

Effects of the Productive Role of Bangladeshi Women on their Reproductive Decisions

The participation of women from traditional communities in microcredit-based productive activities significantly modifies their perceptions of reproductive decisions

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The role of reproductive health care in reducing maternal mortality and morbidity has been widely reported; in most developing countries, however, women still have little control over their sexuality and reproductive decisions (Cook and Fathalla, 1996; Hadi, 1999). This adverse situation has direct impacts on fertility, maternal morbidity, the transmission of sexually

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transmitted diseases and neonatal mortality (Heise, Moore and Toubia, 1995; Sadik, 1998; Berer, 2000). Although feminists have long been struggling to improve conditions for women, reproductive rights issues have only recently been getting recognition in demographic discourse. The long-term effects of violations of reproductive rights are not yet adequately understood, although it has been reported that abused women might have developed multiple medical complications such as chronic pelvic pain and somaticized symptoms. Although sex is a natural part of life, the ability of women to determine when they should copulate has a strong positive association with the prevention of unwanted pregnancy (Cook and Fathalla, 1996).

The International Conference on Population and Development (ICPD), held in Cairo in 1994, endorsed a new agenda for population programmes at the global level, focusing on reproductive health, human rights and women's empowerment, among others. The right to decide freely and responsibly the number, spacing and timing of children was recognized in the ICPD Programme of Action (United Nations, 1994). Thus, the rights of bodily integrity, sexual health and freedom from sexual coercion were formally recognized as core principles for the first time in history (Correa, 1997; Petchesky, 2000). Gender equity in sexual relations, mutual respect and consent for sexual behaviour were also recognized and endorsed (Correa, 1997).

Although ICPD and other such forums have condemned sexual rights violations and coerced intercourse, the concept of the reproductive rights of women has hardly been recognized by most health care providers in Bangladesh. While Bangladeshi society accepts the notion that sexual activity is natural and an indication of the intimate relationship between spouses, forced sex within marriage has not only been tolerated (Heise, Moore and Toubia, 1995), but the socio-cultural context has shaped and supported such sexual coercion (Hadi, 2000). Women are taught to be obedient when their husbands ask for sex. On the other hand, husbands are socialized to exercise their right to dominate their spouses, including in making demands for sex. In the cultural context, even if the wife is unwilling to participate, sexual relations can be demanded. No major religious code of ethics recognizes as rape sex coerced by one's spouse. The existing legal or criminal justice system reflects the dominance of males in sexual matters, a situation that perpetuates sexual victimization.

The ICPD Programme of Action clearly states: "Improving the status of women also enhances their decision-making capacity . . . especially in the area

of sexuality and reproduction” (United Nations, 1994). The reproductive health agenda of the ICPD Programme of Action is based essentially on the human rights approach; as a result, the success of the Programme will depend largely on establishing conditions which will enable women to make choices concerning their sexuality and reproduction (Salm, 2000).

As mentioned above, women’s position in reproductive decision-making has remained very poor in most developing countries (Cook and Fathalla, 1996; Hadi, 1999). Recent studies have shown that the participation of women in economic activities and their ability to contribute financially to the family can significantly increase their role in the household decision-making process (Petchesky, 2000; Hadi, Nath and Chowdhury, 2001). A clearer understanding of the links between women’s position in the household and the change in their perceptions of sexuality and reproduction hold significant implications for policy purposes (Mahmud and Johnstone, 1994).

Microcredit-based employment and reproductive choice

Considerable resources have already been spent on promoting reproductive health services in Bangladesh. A combination of various promotional approaches, such as via the mass media, via health campaigns, and via routine counselling at health facilities, have been attempted by the Government and other agencies. The assumption has been that the provision of varied and comprehensive information through multiple sources would help create positive behavioural changes in health and health care. Unfortunately, many of the promotional approaches were not appropriately designed for reaching the poor in remote areas of the country. However, microcredit-based development programmes,¹ introduced primarily by non-governmental organizations (NGOs), were regarded as successful because of their emphasis on planned intervention at the grassroots level (Uphoff, 1993; Bangladesh Rural Advancement Committee, 1999).

NGOs in Bangladesh have introduced not only collateral-free credit for poor women, but a package of support services such as group formation, skills training, adult literacy, basic health services and legal awareness. Many NGOs, although not directly providing reproductive health services, have been promoting the messages that women should have control over their own bodies as well as the right to decide when they should have children and how many. The awareness of women’s rights has been an important goal to be achieved by microcredit-based development organizations in Bangladesh.

