2000). Urban slum dwellers constituted 30 per cent of the total 14 million population of Dhaka in 2002.

Migrants are unable to find affordable housing, and live in insecure tenure arrangements, setting up or renting small rooms with mud floors and bamboo or tin/polythene roofs, in settlements built on vacant or disused land on the margins of the city, never knowing when their slum will be demolished leaving them homeless (Islam 1996). Phulbari, where this study was carried out, is typical. It has a high proportion of squatter households, with most of the poor re-settled here after being forcibly evicted in 1975 from different parts of the city (Afsar 2000). The alleyways are tiny and congested; the rooms are dark and damp and have no fans. Most of the drains overflow with water, sewage and excrement, particularly during the rainy season. Married adolescent women are particularly vulnerable in this slum environment.

3 Love affairs and changing marriage practices

Marriage is socially, culturally and religiously approved of in Bangladesh. A woman's only source of approved status is through marriage and motherhood. Therefore, marriage is a turning point in a young woman's life – a major rite of passage, on which her future and fortune depends (Rozario 1992; White 1992). Literature is sparse on marriage practices and adolescent women's experiences of married life: their sexual negotiating abilities, levels of autonomy, decision-making opportunities, and communication with husbands. The few studies that exist provide useful insights into the underlying values and norms of society, which shape gender relations and female status, but present a fairly homogenous and unchanging picture of adolescent women's lives (Rozario 1992; Khan *et al.* 2002; Aziz and Maloney 1985).

Despite the maintenance of many of the traditional norms such as arranged marriages by family members, it appears that there are changes occurring in the urban slums. While 72 young women had arranged marriages, 81 admitted to having a love/elopement marriage,³ without parental permission. Observations reveal that poverty pushes parents increasingly to rely on unmarried daughters to work outside the home to earn an income, and some parents are unable or do not want to get their daughters immediately married. For unmarried adolescent women, meeting potential partners is made easier in urban areas as there are more opportunities to interact with unrelated men, a finding supported elsewhere (Naved *et al.* 1997). A number of adolescent women shared experiences of actively initiating relationships and pursuing men, with some young women resorting to manipulation, while others spoke of exchanging notes and sharing kisses. Although no one admitted to premarital sex, gossip and speculation circulated about particular young couples who were rumoured to have had premarital sex.⁴ Friends of young couples provide alibis and help them find places to meet in private. One resident in section one of the slum was known to rent out her room to drug users and young couples.⁵ As Amin *et al.* (1997) note, traditional values about marriage and sexuality influence young women: men sometimes use the promise of marriage to persuade young girls to have sex or to date.

Bulu, a married 17 year old, like some other young women interviewed, took the initiative with her second husband when they were dating. She said, 'Five days after he first gave me the flower, I gave him a red stone ring. I said, "Let's see your hand". He gave me his hand and I put the ring on his hand. He said, "Why did you give me this? I should be giving you the ring instead!"' According to Farida, a married 18 year old, her sister-in-law Dilu manipulated her brother into a relationship and marriage:

Everyone knows that Dilu manipulated my brother into marrying her. She is very clever ... she made up her mind that she would marry my brother. She even threatened suicide if she was not allowed to marry him. My brother did not want to marry her. She said to the

elders, “I am pregnant with his child. If he does not marry me I will commit suicide” ... but on her wedding night she started menstruating!

In some cases, boys belonging to local gangs in the slum were hired by adolescent women to “set up” young men in a compromising situation, so they would be forced to marry the girl. Mahmuda, an unmarried 14 year old, was desperately in love with Jamal. She explained, ‘Selim [the gang leader] said to me “Give me Taka 1,000 [AUS\$40] and I can make Jamal marry you. You let us know when you meet him next time and we will pretend to catch you in a room together alone and then he will be forced to marry you”.’ She declined because she believed coerced marriages in such circumstances did not last very long.

