

Home Delivery Practices in Rural Bangladesh: A Case of Passive Violence to the Women*

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Abstract

Child delivery at home is a very common and an age old practice in the rural Bangladesh normally carried out by untrained women leading to numerous complications and often death of the pregnant woman. This paper argues that such home delivery system is in effect is an act of violence perpetrated against the women and is the result of the discriminating gender relations existing in the society.

1. Introduction

The delivery of a baby is an important phase of the reproductive cycle of the pregnant women. It may occur at different places which may include hospital, clinic, as well as home of the pregnant women. Traditionally the practice of home delivery has been going on for a long time in rural Bangladesh.

When a delivery is conducted at home by a non trained person without the use of standard instruments the practice may be called home delivery. In the context of rural Bangladesh different people are found to conduct home delivery in a traditional manner. Sometimes it may be the mother, relatives or the neighbor of a pregnant woman. Generally the older women are found in this task. Quite often the *Dhai* or the traditional birth attendant, in short TBA, is the first priority for the villagers of rural Bangladesh.

From the medical point of view there is risk in the home delivery of a baby. The risk emanates from the unhygienic practices such as the use of unwashed hands or the non use of antiseptic medicines. The absence of necessary medical knowledge and facilities may also prompt the application of force to deliver the child with the probable implication of physical injury both to the mother and the baby. In case of prolonged labor there is the risk of causing injury to the urinary bladder and female genital system leading to different types of fistula such as vesicovaginal fistula or recto-vaginal fistula (VVF, RVF). Some studies have found that this type of injury may eventually lead to the breakup of the conjugal relationship between husband and wife.

Violence is an act against an individual which may lead to the physical, mental and psychological impairment of the victim. In the extreme case of violence there may also be the eventual death of the individual. The destruction of property or other important materials necessary to the functioning of life is also a part of violence³. In a definition that captures the phenomenon in a general term we find the following: "...a violent action is one which involves

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³ In communal violence the destruction of property is a common scenario.

doing harm, injury or damage to a human being ...to things which are owned, i.e., property, and the harm or injury conceived of is characteristically physical, or at least, quasi physical...causing suffering and affecting health” (Arblaster 1975: 225)

In the context of gender discrimination in different countries the meaning of violence against women incorporates different layers of existence as would be clarified in the following: “The most general expression of women’s definition of violence in relation to individual men is being unable to avoid becoming involved in situations and, once involved, being unable to control the process and outcome. With strangers, this definition covers behavior that are visual only (for example, chasing, flashing), verbal (for example, abusive and threatening language), physical (including sexual attacks) and any combination of these elements” (Hanmer 1996:8)

In the context of rural Bangladesh the magnitude and types of violence against women is established on ambiguous premise. In the eyes of many people, including the rural women, the scale of violence against women won’t be very wide, while in the eyes of the ‘sophisticated’ people or those engaged in women’s rights movement its magnitude is large⁴. The unavailability of easy information in this regard further shows its complicated nature and the difficulty to capture it in empirical terms.

Despite the difference at the awareness level or the way incidence of violence is perceived in society, there are numerous reports in the newspapers about the incidents of acid burning, wife battering and even killing in the rural areas. Obtaining a consolidated number on the incidence of violence against women is not an easy task since such recording has not been done. But absence of reporting does not mean that the incidents of violence against women are few in number.

2. Objective & Methodology

This paper will focus on the practice of home delivery and try to link it with the phenomenon of violence against women. However, this broad objective will be addressed by reviewing a number of associated issues described below.

- i. Explaining that violence is a social construction in the sense that it depends on the awareness of rights and the sensitivity of the people to call it an act of “violence”;
- ii. Ascertaining women’s rights in rural Bangladesh and the phenomenon of violence;
- iii. Exploring the phenomenon of home delivery practices in Bangladesh along with causes and effect;

⁴ The introduction of Nari Nirjatan Ain may be seen as the consequence of the movement of the women’s rights activities. There is a clear cut rural and urban divide with regard to the understanding of the violence against women.

iv. Establishing the linkage between the practice of home delivery and the act of passive violence against women;

The methodology in a sense is eclectic in nature. The paper is put together by collecting the necessary information from different sources and studies of different periods. A few case studies are borrowed from other field works of the authors while an important source of secondary information was the relevant survey report of NIPORT. Discussion with the relevant experts has also featured as a source of information in this paper.