When a woman gets credit and invests her money in a successful enterprise, she needs to attend weekly meetings and participate in skills training sessions. As an active participant of the programme, she has culturally legitimate reasons to go outside her home as well as opportunities to interact with others. Her access to credit without any collateral raises her position within the family. After becoming involved in income-generating activities, she finds herself as a productive and income-earning member of the family, with increasing self-reliance and confidence. Her relationship with her husband is modified as a result of her financial contribution to her household (Hashemi, Schuler and Riley, 1996; Husain, 1998; and Hadi, Nath and Chowdhury, 2001).

It is not known, however, whether the involvement of women in NGO-led development programmes has also improved their level of awareness of their reproductive and decision-making rights. This study assesses the contribution of women's participation in productive activities in terms of modifying their perceptions of reproductive decisions in the traditional communities of Bangladesh. Three domains of reproductive decisions (that is, copulation, childbearing and contraception) are considered in this study.

Data and methods

The study was carried out in the villages of two districts in the northern and central regions of Bangladesh where the Bangladesh Rural Advancement Committee (BRAC) has both microcredit and family planning facilitation programmes.² Data were collected by a team of female investigators who had professional training and experience in both qualitative and the survey research techniques. A structured questionnaire was used to collect detailed information about respondents' socio-demographic characteristics and their involvement in credit operations. Information about issues related to reproductive decision-making was captured by in-depth interviews.

All married women less than 50 years old were considered for inclusion in the sampling. A systematic random sampling technique was followed to select a sample from the Couple Registers.³ In total, 1,145 women were selected⁴ from 30 villages in both regions. The data were collected in August 1997.

The study focused on the change of perceptions regarding the reproductive decisions⁵ among poor women as a result of their participation in productive activities. Only poor women were eligible⁶ to participate in the

NGO-led, income-generating activities. Microcredit organizations generally target adult women of poor households who own a very small amount of cultivable land for involvement in their productive activities. In identifying the poor in the rural areas, BRAC generally considers marginal landowners who survive by selling their manual labour. In this study, the households that owned less than 50 decimals⁷ of land and survived on selling manual labour were considered poor households. Although eligible, not all women of poor households participated in NGO-led, credit-based productive activities. The women covered by the study were thus categorized into three groups: (a) the poor who were productively self-employed, (b) those who were poor and not employed and (c) women who were not eligible to participate in the programme. The perceptions of the (productive) participants were compared to those of non-participants (domestic only) in order to assess the change.

The present study focused on three issues concerning perceived reproductive decisions, that is, the timing of copulation, timing of childbearing and the right to use contraception. In measuring the perception regarding the timing of copulation, each woman was asked whether her husband alone should decide or whether a woman should have the right to refuse her spouse when asked for sexual intercourse. Only a negligible proportion believed that a woman should have the right to refuse her spouse, while the majority felt that copulation should be decided on jointly by both spouses. Thus, a joint decision compared to the decision taken by the husband alone was considered an improvement. Similarly, a joint decision regarding the timing of childbearing was considered better compared to a decision made by the husband alone. Finally, the perception regarding a decision on contraception was illustrated by asking whether a woman should have the right to use contraception even when her spouse disapproves it.

The net contribution of women's involvement in productive activities on these three reproductive decision issues was assessed by logistic regression. Other variables in the analytical framework, such as age and education of women, their exposure to the mass media, land ownership⁷ of the family and religious beliefs, were assumed to have modified the effects of the productive role of women on their reproductive perceptions. The cross-sectional data used in this study might have generated biased estimates because women who are relatively innovative might be more likely than others to join in credit-based productive activities (Pitt and others, 1999). In the absence of longitudinal data, the influence of endogeneity or selection bias was adjusted by employing multivariate analyses (Aldrich and Nelson, 1994).

