

# Do Empowered Mothers Foster Gender Equity and Better Reproductive Health in the Next Generation?

## A QUALITATIVE ANALYSIS FROM RURAL BANGLADESH

### INTRODUCTION

A growing body of research indicates that women's empowerment has a beneficial influence on women's own health-promoting behaviors, such as contraceptive use, as well as on other maternal and child health issues. This study, funded by the Interagency Gender Working Group (IGWG) of USAID, goes one step further. The study, which incorporates data from research spanning a decade in rural Bangladesh, investigates whether empowered mothers and mothers-in-law are more likely to promote better reproductive health and positive gender norms (such as delayed age at marriage, postponement of childbearing, and improved economic opportunities) among married daughters and daughters-in-law in the *next* generation.<sup>1</sup>

### METHODOLOGY

Between 2001 and 2003, researchers gathered qualitative data in three of the six rural Bangladeshi villages where the Academy for Educational Development (AED) and JSI Research and Training Institute investigators have been working since 1991 (see Box on page 4 for a brief description of the quantitative portion of the study carried out in these six villages). The qualitative methods included semi-structured in-depth interviews and small group discussions — 186 individual open-ended interviews with married women and 13 with men, 14 female and two male group discussions, and one mixed-sex group discussion. In choosing the qualitative sample, field researchers gave priority to 1) women whose mother-in-law, daughter-in-law, mother or daughter had already been or could be interviewed,

and 2) mothers and mothers-in-law whom they considered to be empowered (see discussion on *empowerment* below).

The researchers asked open-ended questions about decisions leading to marriage and women's situations within marriage in order to learn about the social and economic processes underlying early marriage, gender inequality, and domestic violence. Women were asked to describe both their own experiences and those of women in general. Many of the mothers of married children were asked to reflect on differences between past and present. The investigators coded the data thematically using an ethnographic software package. Qualitative interviews were grouped so that interviews with mothers of married children could be juxtaposed with interviews of their daughters, daughters-in-law, and sons.

### Study Site

The six villages in which the study took place are located in Rangpur, Faridpur, and Magura districts. They are typical of rural Bangladesh in that they are marked by poverty and gender inequality. Men normally control both property and family decisionmaking, and young married women tend to have little power over their lives. Since women typically marry young and go to live in the husband's natal home, mothers-in-law strongly influence the lives and health of the daughters-in-law.

### Empowerment

The concept of *empowerment* is central to this study and is defined as “the expansion in people's ability to

<sup>1</sup> Literature pertaining to the *cross-generational* effects of empowerment on the health and reproductive behaviors of women is scarce, although two studies should be mentioned. In Bolivia, Bender and McCann (2000) found that mother's education had a positive effect on daughters' pre-natal care and family planning. In Bangladesh, women's adoption of family planning increased with the educational level of the mother-in-law (Bhuyan, 1991).



make strategic life choices in a context where this ability was previously denied to them.”<sup>2</sup> Both *agency* (defined as women’s ability to set their own goals and act upon them) and women’s *resources* and *capacities* are important aspects of women’s empowerment.<sup>3</sup>

In the qualitative study, the research team interviewed women whom they considered empowered. This consideration was based on information collected in previous surveys (see the box on page 4 on the 10 empowerment variables used in the quantitative surveys of the study) regarding the women’s economic and decision-making roles within the family and the community, the assertiveness of the women, and the degree to which others in the family and community recognized their capabilities and accomplishments. For example, the most empowered women often assisted others, helping them get access to health services or employment.

## **QUALITATIVE RESULTS: EVIDENCE OF CHANGE**

The picture that emerges from the qualitative interviews is one of empowered women who have a strong sense that it is possible and desirable to improve their families’ lives through their own actions. The qualitative analyses suggest that such women are aware and concerned about the health and well being of their children and children-in-law. They try in a variety of ways to promote better health and social outcomes among the next generation, but they often face constraints in doing so. Some of the key findings are summarized below:

### **Desire to Delay Marriage**

The findings reveal widespread awareness of the statutory minimum age at marriage for females (18 years) and the beginnings of change in attitudes on early marriage. Many respondents stated higher “ideal” ages at marriage for girls than actual marriage ages in the community. Many interviewees also articulated disadvantages of early marriage, especially negative health consequences, and acknowledged that there are certain instances where it is desirable to marry later (e.g.,

when girls are in school). Some women expressed regret at having been married too young or at having their daughters marry too young.

### **Postponement of First Birth and Birth Spacing**

There is some evidence in the qualitative data that, despite strong social pressures for early childbearing, empowered mothers and mothers-in-law often successfully encourage their sons, daughters, and daughters-in-law to delay the birth of their first child and to space subsequent births. They cited economic welfare of the family and maternal/child health concerns as reasons for postponement.