3. Violence against Women: A Social Construction

In this paper we would reinforce the point that the concept of violence against women is a social construction. Different elements of society particularly the power structure and cultural condition, the level of development (e.g., women's educational access or occupational

Zohara's Plight

Tamijuddin is a cultivator in a village of Tangail. He has small amount of land and occasionally rents land from outside. He himself cultivates his land. Generally he goes to the field early in the morning and comes back for lunch in the afternoon. One day his wife Zohra was gossiping with the neighbor and delayed the cooking of the meal. Tamijuddin flared up for the delay in cooking and started beating his wife. His neighbors did not react to it and accepted it as a normal behavior of Tamijuddin to Zohra.

condition) of society may also be relevant factors for the evaluation of the relationship (i.e., conceptualizing the notion of violence and the societal structure). The women in rural Bangladesh are subject to different kinds of abusive acts but these are hardly labeled as acts of violence. For example, every now and then husbands hurl abusive words at the wives even when there is a trivial deviation from the routine

activities or carrying out of some activity not consistent with the 'expected role' of the women. To illustrate these arguments we have presented here two brief cases gathered from field studies at different occasions from the districts of Tangail and Rangpur. In the first case we have shown that a peasant in Tangail whose name is Tamijuddin beat his wife Zohra because she delayed the cooking of the mid-day meal. The response of the neighbor is interesting. No one of them took exception to the act and accepted it as Tamijuddin's normal behavior and Zohra as responsible for carrying out the household chores including cooking. On the day Zohra was gossiping with her friends and forgot to finish the cooking timely leading to her husband beating her up. It was a minor deviation from her routine activities, but Zohra's husband did not accept it. She has to follow her daily routine like a 'machine'; she cannot spend some light moments of pleasure. There is no protest against such behavior, neither from the kin, in-laws nor the neighbors.

In the second example, Shamima was hurled abusive words by her husband Ohab when she criticized his sincerity about the wellbeing of the family. She gave Ohab her savings for a fruitful investment which he almost wasted through incompetent handling. Shamima pointed out his inefficiency in front of a close neighbor, to which Ohab reacted sharply, which resulted in his hurling volleys of abusive words. However, both Shamima and the neighbor took it as a normal behavior of a 'husband' towards his wife. This shows the cultural condition of rural Bangladesh where such behavior of the men towards the women get approval, and is not

defined as an act of violence. In the next section we focus on the relationship between the level of awareness about women's rights and the perception of violence against women.

Shamima's Argument

Shamima puts her best to reduce the pressure of poverty in her family. Little by little she saved some money and gave her husband Ohab to invest in a business which he did not care to utilize properly. When Shamima criticized his insincerity he did not spare a single abusive word towards her. However, Shamima and her neighbor took it as a normal behavior.

Strong voices are raised against violence against women by the women activist and the individuals serving the cause of discriminated women in Bangladesh. There is also an urban predominance in the protests waged against the violence against women. Urban predominance is understandable since women's empowerment, in relative terms, is greater in

the urban areas. Already there are a few significant achievements made by the women's rights activist against women's discrimination and violence. One such example would be the enactment of the law *Nari o Shishu Nirjatan Protirodh Ain*, for the protection of women and children against violence. If we take into consideration the background of the women's rights activists it is found that they represent the 'advanced' section of the society. Such enlightenment or advanced awareness played an important role for them to identify that the women in our society, particularly in the rural areas, are subject to different kinds of violence although they hardly raise their voices against it.

Now, the question is why certain acts against women are perceived as violence by one group of people, but not by others? It is because of the variation of the societal condition that there is lack of uniformity with regard to the way violence against women is portrayed in our society. While there is the effect of urban/rural, educational and occupational divide in perceiving violence, it may also be further understood if we look at the similar developments in the West. In the introduction we have already mentioned how in the West various behaviors towards women have been portrayed as acts of violence against women. The difference may well be perceived in terms of educational, occupational and economic empowerment of the Western women⁵.

4. Women's Rights in Rural Bangladesh and the Issue of Violence against Women

In the previous section we argued that the concept of violence against women is a social construction and in this section we try to find out to what extent it is related to the establishment of the women's rights in rural Bangladesh. Through different development interventions the condition of the women in rural Bangladesh has improved, which have contributed to the establishment of women's rights. Still there are many aspects that remain to be improved to make a real impact on issues like violence against women.

⁵ Often the Western woman is considered as a prototype of an empowered woman. Women's empowerment started in the West long before. While we use the notion of Western women we are also aware of the fact that there are still many evidences of violence against women in the West.