Listening to adolescent women’s narratives, a divergence appears between traditional gender ideologies and the new social situation young women find themselves in, where romances happen, hearts are broken, young women actively court males, even deceive them, and a few admit to having sexual relations. The case of Dilu is a telling example: she was strong-willed and very independent minded, and rather than passively accepting rejection, she was adamant to marry the young man. The interesting thing here was that she did not lose face for admitting to being pregnant; rather the man whose family lived in the slum stood to lose face in the community if he did not do the right thing by marrying her. An important factor may have been that Dilu was the daughter of a relatively wealthy landlord in Phulbari. Her father was richer and more powerful than her in-law’s family, who were poorer landlords. Cases like this indicate that like men, young women are able to exert power and influence over poorer men, if they have access to valued resources, in this case, class, status and economic wealth. This highlights the significance of these factors in understanding power relations and the level of manoeuvrability they can afford young women.

However, very few women are in Dilu’s situation. More often, social and economic insecurity in the slum leads to tense and short-lived marital relationships, leaving young women even more vulnerable.

4 Instability of marriages

Marital instability was a widespread concern among the women in the slum and poverty, unpaid dowry demands, unemployment and drug use were all blamed as contributory factors. Of the 153 young women taking part in this study, 17 were already separated or had been abandoned by their husbands. In addition, among the 50 who had in-depth interviews, seven young women revealed that they had been previously married and that this was their second marriage. Of this group of seven, four were sharing their husbands with a co-wife. Further probing found that another three suspected their husbands had another woman or co-wife.⁶ Those who were deserted by their husbands found that working conditions, low wages and social and economic discrimination in the slum and workforce made them worse off than before, a finding supported elsewhere (Jesmin and Salway 2000). Young women spoke of the physical insecurity of living alone and the need for a male protector, be it a father, brother, son or fictive ‘uncle’.

The few studies available suggest that social fragmentation and the heterogeneity of the urban population heighten marital instability. Moreover, love marriages increasingly concern only the couple rather than other family members, so the wider family and relatives are less likely to intervene when problems set in. As most families in the slums tend to be more nuclear oriented, support from the larger extended family tends to be absent, a finding supported elsewhere (Salway *et al.* 2003). One study found that since slums are relatively anonymous, it

is easier for men as well as for women to hide their marital history, re-locate and re-marry without anyone knowing, so they are less likely to face sanctions (Jesmin and Salway 2000). While the traditional framework of arranged marriages imposes a number of restrictions on young women, love marriages in urban areas offer them greater choice and freedom; but ironically less security and certainty.

While most adolescent women claimed to be currently married, in reality, not all of their husbands were regular residents in their households nor made household contributions. Adolescent women chose to remain with their “partially absent” husbands rather than be completely alone, and were willing to tolerate their husband’s second marriages, because the trade-off was at least continued social acceptance and physical and economic security. An adolescent woman with a young child, explained:

If one’s husband is not there, then what work will I do? How will I look after my child and bring him up? If one does not have a husband then one is always in tension – what will happen to me? Will someone harm me? My husband gives me Taka 40 [AUS 1.00] to do shopping, if I didn’t have a husband I would have to manage with very little. Will I go to the streets to find work?

Nasima, like many married adolescent women, was saddled with a young child and with limited job prospects. She preferred to tolerate her husband’s second wife, rather than try and manage on her own. Some adolescent women expressed feelings of affection for their spouses, and remained emotionally wounded by their husband’s infidelities and re-marriages. Most of the young women were also pragmatic about their reasons for not leaving their husbands. A common statement by young women was: ‘Is it so easy to leave the husband? Can I just leave him? How many times will a girl get married in her life? What if the second husband is worse than this one?’

For women, job opportunities in the cities are few and remain in a narrow range of occupations: in garment factories, as domestic servants, or in brick-breaking work, which is common among older women and is extremely low status and low paid work.⁷ Two of the abandoned young women interviewed turned to sex work to manage their households. In the first case, the woman’s family knew about her occupation and accepted it as she contributed generously to the household income. In the second case, the young woman was living alone and had no family in the slum. Eventually, once her occupation became known, she had to leave the slum after being sexually harassed by leaders. It is difficult to assess the extent of these kinds of situations because of the sensitivity of the topic, but they are probably not uncommon. Finally, unlike adolescent men, young women cannot work without fear of rape and harassment in and outside the slum. Being married and the presence of a husband or other male guardian usually entails some degree of protection from male strangers.

The discussions below will clearly illustrate how all of these factors compel young women to tolerate difficult marriages, which do result in adverse reproductive health experiences and behaviour.