Table 1. Profile of sample women by their participation in productive activities

Study variable	Women's role			All women
	Domestic only	Productive	Not eligible ^c	
Percentage <30 years	63.0	51.7	53.5	56.8
Mean age (years)	28.0 (7.3)	29.7 (6.8)	29.7 (7.2)	29.0 (7.2)
Percentage literate	20.2	24.7	41.8	27.3
Mean schooling (years)	1.08 (2.56)	1.24 (2.58)	2.56 (3.57)	1.52 (2.93)
Percentage exposed to media	21.3	17.3	28.8	21.9
Percentage landless ^a	75.1	49.6	^b	47.0
Mean land owned (acres) ^a	0.07 (0.13)	0.57 (1.25)	2.39 (2.32)	0.80 (1.68)
Percentage Muslim ^a	92.9	90.3	92.0	91.8
N	465	381	299	1,145

Note: Productive women are defined as productively self-employed women who also perform domestic duties.

Standard deviations are shown within parentheses.

^a Estimated as household level variable.

^b No case is found.

^c The proportion of women productively employed is insignificant in this category.

Findings

Profile of women

Although nearly 74 per cent of the women were eligible to participate, only 33 per cent (381 out of 1,145) actually participated in the credit-based, income-generating programme. The others were involved in domestic activities only. The differentials in socio-demographic characteristics by programme participation were very wide (table 1). Most of the study women were young (56.8 per cent were aged under 30 years) with a mean age of 29 years. The women who participated in productive activities were generally older than the non-participants, as reflected by the differences in mean age and proportion in the age groups (at $p < 0.01$). Only 27.3 per cent of the women were literate, with a mean of 1.52 years of schooling. Both the literacy and the mean years of schooling were higher among the productive women than among the housewives (domestic).

After joining the credit-based, income-generating programme, the women were expected to participate in basic literacy and skills training programmes in order to become eligible to receive credit. This requirement might have raised ($p < 0.05$) the literacy level among the participants. On the other hand, it is also quite possible that relatively more literate women joined the microcredit programme as they were more aware of the benefits of the programme than were the illiterates. Exposure to the mass media in rural settings in Bangladesh was found to be very poor, as only 21.9 per cent of the women in the sample had access to electronic media. When a comparison was made between domestic and productive women among the poor, no significant difference in media exposure was found.

Landlessness was much higher among the non-participants (domestic only) than participants (productive). The difference in land ownership between the two groups of poor women supports the assumption that for the poorest women the credit-based, income-generating programmes remain out of reach. Nearly 92 per cent of the sample women were Muslims. The difference in religious beliefs between the two groups was minor. Women who were generally better in all socio-economic indicators were not eligible to participate in income-generating programmes. But the differences between the domestic and productive groups of eligible women were also significant, indicating the existence of some bias in the selection of participants in microcredit programmes.

Correlates of reproductive decisions

Overall, most women felt that the timing of sexual intercourse (67.5 per cent) and childbearing (78.3 per cent) should be decided jointly by both spouses (table 2). However, only 21.8 per cent of the women felt that they should have the right to use contraception without the approval of their spouse. The perceptions regarding reproductive decision issues were significantly different among women by their educational level and media exposure but not by age, land ownership and religion. For example, the variation in the reproductive perceptions among women had no significant relationship to their age. Ownership of land showed a positive association with the right to use contraception but had no association with the perception of other reproductive issues. There was no significant difference in the perceptions of reproductive issues in terms of religious belief.

Education appeared to play a significantly ($p < 0.01$) positive role in raising women's perceptions regarding copulation, childbearing and the right to

**Table 2. Women's perceived reproductive decisions
by socio-demographic characteristics**

Socio-demographic factors	Reproductive decision		
	Timing of copulation	Timing of childbearing	Right to use contraception
All	67.5	18.3	21.8
Age (years)			
<25	69.5	77.2	19.9
25-34	66.5	80.5	21.5
35≥	67.4	75.3	24.4
<i>P-value</i>	<i>ns</i>	<i>ns</i>	<i>ns</i>
Land ownership			
Landless	67.8	80.7	18.0
<2 acres	66.1	76.0	24.0
2≥ acres	70.6	76.5	28.8
<i>P-value</i>	<i>ns</i>	<i>ns</i>	<0.01
Religion			
Muslim	67.7	78.6	22.2
Non-Muslim	64.9	74.5	18.1
<i>P-value</i>	<i>ns</i>	<i>ns</i>	<i>ns</i>
Education (years)			
No school	63.5	74.9	19.7
1-5	76.7	83.9	23.3
6≥	80.8	92.5	34.2
<i>P-value</i>	<0.01	<0.01	<0.01
Media exposure			
Poor	65.1	75.4	19.0
Good	76.1	88.4	31.9
<i>P-value</i>	<0.01	<0.01	<0.01

ns = Not significant.

use contraception. The gap in perceptions in terms of educational level (in bivariate relationships) supported the assumption that socialization and the learning process in school had important implications in modifying reproductive perceptions. Exposure to the mass media also played a significant role in changing perceptions of reproductive issues.