The sense of rights is directly related to the level of education, occupation and economic empowerment of the women. In general the sense of dignity improves when a person gets access to education and dependable income. It is now part of common sense that maltreatment, insult, neglect and other kinds of disrespectful behavior cannot be accepted by a person enjoying dignity in society. Education generates the sense of rights and status. Dignified occupation also widens ones social status while economic capacity gives the footing to resist the exploitative behavior of the men.

Patriarchy is a common term when we discuss the condition of women in rural Bangladesh. In its conventional meanings it implies that the women are directly subject to the control of men, being confined to the home, pursuing traditional occupations with a complete economic dependence on men. They hardly own any asset or other kind of linkages providing economic assurance. There is a common link between strong patriarchy and women's exploitation. Violence against women is a result of the discriminating and vulnerable condition of the women in our society as is true of other societies.

Relevant data show that the women of rural Bangladesh still lag behind in terms of the indicators like access to education, 'dignified' occupation and economic freedom despite the nationwide program of micro-credit, skill development and awareness-raising. In terms of 'dignified' occupation, if the examples are taken from bureaucracy or university teaching, women's representation would be slim compared to their gender counterpart. Back in 2002 there were 962 bureaucrats in the administrative cadre out of which only 166 were women (GOB 2002). There were no women in the position of additional secretary or secretary. In the university teaching jobs women's representation was only 17 percent as recent as in 1998-99 (Akmam: 2004).

Women's rights are the product of their social condition, as we mentioned above, the changes in which result from the improvement of certain indicators. It is argued that the weak establishment of rights of the women is a major factor for violence against women while the operation of macro indicators bring home a fact that the gross kind of violence against women (e.g., acid throwing, battering, or mortality during delivery out of negligence) could be reduced if there were improvement in such macro indicators.

5. Home Delivery Practices in Rural Bangladesh: Its Nature, Causes and Effect

According to a recent estimate for all over Bangladesh, 91 per cent delivery take place at home (NIPORT 2003: 51). In the metropolitan and town areas 32 per cent delivery take place in the hospitals or in places with clinical facilities. In the rural areas on the other hand only 7 percent deliveries take place in a clinical facility which may include *Upazilla* health complex, union health center or the *Upazilla* family welfare center. Hence the above information strongly indicates how widespread the home delivery practices are in rural Bangladesh.

In the review of the background of the people who conducted delivery practices the pre-dominance of the 'traditional'/age long institution can be clearly captured. In quantitative terms three-fourth of all births in Bangladesh are carried out by *Dhai*, the traditional birth attendant. In order to explain the implication of the use of *Dhais* in the context of unsafe delivery we are presenting a case study from the *char* area of Bangladesh. In this story it is found that a very young girl whose name was Renubala met with a tragic end of her life when she failed to give a normal delivery of her child. She was a young girl in her sixteen. One day at the close of her pregnancy cycle she felt pain in her lower abdomen. Her kin called a *Dhai* of the village who said that it was not a very serious case. But the traditional healer could not actually diagnose the case because after a few days when Renu was in the toilet one of the legs of the baby

Renubala's Death

Renubala was 16 years old at her first pregnancy. At the close of the term of the pregnancy she felt mild pain in her lower abdomen with a little discharge. The pain gradually increased and her kin called a *Dhai* of the village. After a little inspection she concluded that the delivery time was yet to commence. On the same day in the afternoon Renu went to the toilet when all of a sudden the baby came out of the passage. Renu's kin again rushed to the *Dhai* for the delivery. The *Dhai* came and applied force to bring out the baby with the total failure of efforts and leading to the death of the child and the mother.

suddenly came out obstructing the process of normal delivery. The story in the box shows that eventually the case went out of control for the *Dhai* and Renubala succumbed to death.

The extensive use of the *Dhai* in the home delivery in rural Bangladesh has significantly increased the vulnerability of the life of the pregnant women. According to a recent survey there were 382 reported deaths of pregnant women out of 100,000 live births; compared to the developed countries this figure is quite large in terms of its magnitude.

The major drawback of a *Dhai* is her low educational background, lack of medical knowledge and skill and the dependence on unsafe traditional instrument which put the life of the pregnant women at serious risk. The *Dhai* hardly ever refers the complicated pregnant cases to the qualified doctors. In order to preserve their occupational dominance they try to handle the complicated cases leading to the fatal outcome for the pregnant women.

Even in complicated cases the pregnant women are kept at home reinforcing the point that there is severe indifference to the condition of the women. According to a recent survey more than 60 percent pregnant women suffered from some kind of complication during their pregnancy (NIPORT 2003: 67). The risk of home delivery has to be perceived against this background of large scale reporting of complication. The nature of the complication as mentioned below further shows that it is hardly possible to handle the problems at the home level or by untrained person. For example the complication like blurry vision, high blood pressure, prolonged labor, obstructed labor, eclampsia, retained placenta, mal presentation cannot be dealt with by an untrained person (NIPORT 2003: 67).