5 Reproductive and sexual health-lives of married adolescent women

5.1 He wants sex all the time and I can’t say no!

For married adolescent women, chronic poverty, unfavourable power and gender relations, social and cultural pressures make them vulnerable to experiencing reproductive illnesses.

Discussions revealed that many women associate the onset of abnormal discharge and other gynaecological problems with early marriage, becoming sexually active at a young age and having sex frequently with demanding husbands, who refuse to back down.⁸ Discussions with young women reveal that forced sex is a common occurrence within married life. Rosina, who was 14 years old and had a love marriage, and whom I had become quite close to during fieldwork, confided that her husband would often get 'high on drugs and come home and demand rough sex', which was uncomfortable and painful and resulted in her suffering from episodes of itching and discharge. She said:

He does not listen to me at all and even if I say no, he just does not listen. My body aches after the sex. He is very forceful and does not want to take no for an answer. He just grabs me and pushes me down. I don't scream out of shame. My mother in law sleeps next door to us. If I tell him later on why did you this to me, he hugs me and holds me close and says, "Look I won't ever do this again to you", but then again when he is high on drugs he does it again. After one incident, I was in pain, and he warmed up water and brought it for me to wash myself.

Married adolescent women perceive any kind of discharge as extremely worrying and remain anxious about perceived effects of weakness and loss of calcium⁹ and more serious consequences such as boils and cancer in the uterus, which is believed to lead to infertility. While frequent sex was blamed as a cause of discharge, discomfort and itching, adolescent women were reluctant to reject their husband's advances, fearing that they would go elsewhere to meet their needs. Social and cultural expectations are such that women are required to be sexually available and compliant for their partners. When some of the young women complained to their mothers and aunts about their predicament, they were admonished and told to bear the pain and 'everything would get better with time'. Although not as common, there were also a few adolescent women who spoke of having mutually enjoyable sexual relations with their husbands, and a further few who complained that their husbands left them unsatisfied and that in response to their hints for more sex, their partners gave excuses of weakness and physical exhaustion. However, these were exceptions. More often, women are caught in the dilemma of trying to please their husbands and meet their sexual needs against their own wishes (see also Stark 1993; Khan *et al.* 2002). This highlights the role of gender and sexuality structures in promoting vulnerability of young women.

5.2 Sexually transmitted illnesses and inability to negotiate

As discussed earlier, the need to hold on to one's husband is extremely important. Some of the married adolescent women admitted to overlooking their husband's behaviour and tolerating extra-marital relationships and co-wives, in exchange for security and respectability. Some of the young women also recognise their husband's sexual relations with co-wives and other women as risk factors for the onset of severe abnormal discharge and other "bad" illnesses. Discussions on sexual health are whispered: stigma surrounding sex-related disease is one reason for this silence. But the silence is also a form of denial: a way of coping with the reality of living with unfaithful husbands, and being unable to change their social and material conditions.

Ten married adolescent women shared with us that their husbands were suffering from discharge, boils and sores on the penis and itching. Only one adolescent woman shared suffering from a sexually transmitted infection ("bad discharge"). Joshna, recently abandoned by her husband who had left her with a sexual illness, said:

I didn't know he was sick. We had sex as normal and then after a few weeks, one day he had sores all over his penis and even on his balls. It itched like crazy. And pus and watery stuff came out. Soon after, I was suffering from severe smelly discharge, and itching and I went and saw this woman doctor with my mother for treatment. I didn't want to go to the local clinic in the slum, as they will only talk.

Rumours were rife in the slum that after Joshna's husband had abandoned her, she was having sexual relations with a well-known drug dealer in the slum, who paid for her expenses and took care of her. Towards the end of my fieldwork I heard that he had married her. She became his third wife.

Joshna is unusual, as most women are reluctant to share their own experiences of suffering from sexually transmitted illnesses. Conversations reveal that women appear to have a network of close family and friends who they can turn to for support, but the fear always remains of slander by other women in the slum. This is the most common reason given for keeping silent about such illnesses:

Apa [sister] you must be careful what you share with whom, because once a fight breaks out they will shout out all your secrets to the world. If people hear that I have discharge problems then they will say I have a bad character. If I tell someone else then that woman will tell someone else. Then they will discuss amongst themselves, "Look this is what she talks about? She has no shame. She must have been up to no good". Then there is all this bad talk.¹⁰

Having a sexually transmitted illness (STI) is associated with promiscuity and reflects negatively on the person. In Bangladesh, family planning has traditionally been separated from other services, including STIs, which has influenced its acceptability in the community, but contributed to the stigmatisation of sexual health. Public health messages regarding STIs aimed at sex workers have meant that they are perceived as the main vectors of disease. Thus, condom use continues to be associated with promiscuity and something husbands and wives do not need to do.