Productive role and reproductive decisions

Women's involvement in credit-based, income-generating programmes showed a significant association with their perceived reproductive

Table 3. Women's perceived reproductive decisions by their participation in credit-based productive activities

Women's role	Reproductive decision		
	Timing of copulation	Timing of childbearing	Right to use contraception
Domestic only	63.4	74.0	17.2
Productive (<3 years)	70.4	81.6	25.5
Productive (3≥ years)	72.4	85.9	23.8
Not eligible	68.9	77.9	25.4
<i>P-value</i>	<0.10	<0.01	<0.05

decisions (table 3). Programme participation appeared to have a positive influence on joint decision-making with regard to copulation and childbearing issues. Similarly, the perception that women should have the right to use contraception was significantly higher ($p < 0.05$) among the productive than domestic-only women. The influence appeared to be more pronounced when the duration of the productive role increased to five years or more.

The multivariate analysis (table 4) also showed similar findings when women's individual and family characteristics were controlled. The odds ratios demonstrate that the longer a woman is involved in productive activities, the greater the likelihood that her perceptions about reproductive issues will change. The data suggest that media exposure and years of schooling also explain a large part of the perceived reproductive decisions. It is not known, however, how the participation in the productive activities relates to the modification of perceptions regarding reproductive decisions. Involvement in a credit programme helps women to gain public exposure as they attend weekly meetings with credit officials and fellow group members. Attending such meetings might broaden their exposure regarding their role in the reproductive decision-making process.

How does participation in credit-based, income-generation programmes relate to the modification of women's perceptions about reproductive issues? One explanation suggests that by providing opportunities to earn and financially contribute to the family, such programmes might reduced gender inequality within the household. A woman's control over resource flow and ability to contribute financially to their family may strengthen her bargaining

Table 4. Odds ratios for the perceptions of women regarding their reproductive decisions

Explanatory variable	Reproductive decision		
	Timing of copulation	Timing of childbearing	Right to use contraception
Women's role			
Domestic only	1.00	1.00	1.00
Productive (<3 years)	1.31	1.64 ^b	1.58 ^b
Productive (3≥ years)	1.61 ^b	2.52 ^c	1.57 ^b
Not eligible	1.11	1.37	1.33
Socio-economic			
Years of education	1.13 ^c	1.17 ^c	1.06 ^b
Media exposure (rc = poor)	1.37 ^a	2.06 ^c	1.73 ^c
Age of women	1.01	0.99	1.01
Land ownership	1.00	0.99 ^b	1.00
Religion (rc = Muslim)	0.91	0.84	0.79

^a = p<0.10;

^b = p<0.05;

^c = p<0.01.

position with her husband when negotiating a new role. The success of self-employed women in gaining more autonomy should also be viewed from the structural context. Given the cultural context, the expected role of the husband as the provider creates a dilemma when the wife is employed in economic activities and is able to contribute financially to the household. Through the process, a woman's decision-making capacity increases because she performs both domestic and productive roles if the husband does not play any additional role except in undertaking culturally assigned productive activities (Hadi and others, 2001). One study illustrated how the newly empowered credit programme participants reacted. For example, one participant said: "I now feel the difference. My husband cannot take control over my body". During one in-depth interview for the current study, one woman commented: "My husband used to threaten me and remind me that he had the right to enjoy me whenever he desired". The cultural sphere of rural women has been changing as economic life has become more complex and a large number of poor women have become engaged in productive activities outside the home (Cleland and Phillips, 1993). The microcredit programme has

widened the opportunity for poor women to reduce the unequal relationship and redefine their relationship with their spouse.

Discussion

Overall, the perceptions regarding reproductive issues, as discussed in this study, indicate that Bangladeshi women have begun to move forward in achieving the goals set in global conferences held during the 1990s. Social, economic and cultural factors have played important roles in changing their perceptions, although the mechanisms through which such factors operate are not clearly known. Among these changes, the improvement of education among women has broadened their ability to understand the options available to them, and enabled them to re-think traditional cultural values and modify their individual attitudes (Cook and Fathalla, 1996; Hobcraft, 1993). Exposing women to new knowledge has also influenced their reproductive decisions to reduce desired family size (Le Vine and others, 1994).