Life threatening
complication
N= 18,117

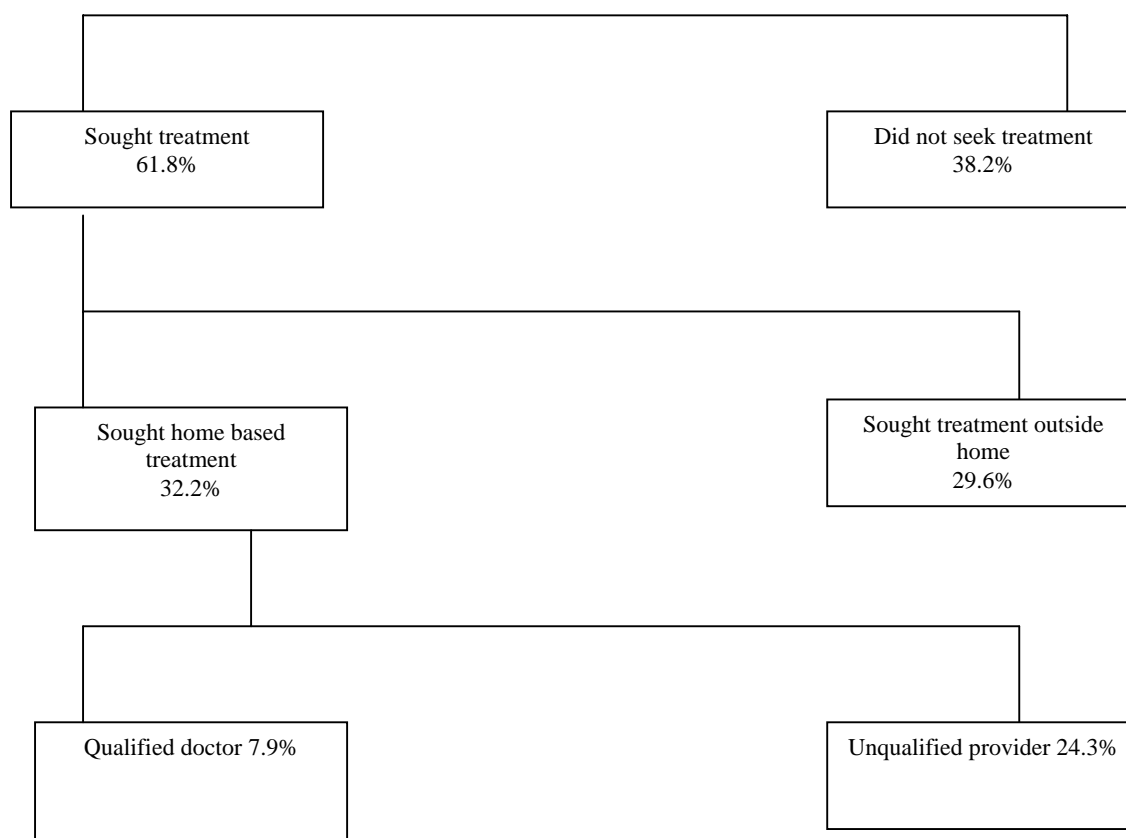


Diagram 1: Treatment Seeking Behavior by the Pregnant Women in Rural Bangladesh under Life-threatening Situation⁶

Closer inspection shows that the after delivery negative effects can even impair the conjugal life of a married women if she is the victim of VVF, RVF or perineal tear. In medical terms the above diseases refer to the dilatation of the female genital with non responsiveness. Unsympathetic husbands instead of taking care of the problem of the wife venture into rupturing the marital relationship⁷.

The rigidity of the culture of indifference to the women is further manifested if we take into account the information presented in Diagram 1 on how the cases of complications were handled.

As high as 38 percent pregnant women did not seek any treatment even in a life threatening condition. Among those who sought treatment, 32.2 percent opted for home based treatment. Within this category 24.3 percent received some kind of treatment from unqualified provider who would mostly be *Dhais*. In other words more than 60 per cent complicated pregnant cases were left to fate.

⁶ It is reproduced from NIPORT, *Bangladesh Maternal Health Services and Maternal Mortality Survey 2001*, Final Report, Dhaka, page 65.

⁷ Personal communication with an expert of UNFPA.