The norm is that men are expected to be unfaithful and by nature 'have uncontrollable urges' and young women are expected to be loyal and faithful. Thus there exists the sexual double standard which permits polygamy for men, while women's sexuality is controlled. The reality is sometimes different: slum women alluded to young women who were abandoned or in polygamous marriages, who slept with other men in exchange for food, cash and other rewards. Although some of the married adolescent women are aware that condoms are an effective barrier to STIs, the reality of their lives makes it difficult for them to demand condom use. A wife insisting on condom use may imply that she was unfaithful while he was away or that she does not trust her husband. It is not uncommon for older men married to younger second wives to get jealous and suspect their wife's fidelity. As Sobo points out in her study on inner city US women, cultural ideals dictate that a healthy relationship (marriage) 'involves a healthy disease free partner'. She argues that the use of condoms indicates that the partners are not sexually exclusive and signals a lack of mutual trust. Thus in some ways, condom use denotes a failed relationship, and inversely unsafe sex implies a close relationship (Sobo 1997). These understandings make the awareness of and acceptability of condom use difficult to negotiate in the slum context.

In addition, most men were averse to using condoms. Only four out of 153 adolescent women's husbands took responsibility for fertility control and agreed to wear condoms during

sex, and even these four used them inconsistently.¹¹ Condom use in this case was seen as something related to fertility control rather than for safe sex. Practical constraints make condom use hard for young couples sharing living space no bigger than 25 square feet, with other family members. One young woman explained, 'We are poor. We all stay in some room. You have the luxury of having separate rooms. We all stay in the one room – mother, brother, daughter, son and husband. So when my husband and I want to do it [sex], it is very quick ... and the main thing on my mind is that no one sees us!'

Poverty, sociocultural ideals and gender relations make it hard to ask for condoms, and young women do not want to alienate their husbands by insisting. The marital bed is a place where a woman's status as a desired wife (and therefore her security) is acknowledged. A husband by sleeping with his wife communicates to her that she is secure within the household and his choice of sexual partner is an acknowledgment of her value. The needs of affection, acceptance and pleasure are also met here (Stark 1993: 44). In the absence of material resources, young woman's sexuality is what she can offer and manipulate to hold on to her husband's (or other men's) affections, although young women do recognise that the trade-off is a risky reproductive experience. One health consequence of untreated STIs is increased susceptibility to HIV infections. A 1996 study of 542 men and 993 women in five Dhaka slums recorded levels of current syphilis at 11.5 per cent for men and 5.4 per cent for women, and of hepatitis B at 5.8 and 2.9 per cent, respectively, while gonorrhoea and Chlamydia were below 1 per cent for both sexes (Sabin *et al.* 1997).

6 Being young and sexually attractive translates into economic power

While reproductive health is a concern for young women, their narratives also reveal worries about their long-term desirability and sexuality in their married lives. A few adolescent women frankly shared their anxieties of having 'loose vaginas' from too much sex and from bearing children, and their husbands rejecting them later for younger females. A young woman explained:

A man wants good mal [tight vagina], and if you have sex too much then the place becomes too big. My thing [vagina] is okay ... it is just right. Men don't have similar problems as they have more power ... their bodies are not affected ... but if a woman's thing [vagina] becomes big, then men don't find enjoyment! That is why these men marry so many times.

Arguments and fights related to suspicion and jealousy, with women often accusing each other of seducing their husbands. There were always stories of women who flirted with other men, and of those who had betrayed their neighbours, friends and even sisters in eloping with their partners. Older as well as adolescent married women worried often that their husbands would leave them for younger women. A married adolescent woman, Roshonara, 19 years old explained, 'All men are dogs, they are all the same. Wherever they see a young kochi girl they go running'.