*“My mother-in-law...told my husband that if a young girl like me gets pregnant I would not survive, so he should use methods to prevent pregnancy... My husband agreed and I was allowed to stay with him. He used condoms for two years. Then my mother-in-law advised him to take a child, and he stopped using the condoms.” –an 18-year-old daughter-in-law*

### **Support for Modern Contraceptives and Delaying Fertility**

This study did not specifically investigate attitudes toward family planning, since earlier research had shown that family planning is well entrenched in Bangladesh. Nonetheless, many of the more empowered mothers and mothers-in-law spoke spontaneously of the importance of birth spacing and, in a few cases, about the importance of limiting family size. Many mothers-in-law said they provided contraceptives for their daughters-in-law. There were also several cases in which mothers-in-law encouraged their sons’ involvement in family planning.

### **Mobility**

There were many examples from the interviews suggesting that empowered women value physical mobility and support their daughters’ and daughters-in-law’s involvement in the public sphere. Many respondents noted that women’s mobility was a relatively new phenomenon.

<sup>2</sup> Kabeer, 2001.

<sup>3</sup> See Malhotra et al., 2002, and Kishor, 2000, for a more detailed discussion of empowerment.

### **Generating Income**

There were many instances of mothers and mothers-in-law trying to help young married women generate income through savings accounts, employment or self-employment, or participation in micro-credit groups. Sometimes they were successful, but sometimes the young women themselves were resistant or their husbands prevented them from working.

## **CONSTRAINTS OF POVERTY AND GENDER INEQUALITY**

This study also highlights the tenacity of certain social norms and illustrates the negative influence of poverty and gender inequality on the aspirations, strategies, and decisions of women in one generation and the behaviors and health outcomes of women in the next. Despite their own empowerment, mothers-in-law are often helpless, unwilling, or unable to support their daughters-in-law's mobility and employment when faced with resistance from sons who espouse conservative ideas about women's social position. A mother's or mother-in-law's empowerment in some spheres of life may not be sufficient to overcome male dominance and societal pressures and realities, despite her hopes for her daughter or daughter-in-law. As one mother-in-law explained:

*"I could not get a salaried job. If my daughter-in-law can do something then I will have peace in my mind. The sister of my daughter-in-law arranged a teaching job for her, but when he learned about it my son told her there was no need to do any job.... Of course I tried to make him understand, but seeing his attitude I realized that he really does not want it. So I did not say anything further.... I did not dare to go against my son's word."*

### **Early Marriage**

Social norms and incentives encouraging early marriage still pervade Bangladeshi society. Against a backdrop of escalating dowry costs, acute poverty, and gender inequalities, early marriage emerges as a survival strategy, rather than a preference. Although there is a growing

awareness of the risks and disadvantages of early marriages, in many cases the mother's own sense of social and economic vulnerability may lead her to conclude that her daughter's best chance in life depends on a "good" marriage rather than on a "late" one.

### **Childless Marriages**

Childless marriages in Bangladesh are often perceived as unstable and precarious, and childless women face severe stigma. In many cases, empowered mothers-in-law encouraged or pressured their daughters-in-law to become pregnant early in the marriage, even if they recognized the health consequences of doing so. Often this pressure to conceive was exacerbated by the widespread misconception that the use of family planning methods can cause sterility in women who have never given birth.

## **NEXT STEPS**

This brief highlights areas in which empowered mothers and mothers-in-law actively try to promote better social and health outcomes and equitable gender norms among married women in the next generation. It also reveals how the overarching context of poverty and gender inequality limits the potential for empowerment to cross generations. This study yields valuable insights into the opportunities that exist for strengthening future research on this topic, and for making policies and programs more effective in supporting women's empowerment.

## **Research Recommendations**

### **Research the gap between attitudes and behaviors regarding early marriage and childbearing**

Although empowered mothers and mothers-in-law recognized the adverse health risks associated with early marriage and childbearing, social pressures led them to encourage their daughters to marry at a young age or their daughters-in-law to become pregnant soon after marriage. Researchers should further investigate this gap in order to find additional ways to support women who want to delay the marriage and childbearing.

## Quantitative Findings: Analyses in Progress

The study of women's empowerment across generations in Bangladesh also included a quantitative component. The research team surveyed married women age 50 or younger in six rural villages in 1994 (1,225 women) and again in 2002 (1,403 women). The 2002 survey targeted women who had participated in the earlier survey, as well as all other currently married women age 50 or younger. The 2002 data set included 876 mother/daughter pairs and 213 mother-in-law/daughter-in-law pairs.\* The empowerment module included questions about women's empowerment in various domains of life. Responses to these questions were aggregated into the following set of ten empowerment variables — the first six below reflecting “agency” and the last four reflecting women's resources and capacities. A separate score was created for each empowerment variable:

- Mobility (traveling to the market, medical facilities, movies, and other places outside the village);
- Ability to make small purchases such as groceries and personal items;
- Ability to make larger purchases such as utensils, saris, and children's clothing;
- Involvement in major family decisions such as house renovation and buying/leasing land;
- Participation in public protests and political campaigning;
- Contribution to household expenses;
- Economic security through ownership of house, productive asset, and personal savings;
- Political and legal awareness of marriage and inheritance laws;
- Literacy; and
- Participation in micro-credit organizations.

The quantitative surveys produced a rich database, but it may be premature to draw conclusions about what the data say about the effects of women's empowerment on the lives and health of women in the next generation.