In broad terms there are two sets of factors that are responsible for large scale home delivery and not visiting the qualified doctor by the pregnant women. The patriarchal social structure results in producing indifference to the pregnant women, an underlying argument of this paper. According to the relevant statistics the husbands and the in laws are the main decision makers with regard to the seeking of treatment for the pregnant women (NIPORT 2003: 65). According to the precept of the 'traditional' wisdom pregnancy is a natural phenomenon hardly requiring any special attention. Economic and social empowerment of the women change the scenario, if we take into account the fact that increased education and wealth have motivated a woman to seek treatment from qualified personnel during pregnancy.

The second set of factors that discourage visiting a facility or qualified health personnel include the following. Sometimes difficult transportation discourages a pregnant woman to visit qualified medical personnel. Poor service facilities in the medical center are sometimes believed to be a deterring factor to visit the qualified medical personnel. .

6. Home Delivery as Passive Violence to Women

Presence of a perpetrator is an integral part of the definition of violence. In other words violence is an act which is done by someone against another person. The phenomenon which is the focus of the paper gives us a different picture. The victim of the home delivery in terms of different physical injuries is the pregnant woman. If the injury is called a piece of violence one may ask who the perpetrator is. That there is no perpetrator in the visible sense does not weaken the claim of violence voiced in this paper. It is a 'passive' violence because of the rather apparent absence of a perpetrator. One may also call it self-inflicted violence if the emphasis is on the refusal of the pregnant women to visit a qualified doctor. However, the indifference of the pregnant women to visit a qualified doctor and instead depending on the folk attendants is an outcome of the social indifference which began during the childhood of a girl. Discrimination is the basis of indifference to women in our society. It is commonly seen with regard to the distribution of meal among the children in a family, sending the children to the school or treating the sick children by a health professional; the girl child is on the wrong side of the balance⁸. Such discriminations of the girl child gradually turn into the overall societal indifference (think of the notion in which a young girl is described as a burden because the parents need to pay dowry at her marriage). Women themselves have internalized the discriminating values in rural Bangladesh and as a result considered their condition as justified. Thus many rural Bangladeshi married women are found to approve the dominating behavior of their husbands even if it is demeaning in the eyes of others. Chronic indifference of the women towards themselves will be noticed sometimes in their being the last person in the family to take meal and at a late hour. Such neglect of the women may widen, shaping the attitude of the husbands and others as a natural occurrence. Leaving the

⁸ There are several studies on the discriminating attitude to the girl children in rural Bangladesh; the introduction of female student stipend is more concrete example of governmental intervention to offset the balance against the girls with regard to the comparative enrolment.

pregnant women in the hands of the *Dhai* or other untrained personnel is an extension of the general neglect of the women.

The position of the rural Bangladeshi women in power structure is certainly an important issue in the discourse of gender led discrimination. Even the experts who think that the notion of 'separate working sphere' of men and women in rural Bangladesh is not a correct articulation since the women significantly contribute to the important processes of a household admits the behind-the-scene presence of the women in power structure (White 1992: 23 & 146). If the distress of the rural Bangladeshi women are identified in their incapacity to ensure a sustainable livelihood, literacy, skill or voicing their rights, certainly the relevant data portraying the educated pregnant women visiting the qualified medical personnel reinforce the issue of women's empowerment. When the in-laws are found to discourage the visit by a pregnant woman to the qualified medical personnel, lopsided power structure at the household level draws our attention to the causal analysis of the problem of this paper.

Calling home delivery a passive violence is primarily premised on the facts that the victims sometimes suffer severe physical consequences with a life long pernicious effect. Although the perpetrators are unknown in the literal sense, the role of the patriarchal husbands and the in-laws remind us of the presence of the perpetrator in some form. In a broad sense the discriminating gender relationship is the actual perpetrator in this context which is so powerful that the women themselves internalize the culture of indifference towards them.

7. Conclusion

The belief about the home delivery as a consequence of ignorance of the rural people and an effect of poverty has not been dealt with in this paper. Why does this paper strive to connect the link between home delivery and violence against women? It is largely because of the reason that the demand for home delivery to end could be more effectively made if we can identify the element of passive violence in it. The severe outcome of home delivery has been spelt out here. By the stretch of imagination one may even suggest that the individuals who carry out such tasks may be dubbed as a kind of perpetrator. However, the very point of perpetrator is not so much important in this paper, it rather points the finger at the social structure particularly the discriminating gender structure which explains its occurrence. Since violence against women is a social construction calling home delivery as violence depends on the condition of the level of empowerment of the women in society.

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