Some studies expect that a woman's autonomy and decision making varies with age and position in the family, and generally that prestige and influence increase as a woman becomes older (Stark 1993: 110). However, observations in the slum indicate that paradoxically, young women because of their youth are also advantaged, as they are able to manipulate their only assets, their bodies, to gain power. Shehnaz is 15 years old, married and shares her husband, who is 40 years old, with an older co-wife and explains why she has the upper hand in her marriage:

My husband is older than me. His first wife has big saggy breasts and because she is older he does not like her anymore [sexually] and that is why he has married again. It does not matter that I am his second wife, I have much more pull over him and he has more affection for me. She has no strength. He can never ever say no to me! He gives me two thirds of his income but he gives her so much less.

In the context of poverty and competition for men, young women can mark their superiority over older women through their youth, and their attractiveness (sexuality) becomes an important source of power.

7 Conclusion

Poor married adolescent women experience contradictory roles in the local systems of power in which their lives are embedded. Without economic independence and social autonomy, many engage in painful sex, as well as risky sexual relations. While gender relations are open to negotiation, they are still shaped by structural and social factors outside their control. Young women behave pragmatically, which may result in greater risk to their bodies and reproductive health, but it is in exchange for security. These decisions are taken as survival strategies, but they may eventually become “death strategies” for young women (Schoepf 1998: 107, cited in Lock and Kaufert 1998).

Poor married adolescent women construct a ‘political economy of the body’ in their reproductive and sexual health negotiations, often at a cost to their bodies and health (Petchesky 2001). The reproductive experiences and behaviour of the urban adolescent women in this study bring into relief issues of political economy, the structural roots of poverty, power and powerlessness, social hierarchies of age, gender and class, and cultural practices. For poor adolescent women, reproductive and sexual health cannot be separated from the social, political and economic conditions of everyday life. So what do reproductive and sexual rights mean for married adolescent women living in urban slums in Dhaka city? They mean something quite different than normally implied in sexual rights discussion: they mean something to forfeit in exchange for tenuous rights to security; they mean a short-lived power – mediated by men – over other equally poor but older women. But they very rarely mean having control over one’s sexual experiences or being able to act responsibly in the interests of one’s sexual health.

Notes

- * This study (Project A 15054) was supported financially by the Special Programme of Research, Development and Research Training in Human Reproduction, World Health Organization, Geneva. I would like to thank all the married adolescent girls and their families for their time, kindness and patience. I am grateful to Nipu Sharmeen, Research Assistant, for her valuable assistance during fieldwork.
- 1. Disease is understood as being social as well as biological, which focuses on the links between disease and social class, poverty, power and ill health, i.e. the political economy of health (Baer *et al.* 1997).
- 2. US\$1 = Taka 67 (Bangladesh).
- 3. They speak of it as ‘*prem*’ or love marriage and in many cases, the couple may run off and get married without parental permission or in some cases someone – a relative or an aunt or family friend, may assist them in getting married. In most cases, the family eventually accepts them.
- 4. As strong social disapproval exists surrounding premarital sex, many young women will tend to underreport actual experiences or sexual interactions with others.
- 5. She was an old widow and her sons were heroin addicts and this is how she managed to earn an income.

6. The extent of actual marital breakdown is uncertain because of the social stigma attached to it. The few studies available suggest that migration from the village to urban slums disrupts the extended family system, causing instability (Jesmin and Salway 2000).
7. Women are excluded from a range of jobs open to men. These include: the transport sector (rickshaw pulling, baby taxi driving, etc.), most skilled craft-work (carpet work, mosaic work) and the majority of the service industry and retail sector jobs (shop/restaurants, hotels, grocery stores, barbers and cooks), and working in certain markets which involve movement at night (Salway *et al.* 2003).
8. Khan *et al.* (2002) also found that forced sex is a relatively common phenomenon within married life. Out of their 54 informants, 32 reported experiencing forced sex on a regular basis.
9. In another article, I focus on how young and older women perceive vaginal discharge to also lead to loss of nutrients and calcium from the body, and causing weight loss and detrimental effects on the body.
10. For young newly married adolescent women the shame and taboo associated with sexually transmitted illnesses means that they will probably refrain from seeking care and delay sharing their predicament with anyone else.
11. Khan *et al.* (2002) found that with contraceptive use, particularly condom use, it was the husbands who made the final decision on whether to use a condom or not.

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