Some of the relationships were in the expected direction. The greatest effects were seen in younger women's access to opportunities outside the home. For instance, young women with mothers-in-law who are themselves members of micro-credit organizations are about four times as likely to be members themselves.

However, the researchers also encountered findings that appear contrary to expectations. For example, one might expect that daughters of empowered women would marry at a later age. In fact, in the initial statistical analyses of the quantitative data, women's empowerment does not appear to be a predictor of delayed age of marriage of daughters. And yet, the qualitative findings from the study paint a contrasting and much more encouraging picture, with empowered women having an awareness of legal and other rationales for delaying marriage as well as having a desire to delay marriage for their daughters.

Given the contradictory quantitative and qualitative findings, as well as the study's exploratory nature, reviewers were hesitant to conclude at this stage that the quantitative analyses in this study disprove the hypothesis that women's empowerment has beneficial effects in the next generation. Further refinement of the empowerment measures used in this study and additional analysis of the data could yield a different and more conclusive result.

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\*168 women were both mothers as well as mothers-in-law.



### **Reinvestigate cross-generational empowerment with passage of time**

Given the strong cultural underpinnings of gender inequality in societies such as this one, and resistance to societal transformation, a time difference of eight years (quantitative data were gathered in 1994 and in 2002) may not be long enough to see distinct evidence of change across generations. A greater time gap may be needed for longitudinal analysis. Moreover, a number of the variables in this study were only measured at one point in time (2002). Investments are needed so that datasets with variables related to gender and empowerment can be measured repeatedly over an extended period to reveal changes over time.

### **Explore role of “positive deviants”**

Researchers should seek to further understand “positive deviants” — those individuals and families, especially among the most economically disadvantaged, who successfully delay their daughters’ (or their own) marriages and childbearing, encourage young women’s mobility and economic participation, intervene to stop gender-based violence, or decline to give or take dowry. What are the factors that have enabled these individuals to have a positive influence on the next generation, despite being in the minority? A better understanding of these factors could be used in refining health and development policies and programs to further support these role models for change.

## **Policy and Programmatic Recommendations**

### **Continue to promote change in marriage norms**

Health communication messages regarding the negative effects of early marriage and childbearing clearly have had an impact on attitudes regarding early marriage and childbearing in Bangladesh, and these efforts should be continued. There is a need for media and other information campaigns that discourage early marriage and childbearing and that emphasize the risks to and opportunities lost for young girls. In the same way, interventions should be explored that combat the tradition of dowries, which exacerbate poverty and perpetuate gender inequality and violence. “Same age” marriages should be promoted and young people should be encouraged to resist early marriage (e.g., through programs in schools).

### **Use health programs to correct popular health misconceptions**

Existing health programs should be used to dispel mistaken health beliefs and to provide correct information on risks. For example, in the Bangladeshi areas examined, where family planning is well entrenched, the belief that family planning methods can cause sterility in nulliparous women (those who have never given birth) persists and could be combated with accurate information. Health practitioners, educators, NGO workers, and others should be encouraged to disseminate the message that hormonal methods of contraception do not cause infertility. Health programs should also continue to emphasize the dangers of early childbearing.

### **Encourage a culture of rights and opportunities for young women**

If women in Bangladesh and elsewhere were afforded more rights and economic opportunities — allowing them to survive outside of marriage — mothers and fathers might be more inclined to view alternative options to early marriage for daughters. Girls’ education should continue to be encouraged and supported economically, through scholarships and other assistance, especially for girls from the most disadvantaged families. Microcredit and other programs that create economic opportunities for women should continue to be a priority. Continued efforts are needed to further support and legitimize women’s presence in the public sphere. Programs and services should attempt to bring women out of their home. In addition, legal services and legal literacy programs should be expanded, and formal and informal mechanisms to protect and enforce women’s rights should be strengthened.

### **Work to address gender inequality through men’s involvement**

If sons or sons-in-law are frequently able to unilaterally derail efforts of empowered mothers and mothers-in-law, little social change will ensue. Policymakers and programs need to encourage men’s involvement in addressing gender inequalities and in reproductive health interventions. Programs that promote spousal communication and joint decisionmaking will reduce the gate-keeping role of men and enhance empowered women’s ability to act upon their wishes.



## CONCLUSION

There are many encouraging examples of women taking the initiative to improve the lives of their daughters and daughters-in-law. Women who were relatively empowered seemed to have greater motivation and capacity to do this. Partly by definition, such women tend to control economic resources to a greater extent than other women. They have increased their own capacities, particularly to generate income and manage resources, so they are in a position to transmit these capacities to daughters and daughters-in-law. The interviews revealed many cases of women who encouraged their daughters and daughters-in-law to delay their first pregnancies and childbirths, supported their daughters' education (prior to marriage), helped them obtain jobs (before and after marriage) and join microcredit organizations (after marriage), and provided them with dowries or subsequent economic assistance from their own earnings. These empowered women are evidence of real change within their societies and they provide hope that the lives of subsequent generations of women will be better.

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