Although the social and cultural contexts largely determine women's accessibility to participate in the labour force outside the home, microcredit-based income-generating programmes have created an opportunity for many poor women to be employed productively in Bangladesh. As found in other studies, women's involvement in economically productive activities has reduced their dependency on their husband (Husain, 1998; Schuler and Hashemi, 1994). It has also modified the traditional gender relations within the household, created opportunities for women to exercise some degree of autonomy and enhanced their participation in decision-making, including the limiting or spacing of births (Mahmud and Johnstone, 1994; Hadi, Nath and Chowdhury, 2001). Income and control over family resources have created self-respect and the perception of self-worth, with a subsequent enhancement of a sense of identity. The programme participants have been able to bring home resources in the form of credit or income that have helped diffuse poverty-related stress in their families (Schuler, Hashemi and Badal, 1998). The present study shows that women's involvement in productive activities has the potential to reduce the gender gap and significantly modify their views regarding sexuality and the sexual relationship with their spouse. The notion that the wife has the right to refuse to take part in sexual activity is still unacceptable to most women in Bangladesh. The feminists and reproductive health policy makers should take note of this finding when considering the position of women. The perceptions of women regarding reproductive decisions should not be expected to change dramatically in Bangladesh in the near future.

While providing access to credit and opportunities to earn an income can play an important role in empowering rural women, a sustained programme effort that focuses on women's rights should be incorporated within various development interventions in the communities. Men also should be educated, sensitized and encouraged to participate in community-based reproductive health programmes. Activists should not only be developing strategies for achieving reproductive rights in practice (Berer, 2000) but should also encourage health professionals and feminist organizations to join hands with the Government in implementing the policies of the reproductive rights of women in Bangladesh. As the gaps between commitment and reality have remained unchanged, it is important for women to become united to enable them to face the challenges that are inherent in establishing the reproductive rights of women (Pitanguy, 1999).

The present study demonstrates that changing the perceptions of reproductive issues is possible and it argues that the productive role of women can create the context for them to think, make their own choices and participate equally in the reproductive decision-making process with their spouses. The study concludes that the economic and cultural aspects of participation in productive activities have the potential to modify the perceptions of reproductive decisions by poor women in Bangladesh.

Endnotes

1. The microcredit programmes are designed primarily for poor rural women. The programmes include a package of support services such as group formation, skill training and basic literacy for the participating women. The successful implementation of the programme provides poor women with an opportunity to earn and contribute financially to their family.
2. As part of its efforts in assisting the Government, the Bangladesh Rural Advancement Committee (BRAC) began its Family Planning Facilitation Programme in December 1994 in those districts where contraceptive prevalence was very low. BRAC was given the responsibility of providing reproductive health and family planning services because of its success in microcredit-based development interventions for women in Bangladesh.
3. The family planning services were provided by the community health volunteers, where each volunteer was assigned to provide services to about 100-120 eligible couples in her catchment area. The volunteers maintained "Couple Registers" where all relevant events (e.g. pregnancy, childbirth and contraceptive use, along with basic demographic information) were documented. The Couple Registers, updated every month by the volunteers, were used as the sampling universe to select samples for this study.
4. The investigators were sensitized about potential problems in collecting information. Confidentiality of information was strictly observed. All sampled women were approached,

although their participation was voluntary. The participants were never pressed to provide information. Maintaining privacy during discussions with women was difficult in some cases and such occurrences led to incomplete interviews. In such cases, the women were replaced by new samples selected at random.

5. Although the concept of reproductive decisions generally implies the capacity to make autonomous decisions (Correa, 1997), the reproductive decisions in this study apply more to balancing power relations between the spouses in reproductive decision-making.

6. Not all women are eligible to participate in credit-based, income-generating activities. A woman is eligible if her family owns less than 100 50 decimals of cultivable land and if any adult member of that family sells manual labour for at least 100 days per year.

7. The amount of cultivable land owned by a family is considered an important economic indicator because agriculture is the main economic activity in rural Bangladesh. The amount of land is converted to decimals, with 100 decimals being equivalent to an acre (1 hectare = 2.47 acres).

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